Terms of Reference of Short-term Consultant for Outcome Evaluation of HIV and AIDS Programme

CP Outcome 1: *Policy and planning framework in the country more extensively incorporates effective, people-centered approaches to development planning.*
CP Outcome 1.5: Strengthen national responses to HIV and AIDS.

A. Rationale

In recent years, the UNDP has shifted its programming orientation on the basis of outputs/activities to outcomes/results to improve programme effectiveness. This entailed a major change in the way programmes are developed and implemented. Corresponding administrative and operational support systems are likewise changed and these continue to evolve. To further concretize the thrust of results orientation, specific outcomes committed in the Multi-Year Funding Framework (MYFF) and Country Programme Action Plan (CPAP) will be evaluated.

B. Purpose of Engagement of the Evaluation Consultant/Team

The Evaluation Consultant will be tasked mainly to undertake an independent evaluation whether and to what extent UNDP's HIV and AIDS projects vis-à-vis Programme are contributing to the achievement of the intended outcome, particularly the sub-outcome on strengthening national responses to HIV and AIDS, and to identify factors, which helps or hampers the achievement of said outcome.

C. Description of Outcome

The Country Programme (CP) Outcome under the previous CPAP is: *Policy and planning framework in the country more extensively incorporates effective, people-centered approaches to development planning.* More particularly, the CP Outcome to be evaluated is on sub-outcome 1.5, i.e., *strengthen national responses to HIV and AIDS, and how this sub-outcome contributes to the achievement of CP Outcome*.

The UNDP HIV and AIDS Programme, *Promoting Leadership and Mitigating the Negative Impacts of HIV and AIDS on Human Development*, has been designed and approved in the middle of implementing the CPAP in response to the recommendations of the previous Outcome Evaluation in 2007 and the Assessment of Development Results in 2008 taking into account the emerging HIV situation in the country. The programme has five key components: (1) Leadership for Effective and Sustained Responses to HIV and AIDS; (2) Strengthening Institutional Capacities and Partnerships on HIV and Migration; (3) Mitigating the Economic and Psychosocial Impacts of HIV and AIDS; (4) Strategic Information and Community Leadership among Men Who Have Sex with Men (MSM) and Transgender (TG) Populations; and (5) Knowledge, Communication, and Advocacy to Promote Deeper Understanding of HIV and AIDS.

Based on the HIV and AIDS Programme Document 2009-2011, the main outputs per component that are expected to contribute to the above outcome include the following:

Component 1: Leadership for Effective and Sustained Responses to HIV and AIDS			
Outcome 1	Increased commitment and engagement of local institutions and champions commitment to addressing local AIDS challenges.		
Output 1.1	Leadership development and commitments to plan and implement policies, programme and strategies to address HIV increased.		
	Baseline:	Commitment of local leaders and institutions to respond to AIDS is limited.	
	Indicator:	Number of local leaders or champions supporting or engaged in AIDS awareness and prevention activities increased.	
Output 1.2	Institutional capacity of local government coordinating bodies to implement sustained responses to HIV strengthened and supported.		
	Baseline:	Current number of local government institutions to support and implement local AIDS responses is inadequate.	
	Indicator:	Number of local government institutions and coordinating bodies supporting and implementing local AIDS responses increased.	
Output 1.3	Technical support mechanisms on AIDS responses to LGUs strengthened and institutionalized.		
	Baseline:	Current support mechanism to provide adequate support to LGUs is not comprehensive and limited.	
	Indicator:	Number of local supported mechanisms supported.	
Component 2: Strengthen Institutional capacities and Partnerships on HIV and Migration			
Outcome 2	Reduced vulnerabilities to HIV among overseas workers with special focus on women.		
Output 2.1	Strengthened leadership capacity of Overseas Labor, Welfare and Foreign Affairs attaché deployed in countries of destination to advocate and provide rights-based services.		
	Baseline:	Current support structures are insufficient to address vulnerabilities to HIV among overseas workers with special focus on women.	
	Indicator:	Improved capacity of Labor, Welfare and Foreign Affairs department I destination countries to effectively manage HIV cases.	
Output 2.2	Rights-based HIV prevention and education activities integrated into established government and private sector pre-departure programmes.		
	Baseline:	Current pre-departure HIV prevention and awareness training modules lack gender perspective and effective training platforms.	
	Indicator:	Gender-sensitive HIV prevention and awareness training modules for OFWs with special focus on women integrated into more appropriate pre-departure government and private sector programmes.	
Component 3: Mitigating the Economic and Psychosocial Impacts of HIV and AIDS			
Outcome 3	Enhanced access to psychosocial, economic and support services for people living with HIV and affected families.		
Output 3.1	Referral system for accessible psychosocial care and support services institutionalized and coordinated with government and civil society organizations.		
	Baseline:	Current established referral mechanism is limited in scope does not effectively refer PLHIV to appropriate government or community based support services in a timely manner.	
	Indicator:	Effective and coordinated referral system for PLHIV to access appropriate psychosocial, economic and support services developed and institutionalized.	
Output 3.2	Access to livelihood opportunities for PLHIV facilitated and supported.		
	Baseline:	Limited availability of livelihood support services and employment opportunities for PLHIV.	
	Indicator:	Number of PLHIV participating in livelihood skills training in number of locations.	
Output 3.3	Psychosocial and support services for families affected by HIV enhanced and sustained.		
	Baseline:	Capacity of service providers, including family members to provide effective case management and care for PLHIV is limited.	
	Indicator:	Number of social service providers' capacity to effectively manage HIV cases increased.	
Component 4: Strategic Information and Community Leadership among Men who have Sex with Men (MSM) and Transgender Populations			
Outcome 4	Enhanced strategic information and improved engagement of MSM and TG community based organizations in local policy making bodies		

Output 4.1	Knowledge base of MSM behaviour and community based interventions to scale up effective and evidence-based responses enhanced.	
	Baseline:	No assessment of community based behaviour interventions and inadequate information on MSM/TG profiling.
	Indicator:	"Comprehensive package" of responsive community based interventions and social profile of MSM/TG produced.
Output 4.2	Capacity of MSM community-based organizations to engage in policy, budget making and programme development processes strengthened.	
	Baseline:	Existing MSM community-based organizations interventions are limited to behaviour change service provision.
	Indicator:	Number of MSM community-based organizations participating in local governmental policy making boards increased.
Output 4.3	Evidence-informed gender and AIDS programming, monitoring and evaluation, both in the national strategic plan and UNDAF enhanced.	
	Baseline:	Recently concluded mid-term assessment of AMTP4 lacked a gender analysis, implying a weak gender lens by which stakeholders view the country situation and response.
	Indicator:	Country-based strategic information to inform effective programming on gender and HIV in the Philippines produced to inform the development of the 5th AIDS Medium Term Plan and future GFATM proposals, as well as strengthen the development of the upcoming UN Common Country Assessment (CCA) and UN Development Assistance Framework (UNDAF) for 2011-2015.
Component 5: Knowledge, Communication, and Advocacy to Promote Deeper Understanding of HIV and AIDS		
Outcome 5	Country-level sharing of information on multi-sectoral responses and practical use of effective approaches to address HIV and AIDS among most-at-risk and vulnerable populations increased.	
Output 5.1	Knowledge base of most-at-risk and vulnerable populations to inform policy and programme responses increased.	
	Baseline:	Limited knowledge based of most-at-risk and vulnerable populations increased.
	Indicator:	Number of evidence-based and policy impact studies on HIV and IDUs produced.

Institutional Arrangements

The management arrangements and ownership of UNDP programming activities have been established at the programme and project levels, and are briefly described below.

Figure 1. Programme Management Structure
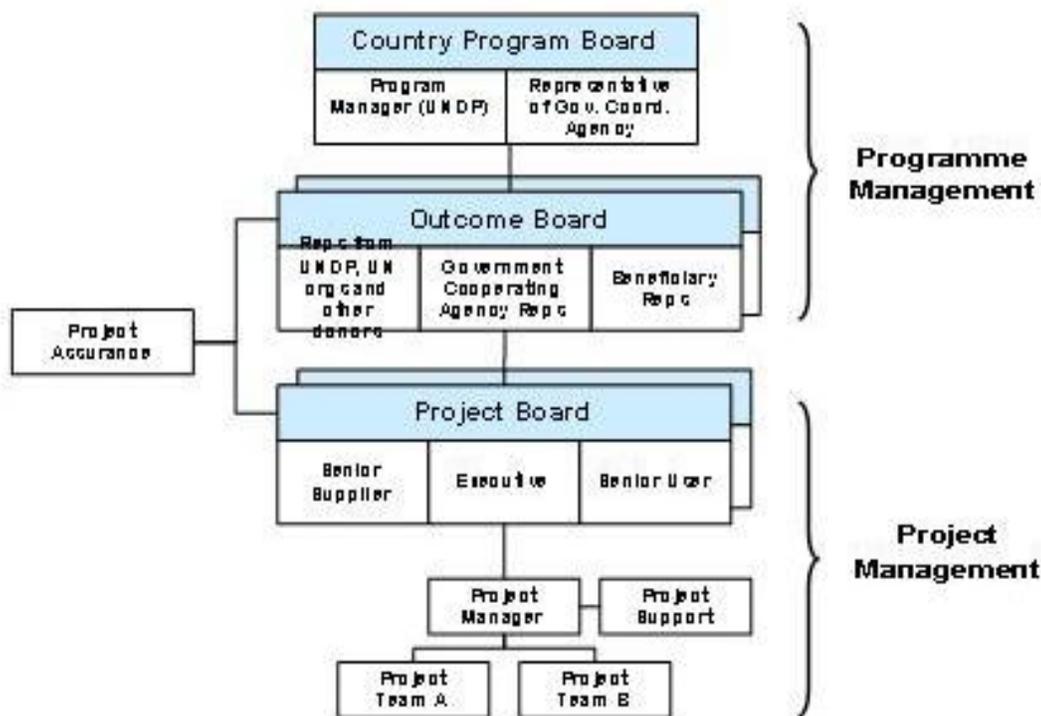
Entities Involved in the Implementation

(a) The **UNDP Country Office** (*through the Country Director or designated UNDP staff*) is responsible for successful management and delivery of programme outcomes and monitoring of projects and managing changes within and among projects.

(b) The **National Economic Development Authority (NEDA)**, as the national coordinating authority, works closely with UNDP-CO in defining, assessing, and monitoring programme outputs and achievements towards the desired development outcomes.

(c) The **Country Programme Board (CPB)** is the highest policy making body consisting of UNDP and NEDA that governs the implementation of the UNDP Country Programme in accordance with the Standard basic Assistance Agreement (SBAA). The CPB shall perform oversight, management and monitoring of the UNDP Country Programme cycle, including effective implementation of the Country Programme Action Plan (CPAP) and its contribution to the overall UN Country Team efforts as provided for in the UN Development assistance Framework (UNDAF). The CPB shall work closely with the Outcome Board.

(d) The **Programme Manager** is responsible for the successful management and contribution to the achievement of country programme outcomes. He/she evaluates whether progress in the form of project interventions continues to meet programme outcomes through delivery of results as expected, via efficient and effective management of resources. The

UNDP Country Director by default holds the role of the Programme Manager, and can designate this role to other UNDP staff as appropriate.

(e) The **Outcome Board (OB)** provides recommendations on policy directions. It should include a UNDP representative and government representatives selected in consultation with the NEDA and the Programme Manager. Other representatives can be included in the Board as appropriate, e.g., selected Implementing partners and UN agencies, donors, beneficiary representatives, external (to UNDP) sector experts. Depending on its composition, the OB can fulfill the function of the Local Project Appraisal Committee (LPAC) for reviewing submitted projects and making recommendations for approval by the Programme Manager within the programme component.

(f) The **Project Board** (*formerly the Project Executive Group/ Project Steering Committee/ Tripartite Committee*) is the group responsible for making by consensus management decisions for a project when guidance is required by the Project Manager. This group is consulted by the Project Manager for decisions when PM tolerances (normally in terms of time and budget) have been exceeded. Based on the approved AWP, the Project Board may review and approve project quarterly plans when required and authorizes any major deviation from these agreed quarterly plans. It is the authority that signs off the completion of each quarterly plan as well as authorizes the start of the next quarterly plan. The Project Board, which will perform oversight functions, will be chaired by the Department of Interior and Local Government (DILG) with members consisting of the Philippine national AIDS Council (PNAC), NEDA-Social Development Staff, UNDP, UNAIDS and implementing partners of the five components.

(g) The **Project Assurance (PA)** is the responsibility of each Project Board member; however, the role can be delegated. The PA role supports the project Board by carrying out objective and independent project oversight and monitoring functions. The PA ensures that appropriate project management milestones are managed and completed. A UNDP Programme Officer typically holds the PA role.

(h) The **Implementing Partner (IP)** is fully responsible and accountable for managing a project, achieving project outputs, and for the effective use of UNDP resources. This must be done following effective process and financial management practices. Specifically, the Implementing Partner shall approve and sign the Combined Delivery Report (CDR) at the end of the year; and sign the Financial Report (FR) or Funding Authorization and Certificate of Expenditures (FACE). For this Programme, individual components will be implemented in behalf of the government by the following implementing partners: Department of Interior and Local Government – Local Government Academy (Component 1); Department of Labor and Employment (Component 2); Department of Social Welfare and Development (Component 3); Health Action Information Network, an NGO (Component 4); and Philippine National AIDS Council (Component 5). Each implementing partner may enter into agreements with responsible partners in accordance to the National Implementation Manual (NIM) to undertake specific project tasks and assist in the successful delivery of project outputs.

(i) The **Responsible Partner (RP)** is identified based on an assessment of their technical, financial, managerial and administrative capacities that will be needed for the project by

the implementing partner to undertake a particular component or activity of a project. The implementing partner shall, however, remain fully responsible and accountable in successfully implementing the project, including components it may assign to certain Responsible Parties, to the NEDA and UNDP.

(j) The **Project Manager** has the authority to run the project on a day-to-day basis on behalf of the Project Board within the constraints laid down by the Board. The implementing partner appoints the Project Manager, who should be different from the Implementing Partner's representative in the Outcome Board.

(k) The **Project Support** provides project administration, management and technical support to the Project Manager as required by the needs of the individual project or Project Manager. It is necessary to keep Project Support and Project Assurance roles separate in order to maintain the independence of Project Assurance.

D. Specific Objectives of the Evaluation

The Outcome Evaluation is expected to improve the effectiveness of UNDP and its partners in implementing programmes and projects to achieve intended outcome within the Results Based Management Framework. Further, inputs to the Outcome Evaluation will contribute to the new UNDP Country Programme Cycle Results 2012-2016.

Specifically, the Outcome Evaluation aims to accomplish the following:

(a) Determine the mechanisms by which outputs of the programme/projects lead to the achievement of the specified outcome;

(b) Determine if and which programme processes e.g. strategic partnerships and linkages, are critical in producing the intended outcomes;

(c) Identify factors, which facilitate or hinder the progress in achieving the outcomes, both in terms of the external environment and those internal to the portfolio project(s) including: weaknesses in design, management, partnership, human resource skills, and resources;

(d) Document lessons learned in the development and implementation stages;

(e) Recommend mid-stream changes, if necessary, in the implementation of the programmes and projects.

(f) Provide recommendations to the new UNDP Country Programme Cycle Results 2012-2016.

E. Scope of the Evaluation

The Evaluation shall cover all the UNDP assisted HIV and AIDS projects that have been identified to contribute to the specified outcome.

Please see attached Programme Document and Annual Work Plans from 2009-2011 for the scope and coverage of projects and partners to be evaluated.

F. Expected Outputs and Deliverables

The Evaluation Consultant will have the overall responsibility for the evaluation. His/her responsibilities shall include (but not limited to) the following:

(1) Development of the methodology and specific action plan for the Outcome Evaluation;

(2) Implementation of the Outcome Evaluation based on prescribed guidelines and approved methodology and action plan;

(3) Conduct consultation and discussions or focus group discussions with key partners; and

(4) Documentation and consolidation of findings, insights and perspectives from the field evaluations including identification of critical factors, processes and decisions that have impact to the overall development objectives; lessons learned in the achievement of the Outcome and identification of the good practices and recommendation of the same for possible replication in other areas.

Deliverables

The consultant will produce the following reports:

(1) **Inception report**, to be submitted within two weeks from the start of services, outlining the proposed detailed approach including framework of analyses, methodology, reporting outline, work plan and budget;
(2) **Mid-stream report** including field visit reports, meeting/activity reports and proceedings, as well as a summary of activities, insights and analysis of the period covered.
(3) **Draft final report** complete with analysis and recommendations to improve future performance and;
(4) **Final report** that takes into account the comments and suggestions by relevant UNDP staff, partners and stakeholders.

The final report should not exceed more than 20 pages excluding annexes and other attachments.

Reporting and Management Arrangement

The Evaluation Consultant will seek directions and guidance primarily from the UNDP HIV and AIDS Team. The Evaluation Consultant shall coordinate with the Evaluation Focal Team composed of UNDP Programme Officer and NEDA counterparts whenever necessary in the accomplishment of his/her duties and responsibilities.

The implementing and responsible partners shall cooperate and may be requested to assist the Consultant in providing necessary inputs to complete the evaluation exercise. The Evaluation

Consultant/Team is responsible in cooperation with UNDP HIV and AIDS Team in organizing consultation meetings related to the exercise.

Proposed Process/Activities

(1) Review of literature and related documents including:
       (a) UNDP and project documents;
       (b) Knowledge products and outputs/manuals;
       (c) Assessment/Evaluation Reports;
       (d) Annual Progress Reports and AWP Monitoring Reports; and
       (e) Other relevant documents related to the HIV and AIDS Programme.

(2) Conduct meetings, interviews and FGDs with key officials, individuals and groups to be determined by UNDP.
(3) Report writing.
(4) Presentation and validation of Outcome Evaluation findings and recommendations
(5) Refinement of findings and recommendations
(6) Final submission and presentation.

G. Timeframe

The duration of the work will start from 1 July to 31 August, 2012.

The work of the Evaluation Consultant shall have the following milestones:

Deliverables	Timeframe
Submission of Inception Report and Proposed Annotated Outline	Within two weeks upon signing of the contract
Evaluation of Inception Report, Meetings, consultations, briefing/ orientation sessions with Evaluation Consultant and UNDP Governance Unit.	Upon submission of the inception report
Desk review, field visits and interviews.	3rd week of July 2012
Submission of Draft Final Report	2nd week of August 2012
Submission of Final Report.	3rd week of August 2012
Presentation to key stakeholders	4th week of August 2012

H. Fees

The consultant will be paid a lump sum, all-inclusive* fee of **Two Hundred Fifty Thousand Pesos (PhP 250,000.00)** payable as follows:

Terms of Payments	%	Amount in Php
Upon signing of contract	15%	37,500
Upon submission of inception report with annotated outline detailed work plan and budget estimates.	30%	75,000

Upon completion of the first draft of evaluation report.	35%	87,500
Upon submission, presentation and approval of the final evaluation report.	20%	50,000
Total	**100%**	**250,000**

*Inclusive of costs of travel, administration, communications, computer time, and incidental costs.

I. Qualifications of Evaluation Consultant

(a) At least a Masteral Degree, preferably in Development Management, Health, Social Sciences, Statistics and other related fields;
(b) At least seven (7) years of progressively responsible experience in planning, directing, coordinating and supervising various activities involved in development research, analysis, documentation, or other related work;
(c) At least five (5) years substantive experience in programme/project development, management or evaluation related to development with actual work on design and operation of monitoring and evaluation and performance analyses, preferably on HIV and AIDS;
(d) Familiarity with or exposure to a variety of development organizations including government agencies, private sector, donors, and NGOs;

The Evaluation Consultant should be self-driven, with clear understanding of work objectives, content and processes. He/she must be pro-active and be able to work independently. Objectivity, organization, methodical and people skills are essential in the outcome evaluation process.

References

a. HIV and AIDS Programme Document 2009-2011
b. Outcome Evaluation Guidelines
c. Annual Work Plans from 2009-2011