ALIVE MEDICAL SERVICES
TERMS OF REFERENCE (TOR) FOR ENDLINE EVALUATION OF THE SHEP PROJECT

1. ABOUT ALIVE MEDICAL SERVICES

Alive Medical Services (AMS) has been a leading organization in Uganda's response to HIV/AIDS and SRHR for over 17 years. Located in Kampala, we operate seven days a week, saving lives and offering all treatments to clients without charge and in a non-discriminatory manner. We provide high-quality HIV/AIDS/SRHR care along with socioeconomic empowerment in a high-volume ART clinic with a replicable model. Since our establishment, more than 320,000 people have been tested for HIV and the organization has served more than 18,410 People Living with HIV (PLHIV) and AMS has served over 2,100,000 people in Uganda. We have won more than 38 national and international awards, including one given by the Ugandan Ministry of Health in 2021 for being the best private health facility in the Heroes in Health competition and the HIV Impact Award by the office of the president on 1st December 2023.

2. PROJECT BACKGROUND

The Safe Health Empowered and Protected (SHEP) Key and Vulnerable populations in Uganda is a 2-year (2023-2024) pilot project implemented in 25 districts, supporting 63 health facilities and funded by the Elton John AIDS Foundation (EJAF). The SHEP Project focuses on community outreaches, capacity strengthening, and service delivery tailored to the needs of Key and Vulnerable populations in Uganda. The primary aim is to scale up the national response to address the significant, unmet needs faced by different Key and Vulnerable populations in Uganda for effective and inclusive HIV health service provision, PrEP services, mental health support and Gender-based Violence (GBV) prevention. A key component is the escalation and continuity of PrEP services through a peer-led, community-based model.

The SHEP Project has been crucial in addressing systemic barriers and discrimination, implementing interventions that included integrated community outreach (including HIV Self-Testing, PrEP, ART, and STI services), community PrEP refill, mental health screening and management, and quality improvement projects to reduce stigma and discrimination in target health facilities. Given the challenging social and political landscape, the project has become more essential than ever to support communities and foster resilience.

The SHEP Project has not only delivered critical health services but also delivered activities to empower community based organizations and communities to take an active role in their health and well-being. Through capacity-building initiatives, SHEP aimed to

strengthen community based organizations to enable them to advocate for their rights, improve access to health services, and provide peer-led support.

Moreover, the project has fostered networking and collaboration among communities, health service providers, and policy influencers, to createa supportive ecosystem that enhances service delivery and advocacy efforts.

3. OVERALL PROJECT GOAL AND OUTCOMES

SHEP's overall goal is to empower Key and Vulnerable populations to stay safe, healthy, empowered, protected and live dignified, quality lives by increasing access to and use of inclusive and integrated HIV prevention and support services, mental health services, reduction of stigma and discrimination among health workers and GBV prevention mechanisms. The project provided psychosocial support by promoting non-discriminatory friendly service provision at facility and community levels for individuals.

Specifically, SHEP aimed to achieve the following outcomes by the end of December 2024:

Outcome 1: 30,000 Key and Vulnerable populations will have accessed HIV Self-Testing (HIVST) kits, facilitating early diagnosis and linkage to treatment or prevention services across 25 districts.

Outcome 2: 2,000 Key and Vulnerable populations initiated on PrEP and ensuring 60% at substantial risk continue on PrEP to avert risk of acquiring HIV in 25 districts of Uganda.

Outcome 3: Increase access to mental health services and trauma counselling for 12,000 Key and Vulnerable populations, including support for GBV survivors.

Outcome 4: Reduce stigma and discrimination among 80% of healthcare providers in 63 health facilities.

Outcome 5: Documentation and share project learnings on the key events happened during project implementation.

4. KEY INTERVENTIONS

Through a peer-led, community-based approach, SHEP delivered the following interventions in 25 target districts across Uganda, in partnership with local Key and Vulnerable population organisations:

- Training of healthcare workers and peer educators
- Community distribution of HIVST kits

- Integrated community outreach services, including PrEP provision
- Community PrEP refills
- Mental health screening, treatment, and support
- Gender-Based Violence (GBV) prevention and trauma counseling
- Facility-based scorecard and stigma-reduction continuous quality improvement (CQI) projects

5. REQUEST FOR EXPRESSIONS OF INTEREST

Alive Medical Services invite expressions of interest and proposals from qualified consultants or consulting groups to conduct the project's final evaluation,

The endline evaluation will be participatory, incorporating high levels of engagement from stakeholders, including project beneficiaries. The focus will be on assessing the relevance, effectiveness, efficiency (resource utilisation), impact, innovation, and sustainability of the project, while also analyzing the implementation processes and outcomes, and the project's adaptations and learnings in response in challenging environment. Special attention will be given to demonstrating the project's impact on beneficiaries and the broader health policy environment, as well as the effectiveness and improvements of the peer-led, community-based approach.

6. EVALUATION OBJECTIVES & QUESTIONS

The endline evaluation will focus on the following key objectives and questions:

Evaluation Objectives

a. Assess the progress of SHEP and its impact on health outcomes, quality of life, and service uptake, especially on PrEP, among Key and Vulnerable population persons,
b. Assess the impact of SHEP on Key and Vulnerable population organisations and the wider health system
c. Understand how SHEP contributed to improving Uganda's HIV response towards Key and Vulnerable populations, especially amid the current restrictive political environment.
d. Share key project learnings, best practices, innovations, and recommendations to other HIV actors in Uganda, particularly on the peer-led, community-based approach, stigma & discrimination scorecard, and event-driven PrEP

Key Evaluation Questions:

a. What were the most significant changes in the health and lives of Key and Vulnerable populations, in the capacity of Key and community based organisations, and in the wider HIV policy and service delivery environment that the project contributed to?
b. How effective was the peer-led, community-based delivery model in increasing the following outcomes amongst Key and Vulnerable populations: awareness level (HIV, PrEP, GBV, mental health, stigma and discrimination), HIV self-testing uptake, PrEP uptake and retention, ART adherence? Is there a difference between SHEP vs non-SHEP sites?
c. How effective was the scorecard and CQI approach in improving service delivery (stigma and discrimination reduction) at facilities towards Key and Vulnerable populations?
d. What is the added value of ED PrEP? How was its utilisation and preference in comparison to daily PrEP amongst KP? How can we effectively track ED PrEP uptake and continuity?
e. What were the key adjustments done by AMS, government, and local partners in project delivery. How have these adjustments contributed to the outcomes of the SHEP and the overall HIV response for Key and Vulnerable populations?
f. What were the successes, challenges, and effective strategies that emerged during the project implementation? What are the key learnings for future programming, especially on the peer-led, community-based delivery model?
g. How sustainable are the project's achievements without further funding?

We will work with the chosen consultant/s to review and further refine the objectives and key Questions for this evaluation.

7. HOW THE EVALUATION WILL BE USED

The primary users of the evaluation report will be AMS, and other implementing partners. The results of the assignment will be used to support learning in relation to the effectiveness of the strategies deployed by project, support future funding, and inform broader strategies for HIV service delivery to key populations. AMS will also use the outcomes documented in the evaluation as part of its final reporting to the donor and to support external communications among a diversity of stakeholders when disseminating evidence of the project's impact.

The Development Partner and donor will use the findings and recommendations from this evaluation specifically on the effectiveness, scalability, and replicability of the peer-led, community-based PrEP model and when guiding the planning and design of future PrEP

service delivery, outreach, capacity strengthening, and advocacy projects in Uganda and beyond.

Evidence from this evaluation will inform local authorities and community gatekeepers on the needs of key and vulnerable populations, and relevance of delivering such services; impact of the project in a bid to become advocacy allies. Relevance of HIV self-testing, event-driven PrEP delivery, supply chain (redistribution), on the other, hand will benefit other stakeholders like the Ministry of Health and Uganda AIDS Commission.

8. METHODOLOGY

The consultant(s) will propose a rigorous methodology to credibly respond to the key evaluation questions outlined in Section 6. If successful, the proposed methodology will be further developed and finalised following discussions and agreement with AMS and the development partner during the evaluation inception phase.

The evaluation will rely on both primary and secondary sources. AMS and the development partner will compile a list of available sources to draw from. Potential data collection and analysis methods include, but not limited to:

- *Desk review of programme documentation and reporting data*: A desk-based review of literature relevant to the SHEP Project. This will include a review of the quarterly narrative and workplan report, and other relevant project reports.
- *Spot check review of reporting and monitoring data*: Following the desk review, it is anticipated that a spot check review of a sample of the reporting data will be carried out. The purpose of this will be to validate the reliability of the monitoring data reported by the project.
- *Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs)*: these will be carried out both virtually and in person in Uganda with a range of internal and external stakeholders, including partners, programme beneficiaries, healthcare providers, local authorities and MOH representatives.
- *Outcome harvesting* (or a similar methodology such as contribution tracing) and *Case Study*: this will be used to identify the programme's outcomes, and to develop a small number of case studies that present the relevant journeys of change.
- *Statistical analyses*: Using monitoring data and available secondary data sources (facility data, KP indicators data), this will be employed to assess the statistical difference on the project's key outcomes (e.g., PrEP uptake and retention) between SHEP sites and non-SHEP sites.

When designing the evaluation's data collection tools and analysing and interpreting the data collected during the evaluation, the selected consultant(s) will be encouraged to

reflect on the BOND principles for assessing the quality of evidence. From this perspective, good quality evidence means:

- *Voice and Inclusion:* the perspectives of key populations and vulnerable populations in the evidence, and a clear picture is provided of who is affected and how, with attention paid in particular to those groups most marginalised due to their vulnerability, HIV status etc;
- *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; and
- *Transparency:* the evidence discloses the details of the data sources and methods used, the results achieved, and any limitations in the data or conclusions.

9. DELIVERABLES

The following are the expected outputs from this assignment:

(1) Draft and Final evaluation reports (no more than 50 pages excluding annexes). Annexes should include the terms of reference, workplan, a list of people and facilities/organisations interviewed; a list of documentation and materials reviewed; and data collection instruments used.
(2) Executive summary of the final evaluation (of no more than 5 pages): this will be shared by key stakeholders, so should be readable as a standalone document.
(3) Power-point visual presentation of final evaluation findings (no more than 25 slides)
(4) Verbal presentation to stakeholders in Uganda to discuss and validate findings.

We will work with the chosen consultant(s) to agree on the final report structure, which more or less would contain the following:

I. Description of the intervention aims and expected results
II. Description of how the intervention operated (project inputs and implementation processes and activities)
III. The acceptability and coverage of the intervention by Key and Vulnerable populations beneficiaries
IV. The results (intended and unintended) achieved by the intervention for various beneficiary groups and what was its contribution to the overall project results (where possible)
V. The contextual factors affected the delivery of the intervention, results achieved, and key lessons learnt.

VI. The required resources to implement the intervention and the cost benefit of the strategy (where possible).
VII. Recommendations for future projects, replication and scale up

10.MANAGEMENT AND GOVERNANCE OF THE EVALUATION

This evaluation will be directly managed by a lead consultant who will assume overall responsibility for the deliverables. AMS Senior Management Team led by the Executive Director will be the first point of contact for the team of consultants and will be responsible for overseeing the implementation of the evaluation. The development partner team will provide technical support.

AMS 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), and providing feedback on drafts of all agreed outputs, including the methodology.

The evaluation will be guided by AMS steering committee.They will:

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

Where possible, the peer educators as project beneficiaries will also be involved in the evaluation process (to be discussed with the evaluation consultant/s).

11.TIMETABLE AND NUMBER OF DAYS

This is a provisional timetable to be agreed with the selected consultant(s). The deadline for the submission of Expressions of Interest is **18th November 2024**.

Activity	Deadline
Terms of reference advertised	12th November 2024
Expression of interest submission deadline to EJAF and AMS	18th November 2024
Applicants shortlisted	21st November 2024
Interview process	24th November 2024
AMS select consultants	28th November 2024
Inception meeting	2nd December 2024
Presentation of the draft inception report to AMS	9th December 2024
Evaluation workplan and methodology agreed, and inception report finalised	16th December 2024
Start of Data collection	17th December 2024
Verbal presentation to AMS and stakeholders in Uganda to discuss and validate initial findings	8th January 2025
Submission of second first of evaluation report	24th January 2025
Submission of second draft of evaluation report	7th February 2025
Submission of final evaluation report and summary	21st February 2025

It is envisaged that this work will take approximately 49 days.

12.PROFILE OF CONSULTANCY TEAM

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

Essential:

- Substantial experience in conducting impact evaluations of health programmes.
- Experience in undertaking assessments using quantitative and qualitative methodologies, including methodologies such as quasi-experimental studies, outcome harvesting, contribution tracing, or similar
- Experience working in an international and/ or local development context
- Understanding of participatory evaluation approaches
- 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:

- HIV specific experience.
- Experience of evaluation projects implemented for the key population and vulnerable populations.
- Experience of involving/mentoring beneficiaries in evaluation processes.
- Based in Uganda.
- Ability to communicate in local language (s).

We are looking for a consultant team comprising of those who are independent of AMS, its development and implementing partners, i.e. not an employee, but it could be someone with previous experience of these organisations.

13.APPLICATION PROCESS AND DEADLINE

If you would like to submit an Expression of Interest and proposal in response to this consultancy opportunity, please submit the following to admin@amsuganda.org by **17:00** on **Monday 18th November 2024** :

- A short letter outlining your qualifications against the essential and desirable criteria, combined with a maximum three-page proposed methodology and approach for the consultancy.
- A detailed budget presented in UGX and an approximate timeline, clearly highlighting the number of days , as well as itemising other costs (including travel) necessary in order to fulfil this consultancy.
- CVs of all proposed team members.
- Two examples of reports of previous impact evaluations that the lead consultant has led on (or links to report available online).
- The names and contact details of two references per consultant.

Thank you

Management