Alliance for Public Health
20 YEARS TOGETHER

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Terms of Reference

Comprehensive External Evaluation of the

'Sustainability of Services for Key Populations in the EECA region'

regional project

Alliance for Public Health is seeking qualified Consulting firm (Consultants) to conduct evaluation of its multi-country project 'Sustainability of Services for Key Populations in the EECA region' implemented in 14 EECA and SEE countries during 2019-2021. Evaluation should be conducted during August 1st – November 30th 2021.

1. Background

The Eastern Europe and Central Asia (EECA) is one of the three regions globally where the HIV epidemic is increasing. In 2019, the incidence/prevalence ratio was higher than in any other part of the world: 10.1. The number of people living with HIV in the region was 1.7 million; the number of new HIV infections was 170,000 and the number of AIDS-related deaths – 35,000. In 2019, according to the data for testing and treatment cascade, 70% of people living with HIV knew their status, 44% of people living with HIV were on treatment, and 41% of people living with HIV were virally suppressed. Eastern Europe and Central Asia have seen a staggering 72% rise in new HIV infections since 2010[1].

Domestic funding of HIV programs and health systems, both in nominal terms and as share of total investments, has been increasing. The Global Fund and various other partners are providing further support to specific areas of interventions at regional, sub-regional and country levels[2].

Stigma and discrimination, together with other social inequalities and exclusion, are proving to be key barriers. Marginalized populations who fear judgement, violence or arrest struggle to access sexual and reproductive health services, especially those related to contraception and HIV prevention. Stigma against people living with HIV is still commonplace[3].

The COVID-19 pandemic has seriously affected the AIDS response and could disrupt it more. A six-month complete disruption in HIV treatment could cause more additional deaths, bringing the region back to 2008 AIDS mortality levels[4].

2. Project objectives and approach

[1] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/july/20200706_global-aids-report
[2] https://www.theglobalfund.org/media/10510/fundingmodel_multicountry-2021-01_rfp_en.pdf
[33] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/july/20200706_global-aids-report
[4] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/july/20200706_global-aids-report

In response to this context, Alliance for Public Health (Ukraine) in a consortium with the 100% Life (All-Ukrainian Network of PLWH), the Central Asian Association of People Living with HIV and the Eurasian Key Populations Health Network, with the participation of national governmental and non-governmental organizations, regional key populations networks, international agencies and organizations, as well as technical partners have initiated a regional project to support responses to HIV in key populations in 14 counties of the EECA and SEE regions. There were 13 mln USD allocated by the Global Fund to Fight AIDS, Tuberculosis and Malaria for the project implementation during 2019 – 2021.

The project has been implemented throughout 2019 – 2021 and has **three major objectives**:

1. Improving the efficiency and accessibility of HIV services delivery models (testing and continuous care) for key populations, including but not limited to optimization of HIV treatment regimen and optimizing prices for HIV drugs and other related commodities.
2. Improving financial sustainability and effectiveness of HIV programs.
3. Reducing existing legal barriers and respecting the most important human rights for access to HIV prevention services and care.

Fourteen countries were selected based on disease burden, the ability and commitment of municipalities to release resources (financial or in-kind) and the feasibility of effective implementation of the pilot project: Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Russia, Serbia, Tajikistan, Ukraine, and Uzbekistan. Apart from that, in some countries the activities were held at city/oblast level to ensure Fast-Track CITIes approach implementation in the cities/oblasts where the HIV prevalence is the highest within the countries, namely: Chelyabinsk, Kaliningrad, Novosibirsk, St. Petersburg, Yekaterinburg (Russian Federation); Osh (Kyrgyzstan); Minsk, Soligorsk and Svetlogorsk (Belarus); Tashkent and Samarkand (Uzbekistan); Dushanbe (Tajikistan). In each of the countries an implementing partner was selected to coordinate the activities within the project.

Representatives of the regional key populations networks (in particular, Eurasian Network of People who Use Drugs (ENPUD), Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Sex Workers' Rights Advocacy Network (SWAN) are engaged to prioritize involvement in the project of key populations both on the regional and cities' levels.

During 2020 and 2021 the project conducted a number of strategic operational researches focused on optimized case finding and community-initiated treatment initiatives (OCF+CITI), implementation of PrEP, access of transgender people to HIV-related services, and self-testing. In addition, Stigma Index surveys are under finalization in three project countries: Uzbekistan, Tajikistan, and Russian Federation.

Another area of the human rights component in the frames of the project is implementation of the REAct (Rights – Evidence – Action) database as a tool to monitor violations of KPs' rights and address those cases that were registered. It was initially planned that the REAct system will be functional in all the cities mentioned above. However, in the course of the project implementation there appeared a number of

countries and cities that were really willing to introduce this tool, so currently it's operating in 6 countries and more than 30 cities of the EECA region.

As the primary areas of interventions, the project was aiming to increase not only funding of HIV programs targeting key populations and PLHA in the EECA region but also to optimize the resources as result of ARV prices negotiations, and to contribute to HIV treatment cascade improvement in the above mentioned cities, namely, to increase number of PLHA knowing their status, and to increase number of PLHA receiving ART.

The main **project activities** include:

- developing strategies for optimizing the cost of ART regimens that will reduce the average cost of first-line ART;
- development/updating of the functional mechanisms of public procurement of services for the prevention and care and support services from NGOs;
- establishment and functioning of working groups/city/oblast coordination councils on HIV/AIDS to implement HIV programs aiming 90-90-90;
- introducing new strategies for detecting HIV cases and starting antiretroviral therapy for key populations;
- implementation of the municipal/oblast HIV/AIDS program to fill gaps in the current municipal response;
- developing and conducting operational research to improve coverage of key groups and the treatment cascade;
- launching a monitoring system for the cascade of HIV treatment at the city level;
- provision of legal assistance in cases of violation of the rights of key groups;
- establishment of a Regional Commission on Drug Policy in the EECA region.

3. Goal of evaluation

The overall goal of this evaluation is to assess the effectiveness of the interventions undertaken by the countries participating in the project to achieve the **project outcomes**:

- more than 10 000 000 USD increase in funding for HIV/AIDS programs for key populations and PLHA from national, regional, municipal budgets;
- more than 73 000 000 USD will be saved through optimized procurement schemes for ARVs;
- 280 000 PLHA will know about their HIV status in 12 cities of the EECA region, with the highest HIV prevalence rate;
- 90% of them (252 000) in 12 cities of the EECA region will receive ART.

The evaluation should provide detailed answers to **evaluation questions** stated below.

4. Evaluation objectives

The proposed evaluation has three principal objectives, which are:

1 to assess the achievements, strengths, shortcomings and weaknesses of the 'Sustainability of Services for Key Populations in the EECA region' project;

2 to evaluate the progress on reaching 4 project outcomes and the contribution of the project activities to achieving these outcomes;

3 to generate strategic recommendations as to how to improve key outcomes and results of the 'Sustainability of Services for Key Populations in the EECA region' project after 2021.

5. Evaluation questions

The Consulting firm (Consultants) is expected to assess the project according to the indicative evaluation questions, as provided below.

Objective	Evaluation elements	Questions
1. To improve the financial sustainability and allocative efficiency of HIV programs, thus to: a. influence and shape the pricing policy of the key ART *suppliers and manufacturers* and financial policy of the national decision makers; b. develop and present the strategies and mechanisms for budget re-	a. pricing policy of the key ART manufacturers and suppliers and financial policy of the national decision makers	What are the current pricing policy of the key ART manufacturers and suppliers and financial policy of the national decision makers in the participating countries? Could they be further optimized, and if yes – how? Did the activities supported under the Program lead to any changes in these policies? Was it effective?
	b. budget re-allocation to finance HIV prevention and care services for KPs and PLHIV	What is the current budget for HIV prevention and care services for KPs and PLHIV in the participating countries? Is it sufficient given the scale of the epidemic / KP size estimates / etc.? Did the activities supported under the Program lead to any changes in the budget? By how much did it increase / decrease over the course of the Program? Did the increase, if present, result from Program activities, or there were other initiatives in place that could have impacted the budget? What were they?
	c. transition from Global Fund to government funding and social contracting	What are the current mechanisms of government funding of CSO-based services for key populations in participating countries? Are they sufficient to ensure government funding is channelled to non-government sector for KP service delivery?

allocation to finance HIV prevention and care services for KPs and PLHIV; c. improve the mechanisms for a responsible and timely transition from Global Fund to government funding and social contracting; d. optimize strategies on treatment and PSM models/drugs models, including ARV price reductions		Did the activities supported under the Program lead to developing new / expanding existing mechanisms of government funding of CSO-based services for key populations? What was the result? What was the overall increase in government funding that was channelled to CSOs for KP services over three years? Is there any evidence of (increases in) domestic public investments in key pop prevention, including PrEP and/or human rights? What new mechanisms of government funding of CSO-based services emerged? Were those the result of Program activities or other initiatives (which ones)?
	d. optimize strategies on treatment and PSM models/drugs models, including ARV price reductions	What was the overall budget allocation for ARVs at the start of the Program and at the Program end in participating countries? How many people were receiving treatment at the start of the Program and at the Program end? What were the approved treatment regimens in the beginning of the Program and at Program end? Did the ART prices / treatment regimens change as a result of the Program or were there other initiatives in place (which ones)? Are the prices currently optimal or could they be optimized further?
2. To alleviate the most important human rights and gender barriers for access to HIV prevention and care services	Overarching	What are the key gender / key population inequalities in relation to access to HIV prevention and treatment services at the Program start and end? Were they effectively addressed?
	a. revision of treatment protocols and guidelines to reflect the 90-90-90 strategy	Were there treatment protocols and guidelines in participating countries ensuring equal access to testing and treatment services for key populations at the Program start? Were there any changes to treatment protocols and guidelines in relation to KPs' access to treatment over the Program term? Are these changes associated to the Program? Do the current protocols reflect the 90-90-90 strategy or are further reflections needed?
	b. implementation of REAct human rights	Was REAct system implemented, and if so, how effective was it in monitoring and responding to human

	monitoring and response system owned and managed by grass root organizations (Georgia, Moldova, Kyrgyzstan, Russian Federation, Tajikistan, Uzbekistan)	rights violations? Were more violation cases responded to than before? What else could be done in respect of REAct implementation to improve the situation with human rights in the region? Is implementation of REAct built upon/ coordinated with pre-existing/other community-led monitoring systems and whether there are any steps taken for the sustainability of REAct use after the end of the SoS grant?
	c. Capacity building and sensitization of state / city authorities / doctors/ etc. on importance of human rights and gender equality	Do state / city authorities / doctors/ etc. indicate more favorable attitudes in regard to human rights and gender equality at the Program end than at its start? Was it related to the Program activities? What else could be done to improve the attitudes of state / city authorities / doctors/ etc.? Have there been any demonstrated results during the lifecycle of the project that could be linked with the project activities (e.g. sensitized local authorities increased local budgets for KP services; KP friendly health services established; accountability mechanisms in place, etc.)?
	d. EECA Regional Commission on Drug Policy	Was EECA Regional Commission on Drug Policy established and how effective was it in advocating for changes in drug-related policies in selected countries? What improvements in its functioning are required, if any?
3. To improve the efficiency and affordability of HIV service delivery models (testing and care continuum) for key populations	a. methods to improve case finding / testing	What are the main barriers to improve case finding in participating countries / cities? Were the proposed interventions to improve case finding / testing effective? What was their effectiveness (e.g. yield)? Were these interventions scaled up / introduced in other areas? Did the Program have an overall impact on improved case finding in participating cities? What else could be done to improve case finding?
	b. methods to improve ART enrolment	What are the main barriers to improve ART enrolment in participating countries/ cities? Were the proposed interventions to improve ART enrolment effective? What was their effectiveness? Were these

		interventions scaled up / introduced in other areas? If an improvement of treatment initiation was observed, did it result from Program-supported activities? What else could be done to improve ART enrolment?
	c. improvements in existing key populations country interventions	What are the main challenges in implementation of key populations interventions in participating countries? Did the proposed strategies tackle those challenges? Were the proposed strategies effective? What else could be done to improve the KP interventions?

In addition to the assessment of the project implementation, it's suggested to analyse the efforts made by the Principal Recipient of the grant (Alliance for Public Health) and its partners to ensure smooth project implementation and achieving the goals and objectives. The questions to be addressed include (but are not limited to) the following:

- How was the process on getting regular updates on contributions of regional partners organized?

- How the Alliance for Public Health and its partners contributed / influenced to achieving the goals and objectives of the project?

- How implementing partners evaluate the efforts put by the Alliance for Public Health and its partners to ensure regional collaboration/information within the project?

- Overall, was it possible to avoid duplication with national programs? Were there any specific actions taken by Alliance for Public Health to verify that some or other activities are not funded from any other sources?

6. Methodology

The final project evaluation, which will be conducted as an independent assessment, is expected to follow a participatory and consultative approach ensuring close engagement with the Alliance team, country/city implementing partners, project technical partners and coordinators from regional networks, partners from municipalities, KPs and other key stakeholders associated with and involved in the project.

The evaluation should be conducted using a mix of methods and tools, such as a desk review, interviews with project team, key stakeholders, beneficiaries (via telephone, email, Skype, etc.), as well as field missions to project countries when possible.

In 2019, there was a situation analysis held within the project by 100% Life and Budget Advocacy School that may be considered as a baseline assessment. The Consulting firm (Consultants) will be provided with this data and will be able to use them to track the progress and project success. The Consulting firm

(Consultants) will need to develop a methodology on data collection and analysis and agree it with the Alliance for Public Health.

7. Qualifications requirements

Alliance for Public Health invites eligible Consulting firms (Consultants) to indicate their interest in conducting the evaluation. Interested Consulting firms (Consultants) should provide information demonstrating that they have the required qualifications and relevant experience in successful implementation of similar engagements, relevant to the scope and size to the current project.

Consulting firms (Consultants) should enclose a resume for key-personnel anticipated to be assigned to the project and should include specific information on staff experience and roles.

The Qualification requirements and basis for evaluation (evaluation criteria) are:

1. General experience (30 points):

- experience in conducting assessment and evaluation of multicountry projects;
- experience of working with international organizations and/or national agencies implementing externally funded programs and projects;
- technical capacities to ensure smooth implementation and high-quality outputs;

2. Specific experience (40 points):

- proven experience in assessing projects/programs in the area of healthcare, preferably related to HIV in any of the countries participating in the project (Please provide the list of evaluation studies completed in the last 5 years with a short description of the key objectives and the links to the available reports);
- proven experience in evaluating multi-country projects funded by international donors (Please provide the list of evaluation studies completed in the last 5 years with a short description of the key objectives and the links to the available reports).

3. Key personnel, professional experience (30 points):

- qualified staff with general experience in project/program evaluation;
- minimum 2 key experts (public health, social sciences) to be assigned for the required assignment;
- proven experience of the assigned personnel in conducting at least three similar assignments in the EECA region;
- availability of the personnel to conduct the work in the specified region;
- excellent spoken and written English and Russian skills.

8. Duration of the assignment

The overall duration of the assignment is four months (August 1st- November 30th 2021) which include:

- analysis of situation assessment that was carried out in 2019 for using as a baseline;
- meetings (online or in-person) with project partners and stakeholders to evaluate the project achievements (September 1st – October 31st, 2021);
- development of a first draft of the evaluation report and its submission to Alliance for Public Health for feedback and finalization (by November 15th, 2021);
- finalization of the project evaluation report and its submission to Alliance for Public Health (by November 30th, 2021).

9. Reporting requirements and outline

The Consulting firm (Consultants) shall provide the evaluation report on 'Sustainability of Services for Key Populations in the EECA region' regional project in electronic copies in English language considering the following outline:

- Executive summary
- Project objectives and goals
- Project performance and progress compared to baseline
- Project implementation success and best practices
- Key lessons learnt highlighting key factors that have strengthen or hampered the impact of the project at the country and/or city/oblast level
- Recommendations
- Annexes: ToRs, list of field visits/online meetings schedule, people interviewed, list of documents reviewed, etc.

10. Alliance obligations

Alliance will:

- Appoint a focal point in each of the countries to support the evaluation process.
- Provide background documentation and latest project updates.
- Support to identify key stakeholders to be interviewed as part of the evaluation.

Please contact Senior M&E Officer for the Regional Grant Tetyana Perepelytsia at perepelytsia@aph.org.ua for any further information.

Expressions of interest must be delivered as per Attachment 1 below to hrebenkov@aph.org.ua by **August 16, 2021, 6:00 PM,** Ukraine local time.

ATTACHMENT 1

PROPOSAL REQUIREMENTS

The proposal should be concisely presented and structured as requested below. Proposals that are incomplete or not responsive to these criteria may not be considered in the review process. All proposals must be submitted in English.

On electronic submission of the proposal and for correspondence regarding this request for proposal your company name must be clearly indicated in the subject line of your e-mail and in the names of any documents attached to the e-mail.

A. Technical Proposal

1. **Applicants profile** (max 3 pages), containing the following information:

- applicant profile (available expertise and personnel, portfolio of consultants, areas of expertise, main projects and top clients);
- resume of personal to be involved into the evaluation;
- other information describing your organization's expertise, strengths and the reason why your organization is the best option for this evaluation, including reference/recommendation letters.

2. **Statement of past professional experience** (max 5 pages), containing:

Description of 2 to 3 concrete examples of the work in evaluating multi-country projects within the last five years, which demonstrate technical ability to conduct assignments that are described in this TOR. The description should include the following:

- place and period of performance;
- description of the work;
- how performance was assessed;
- timeline and milestones for the project;

3. **Concept paper** (max 5 pages), containing:

- description of the main stages of the evaluation;
- description of the strategy and the main methods of evaluation;
- list of groups of resource people to be approached;
- schedule of organization of the evaluation;

B. Cost Proposal

The finance proposal should be denominated in US dollars. It should reflect an estimation of cost and include the following components:

- administrative fees, if applicable;
- consultancy daily rates per team member/role; i.e. Senior Consultant, Junior Consultants (and administrative staff, if applicable);
- travel related costs to the project countries – please calculate considering the organization will be working 5 days in each of the countries (air fare, accommodation, per diem, visa cost, etc.).

The expected payment terms: advance 50% of the total value of the contract, the final payment of 50% of the total value – within 10 banking days after the signing of Acceptance certificate.