

EVALUATION TERMS OF REFERENCE

EJAF Mozambique – Deep Engagement Grant: Final Evaluation

1. BACKGROUND

The EJAF Mozambique, Deep Engagement Grant project is a two-year project designed to blend proven evidence based approaches with innovative interventions to increase demand and uptake of HIV services by the LGBT populations of Mozambique. The project is funded by the Elton John Aids Foundation and it is implemented by a consortium of two international organisations, Frontline AIDS (lead) and HealthGap and two national organisations, Lambda and Amodefa.

The project, implemented in the capital city Maputo and in 3 other provinces, aims at reaching 8,500 people with HIV and wider SHRH services, supporting HIV negative LGBT people in staying negative and supporting HIV positive LGBT people in accessing testing, treatment and care services.

Alongside its service delivery component, the project also advocates for government accountability in delivering quality health services to LGBT people and builds the capacity of health facilities and local community-based organisations to provide effective, stigma free health services.

2. PURPOSE OF THE EVALUATION

The **main objective** of this evaluation is to assess the appropriateness, effectiveness, impact, and sustainability of the EJAF Mozambique project by identifying the level of short to medium-term outcomes, the intended and unintended effects of these achievements, approaches that worked well and those that worked less well, and identify the successes, challenges, and learnings.

Importantly the evaluation will also assess which aspects of the community-based strategies implemented by the project have worked well, which ones have not and why.

2.1 How the evaluation will be used

The evaluation report will be used to:

- a. Report to Elton John AIDS Foundation on the overall achievements of the project
- b. Share good practices and learning within Frontline AIDS and partner organisations Amodefa, Lambda and Health Gap and other key stakeholders
- c. Inform future HIV programming with LGBT communities, and future HIV programmes in Mozambique and other geographical contexts

3. SCOPE OF WORK

The final project evaluation will assess the overall achievements of the project and identify good practices and lessons. It will also produce recommendations for replication in terms of implementing programmes in the Mozambique context, and implementing HIV programmes with LGBT populations more broadly. The final project evaluation will not assess progress towards the project’s objectives as these will be assessed in the final project report.

Additionally the evaluation of the community-based strategies will assess their contribution in achieving the project objectives related to community outreach work. The three strategies are:

- Provision of community based rapid HIV testing by trained LGBT HIV testing counsellors
- Safe spaces for the socialisation and empowerment of Mozambican LGBT communities
- Provision of outreach clinical services via mobile clinics in locations regularly visited by LGBT people

3.1 Results framework

The goal of the project is:

‘Improving access and uptake of tailored HIV and STI prevention, care and treatment information and services that address the needs of LGBT Mozambicans.’

Key objectives:

1. LGBT people are accessing tailored packages of HIV and STI combination prevention services
2. 95% positive LGBT people identified by the programme are offered HIV treatment and 90% of those are retained in care
3. Programme implementing partners have increased capacity to manage and deliver quality and stigma-free HIV and STI services benefitting LGBT communities in Mozambique
4. Strengthened LGBT-led organisation(s) and LGBT people demand and advocate for their right to health at national level

For the full results framework, please see [Annex 1](#).

3.2 Evaluation questions

We will work with the chosen consultant/s to review and refine the evaluation questions. However, we are seeking to answer the following questions:

Appropriateness	<ul style="list-style-type: none"> • To what extent was the programme design appropriate in meeting beneficiary needs? • To what extent was the programme model implemented as intended, and if not, why not and what adaptations were made?
Effectiveness	<ul style="list-style-type: none"> • What were the major factors influencing the achievement or non-achievement of the objectives?
Efficiency	<ul style="list-style-type: none"> • To what extent was the programme implemented in a cost-effective way? (consultant to propose approach to evaluate cost-effectiveness)
Impact	<ul style="list-style-type: none"> • To what extent was the programme able to contribute to longer term structural or systemic changes in the HIV response for LGBT communities?
Learning	<ul style="list-style-type: none"> • What would be considered as good practice for us to use in other programmes?

	<ul style="list-style-type: none"> To what extent can the programme or its components be replicated and or adapted based on the learnings made? Are any parts of the programme strategies and approaches considered innovative?
Sustainability	<ul style="list-style-type: none"> To what degree did the programme build capacity for furthering the project objectives, after project closure?

4. METHODOLOGY

The methodology will be finalised in consultation with Frontline AIDS and is likely to include (but is not limited to):

- Desk review of documentation:** this includes donor reports, monitoring data and reports, and other research (see [Annex 2](#) for details of documentation available).
- Interviews with key informants:** Implementing partners and other relevant local stakeholders including beneficiaries.
- Focus group discussions:** implementing partners and other relevant local stakeholders including beneficiaries.
- In-depth field study:** for primary data collection and analysis. The country visit is likely to include in-depth interviews, focus group discussions and participatory workshops with partners, beneficiaries, healthcare providers, local authorities, and informal leaders.

The evaluation should be conducted according to the following three criteria:

- Evidence base: availability of evidence¹ to substantiate claims by evaluation respondents.
- Systematization: to what extent have approaches used in the project been systematic in addressing each evaluation theme (see below). Were these approaches institutionalized?
- Objective driven: were approaches, related to the achievement of each evaluation theme, designed in a way that led to the realization of outcomes?

Successful applications will meaningfully involve communities in the evaluation process.

5. OUTPUTS

- Proposal:** A short inception proposal stating the evaluation methodology, data collection tools to be used, targeted population, sampling and evaluation questions, work plan and stakeholder engagement.
- Summary report:** This should be easy to read and accessible and will be published on our website. The Summary report to include an executive summary with key findings, conclusions and key learnings and recommendations for replication for use by the main intended audiences/stakeholders.
- Full report:** It should include:
 - Executive Summary
 - Introduction and background
 - Methods and data collection tools
 - Results and interpretation
 - Lessons: Describe how the results from the evaluation can inform future programming and where good practices could be applied.

¹ Drawing on the [BOND principles for assessing the quality of evidence](#) (October 2013), good quality evidence for Frontline AIDS means:

- Voice and Inclusion:** the perspectives of people living in poverty, including the most marginalised, are included in the evidence, and a clear picture is provided of who is affected and how.
- Appropriateness:** the evidence is generated through methods that are justifiable given the nature of the purpose of the enquiry.
- Triangulation:** the evidence has been generated using a mix of methods, data sources, and perspectives
- Contribution:** the evidence explores how change happens, the contribution of the intervention and factors outside the intervention in explaining change.
- Transparency:** the evidence discloses the details of the data sources and methods used, the results achieved, and any limitations in the data or conclusions.

- Recommendations for how the learning could be incorporated into future programming
- **Annexes** should include but are not limited to:
 - Evaluation work plan
 - List of those interviewed
 - Data collection instruments used
- **Presentation** of the findings, lessons learnt and recommendations.
- **Three case studies:** Each case study to be a research paper describing in detail, the evidence of the effectiveness of the three community-based strategies (what has worked well, what has not and why).

6. MANAGEMENT AND GOVERNANCE OF THE EVALUATION

This evaluation will be directly managed by the lead consultant who will assume overall responsibility for the deliverables. Chantel Le Fleur-Bellerose (Senior Advisor: Evidence and Evaluation, clefleur@frontlineaids.org) will act as the first point of contact for the team of consultants and will be responsible for overseeing the implementation of the evaluation.

Frontline AIDS will support all stages of the evaluation process including: providing relevant documentation, assisting in the organisation of data collection (providing contact details, ensuring availability of interviewees and relevant data), providing feedback on drafts of all agreed outputs, including the methodology.

The evaluation will be guided by a Frontline AIDS steering committee. They will:

- Provide input into the proposed tools and methodologies
- Sign off final deliverables
- Ensure a management response to the evaluation is written and recommended actions are assigned to named individuals to implement.

7. TIMETABLE

The key milestones are expected to take place from October 2019 – Feb 2020. It is envisaged that this work will take **approximately 25 days including a 10 days visit to the project sites in Mozambique**. The timeframe and deadlines above are an estimation and will be further discussed with the consultancy team.

Key Milestones
Expression of interest/proposal submitted to Frontline AIDS
Frontline AIDS selects consultant/s
Evaluation inception report, work plan and methodology agreed
Desk review and call with partners/Frontline AIDS
Country visit (Mozambique)
In-country presentation of findings
Verbal presentation to Frontline AIDS staff to discuss and validate initial findings
Submission of three case studies (final version)
Submission of draft report to Frontline AIDS
Submission of final report and summary report to Frontline AIDS
Submission of final report and summary report to donor EJAF

8. PROFILE OF CONSULTANCY TEAM

The successful bidder will have one or more members who meet the following criteria:

Essential:

- Substantial experience in conducting evaluations of HIV programmes
- Experience in undertaking assessments using quantitative and qualitative methodologies

- Experience working in an international development context
- Understanding of participatory evaluation approaches, including experience with marginalized populations
- Ability to systematically analyse and present complex data and information
- Excellent communication and facilitation skills
- Excellent written and spoken English
- Ability and commitment to deliver the expected results within the agreed period of time

Desirable:

- Experience involving LGBT people in evaluation processes
- Portuguese language skills
- Knowledge of Elton John AIDS Foundation evaluation priorities and expectations
- Knowledge of the development context in Mozambique

We are looking for a consultant team comprising of those who are independent of Frontline AIDS and Elton John AIDS Foundation, i.e. not an employee of either Elton John AIDS Foundation or Frontline AIDS, but it could be someone with previous experience of either organisation.

If you are interested, please send:

- **A 3-4 page expression of interest outlining your approach for the above scope of work.**
- **Indicative budget, including travel costs.**
- **CV of all proposed team members showing your qualifications**
- **2 examples of previous relevant work completed (or links to reports available online) to Chantel Le Fleur-Bellerose (clefleur@frontlineaids.org) by 28th of October 2019.**

GOAL: Improved access and uptake of tailored HIV and STI prevention, care and treatment information and services that address the needs of LGBT Mozambicans

Objective	Outcome	Output	Activity/Milestone
Objective 1: LGBT people are accessing tailored packages of HIV and STI combination prevention services	1. LGBT people are accessing holistic packages of HIV and STI services tailored to their needs	1.1.1) Number of LGBT people accessing tailored package of HIV and STI prevention and treatment services (KPI1) Target: 8,500	Tailored packages of HIV and STI preventive services are designed according to the LGBT sub-groups they benefit (e.g. MSM, self identified gay man, lesbian woman, transgender people) and made available in outreach/safe spaces/health facilities
		1.1.2) Number of LGBT participating in safe spaces which enable LGBT socialisation and group communications Target: N/A	Five (5) LGBT safe space created in consultation with communities (at Lambda, Kamubukwana, Matola, Nampula and Pemba) for the provision of preventive HIV and STI services and to enable LGBT socialisation and group communications
	2. LGBT people receive HIV testing and receive their results	1.2.1) Number of LGBT people who test for HIV and receive their test results (KPI2) Target: 7,000 Disaggregation: home-based testing, facility-based testing	<ul style="list-style-type: none"> - Peer educators are trained as HTC counsellors by the MoH - HTC is offered by peer educators, health brigades, and at health facilities - Home based HIV rapid testing is offered to LGBT people concerned about test outcomes and confidentiality
		1.3.1) Number of people accessing online platforms related to LGBT sexuality, HIV, and STIs Target: N/A	A Mobile app, and other social media strategies (Dating apps, Facebook and Whatsapp groups) increase demand for HIV and STI services by providing information on LGBT sexuality, HIV and STI

Objective	Outcome	Output	Activity/Milestone
	3. A mobile app, and other social media strategies² increase demand for HIV and STI services by providing information on LGBT sexuality, HIV and STI	1.3.2) Number of people engaged through online encounters with peer educators Target: N/A	Peer educators promote the use of the Mobile app and other social media tools during outreach and in safe spaces.
		1.3.3) Number and percentage of online encounters who go on to seek services through physical encounters Target: N/A	Peer educators working online monthly report on number of LGBT users 'reached' online
Objective 2: 95% positive LGBT people identified by the programme are offered HIV treatment and 90% of those are retained in care	1. 95% of HIV positive LGBT people identified by the programme are referred and linked to HIV services	2.1.1) Number and percentage of LGBT people diagnosed with HIV initiated on ART (KPI3) Target: 532 <i>(based on 8% of those tested receive a positive result and 95% of those are initiated onto care and treatment programmes)</i>	A community to clinic referral system is set up to ensure linkage and retention in HIV care
		2.1.2) Percentage of LGBT people referred to comprehensive HIV and SRHR services who follow through with the referral Target: N/A	Establish linkages with referral facilities and train healthcare workers on referral tools used
		2.1.3) Percentage of LGBT people referred to comprehensive HIV treatment services who follow through with the referral	Peer educators trained in peer navigation strategies actively refer and support HIV positive LGBT accessing HIV care

² Dating apps, Facebook and Whatsapp groups

Objective	Outcome	Output	Activity/Milestone
		Target: N/A	
	2. 90% of HIV positive LGBT people remain on treatment 12 months after starting on ART	2.2.1) Number and percentage of LGBT people diagnosed with HIV known to be on treatment 12 months after initiation of ART Target: 504 (<i>90% of those diagnosed with HIV retained onto care and treatment programmes</i>)	<ul style="list-style-type: none"> - HIV positive LGBT people receive adherence support through 1:1 support and adherence clubs - Patient-centred approaches and diversified models of HIV care (ART groups, extended clinic opening hours, appointment spacing, fast-track drug refills) are implemented to support retention in care
	3. 90% of HIV positive LGBT people on ART achieve suppressed viral loads by the end of the reporting period	2.3.1) Percentage of HIV positive LGBT people on ART who have suppressed viral loads (<1000 copies/ml) by the end of the reporting period Target: 90%	Provision of viral load monitoring services through collaborations with existing KP clinic (pending availability of VL services)
	4. 95% of HIV positive LGBT people who are lost to follow up³ (LTFU) are counselled and supported to re-engage in HIV care	2.4.1) Number of HIV positive LGBT people who are not engaged in care that receive community care and support services to re-engage in HIV care Target: 95%	Peer educators track and follow up on HIV positive LGBT people who are not retained in care and provide support to re-engage in care

³ Stop engaging with the HIV care continuum

Objective	Outcome	Output	Activity/Milestone
Objective 3: Programme Implementing Partners⁴ have increased capacity to manage and deliver quality and stigma-free HIV and STI services benefitting LGBT communities in Mozambique	1. AMODEFA and Lambda organisations have strengthened project development and project management skills	3.1.1) Number of documented improvements made in organisational capacity scores around OD Target: N/A	Organisational capacity assessment conducted to identify gaps and OD needs, and OD/mentoring plans for each organisation are developed and implemented
	2. Programme implementing partners are strengthened in their capacity to monitor, evaluate, analyse and document health and HIV data	3.2.1) Narratives from IP staff on the differences the mentoring in monitoring, evaluation, analysis, and documentation of data made to them and the project Target: N/A	Track and document instances in which identified implementation challenges have been resolved through the mentoring / and provision of additional capacity to implementing partners staff members
Objective 4 : Strengthened LGBT-led organisation(s) and LGBT people demand and advocate for their right to health at national level	1. LGBT-health advocates are engaged in or attending decision-making fora	4.1.1) Number of LGBT representatives engaged in or attending decision-making for a (KPI4) Target: 50	LGBT-health advocates (e.g. lobby meetings, policy-setting events, letter-writing) are engaged in or attending decision making fora
		4.1.2) Number of LGBT-health advocates supported and mentored to advocate for their needs and rights Target: N/A	Mentoring and training of a cadre of advocates in skills including setting clear policy goals, analysing PEPFAR/GF/Govt budgets, analysing program data for advocacy, lobbying, using policy-making settings to advance the advocacy agenda, etc.
	2. LGBT-focused approaches to health and HIV are included	4.2.1) Number of documented examples where national decision and planning frameworks, policy documents or	- Advocacy and lobbying activities targeting health policy makers are organised at national level

⁴ AMODEFA, Lambda, and KP clinics

Objective	Outcome	Output	Activity/Milestone
	<p>in national health and HIV strategies documents</p>	<p>strategies on LGBT reference evidence generated by the project and are likely to impact positively on the needs and rights of LGBT Target: N/A</p>	<p>- LGBT focused approaches to health and HIV are included in National health and HIV strategies documents</p>
	<p>3. The safety and security of LGBT people benefitting from the programme and involved in its implementation is assessed, monitored and protected</p>	<p>4.3.1) Number of crisis situations addressed within 24 hours of being reported to implementing partners Target: 80%</p>	<p>A safety and security system is established to rapidly prevent and respond to crisis situations affecting LGBT programme implementers and LGBT beneficiaries</p>
	<p>4. Human Rights violations are monitored addressed, and documented to demand LGBT rights</p>	<p>4.4.1) Percentage of cases documented by Lambda where a response was provided or a referral made Target: 80%</p>	<p>- A Human Rights violations monitoring and response system is established within Lambda (REAct)</p>

Annex 2: Documentation available

- EJAF Mozambique proposal
- EJAF Mozambique Monitoring, Evaluation, and Learning Plan
- M&E data
- Narrative reports submitted to the donor
- M&E capacity building reports
- EJAF Mozambique case studies and research pieces