

1. Project Title: Caribbean HIV and AIDS Project.

2. Background

In the Caribbean there is a high prevalence of HIV amongst key populations at higher risk, including youth at high risk (Bahamas and Guyana), Haitian Migrants (Bahamas), Men who have Sex with Men (MSM) (Jamaica) and sex workers and miners (Guyana). A contributing factor to this high prevalence rate is the inaccessibility of these populations due to geographic and social constraints. Societal barriers such as poor access to health services or health service providers with discriminatory attitudes, closed community attitudes to talking about sex, strong religious influences and judgment are further contributing to poor health seeking behaviours thereby perpetuating the marginalization of the target populations.

In July of 2010, the American Red Cross (ARC) launched the Caribbean HIV and AIDS Project (CHAP) which is a Multi Country intervention within the Caribbean Region; in the Bahamas, Guyana and Jamaica. This project was implemented through National Red Cross Societies (ONSS) whom, as auxiliaries to their national governments, were well positioned to provide comprehensive and sustained community-based interventions for behaviour change among these populations particularly in the area of HIV prevention and care.

Although originally designed for 2 years, CHAP was extended to 4 years and came to an end in June of 2014 with some activities of the project continuing independently of ARC funding, exiting or being integrated into other American Red Cross resilience programming, or handed over to external partners. In order to learn from the past and to make decisions about future HIV programming using a resilience approach, the American Red Cross is now seeking to undertake a summative evaluation of the Caribbean HIV and AIDS Project, using an external consultant.

3. Project Goal

To contribute to the reduction of the incidence of HIV in Guyana, Jamaica and the Bahamas by addressing barriers to behaviour change amongst Men who have Sex with Men, Sex Workers, Miners and Youth at higher risk and create enabling environments for access to products and services.

4. Project Objectives

Objective 1: To improve HIV & AIDS related knowledge and increase safer behaviors of key populations at higher risk in The Bahamas, Jamaica and Guyana

Objective 2: To improve access to treatment care and support for people living with HIV and AIDS in The Bahamas, Jamaica and Guyana

Objective 3: To reduce stigma and discrimination towards PLHIV and key populations at higher risk in The Bahamas, Jamaica and Guyana

Objective 4: To strengthen the capacity of The Bahamas, Jamaica and Guyana Red Cross Societies to deliver a sustained, effective and scaled up HIV Program.

5. Target Group

The project targeted an estimated 21,440 beneficiaries in the 3 countries.

a) The Bahamas (9,270)

Focus: High risk youth, community members and Haitian Migrants.

Location: New Providence Island including Bain and Grants Town; Far Road and Centreville; St. Cecelia; and Bacardi Road (Haitian Community).

b) Guyana (3,190)

Focus: Miners, Sex Workers, Brothel Owners, Shopkeepers, In School and Out of School Youth as well as general community members.

Location: Region 1: (Port Kaituma; Arakaka & 4 Mile; Baramita; Big Creek & Falls Top; and Five Star)/Region 7: (Bartica; Iteballi; Aranka; and Arangoi).

c) Jamaica(8,980)

Focus: Men who have sex with men (MSM), Persons Living with HIV (PLHIV) and community members.

Location: The Parish of Kingston/ St. Andrews/the Parish of St. James.

6. Purpose and Scope of Evaluation

The purpose of the CHAP Summative Evaluation is to assess the effectiveness of the program in achieving the project objectives. To determine what aspects of the intervention worked with the various target groups and what didn't and reasons why. The review should also shed light on the capacities of the Operating National Societies (ONS) to deliver this and similar interventions as well as determine the level and quality of support that was provided to the ONSs by the American Red Cross. Finally, the evaluation should provide insight to ARC and ONS project staff on the lessons learned and recommendations for sustaining benefits derived from the project as well as suggestions for partnership programming in the future.

6b. Key Evaluation Questions

Evaluation questions for CHAP revolve around project design, relevance, effectiveness, efficiency, cost effectiveness, sustainability and impact.

Design

- Was the project designed to address the identified needs of the target populations?
- How did the project adapt to changing needs, new priorities?
- How was the project designed to address barriers to behavior change among target beneficiaries?

Relevance

- Did the project scope address the requisite needs related to HIV prevention and care of the targeted beneficiaries?
- Were the needs of the beneficiary group consistent over the life of the project?
- Were these needs being addressed by any other agency or group?
- Was there buy in from stakeholders outside the Red Cross for the project?
- Did the beneficiaries feel the project addressed their expressed needs?

Effectiveness

- To what extent did the project reach the intended beneficiaries?
- Were beneficiaries satisfied with the type and quality of services provided to them?
- Were the beneficiaries satisfied with the benefits derived from the project?
- To what extent did the project achieve the intended objectives?
- How effective was the support provided to the National Societies in the implementation of the project
- To what extent did the project achieve the desired outcomes?
- Did the project address the behavioral and structural barriers to behavior change amongst the targeted beneficiaries?
- Do beneficiaries of the project feel that there was a positive change in their behavior as a result of the project?

Efficiency

- Were services delivered in a timely manner?
- Were all project activities delivered as planned?
- How did the organizational structure of the project influence the delivery and quality of services?
- Was the project able to adapt to changing environments and needs?

Cost Effectiveness (not to be confused with cost benefit analysis)

- Was the project within budget?
- Was the cost per beneficiary comparable to other HIV projects implemented in the region?
- To what extent was this project value for money or cost effective?

Sustainability

- What mechanisms or indications are present to suggest continued benefits to the beneficiaries post project at the community level and at the National Society level? (include components of the project that are continuing forward)
- What were the benefits derived from the project and how are they sustained among the target group after the project's completion?

Unintended Benefits

- After 4 years of programming, has the project made any significant impact on the lives of the targeted beneficiaries beyond the desired outcomes? What is the evidence?
- Are there any negative or positive impacts as a result of the project?
- Were there any unintended positive consequences as a result of the project?
- Has the project had an influence on National HIV programming (e.g., policy or strategy formulation) in targeted countries?

7. Evaluation Approach and Methodology

A use of mixed methodologies should be adopted for this evaluation, incorporating both quantitative and qualitative data collection methodologies. Considering the target populations, the American Red Cross is open to mixed methodologies that are both traditional and non-traditional for the capture of qualitative data. Methods are to be participatory in nature, be gender sensitive, recognizing the diversity and sensitivity of the target group who comprise key populations at higher risk, free from religious, political bias and respectful of beneficiary immigration status.

Data collection methodologies can include, but are not restricted to:

- Desk Review
- Focus Group Discussions
- Key Informant Interviews
- Structured Direct Observation
- Site visits
- Questionnaires
- Case Studies
- Outcome mapping using creative methodologies e.g – Story Board and Photo Voice.

The evaluation consultant shall outline the methodologies to be used and rationale for the selection of the specific methodologies within the Inception Report. The consultant will be required to travel to the Bahamas, Guyana, Jamaica and Trinidad and Tobago to collect data.

7b. Due to the multi-site nature of this evaluation, the Evaluation Consultant if not based in the project territories, may be required to sub-contract a locally based researcher to conduct the review specifically in Guyana and the Bahamas. In this regards the consultant will thus be required to:

- a. Hire and supervise local researcher(s) and;
- b. Manage the coordination of ethics review for the collection of data in the specific countries;
- c. Coordinate and supervise the data collection and analysis in the countries;
- d. Ensure constant communication and review of work being conducted in the countries;
- e. Report back the American Red Cross on the work conducted by the sub-contractor.

8. Deliverables and Time Frame

The deliverables for the evaluation are:

I. Inception Report

Following their initial desk review and discussion with project managers, the evaluation consultant shall submit an inception report detailing an evaluation work plan. This plan should include the key evaluation questions, data sources and the desired methodology or methodologies chosen to obtain data on each question as well as plan for analysis and include proposed time frames. The Inception Report will be reviewed and approved by the Monitoring and Evaluation Coordinator of the American Red Cross in consultation with the Caribbean Delegation, NHQ M&E advisor and Q&L Unit and Project Coordinators at each Partner National Society. Following the Inception Report Approval the Consultant will have 2 weeks to design a package of data collection instruments to be reviewed by the Program Management Delegate and the ARC team.

II. Debriefing

Following the data collection process, the evaluation consultant shall conduct a debriefing with the Caribbean Delegation and Project Coordinators from the National Societies on the key findings and recommendations emerging from the review. The stakeholders shall review these findings and recommendations and provide feedback to the consultant to prepare for writing of the Draft Evaluation Report.

III. Draft Evaluation Report

A Draft Evaluation Report no longer than 40 pages (excluding annexes), shall be submitted to the American Red Cross Caribbean Delegation Programme Management Delegate on a date specified in the timeline below. The Delegation shall manage feedback on the report which will be shared with the consultant in preparation for completion of the Final Evaluation Report.

IV. Final Evaluation Report

A Final Evaluation Report no longer than 40 pages (not including annexes), shall be submitted as per the timeline below. This shall include an Executive Summary, Data collection methods and analysis, Limitations, Findings, Conclusion, Lessons Learned and Recommendations.

V. Presentation of Key Findings in Report

The evaluation consultant will be required to deliver a presentation of the final report including the key findings, highlights, stories and recommendations to key CHAP stakeholders after the final report is approved.

Time Frame: The Evaluation is expected to commence in the 3rd week of March and the consultant will be allowed a maximum of 60 working days to submit all deliverables outlined above. Dates for the submission of deliverables will be determined based upon initial discussions between the consultant and the American Red Cross listed as item 1 below.

Item #	Tasks/Deliverables	Responsibility	Date	Duration
1.	Meeting with Evaluation Consultant	(L) M&E Coordinator (S) Regional Representative (S) Program Management Delegate	16-Mar-2015	1 day
2.	Desk Review & Write Inception Report	Evaluation Consultant	TBD	1 week
3.	Submit Inception Report	Evaluation Consultant	TBD	1 day
4.	Meet with Regional Program Management Delegate to Approve Inception Report	(L) Program Management Delegate (S) Program Officer NHQ (S) Q&L and M&E Advisors	TBD	1 day
5.	Finalize Data collection tools	Evaluation Consultant	TBD	2 weeks
6.	Data Collection and Field Visits	Evaluation Consultant	TBD	3-4 weeks
7.	Debriefing with CHAP Stakeholders	Evaluation Consultant	TBD	1 day
8.	Write and Prepare Draft Report	Evaluation Consultant	TBD	10- 12 days
9.	Submit Draft Report	Evaluation Consultant	TBD	1 day
10.	Meeting to Discuss Draft Report	(L) Program Management Delegate (S) Head of Delegation (S) Program Officer NHQ (S) Q&L & M&E Advisors	TBD	1 day
11.	Approve Draft Report	Regional Representative	TBD	1 day
12.	Submit Final Report including feedback	Evaluation Consultant	TBD	1 day
13.	Final Report Approved	Regional Representative	TBD	1 day
14.	Presentation of Findings to ARC	Evaluation Consultant	TBD	1 day

9. Payment Modalities and specifications

%	Milestones
10%	Following the submission of Inception Report
40%	Following submission of the Draft Evaluation Report
50%	Following the Approval of Final Evaluation Report

10. Qualifications and Experience

The Evaluation Consultant should have:

- An advanced University Degree;
- At least 7 years' relevant professional experience in conducting programme and project evaluations (mandatory);
- Experience in reviewing HIV related projects (preferred but not mandatory);
- Experience working with key populations at higher risk (mandatory);
- Skilled in quantitative data analysis (mandatory);
- Knowledge and experience with Participatory Evaluation Methodologies and/or Results Based Evaluation Methodologies (preferred);
- Knowledge and experience working within the Caribbean (preferred);
- Excellent spoken and written and English (mandatory)

11. Ethics

The Evaluation Consultant shall undertake the evaluation in consultation with the American Red Cross, Caribbean Delegation and in full accordance with the Terms of Reference. The Evaluation Consultant must conduct the evaluation bearing in mind the seven Fundamental Principles outlined by the International Federation of the Red Cross, of which the American Red Cross and all 3 Partner National Societies involved in the CHAP project are members. These principles include Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality¹. The Consultant will also be expected to follow the guidance on M&E Standards and Ethics outlined in Section 1.7 of the International Federation of the Red Cross Monitoring and Evaluation Guide².

12. Implementation Arrangements

The Evaluation Consultant will report to the Regional Program Management Delegate who will manage the Summative Evaluation of the Caribbean HIV and AIDS Project for the American Red Cross Caribbean Delegation. Deliverables will be approved by the Regional Program Management Delegate with the support of the Monitoring and Evaluation Coordinator as well as the Program Officer American Red Cross National Headquarters following internal consultation with the Caribbean Delegation Team and M&E and HIV Advisors. Provision of office space will be clarified by the Evaluation Consultant but it is envisaged that the Consultant will work primarily from the field or a home office. The Program Management Delegate will provide the consultant all documents and information required to conduct the review and facilitate full access to staff on site visits to the Bahamas, Guyana and Jamaica in consultation with Director Generals and Project Coordinators at each Partner National Society.

¹ <http://www.ifrc.org/who-we-are/vision-and-mission/the-seven-fundamental-principles/>

² <http://www.ifrc.org/Global/Publications/monitoring/IFRC-ME-Guide-8-2011.pdf>

13. Future Use of Materials

All information collected and materials produced will be the sole property of the American Red Cross. The Contractor may not use the materials for their own purposes, nor license them to be used by others, without the written consent of ARC.

14. Application Process

Applicants should submit an application which should include:

1. Cover letter
2. CV outlining experience relevant to section 8 above (combined experience is acceptable).
3. Proposed methodology for conducting the evaluation
4. A costing of expected lump sum fee rate/daily rate including professional fees and evaluation costs (transport, communication, administrative) based on the scope of work required.

Applications should be submitted to saara.ali@amcross.org with the **Subject: Consultant: Summative Evaluation of CHAP** or mailed to the **American Red Cross, 110 Picton Street Port of Spain, Trinidad & Tobago.**

Due to the time constraint for the evaluation the deadline for submission of applications is February 20th, 2015. Shortlisted candidates will be contacted and interviewed soon after.

15. List of available project documents

- i. CHAP Proposal Documents 2010-2012 and 2012-2014
- ii. CHAP Logframe
- iii. CHAP Baseline Report
- iv. CHAP Review 2012
- v. CHAP Review 2013
- vi. CHAP Monthly Reports (Bahamas Red Cross) 2010-2014
- vii. CHAP Monthly Reports (Jamaica Red Cross) 2010-2014
- viii. CHAP Monthly Reports (Guyana Red Cross) 2010-2014
- ix. CHAP Indicator Tracking Tables (Bahamas Red Cross) 2010-2014
- x. CHAP Indicator Tracking Tables (Jamaica Red Cross) 2010-2014
- xi. CHAP Indicator Tracking Tables (Guyana Red Cross) 2010-2014
- xii. Quarterly Progress Reports (American Red Cross) 2010-2014
- xiii. Jamaica Red Cross Lessons Learned Report 2014
- xiv. CHAP Financial Records 2010-2014
- xv. National Society Organigrams