

TERMS OF REFERENCE

End of program GFATM-UNDP

TB Round 2 and Malaria Round 2

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| **1. Background and context** |

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was set up as an international financing institution to increase resources to fight the three diseases namely HIV/AIDS, Tuberculosis and Malaria. Global fund has supported large scale prevention, treatment and care program against the three diseases. The purpose of GFATM is to attract, manage and disburse resources in public –private partnership that will make sustainable and significant contribution to the reduction of mortality and morbidity caused by the three major diseases and contributing for achievement of millennium development goals. To date, over 2 million peoples are on ARVs, 7.4 million peoples under DOTS and 70 million bed nets have been distributed.

UNDP is a key partner to the Global Fund and is the UN Agency assuming the role of Principal Recipient of GFTAM grants in Southern Sudan. As Principal Recipient for GFATM, assisting the country to meet its main goals in reducing mortality and morbidity from HIV, TB and Malaria, UNDP Southern Sudan Office is responsible for the financial and programmatic management of the GFTAM grant as well as for the procurement of health and non health products. In all areas of implementation, it provides capacity development services to relevant national institutions, sub recipients and implementing partners. Currently, UNDP, as Principal Recipient bears full responsibility for the operational and financial management of 5 grants: Malaria Round 2, Tuberculosis Round 2, Round 5 and Round 7, HIV/AIDS Round 4. Currently UNDP run the Global Fund grant to totals USD 31,252,807.56.

UNDP Southern Sudan is planning to conduct end-of-program evaluation for its Tuberculosis Round 2 and Malaria Round 2 grants of the GFTAM program.

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| **2. Evaluation Purpose** |

The end of program evaluation will enable the team to assess, determine and report on GFATM project inputs, processes, accomplishment, lesson learned and to make recommendation to CCM and PR. It mainly focuses to evaluate the outcome and impact the grant achieved during its five year implementation. The evaluation should:

1. Assess the implementation process of Malaria Round 2 and Tuberculosis Round 2 grants
2. Assess major achievements during the grants implementation – mainly focusing on outcome and impacts
3. Examine the performance of the PR in terms of coordination, procurements and supply management, finance, and monitoring and evaluations as well as evaluate the role of UNDP in managing the GFATM portfolio in Southern Sudan.
4. Assess the major problems and constrains faced by the GFATM project at ifferent

levels including national, state, county, health facilities and SRs.

1. Assess the degree to which the GFATM project fits into the MoH health strategic

program.

1. Assess the relationship among different stakeholders involved in the

implementation of GFATM project including CCM, PR and SRs, and the

relationship with GFATM.

1. Assess the extent of UNDP commitment to the human development approach and

how effectively equality and gender mainstreaming have been incorporated in the

design and execution of the programme.

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| **3. Objectives of End of Program Evaluation** |

The objectives of end of program evaluation are to evaluate the extent of progress and the relevance, effectiveness, efficiency, sustainability and impact of the program activities and formulate recommendations. Specific objectives include the following:

* To assess activities, inputs, process, output, accomplishment as implemented by UNDP as a PR and put recommendation to Principal recipient and CCM under Malaria Round 2 and TB Round 2.
* To assess the grant implementation steps at country level.
* To assess program achievement against target throughout the implementation of the grants
* To evaluate the grant expenditure against the grant plan and the steps followed in the procurements. Furthermore it will document the challenges related with the procurement.
* To assess the activities of PR and fulfillment of TOR as specified in the Initial proposal and CCM document. And assess its effectiveness in each service delivery area per each grant designed to implement set targets.
* To assess the extent to which the grant plans have been implemented and goals have been achieved by PRs and SRs. Identify significant program changes made in the course of program implementation.
* To assess constraints and challenges that the grants implementation encountered and how these have been resolved by implementing partners including SRs and PRs.
* To assess PR and CCM capacity and structure for managing GFATM in relation to human resource and infrastructure. Determine the extent to which the GFATM structures have been fulfilling their roles.
* Examine the efficacy of management of GFATM in Southern Sudan by relevant entities (PR and SRs) and assess how well they met the Global fund requirements with particular focus in the future grants.
* Assess whether GFATM funds in Southern Sudan are efficiently utilized
* Assess whether GFATM funds are making a substantial contribution in the existing program to fight Malaria and Tuberculosis,
* Document lessons learned and best practices during the implementation phase.

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| **4. Scope of the Evaluation** |

The evaluation will review UNDP-GFATM Southern Sudan country programme TB Round 2 and Malaria Round 2. It will refer to the UNDP activities under PR by providing an examination of the effectiveness and sustainability of the UNDP programs by i) highlighting main achievements at programme since the implementation of GFATM project, at the national level in the last five years and UNDP’s contribution in terms of key outputs, ii) ascertaining current progress made in achieving different outcomes and impact in the given thematic areas and UNDP’s support to this. Qualify UNDP’s contribution to the programme with a fair degree of plausibility.

The results of the evaluation will be used to strengthen future implementation of similar GFATM programs. The findings will help in planning the project document for future rounds of Global Fund. It will also highlight areas where more funding should be allocated. The End of program review will try to identify the Global fund structure at country level and review its effectiveness.

The states to be visited as part of end of program evaluation process will be selected in consultation with CCM.

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| **5. Methodology** |

The Evaluations will utilize both qualitative and quantitative methodology. The consultant will make the best use of the existing documents and conduct individual interviews/group meetings with relevant stakeholders. Thus both primary and secondary data will be utilized. The following data collection methods should be included as minimum.

* Desk review of relevant documents
* Discussions with the GFATM unit, CCM, HIV directorate, GoSS, Senior Management at UNDP office;
* Briefing and debriefing sessions with UNDP-GFATM, MDG and the Government, as well as with other SRs
* Interviews with partners and stakeholders (including gathering the information on what the partners have achieved with regard to the outcome and what strategies they have used); other donors
* Field visits to selected project sites and discussions with project teams, project beneficiaries
* The evaluation will led by one national and one international consultant. The lead consultant, International after brief orientation, s/he will develop plan of action stating the methodologies and required resources for the end of program evaluation. In the plan of action, areas of evaluation, indicators and data collection should be clearly spelled out. The consultants need to attach interview questionnaires and focus group guide.
* Evaluation questions will be agreed upon among users and other stakeholders and accepted or refined in consultation with the evaluation.

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| **6. Key deliverables (Evaluation products)** |

The consultant(s) will produce a comprehensive structured End-of –program evaluation report that provide evidence on the results and impact of the grants as well as lessons learnt and give a rating of performance.

1. **Evaluation inception report**—An inception report should be prepared by the evaluators before going into the full fledged evaluation exercise. It should detail the evaluators’ understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods; proposed sources of data; and data collection procedures. The inception report should include a proposed schedule of tasks, activities and deliverables, designating a team member with the lead responsibility for each task or product. The inception report provides the programme unit and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.
2. **Evaluation matrix** should be included in the inception report. The evaluation matrix is a tool that evaluators create as map and reference in planning and conducting an evaluation. It also serves as a useful tool for summarizing and visually presenting the evaluation design and methodology for discussions with stakeholders. It details evaluation questions that the evaluation will answer, data sources, data collection, analysis tools or methods appropriate for each data source, and the standard or measure by which each question will be evaluated. (See the Table below)

Sample evaluation matrix

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| **Relevant evaluation criteria** | **Key Questions** | **Specific Sub-Questions** | **Data Sources** | **Data collection Methods / Tools** | **Indicators/ Success Standard** | **Methods for Data Analysis** |
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1. Debrief UNDP, CCM members, SRs and health facilities
2. **A report** (i.e. Hard copy, a soft copy in MS Word and Acrobat reader, Times New Roman, Size 12, Single Spacing) containing:
   1. Title and opening pages
   2. Table of contents
   3. List of acronyms and abbreviations
   4. Executive summary
   5. Introduction
   6. Description of the intervention
   7. Evaluation scope and objectives
   8. Evaluation approach and methods
   9. Data analysis
   10. Findings and conclusions
   11. Recommendations
   12. Lessons learned
   13. Report Annex
3. Provide a draft report before leaving Sudan, and submit a final report within two weeks

The consultant should refer to **annex 7** of the UNDP Planning, Monitoring and Evaluation handbook for details on reporting template.

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| **7. UNDP’s obligations- Implementation arrangements** |

**UNDP will**:

1. Provide the consultant with all the necessary support (not under the consultant’s control) to ensure that the consultant(s) undertake the study with reasonable efficiency.
2. Appoint a focal point in the programme section to support the consultant(s) during the evaluation process.
3. Collect background documentation and inform partners and selected project counterparts.
4. Meet all travel related costs to project sites as part of the programme evaluation cost.
5. Support to identify key stakeholders to be interviewed as part of the evaluation.
6. The programme staff members will be responsible for liaising with partners, logistical backstopping and providing relevant documentation and feedback to the evaluation team
7. Cover any costs related to stakeholder workshops during dissemination of results
8. Organize inception meeting between the consultants, partners and stakeholders, including Government prior to the scheduled start of the evaluation assignment.

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| **8.Supervision and Management of the Assignment** |

The consultants shall work under the supervision of CCM and Global Fund Coordinator with technical guidance from the GFATM M&E unit. MoH, Preventive Medicine Directorate shall provide further guidance in the review of TB and Malaria grant activities.

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| **9. Evaluation Ethics** |

The evaluation will be conducted in accordance with the principles outlined in the UNEG ‘Ethical Guidelines for Evaluation’ and should describe critical issues evaluators must address in the design and implementation of the evaluation, including evaluation ethics and procedures to safeguard the rights and confidentiality of information providers.

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| **10. Time Frame** |

The evaluation consultancy is tentatively scheduled to take place from **February 8-March 19, 2010**

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| **Tentative timetable (Sudan)** | |
| **Evaluation Team** |  |
| Orientation with CCM and PR, finalize and agree on ToR , revision of Plan of action ;avail documents, evaluation of methodologies, Desk review of relevant of documents ,interview with CCM members and PR. | February 8- 12, 2010 |
| Continue Discussion with PR and SRs. | February 15-19,2010 |
| Field visits to selected SRs implementation sites and health facilities to see program implementations | February 22-27,2010 |
| Discussion with MoH director general and Synthesis of finding, clarification of issues, formulation of preliminary finding and recommendation, Report writing | March 1-5,2010 |
| Prepar draft report, De-briefings through power point to UNDP,CCM and other stakeholders, submitting final report, | March 8-112,2010 |
| Incorporation of comments and submission of final report with clear set of recommendations | March15-19,2010 |
| **Total Work Days** | **30 working days** |

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| **11. Reporting** |

The consultant(s) will directly report to the UNDP South Sudan Global Fund Coordinator and CCM Chairperson.

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| **12. Evaluation team composition and required competencies** |

The evaluation team shall consist of 2-4 consultants: an International consultant (team leader and member 2) and national consultants (2) with extensive knowledge of the country situation. The Team Leader (International) will have the responsibility for the overall co-ordination of the evaluation and for the overall quality and timely submission of the evaluation report to the UNDP Country Office. The team is expected to have experiences and skills in the following area:

* Primary health care system, functionality of health system
* knowledge on HIV/AIDS, Tuberculosis and Malaria
* Program designing and strategic planning
* Grant manager familiarity with financial function .knowledge on global fund financial system will be an asset
* Procurements ,supply system managements at international level, monitoring and evaluation of the implementations system, designing of work flow
* General monitoring and evaluation system, basic monitoring frame work and result based management
* Experience in GFATM process and programmes will be an asset

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| **International Consultant** | |
| Education: | Degree in public health with master in public health, Medical doctor will be advantage**.** |
| Experience: | * Proven experience of a minimum of 15 years at the international level, preferably with UN experience. Knowledge and familiarity of the United Nations system, its reform process and UNDP programme policies, procedures. * Familiarity with the GFATM project, UNDP Multi-Year Funding Framework and other results based M&E frameworks. * Previous experience in conducting country programme evaluations is an asset. * Knowledge of the political, cultural and economic situation in south Sudan or ability to quickly acquire such knowledge is desirable * Excellent writing and analytical skills * Ability to meet tight deadlines |
| Language Requirements: | Fluency in English |

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| National Consultants | |
| Education | Degree in Public health or sociology. Medical Doctor is an advantage |
| Experience: | * Knowledge on health care system of southern Sudan * Basic knowledge and training on HIV/TB/Malaria program * Experience in monitoring and evaluation of health related projects * Basic knowledge in primary health care system * Proven excellent analytical and written skills |
| Language Requirements: | Fluency in English |

**13. Remuneration and Terms of Payment**

National consultants will be paid in accordance with UNDP standard contract rates as applicable for national consultants. The international consultants will be recruited and paid in accordance with UN conditions and procedures.

**14. Conditions of Work**

Consultants will be expected to use their own laptop computers. UNDP will support and facilitate the consultants travel, provide administrative, logistics and facilitate security related issues of the consultancy. Consultant wills expected to arrange offices and accommodation during consultancy period.

## 15. Reference materials

The consultants should study the following documents among others:

1. UNDP Handbook on Planning, Monitoring and Evaluating
2. Ethical Code of Conduct for UNDP Evaluations;
3. Guideline for Reviewing the Evaluation Report;
4. UNDP Results-Based Management: Technical Project Documents and relevant reports
5. Documents and materials related to the GFATM (proposal, agreement…)
6. GFATM M&E guidelines.