
1.0 BACKGROUND

The UN Country Team (UNCT) in Uganda is supporting the Government of Uganda in addressing key development challenges based on the UN Development Assistance Framework (UNDAF 2016-2020) and the Government of Uganda’s five-year National Development Plan (NDP 2015/16-2019/2020). This is in line with the UN Reforms, the Paris Declaration and the Accra Agenda for Action. Since 2007, the UN Team in Uganda has been implementing A Joint UN Programme of Support AIDS in Uganda (JUPSA) now in its third cycle 2016-2020 and aligned to the 2015/16 – 2019/2020 National HIV Strategic Plan.

The UNDAF, Ireland and JUPSA have a strong focus on Karamoja region, and this informed the development of an €18,335,205 nested five-year KARUNA programme funded by the Embassy of Ireland and UN to contribute to the reduction of new HIV infections among the youth and adults, particularly adolescent girls. The programme targets addressing critical bottlenecks to expanded access to quality biomedical and behavioral SRH/HIV interventions at macro and micro levels, as well as, to transform harmful social cultural factors and economic situations that hinder adolescents and young people from exercising their rights to access the services in a timely manner.

The key strategic outcomes of the KARUNA HIV programme are:

1. To scale up coverage, utilization and access of quality, SRH, HIV prevention, treatment, care and support services for adolescents (10-19 years) and young people (10-24 Years) in Karamoja region for five years.
2. To address social cultural and economic barriers that hinder HIV prevention behaviours and constrain timely access to sexual reproductive Health, HIV prevention, Treatment and Care services among the adolescents and youth (10-24 Years).
3. To strengthen national and Karamoja Regions’ capacity for planning, coordination, sustainable financing and information systems tracking for programmes

1.1 KARUNA EVALUATION CONTEXT /TIME FRAME

The programme design provided for baseline and mid-term evaluation to inform programme review and establish the short term programme outcomes and achievements. The MTE will cover the period (July 2016 to June 2019) of KARUNA implementation. The assignment will take a national outlook at policy level and will
focus on the 7 districts of Karamoja. The theory of change underpinning the KARUNA will be reviewed to assess whether it is still valid. In line with the overall goal and objectives of KARUNA, the exercise will adopt the OECD DAC evaluation criteria (relevance, effectiveness, efficiency, sustainability and Impact) and represent the report along the same criteria.

1.2 PURPOSE, OBJECTIVES AND SCOPE

Overall, the purpose of the MTE is twofold:
   a) To assess the extent to which the KARUNA results are being achieved and/or the potential of achieving them in the remaining period and the effectiveness of the strategies and interventions used - Accountability to stakeholders.
   b) To examine in the context of KARUNA; what works and should be improved; what doesn’t work and should be dropped; and what is missing (emerging issues) and should be added. – Learning.
   c) To generate actionable recommendations for improving KARUNA, especially for incorporation into the remaining two years of implementation

1.2.1 SPECIFIC EVALUATION QUESTIONS

**Relevance** To what extent are KARUNA objectives consistent with needs, priorities, how well are the emerging issues been considered?
   • Assess the design and coherence KARUNA including the design of the log frame matrix and present the underlying theory of change and its assumptions.
   • Assess the conceptual design, linkages and synergies between KARUNA and PACK
   • To what extent are the objectives of the KARUNA still valid for Karamoja region, UN and the beneficiaries?
   • Based on KARUNA results framework, are the expected results of the KARUNA consistent with the outcome, immediate impact and overall goal?

**Effectiveness:** Assess the extent to which KARUNA has already achieved its objectives and results or is likely to achieve them, including the extent to which the lives of the beneficiaries have already been improved. Also, the extent to which supported institutions have already benefitted people. The strengths and weaknesses in terms of planning, results-based management, implementation and monitoring to inform the remaining period. The extent to which cross-cutting issues gender and human rights have been mainstreamed.

   • To what extent has KARUNA already achieved its outcome(s) or will be likely to achieve it/them? Does the quality of the results framework enable tracking from activities and inputs to output / outcome and impact? Is the necessary data readily available?
• To what extent has the KARUNA already achieved its expected results/outputs or will be likely to achieve them? Are results tracked frequently to inform management decisions and planning?
• What were the major factors influencing the achievement or non-achievement of the results/outputs?
• Was KARUNA managed as planned? Given the high number of implementing partners, are sub-grantees monitored adequately? If not, what issues occurred and why?
• To what extent have all KARUNA stakeholders collaborated as planned?

Efficiency: Is KARUNA being implemented in the most efficient way (time, personnel resources) and maintenance of minimum costs? Have any issues emerged related to the multi-tier funding design, if so which ones and why? Are UN coordination arrangements effective and reducing transaction costs to increase the efficiency of KARUNA implementation? Is the KARUNA creating synergies among agencies as per the ‘One UN’ approach and involve concerted efforts to optimize results and avoid duplication? How well does KARUNA fit within the broader JUPSA programme.

• To what extent were all items/equipment purchased and used as planned under KARUNA
• Was/is KARUNA implemented in the most efficient way (time, personnel resources)? Have any issues emerged, if so which ones and why?
• How well does the KARUNA programme complement the other Ireland funded HIV initiative PACK (NGO consortium led by Straight Talk Foundation)?

Impact: Which positive and/or negative effects/impacts can be possibly attributed to the implementation of KARUNA? Has there been any systematic change in national institutions and districts implementing KARUNA to better manage and implement KARUNA? What is the likelihood of creating the impact envisaged at the end of the five-year period.

• What exactly has already changed in the lives of women, men, girls, boys (immediate impact)?
• Which positive and/or negative effects/impacts can be possibly be attributed to the KARUNA? Is there data available to show impact and is there a clear pathway from activities to outputs to outcomes to impact? Are we adequately funding activities that are showing impact?
• Which institutions have already benefitted from KARUNA and how? What has changed for whom (immediate impact)?
• Are there any other important aspects regarding impact?

Sustainability: What are the sustainable mechanism that has been enhanced during the period that can be strengthened for the remaining period of KARUNA
implementation? What were the major factors influencing the achievement or non-achievement of sustainability of the KARUNA and what needs to be done and or improved to ensure sustainability? Has appropriate risk analysis undertaken and takes appropriate actions to ensure that results to which it is contributing are not lost?

- To what extent will the benefits KARUNA continue at end of programme?
- How will KARUNA be integrated in district structures and/or funded by other sources?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the project/programme?
- What needs to be done and/or improved to ensure sustainability? How informed and engaged are key national partners such as the MoH, UAC?
- How is KARUNA linked to other relevant mechanisms and partners

1.3 METHODOLOGY

The MTE will be a highly consultative exercise with wider involvement of stakeholders. The exercise will be led by an expanded JUPSA CMG and facilitated by a team of three Consultants. The JUPSA Technical Working Groups (TWGs) will be engaged to provide information and review the progress reports. The MTE will draw on a variety of data collection methods including, but not limited to: document review; semi-structured interviews; surveys and questionnaires; focus Group discussions.

The MTE team will prepare and submit an Inception Report that further refines the overall scope, approach, design and timeframe, and provides a detailed outline of the methodology. The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and will involve the use of participatory approaches. The MTE will proceed through the following phases. The deliverables and deadlines for each phase are as follows:

- Inception phase (June 2019): This phase aims to prepare the team for the MTE by ensuring that they have a good grasp of the expectations for the MTE and a clear plan for conducting it. The inception phase will include a desk review of secondary data and initial interaction with the main stakeholders. (Deliverables: Inception report)

- Data collection phase (July 2019): The fieldwork will span over a period of two weeks and will include visits to project sites and primary and secondary data collection from local stakeholders. A debriefing session will be held upon completion of the field work. (Deliverables: field work debriefing).

- Reporting phase (July/August 2019): The MTE consultant will clean and analyze the data collected during the desk review and the field work, conduct additional consultations with stakeholders, as required, and draft the MTE
The draft MTE report will be submitted to UNAIDS Country Director. Stakeholders will be invited to provide comments, which will be recorded in a matrix and provided to the MTE team for their consideration before report finalization (deliverables: draft and final MTE reports).

Follow-up and dissemination phase (Sept. 2019): The final MTE report will be shared with the relevant stakeholders. The Client will respond to the MTE recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions. The final MTE report will be published. Findings and lessons learnt will be disseminated, and compiled into a 2-pager brief.

**ETHICAL CONSIDERATIONS:**
The contractor should not anticipate the Evaluation to be published. However, the Evaluation team is required to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Owing to the envisaged participation of human subjects in the evaluation, the evaluation team is encouraged to seek ethical review board preferably from a recognized IRB and the Uganda National Council of Science and Technology.

1.4 MANAGEMENT AND CONDUCT OF THE MTE

The MTE exercise will be supervised by JUPSA Core Management Group under leadership of UNAIDS Country Director.

1.4.1 CONSULTANCY MANAGEMENT ARRANGEMENTS

The Consultant will report to UNAIDS Country Director who will provide the overall management and supervision. The Consultant will on a day-to-day basis work with the UNAIDS Strategic Information Adviser. An expanded JUPSA CMG will be established to include technical team from JUPSA and the donor agency to guide finalization of the TORs, evaluation of submitted proposals and selection of the competent team for contracting; and to review and endorse study team outputs.

1.5 DELIVERABLES

The consultants will submit the following reports:

- An inception report (10-15 pages without annexes), which should include, but not limited to: interpretation of the Terms of Reference; detailed work plan schedule; detailed data collection methodology; data collection tools; data analysis plan; and detailed outline of the MTE report.

- A final draft KARUNA MTE report (about 25-30 pages without annexes), as

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1 Refer to the UNCST Act 1990, CAP 209
per agreed format.

- A final Report including, an executive summary (25-30 pages without annexes), containing the following sections:
  a) Introduction (objectives, scope and methodology, limitations),
  b) MTE findings - following the structure of evaluation criteria, including results achieved, constraints, lessons learned;
  c) Conclusions and Recommendations and revised M&E results framework
  d) Draft action plan for the remaining part of KARUNA implementation (July 2019 –June 2021)
  e) A Power Point Presentation of the MTE for the validation meeting
  f) Observations Report, documenting the review process
  g) Document key best practices
  h) As annexes to the final report: An updated KARUNA M&E Matrix, List of Documents reviewed and List of agencies, implementing partners and staff consulted during the review process

1.6 DURATION
The consultancy is expected to take 30 working days from the time of signing the contract.

1.7 ESTIMATED BUDGET
The estimated budget of the evaluation including the travel cost is $ 30,000.

1.8 KEY DOCUMENTS FOR REVIEW:
The key documents for review will include KARUNA 206-2020, results framework, Annual reports (Y1, Y2, Y3), JUPSA steering committee minutes, Ireland Quality Assurance and monitoring visits reports among others

1.8 THE STAKEHOLDERS TO BE CONSULTED:
will include Uganda AIDS Commission, Ministry of Health, Ireland, UN Agencies, 7 districts of Karamoja, PACK Consortium, CCM, ADP, Implementing partners among others

1.7 QUALIFICATIONS AND EXPERIENCE
The assignment will be contracted out to a team of 3 experienced consultants including a team Leader, they must have:
- Post Graduate or master’s degree in Social Sciences, Public Health, or any other related discipline from a recognized University.
- Relevant experience in conducting Social Research, baseline surveys, reviewing and assessing HIV/ AIDS programs and projects at national and decentralized levels for at least 5-10 years.
- Previous engagement in health or HIV/ AIDS Strategic Planning or programming.
• Strong facilitator and team leadership skills, qualitative and quantitative data analysis skills and report writing skills
• Ability to work with diverse groups of people, communities and organizations
• Capacity to undertake the proposed assignment and produce the expected outputs within the duration of the contract.

In addition, the Consultant is expected to demonstrate;
• Working experience in the area of HIV/AIDS at the national and local levels, and also health systems strengthening and
• Previous experience working with the UN, particularly joint UN programming, would be an advantage
• Good working knowledge of HIV/AIDS in local governments.
• Previous work experience in Uganda and Karamoja will be added advantage.
• Consultants should have vast experience with issues of HIV/AIDS especially in the context of socio-cultural dynamics and decentralized response systems and structures.
• Consultant demonstrable knowledge of HIV/AIDS national plans and frameworks will be key in undertaking this assignment.
• They should also be conversant working within community settings both rural and urban.

The lead consultant must be aware of the current trends of the AIDS epidemic, and knowledgeable of the current national HIV prevention strategies. He/she must have wide experience in HIV/AIDS research; good communication and negotiation, analytical and report writing skills. The Lead Consultant will lead and manage the exercise and s/he will ultimately be responsible for drafting and presenting the final Report.

1.8 APPLICATION PROCESS
Qualified and interested Consultants are invited to submit the following documents
1) Cover letter
2) Technical proposal detailing how the MTE exercise will be undertaken
3) Financial proposal based on activities/ requirements of the Consultant
4) Resume including reference details of previous clients; indicate the team members and attach their CVs. Clearly highlight the Team leader whose minimum qualifications should be at master’s Level
5) Sample of previous work in similar consultant work (assessment/survey/baseline assessment)

1.9 EVALUATION CRITERIA
The award of the contract shall be made to the individual consultant (s) whose offer has been evaluated and determined as: responsive/compliant/acceptable, and Highest Combined Score (based on the 70% technical offer and 30% price weight distribution) where the minimum passing score of technical proposal is 70%. Technical Proposal (Maximum 70 points): Relevance of education (5 points);
Language skills (5 points); Relevance of professional experience in conducting assignment of similar nature and scope (45 points). Interpretation of the assignment, methodology and work-plan (15 points). Financial Proposal (Maximum 30 points) to be computed as a ratio of the Proposal's offer to the lowest price among the proposals received by Client.

Please submit by 30th April 2019, 5:00pm to the following addresses or deliver sealed applications.

UNAIDS Country Director
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P.O. Box 24578 Kampala
LogoseT@unaids.org