



Final Evaluation Draft Terms of Reference

Project Summary	
Project Title	Promoting the inclusion of the 50+ population groups in the Fight against HIV and AIDS in three SADC countries (Tanzania, Zimbabwe and South Africa)
Project duration	4th October 2014 – 31st December 2016
Project Budget	US\$495,000
Implementing partners and project location	<p>HelpAge International Tanzania, Principal Implementer (PI)</p> <p>African Women AIDS Working Group (AFRIWAG), Korogwe District, Tanzania</p> <p>Zimbabwe Age Network through the Centre for Community Development Solutions Trust (CCDS), Zvishavane District, Zimbabwe</p> <p>Elim Hlanganani Society for the Aged, Korogwe District, Zimbabwe in Zvishavane District and South Africa in Bvembé District, of Limpopo Province, South Africa</p> <p>HelpAge International Southern Africa Regional Office</p>
HelpAge Ref	TAN613
SADC Ref:	SD01

1.0 Background information

HIV and AIDS impacts older people in a number of ways. Older people carry the burden of caring for chronically ill people and orphans left behind. Older people also experience the risk of HIV infection despite the commonly held mis-conception that older people are not sexually active and hence do not contract HIV and AIDS through unprotected sex. With the pandemic itself ageing, the number of people infected by HIV and AIDS living longer due to access to life prolonging treatment is on the rise.

Longevity recognised as one of the 21st Centuries achievements, is resulting in an unprecedented increase in the population of older people. Africa currently considered the youngest population is also experiencing longevity where the fast-growing population of older people is experienced. People aged 60 years and above make up 12.3 percent of the global population¹. By 2050 the number of people 60 years and above is expected to rise to almost 22 percent. The UNAIDS Gap Report of 2014 indicates that 4.2 Million people aged 50 years and above are living with HIV globally and a million and over are living in sub-Saharan Africa. It is estimated that by 2040, there will be 9 million people aged 50 in sub-Saharan Africa living with HIV. Despite this reality, for far too long older people have been

¹ UNAIDS 2014, The Gap report.

excluded from HIV prevention and awareness campaigns. As they cared for their sick children they have been misled to believe that sicknesses were caused by witchcraft and have made futile efforts in search of cure.

In the past two decades, HelpAge International implemented a number of community based programmes to tackle the impact of HIV and AIDS on older people through direct support to improve the social and economic status of older carers, to increase awareness among older people using older people led peer education and home based care to challenge the uniquely high level stigma experienced by older people infected and affected by HIV and AIDS. Using community led data collection systems, HelpAge generated evidence to demonstrate the impact and effect of HIV and AIDS and their exclusion in mainstream, prevention, care and treatment programmes. HelpAge International and its partners consistent engagement in national and global forums resulted in a number of successes with increasing number of governments recognising older people as care givers of people affected and mainstreaming their needs in a number of social protection measures. The lack of data on prevalence, access to care and treatment and enrolment in ART programmes continued to be persistent, with both population based surveys such as AIDS and Malaria Indicator survey generating data only for people under the age of 50 while the main source of HIV prevalence data remained compulsory tests performed among pregnant mothers, hence mostly prevalence data presented for the population of under the age of 50.

It was at the back drop of this reality that HelpAge International Tanzania developed a two years programme entitled **Promoting the inclusion of the 50+ population groups in the Fight against HIV and AIDS in three SADC countries.** The project combined a number of approaches that connected grassroots activities in all three countries with national level policy influencing work to mainstream ageing in national HIV and AIDS prevention, care and support programmes.

2.0 Summary of the Project

The main aim of the project is to enable older men and women, with their dependents to access appropriate, affordable and age friendly Health and HIV and AIDS, prevention, care and support and treatment services.

2.1 Project Objectives

- To empower older men and women with appropriate information on HIV and AIDS prevention, access to care and treatment, adherence through peer support forums
- To increase older women and men's access to age friendly health and HIV and AIDS quality services through improved understanding of the human rights of older people among policy makers and health practitioners.
- To mitigate the impact of HIV in households headed by older men and women through increased access to economic empowerment programmes (including livelihoods support, nutrition and social transfer programmes)
- Contribute to the generation of evidence and analysis on prevalence, access to services (VCT, ART and psycho-social support) including barriers among people aged 50 in selected project sites through research and older citizen monitoring groups and policy advocacy at national and regional level

2.2 Expected project results

- A total of 143,741 older men and women to be empowered with appropriate information on HIV and AIDS prevention, access to care and treatment, adherence through peer support forums

- A total of 17,583 older men and women will have access to age friendly health and HIV and AIDS quality services
- A total of 103,869 older men and women are able to mitigate the impacts of HIV and AIDS through a range of livelihood activities
- A total of 624,132 older men and women in the project area in the three countries will benefit from improved policy implementation resulting in better data disaggregation, roll out of age friendly Health and HIV and AIDS services.

2.3 Purpose of the Final Evaluation

The purpose of the final evaluation is to assess the impact of the project on the target population and to analyse the project's contribution towards the set objectives against the background of health and HIV and AIDS challenges among older people. It will draw project achievements, relevant approaches and lessons for the future scale up of HIV and AIDS prevention, care and treatment for HelpAge, providing recommendations applicable to the individual country's specific policy context and possibly replicable within the wider SADC region. The final evaluation will assess the project using key criteria including the relevance, effectiveness, efficiency, impact, and sustainability.

- **Effectiveness:** it will assess whether the project is on track in realising its objectives by analysing the extent to which the project outcomes and outputs have been realised; focusing on significant changes, enablers and barriers by:
 - Assessing whether the project has reached the intended beneficiaries as per the plan
 - Assessing the appropriateness of the programme intervention in achieving the intended outcomes
 - Comparing and contrasting the approaches used in the three countries and how effective the approaches were to the objectives, the needs and the realities of the people involved in the project.
 - Assessing the project management structures within HelpAge and sub implementing partners, review the roles and responsibilities fulfilled by all partners, the performance of each agency in influencing the realisation of the project objectives.
- **Efficiency:** Identify the value for money concept comparing the project investment against the results
- **Relevance:** Assess the relevance of the project and the approaches to HelpAge International's own strategy, the changing priorities and trends of HIV and AIDS policy frameworks, strategies, and guidelines at local/national, regional and global level.
- **Assess the overall impact of the project;** in terms of **Direct Impact:**
 - Quantify results achieved by the interventions, referring to the Indicators in the Project Monitoring Matrix.
 - Indicate changes that have taken place in the lives of older people, PLHIV groups, and caretakers. Involvement of other stakeholders and their potential contributions to the sustainability of the project? Changes in the HIV and AIDS services delivery, overall change of the quality of life and social wellbeing of older people (disaggregate by age and sex).
 - Assess the significance of the changes and the approaches that contributed to the changes

- **Policy Impact:** What changes have occurred to older men and women in access to HIV and AIDS services, are the services age friendly. What changes occurred in HIV and AIDS responses, existing guidelines, surveys and data collection systems in the country specific strategies and plans to support and take forward the disaggregation of data on HIV and AIDS responses. Specifically:
 - How have the National AIDS Councils, Ministries, Specific Country level Steering Committees, local authorities and Municipals, social support agencies responded/supported the programme implementation including specific actions that have been taken by them.
 - How significant are the changes and will the changes be sustained
 - How the interventions contributed to the achievement of these changes.
- **Creation of an enabling environment:**
 - What changes have taken place in the way the local and municipal authorities, older people's structures and the wider community supporting older people's access to health and HIV and AIDS issues prevention, treatment, care and support services.
 - What changes have taken place in the way NACs, Health workers, Social security programmes, and support older people?
 - What changes have taken place in the linkages among OP, HBCs, Peer Educators, IGA groups, older farmers/gardeners Village Health Workers, OPMGs, PLHIV, partners, health facilities contribute in facilitating the achievement of direct impact for older people?
- **Cross cutting issues:** whilst these information are collected, cross cutting themes for assessing the impact will include:
 - Did the project provide equal opportunity for older men and women,
 - Does the project address the social differentiation (e.g. Older people headed households, people impacted with HIV and AIDS, OP caring for orphans and vulnerable children, OP caring for chronically ill people etc)
 - Were project activities accessible to and used by the most disadvantaged?
 - Did the project intentionally created structures or strengthened the existing structures to pave the way for continuity beyond the project funding period?
 - Were the project interventions empowering and enabled the target groups and volunteers to be innovative and own the project
 - What changes have occurred in the capacities of the three sub implementing partner organizations to enable them support the project implementation process (in future)

3.0 Scope of Work

This final evaluation will assess the overall projects' appropriateness, effectiveness, and efficiency, drawing key lessons and recommendations that will guide the future work of HelpAge and that of the SADC member countries. The evaluation will cover the three project districts: Korogwe District in Tanga region Tanzania, Zvishavane District in Zimbabwe, and Bvembé District in Limpopo Province in South Africa linking project outcomes to national strategies and priorities. This will start on 2nd January 2017 till 31st January 2017.

4.0 Evaluation process and methodology

The evaluation will be undertaken in all the three countries of the project, it will be led by a principal evaluator supported by other two evaluators recruited from the project's specific countries. This is to enable the evaluators to draw lessons, experiences and

recommendations based on their specific countries context. The findings of the final evaluation will also be enriched with other different project documents produced during the project such as researches and studies conducted, and IEC materials as part of evaluation report. It will undertake evidence based dialogues with different actors to produce information informing the performance of the project.

5.0 Methodology

Review relevant documents pertaining to the broader environment of the programme, SADC HIV and AIDS strategic Plans, SADC HIV and AIDS Round II Fund, specific countries Health and HIV and AIDS policies and strategies in specific countries, the National Guideline for Community Home based Care, (GCHBC).

Review all relevant key programme documents, including the proposals and other monitoring missions, implementation reports, project documents produced with messages, media publications etc. Additionally:

- Meet with key stakeholders involved in the implementation of the project both at Specific country level HIV and AIDS Coordinating bodies, Ministry of Health, local authorities, implementing partners AFRIWAG, ELIM and ZAN.
- Meet older HBCs, PE, OPMGs, Village Health Workers, older cares, PLHIV, Village Health Workers, farmers, OPAs and OPFs, and beneficiaries to assess the impact of the action explain how they participated in the project.
- Visit some older people's households that benefited from the project and visit some livelihood projects by older people to assess effectiveness of the projects
- Meet with members of HelpAge staff to discuss their experience of the programme from inception to closure, and get their views on options for improvement in future action.
- Conduct a feedback and validation meeting with key stakeholders to present preliminary findings prior to finalization of the report

5.1 Development of the tools to gather information

The evaluation team will be required to design appropriate tools for the evaluation to gather data and other information to justify their findings. The tools will be submitted together with the inception report and discussed with HelpAge.

Case stories and photo documentation: A small number of illustrative case studies with photographs are desirable to illustrate the type of people and households using the project inputs and the changes that the project interventions bring.

6.0 Outputs and Deliverables

6.1 The main products are expected to be:

- (a) An Expression of Interest with interpretation of the ToRs detailing the evaluation methodology, procedure, tools to gather information and a work schedule that will be provided and discussed with HelpAge Tanzania
- (b) Inception Report based on the document review and preliminary tools and methodologies for the evaluation
- (c) Final evaluation report consisting of an executive summary. The report should also show key lessons learnt, example of good practices and appropriate photos and practical recommendations. Data in the report should be disaggregated by age and sex and the summary should be in 2 pages maximum.

All the work should be in compliance with the internationally accepted professional and ethical procedures. The quality and reliability of information, input and reports will be checked using the appropriate procedures and prepared in English language

7.0 Expert Profile of the Evaluation Team

In order to carry out this final evaluation exercise, the team should have the following core competencies, educational and work experiences:

- The consultant should possess a minimum of Bachelor's degree (Masters degree or PhD is an added advantage) on Public health, Statistics, Social Sciences, Community development. Medicine and other related background. Knowledge on ageing will be an added value to this application
- The consultant should demonstrate in-depth knowledge and experience in conducting evaluations of complex development programmes and research, particularly in malt -countries projects
- She/he must demonstrate experience and knowledge the global/ regional HIV and AIDS related policies and strategies.
- Ability to communicate effectively with a wide range of people within community, Government officials, development agencies at various levels
- Reasonable understating of SADC operations and policies and how it relates with member countries.
- Ability to write high quality and concise technical reports with high proficiency in written and spoken English, within agreed terms of reference and deadlines.

8.0 Management of the Evaluation

HelpAge International, Tanzania programme will recruit, manage the consultant and approve the final evaluation report. The principal consultant to be hired will recruit and supervise two other consultants who will carry out the evaluation in the other two countries

9.0 Duration of work

The consultant(s) will have a maximum of 30 days from signing of the agreement to complete the assignment.

10.0 Expression of Interest

Interested individuals are requested to apply by submitting their Expression of Interest describing their expertise and background experiences. The proposals and CV should explain briefly:

1. Your competency to meet and provide analysed information as outlined in this ToR
2. Providing information on similar work undertaken in the recent past, including coordination of multi-country evaluations
3. Professional fees expressed in USD

All interest applicants should submit their applications by 10th December 2016 to the Office Manager, HelpAge International, Box 9846 Dar es Salaam by email to tanzania.office@helpage.org and syone.simon@helpage.org.