Terms of Reference (TOR) For Outcome Evaluation for UNDP Tajikistan HIV/AIDS, TB and Malaria Control Program (Final version 14 August 2013)

Introduction:

The UNDP country programme for the period of 2010-2015 aims to achieve the objectives set out in the National Development Strategy of the Republic of Tajikistan for the period up to 2015, in accordance with the UN Millennium Development Goals. The promotion of national development policies and programmes are undertaken through a combination of policy support for the MDGs and capacity development support for service delivery, strategic planning, and resource mobilization. Building on its comparative advantages, programme strengths and lessons learned from previous interventions, UNDP focuses its interventions on the areas of (1) Poverty Reduction and Achievement of MDGs, (2) Reducing burden of HIV/AIDS, Malaria and Tuberculosis, (3) Good Governance, (4) Crisis Prevention and Recovery, and (5) Environment and Sustainable Development. Particular attention is given to the scaling up of proven successful initiatives, utilizing best practices and lessons learned to inform policy reform, and promoting gender equality as a cross-cutting issue.

In close partnership and coordination with the National Coordination Committee on AIDS, TB and Malaria, UNDP implements seven grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which play an instrumental role in achieving the national AIDS, Malaria and TB objectives, as well as the UN's Millennium Development Goals. Through implementing the grants of the GFATM and the UN Joint Advocacy Project on HIV/AIDS, UNDP intends to increase prevention, treatment, and care initiatives as well as concentrate its efforts on developing the capacities on effective response and quality management of HIV/AIDS,TB and Malaria Programmes of the Government of Tajikistan (particularly the Ministry of Health). UNDP is also paying high attention to building partnership with other UN agencies, international NGOs, and local community-based organizations (CBOs) in efforts to enhance prevention measures and improve access to health services with special focus on gender and human rights aspects.

UNDP involvement in supporting public health reforms and enhancing capacities of national institutions is particularly aimed at achievement of the following outcome: "**Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics, and eliminate Malaria by 2015, in line with MDGs.**"

Situation update on HIV, TB and Malaria in Tajikistan

Over the last decade the number of registered cases of HIV has increased by 25%, but Tajikistan still manages to keep the epidemic in a concentrated stage (less than 1% of general population). By 1 January 2013, there were 4674 known cases of HIV in the country (74.6% male / 25.4% female), 828 new cases found in 2012. The highest prevalence is noted in Dushanbe and Gorno-Badakhshan Autonomous Province The average rate of HIV is 50.7 cases per 100,000 populations.

The main routes of HIV transmission are: 1) unsterile drug injections (50.4%, incl. 63.8% male and 11.1% female) and 2) unsafe sexual intercourse (30.96%, incl. 18.8% male and 66.5% female). In 16.6% of cases reason of HIV transmission is unknown. 2.05% of cases relate to mother-to-child transmission.

Accelerated HIV prevention among most at risk population groups (MARPs) in recent years resulted in positive behavioural changes noted among injecting drug users (IDUs), sex workers (SW) according to 2011 BSS data. Thus, 93.5% of IDUs confirmed use of sterile injecting equipment (vs. 69% IDUs in 2010) and 71% SWs used condoms with commercial partners. There is stable decrease in HIV prevalence among IDUs (19.4% in 2007, 17.3% in 2009, and 13.5% in 2011); but no significant decline of prevalence among SWs (1.8% in 2007, 4.4% in 2010 with slight decrease in 2011 - 3.7%). Growth of HIV prevalence among sex-workers reflects increasing HIV registration among women (tripled from 8,5% in 2005 to 28,5% in 2011) and rising share of unsafe sex as the route of HIV. Continuity of harm reduction programmes for MARPs and enhanced gender sensitivity of HIV programmes are critical for further reversal of the spread of HIV.

More than 95% of people living with HIV (PLHIV) have access to antiretroviral treatment (ART). By 1 January 2013 ART was provided to actual 1044 (including 133 children) people eligible for treatment (incl. 33.8% women). Low adherence to treatment among MARPs and interruption of treatment during labor migration remain the major challenges of the ART programme in Tajikistan.

Strengthening of the voluntary counselling and testing programme (VCT) allowed to triple VCT coverage since 2008. Thus, 412,196 people received VCT in 2012 (incl. 100% of pregnant women). However, lack of focus in VCT provision affects the cost-effectiveness of future testing programme.

Tuberculosis remains an acute health problem for the country. Relative success is achieved within nationwide DOTS programme. The case notification rate has tripled from 2,029 in 1995 to 6,930 in 2012. In the same period the case notification of the new smear positive cases has doubled from 1,024 in 1995 to 2,041 in 2012. National data report a total of 6,665 TB cases (all forms) in 2012 (53,3% male and 46,7% female). Among them new TB cases comprised 5,110 (76.6%). TB incidence rate in 2012 was 78.7 per 100,000 with mortality rate 6.6 per 100,000. Latest data on success treatment rate - 80,4%. Poor population from rural areas, Roma, prisoners and labor migrants remain the main risk groups for tuberculosis. Thus, in 2011 share of labor migrants among newly registered TB cases reached 16% (NTP data).

More than three-quarters of the new SS+ cases were among 15-44-year olds and almost half of these were among young people ages 15-24. This means that young and working population is most affected by TB which in turn reduces their contribution to economy of the country. Between 1995 and 2012, the treatment outcome of the new smear positive has gradually increased from 69% to 80%.

Collaboration of TB and HIV programmes as two vertical systems is significantly improved, with 83.7% of all TB patients tested for HIV in civil sector and 100% in penitentiary system. It also includes the improved reporting and recording on TB/HIV testing and patients. Further efforts will be made to scale up of TB/HIV collaborative activities with focusing on achieving higher rates for TB testing among people living with HIV.

The country introduced MDR-TB (DOTC Plus) in 2009 and by 2012 the project was expanded to 18 pilot districts covering 525 patients. According to a survey carried out during the period 2008-2009 the proportion of MDR-TB cases among new TB cases is 17.4% and among previously treated cases 61.2%. The drug resistance survey (DRS) uncovered 25 XRD-TB cases — 21 (15.3%) among previously treated MDR-TB patients and 4 (2.7%) among new MDR-TB patients. Treatment of multi-drug resistant TB (MDR-TB) was provided to 524 patients in 2012. MDR programme is still in the pilot stage, implemented only in 16 districts of the country. The cumulative number of enrolled since start-up in 2009 reached 1,201 MDR patients. Further the project will be expanded countrywide with reaching over 1,200 new MDR-TB patients. Latest known success treatment rate for MDR programme is 59,1%. (2012).

Significant improvements are achieved in prison system in the detection of TB patients by implementing strengthened informational, educational, training and monitoring activities in penitentiary facility, including strengthened collaboration with civil society organizations.

Malaria elimination programme provides the most promising results for the national MDG6 targets. In 2012, the number of registered cases dropped by 2,6 compared to 2011, with only 33 new cases of malaria reported including 30 cases of P.Vivax, and 2 cases of P.Falciparum. It is remarkable that no cases of local transmission of P.Falciparum was registered in the last three years, all noted cases were imported.

Institutional set up and UNDP response.

GFATM-funded programme on HIV, TB and Malaria Control

UNDP is a key partner to the Global Fund and Tajikistan Ministry of Health and is the UN agency assuming the role of interim Principal Recipient (PR) of HIV, TB and malaria GF grants in Tajikistan since 2003. In its role as PR, UNDP Tajikistan is responsible for the financial and programmatic management of the Global Fund grants 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. More information about UNDP portfolio of GFATM projects is available on web-site: www.theglobalfund.org and www.undp.tj

For implementation of activities in the field of HIV, TB and Malaria UNDP has established partnership with more than 40 national and international agencies, with a multisectoral approach in addressing of health and non-health determinants of the epidemics in the country. Through its membership in multisectoral coordinating councils and thematic work groups, UNDP established a strong network for exchange of technical and management expertise and coordination of its activities with other stakeholders involved in public health and health system strengthening initiatives.

Joint programming for HIV/AIDS advocacy

UNDP, UNICEF, UNFPA and UNAIDS since 2005, have been pooling their resources for the Joint UN Project on Advocacy of HIV/AIDS in Tajikistan (UN JAP) with UNDP being a Management Agent. UN JAP overall goal is to support the National Response on HIV and maintain UN joint programming in accordance with UNDGO and Global Task Team (GTT) objectives. Since 2008, UN JAP provided inestimable contribution to the national strategic planning and advocacy of HIV response including, but not limited to: development of national programmes to Counteract HIV/AIDS in Tajikistan for period of 2007-2010 and 2011-2015; technical assistance (TA) for revision of the State Law on HIV/AIDS in 2008 and in 2013 with exclusion of discriminatory articles; support to mainstreaming of HIV/AIDS issues into national strategies; mainstreaming of gender and human-rights approach issues to national HIV strategic programming and implementation of nation-wide surveys on HIV/AIDS awareness among people of 15-49 years and stigma and discrimination; and finally: support to establishment and strengthening of Network of people living with HIV/AIDS with an emphasis on promoting female-led initiatives of PLHIV.

The last UN JAP prodoc for 2012-2013 envisages strengthening of UN Cares Programme, enhancing national capacities for strategic planning, effective management, and tracking the epidemic; reducing stigma and promoting human rights and gender equality through HIV/AIDS programmes. The project also complements activities under GFATM-funded HIV projects and projects of other UN agencies, and seeks the linkages to other initiatives in the country and region.

Brief description of the outcome (baseline of the outcome and current situation of the outcome)

The outcome 2 of the Country Programme Action Plan for 2010-2015 is focused on successful management and achievement of results setup for the three large GFATM programmes aimed to address issues of HIV, Tuberculosis and Malaria epidemic control in Tajikistan. Within the framework of its joint UN programming and in close partnership with international partners, government institutions and CSOs, UNDP strives to establish sustainable and efficient multi-sectoral response structures to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with the MDGs.

The key indicators for the above-named outcome include indicators on prevalence of HIV among key populations at higher risk of HIV , and incidence rate of TB and Malaria. These indicators are linked with the targets of the national programmes on HIV/AIDS, TB and Malaria for the period of 2010-2015.

Baseline: In 2007 prevalence of HIV among IDUs and SWs was 19.4% and 1.8% respectively, incidence of confirmed malaria cases in 2007 was less than 9 per 100,000 population. TB incidence rate in 2005 comprised 67 per 100,000 population.

Outcome Target: By 2015 HIV prevalence among IDUs is decreased to 8.5% and among SW is contained at <3% level, Malaria and TB incidence rate is 0 and 75 per 100,000 population respectively

Outcome progress by the end of 2012 and UNDP contribution

Concerted efforts of UNDP and implementing partners of the GFATM-funded programme resulted in achievement of certain development programmatic changes in the field of HIV/AIDS, TB and Malaria control. Thus, the national efforts to contain HIV epidemic in 2012 allowed the country to stabilize the epidemic and not to exceed the prevalence level of 1% of the general population. The major development changes occurred in increasing coverage of key populations at higher risk of HIV with 35% of injecting drug users (denominator – 25,000), 56% sex workers (denominator – 12,500) and 12.7% of MSM reached with HIV awareness raising and prevention services. Expanded prevention package of services provided through UNDP and other donors built beneficial background for positive behavioral change among key populations and notable annual decrease in prevalence of HIV among injecting drug-users - the main drivers of epidemic in the country.

The progress of malaria elimination programme is a success story for the country with only 30 cases registered in 2012 (compared to 2309 cases in 2005). The country plans to receive malaria free status by the end of 2015. Remarkable thing is that since 2009 there was no local transmission of P.falciparum malaria (the most severe type of disease) registered in Tajikistan, so the country managed to eliminate tropical forms of malaria disease on its territory.

Gradual scale up of multi-drug resistant TB treatment provides opportunities for increased number of people in need to get quality and timely treatment. TB remain one of the most acute issue of health care in Tajikistan and enhanced resource mobilization support is critical for the country to ensure universal access to adequate treatment. In this regards, approval by GFATM of additional 17 million US dollars for the TB MDR programme was a remarkable achievement for UNDP and national partners, as it provides hope for more MDR-TB affected people waiting eagerly for treatment.

Main outputs and initiatives expected to have contributed to the outcome

The CPAP for 2010-2015 outlines the following key UNDP outputs and relevant targets which would contribute to achievement of the desired outcome.

Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response. To accomplish this output, UNDP will accomplish several key targets[1]:

Indicator #1: % of high risk groups, including intravenous drug users (IDUs) and sex workers (SWs) reached with HIV/AIDS prevention programs
Baseline: Current coverage of high risk groups is low (19% of IDUs and 42 % of SW)
Target: At least 44% IDUs and 65% SW reached with prevention programs in 2012; at least 60% IDUs and 94% SW in 2014

Indicator #2: % of women and men aged 15-49 expressing positive attitudes to people with HIV /AIDS
Baseline: 48% of population have positive attitude to people living with HIV/AIDS (data of National Survey on stigma and discrimination conducted by State Center of Strategic Researches and UN Joint Advocacy Project, 2008).
Target: 60% of people demonstrate a positive attitude to PLWHA in 2012 and >70% in 2014.

Indicator #3: % of people with advanced HIV infection receiving ARV combination therapy

1 For more details refer to UNDP CPAP 2010-2015 and Annual Work Plans for each project

Baseline: In 2008 15,7% of PLWHA receiving ARV treatment (national statistic data).
Target: Increased ARV treatment coverage
2010 – 54%, 2011 – 61%, 2012 – 71%, 2013 – 81%, 2014 -90%

Output 2.2: Public health care sector capacities are built to reduce the burden of TB in Tajikistan by 2015 in line with the MDGs and 'Stop TB Partnership' targets. To accomplish this output, UNDP will work to accomplish several targets[2]:

Indicator #1: New TB cases detection and notification rates per 100, 000 population in one year period
Baseline: 85.1 per 100,000 population new TB case detection and notification rate (2007)
Target: Increase new TB case detection and notification rate to 108 per 100 000 population by 2014

Indicator #2: % of new smear positive TB cases that successfully complete their treatment among the new smear positive TB cases registered during 12-month period
Baseline: 80% new smear positive TB cases successfully cured in 2006

Indicator #3: % of new multi-drug resistant TB cases (MDR) that successfully completed their treatment among the new MDR cases registered (MDR success rate)
Baseline: 0% of patients receive treatment of MDR TB (2008)

Output 2.3: To strengthen management of national malaria control programme, resulting in the interruption of local malaria transmission in Tajikistan. *To accomplish this output, UNDP will work to accomplish several targets*[3]*:*

Indicator #1: Number of people with malaria infection receiving anti-malarial treatment as per national guidelines.
Baseline: Less than 10 cases per 100 000 population of malaria diagnosed and treated in 2007
Target: Less than 2 cases per 100,000 in 2011; 0 cases per 100 000 population by 2013

Indicator #2: % of households protected with IRS (indoor residual spraying with insecticides)
Baseline: 57% of houses identified in the areas at risk of malaria transmission that were sprayed with insecticide in 2007.
Target: 100% of houses in at risk areas are sprayed with insecticide (from 2010 until 2013).

Indicator #3: Number of malaria foci (villages affected by malaria)
Baseline: 247 malaria Foci identified in 2007
Target: Fewer than 150 in 2010, <50 in 2012 and zero in 2014

Objectives of the evaluation:

UNDP Tajikistan CPAP Outcome 2 "***Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs***" represents the largest portion of resources spent by UNDP in the country.

The outcome evaluation will not only assess progress towards or achievement of the outcome but will also make recommendations on the realignment of programme design and response arrangements to be adopted both for the immediate, short term and long term. The findings and recommendations of the outcome evaluation will be used to identify UNDP involvement in the HIV, Health and Development thematic area in Tajikistan within the corporate planning frameworks and documents such as United Nations Development Assistance Framework (UNDAF), Country Programme Document (CPD) and Country Programme Action Plan (CPAP) which will ensure achievement of the expected development outcome (s).

2 For more details refer to UNDP CPAP 2010-2015 and Annual Work Plans for each project
3 For more details refer to UNDP CPAP 2010-2015 and Annual Work Plans for each project

3. Scope of the evaluation:

Based on criteria of relevance, effectiveness, efficiency and sustainability the scope of the evaluation is expected to include lessons learned, findings and recommendations in the following areas:

- Whether the **outcome** as stated in the CPAP has been achieved or what is the progress made towards its achievement. The outcome should be assessed within the context of the overall national HIV/AIDS, TB and Malaria response as well as in the context of UNDP mandate in the field of health and development.
- Identify contribution of key UNDP outputs in management of three diseases to achievement of the outcome.
- The contribution of the outcome towards attainment of targets set in the Millennium Development Goals, UNGASS and CPD/CPAP and national strategic goals according to NDS/PRS and sectoral national programmes and action plans for three diseases.
- An analysis of the underlying factors within and beyond UNDP's control that affect the outcome (including the strength, weaknesses, opportunities and threats affecting the achievement of the outcome).
- Whether UNDP's outputs and other interventions can be credibly linked to the achievement of the outcome, including the key outputs from programmes, projects and soft (i.e policy advice and dialogue, advocacy and brokerage/coordination services) and hard assistance that contributed to the outcome.
- Whether UNDP's partnership strategy has been appropriate and effective including the range and quality of partnerships and collaboration developed with government, civil society, donors, the private sector and whether these have contributed to improved programme delivery. The degree of stakeholder and partner involvement in the various processes related to the outcome should be analysed.
- Analyse the overall status and effectiveness of UNDP's collaboration with other organisations of the United Nations system within the framework of the UNDAF Thematic Group on HIV/AIDS.
- Whether gender and human rights dimensions of HIV, TB and Malaria are being adequately addressed in UNDP programming and have contributed to the achievement of the outcome.

Review the effectiveness of programme implementation through the GFATM-funded grants on HIV, TB and Malaria, and UN JAP as well assessing the level of capacity development achieved. An assessment should also be made of the validity of the assumption of UNDP's comparative advantage in the area of capacity development of the government, civil society playing the role of sub-recipients but also potential future PR(s).

- The quality and timeliness of inputs, the management capacity, the reporting and monitoring systems, the project/programme administration provisions and the methodologies applied in the implementation of activities and the extent to which these may have been effective.
- Outline and include in the report three case studies for each disease (HIV, TB and Malaria) best practices, success stories or lessons learnt.

4. Products expected from the evaluation:

1) Inception report with finalised and agreed terms of reference, evaluation matrix, questionnaires and agreed methodology of evaluation (one week after beginning of assignment/contract)

2) A comprehensive evaluation report with findings, recommendations, lessons learned, rating on performance of both the outcome and outputs.
It is expected that draft report will be submitted to UNDP CO in two working weeks after in-country mission, and the final report with all comments and recommendations incorporated submitted to UNDP CO for final endorsement not later that in two working weeks after receipt of UNDP formal feedback with comments to a draft.

The findings are expected to feed into further strategic planning processes and implementation of UNDP health and development programmes and the integration of health dimensions and gender into other UNDP supported programmes within the framework of the new and current corporate strategies and UNDAF. The report should include:

- An assessment of the progress towards outcomes and progress towards outputs;
- A rating on the relevance of the outcome.
- Lessons learned concerning best and worst practices in producing outputs, linking them to outcomes and using partnerships strategically;
- Recommendations for formulating future assistance in the outcome if warranted within the framework of the Country Programme Action Plan (CPAP), determination of appropriate health-related outcomes in the strategic documents of UNDP Tajikistan.
- Strategies for continuing UNDP assistance towards the outcome within the framework of an accelerated national response and with consideration of sustainability of assisted interventions;
- A monitorable action plan for follow-up.

Methodology or evaluation approach:
The key elements of the methodology to be used by the evaluation team will consist of the following:

- Documentation review (desk study);
- Interviews with key partners and stakeholders;
- Field visits;
- Questionnaires;
- Participatory techniques and other approaches for the gathering and analysis of data;

Documents to be reviewed

Some of the background documents to be reviewed as part of the outcome evaluation are as follows[4]:

- Country Programme Document (CPD) 2010-2015
- Country Programme Action Plan (CPAP) 2010-2015
- United Nations Development Assistance Framework (2010-2015)
- Project documents for HIV, TB and Malaria projects (GFATM grants)
- Project document for UN Joint Advocacy Project
- National Programme on AIDS Prevention and Control 2010-2015
- National Programme to Control Tuberculosis in Tajikistan
- National Programme on Malaria elimination 2010-2015
- Millennium Development Goals, Tajikistan Progress Report 2010
- Mid-term Review of National TB Programme, Draft report, July 2013
- Mid-term review of National HIV/AIDS programme, (report expected in October 2013)
- Capacity Assessment of Republican AIDS service providers and Capacity enhancement Plan, WHO, Tajikistan 2011
- Draft Readiness Assessment and Outline Transition Plan, UNDP, November 2012
- National KAP and behavioural surveys and sentinel surveillance data for the period 2010-2015
- Progress reports to donors and partners

Evaluation team:
The evaluation team will comprise **one evaluation expert (international),** a development consultant who was at no point directly associated with the design and implementation of any of the activities associated with the outcome. The evaluation expert should have knowledge and experience in public health, development and gender. If required, one additional independent **national consultant** with programme and gender analysis skills/experience can be recruited to support the mission of the international expert. The programme evaluation expert will have the responsibility for the overall co-ordination of the evaluation activity and for ensuring final coherence of the report, both in terms of content and presentation.

Each of the consultants should have not less than ten years of professional development experience and be competent and experienced in some of the following areas:

- Project design, management and implementation
- Expertise and experience in monitoring and evaluation

[4] Final list of references and sources for desk review will be agreed and stipulated in inception report.

- Experience with development management /organizational capacity building programming
- Qualifications in development, social sciences, public health or related fields
- Knowledge and competencies/experience in HIV and AIDS, TB , Malaria and public health overall and development,
- Policy analysis
- Experience in development aid and technical cooperation would be an added advantage.
- Knowledge of UNDP procedures and programme implementation strategies will be additional assets.
- Good report writing skills
- Advanced computer literacy
- Excellent knowledge of English with proven writing skills; knowledge of Russian language would be an asset - for international evaluation expert
- Excellent knowledge of Russian, Tajik and good knowledge of English - for national evaluation expert.

The international evaluation expert will be allocated 20 working days (10 working days for desk review and 10 working days of in-country mission, final workload distribution will be outlined in inception report) and the national consultant 15 working days for the evaluation assignment.

Implementation arrangements:

The UNDP Tajikistan Country Office through its Programme Implementation Unit for GFATM programmes and Programme Unit of the Country Office and in close consultations with the National Coordination Committee on AIDS, TB and Malaria will be responsible for coordinating, organising and managing the evaluation in collaboration with the Ministries of Health and key UN partners. UNDP CO staff will be responsible for liasing with partners, backstopping and providing relevant documentation and technical feedback to the evaluation team.

Outcome Evaluation Timeframe

The evaluation will be implemented in October- November 2013. It is preliminary planned that international consultant will have to spend at least 10 working days for desk review of provided documentation, and preparation of inception report, draft and final report. 10-day in-country mission is planned in second half of November 2013 (after President Elections in Tajikistan) to meet stakeholders and arrange interviews and field visits. The first draft version of report should be provided to UNDP CO by mid-December 2013.