

**ToR for the
ENDLINE EVALUATION of SANGJOG**

**PSTC
October 2019**

BACKGROUND

Vulnerable Young Key Population (VYKP) aged 10-24 years of young people in the streets, for instance, working in the transport sector, floating female sex workers, and young boys and girls engaged in small trades and jobs are excluded and deprived from the government and NGO health facilities in getting health services specially Sexually Reproductive Health and Rights (SRHR) information and services. The Government and NGO health facilities mostly focus on married couples, children, there is an absence of a young people friendly atmosphere in health care centers, there is stigma and discrimination among the service providers as well as young clients, the affordability of getting services is limited and the access for VYKP to SRHR information and services is absent. In addition, these young people experience violence and especially sexual violence; being unskilled they are bound to work on negligible wages and their other entitlements are neglected.

Knowledge about Sexually Transmitted Infection (STI) symptoms influences care seeking behavior. Delayed care-seeking increases the risk for acquisition of HIV. As STIs increase the vulnerability to HIV/AIDS, knowledge about STI symptoms will improve care-seeking behavior. Knowledge on STI among youth is low. Youth at risk do not perceive their risk for HIV. A clear understanding about safe sex and promotion of safe sex practice are essential for HIV/AIDS intervention. Appropriate interventions to increase the perceptions of risk are essential.

The Intervention, SANGJOG

SANGJOG, on this backdrop, is an intervention, aiming to improve SRHRs for the young key population (KP) (15-24 years) who are at risk of HIV/AIDS, in seven districts of Bangladesh. SANGJOG is supported by the Embassy of the Kingdom of the Netherlands (EKN). This was a two-year project in place, since December 2016. But the project has been extended with cost to continue till December 2019, considering the need of the project beneficiaries. SANGJOG as a part of its humanitarian response, has been also embarked on providing primary health care services focusing SRHR for the Rohingya Refugees in Cox's Bazar, since October 2017, largest human refugee crisis currently facing the world.

To meet the project goal, SANGJOG reaches its target population through Trained Peer Educators representing the VYKP, a total of 70, 10 from each seven working district, as frontline workers. SANGJOG has given much emphasis on its advocacy activities to meet young KP's SRHR need through community mobilization. The project also provides health services and other relevant services to address the needs of VYKP recommended by the updated National Adolescent Health Strategy 2017-30. SANGJOG aims to improve SRHR awareness and services for VYKPs with the following goal and objectives:

Goal

Increased access to integrate SRHR & HIV services to vulnerable young key people

Objectives

1. Increase awareness and health seeking behavior of 75,000 VYKP on SRHR and HIV services.
2. Establish functional referral linkage with GoB and NGO health facilities for providing SRHR and HIV services to 60,000 VYKPs.
3. Increase capacity of 20 Government service facilities for providing integrated SRH and HIV services.
4. Advocacy for creating enabling environment through sensitizing 300 stakeholders for creating increase access to VYKPs to SRHR & HIV information and services.

Target groups The project addressed the SRHR and HIV needs of VYKP, who are i) street children/pavement dwellers, ii) transport workers, iii) floating sex workers, iv) young people engaged in small trade and work as labour.

Intervention Districts

The project location are in large cities where street children/young pavement dwellers, transport workers, floating sex workers, young day laborers are living in large numbers: i) Dhaka, ii) Gazipur, iii) Chattogram iv) Cox's bazar, v) Dinajpur, vi) Jashore and vii) Kushtia.

SANGJOG Outcomes

Outcome 1: Increased awareness and health seeking behaviour of VKYP on SRHR and HIV services.

Outcome 2: Established functional referral linkages with GoB facilities for providing SRHR and HIV services to VKYPs.

Outcome 3: Capacitated GoB facilities for providing SRHR and HIV services to VKYPs

Outcome 4: Enabled environment to facilitate access to SRHR and HIV services by VKYPs.

Evaluation of SANGJOG

Purpose and scope

PSTC seeks to undertake this evaluation as a means of assessing as to what extent the planned project outcomes and outputs were achieved including the overall results, effects/changes realized, good practices, challenges faced and lessons learnt. The evaluation will cover all the seven supported districts that were included in the midline evaluation. It will also include a representative sample of project beneficiaries. Hence the overall purpose of the independent evaluation is to attain a greater understanding of the programmes achievements from its start date in December 2016 until the end of this phase of the programme in December 2019. It will assess project performance and progress against project outcome level changes. The evaluation team should provide an analysis of the attainment of the main and specific objectives of SANGJOG.

In addition the current project achievements the findings will be used by the donor, PSTC, partner organizations and other stakeholders as well as national and country level, to develop/scale up plans, strategies and interventions aimed at accelerating action for SRHR care for VYKP.

OBJECTIVES

1. Assess knowledge, attitude, and practice regarding SRHR, risk behavior, STIs, and HIV/AIDS among the VYKPs to identify their demand for SRHR, STIs, and HIV/AIDS services.
2. Assess GoB service utilization (i.e., SRHR, STIs, and HIV/AIDS) by the VYKPs, their satisfaction, and obstacles to receiving these services.
3. Explore the perspectives of service providers who are involved with SRHR, STIs and HIV/AIDS services for VYKPs and relevant stakeholders on what is needed to deliver a minimum standard package of SRHR, STI, and HIV/AIDS services.
4. Assess availability, access, coverage, utilization, quality, and effectiveness of SRHR, STIs, and HIV/AIDS services currently available in SANGJOG referral facilities.
5. Assess the coverage and effect of knowledge sharing and services for the VYKP in SANGJOG areas and among Rohingya Population.

6. Assess quality and effectiveness of GO-NGO collaboration in the SANGJOG project and its implementation.
7. Assess the sustainability of the intervention.
8. Assess whether the approach applied by SANGJOG is replicable and if so, recommend how.

METHODOLOGY

The research will be carried out as an independent end line evaluation using a participatory approach, whereby all concerned with the project are kept informed and regularly consulted throughout the assessment. The methodology will, be developed by the consultant, as well as all relevant tools should be presented in the inception report. The four project objectives mentioned before should, be assessed, including the relevant research questions under each objective.

The evaluation team will be required to use a mixed-method approach and analysis to deliver evidence-based qualitative and quantitative information. The data collection should include the use of a number of approaches to gain a deeper understanding of the outcomes of the project, including: Desk review of background documents (project document, project monitoring data, progress report, mid-term review report, field visit reports etc.)

The Evaluation team will liaise with the SANGJOG project H/O team on the conduct of the evaluation and methodological issues. A full evaluation report with detailed methodology (both qualitative and quantitative data collection methods, participation of staff analysis, interpretation, and restitution of findings) will be developed by the assigned consultant/firm, discussing these with the evaluation users and guided by the evaluation team. The approach should also provide explanations as to how and why certain results were achieved or not, as well as attempt to triangulate information for higher reliability of findings. The data and publication right of this evaluation will belong solely to PSTC.

Key deliverables

- All complete documents should be designed and formulated in such a way that it can be shared/disseminated at a wider national and international level and used by the other stakeholders as a resource. The consultant/ firm selected to undertake the evaluation will be expected to submit the following;
- A detailed inception report and draft data collection tools for review before field test after signing the consultancy agreement (Data sources; how to assess the questions in the ToR)
- Research methodology, including suggested sampling technique and sample size
- Letters from the Research Ethics Committee/Institutional Review Board approving the implementation of the evaluation
- Schedule of activities and traveling (timeline)
- Evaluation report highlighting status of indicators (in consultation with the Logframe) based on the methodologies applied and objectives outlined above
- The report should be comprehensive and provide detailed and specific results, conclusions and clear advocacy recommendations at both national and county level, considering all the outcome level changes
- A draft evaluation report for review by the PSTC
- PowerPoint presentation of draft findings (after review) to PSTC and Embassy for final feedback
- A final report after incorporating comments

- A copy of the final datasets in SPSS, codebook (soft copies) complete with the outputs of the analysis
- Final report to be delivered to PSTC Bangladesh colored copies and four CD ROMs in MS word
- All the questionnaires and data sets (raw quantitative and qualitative data-original recordings and transcriptions of qualitative data) used in the evaluation process analysis must be submitted to PSTC. The format and size of the report shall be discussed and agreed upon by PSTC

The Evaluation report should at least include the following:

- Executive Summary (max. 2 pages)
 - Introduction
 - Methodology, including sampling and limitations
 - Analysis and findings of the evaluation. The analysis should be done according to the objectives:
 - Address concerns, lessons learned and comments from PSTC
 - Stories of change and quotes from respondents
 - Critical assessment and conclusions for each of the end line evaluation objectives
 - Recommendations including sustainable/replication model
- i) Annexes:**
- Relevant maps and photographs of the evaluation areas where necessary
 - Bibliography of consulted secondary sources with scientific referencing style
 - Finalized data collection tools
 - List of interviewees with accompanying informed consent forms

Duration of the Evaluation

The entire process is expected to six working weeks from the date of signing the consultancy contract. The final report is expected not later than 10 December 2019. Below is a breakdown of the allocated time:

Key tasks	Allocated days
Development of the inception report and data collection tools	4 days
Development of the research protocol for IRB review	2 days
Training of research assistants and pre-test of tools	4 days
Meetings with Embassy contacts and relevant GoB, UN representatives	
Data collection phase in the field	10 days
Key informant meetings with relevant GO, NGO, UNs and other stakeholders	
Data analysis and report writing	10 days
Revision of the draft report and submission of the final report	5 days

EXPECTED PROFILE OF THE CONSULTANT(S)

The leader of the consultant team/agency should have a doctoral degree in evaluation, public health, population and reproductive health, statistics or any other related field. A strong

understanding of the HPNSP and National Strategy for Adolescent Health and Health Systems of Bangladesh.

In addition, the consultant should demonstrate understanding, knowledge and experience of working on Public health in developing country contexts in overall health and SRHR context (references will be checked):

Experience and qualifications of the Team Leader

- 10 -12 years' experience in leading evaluations of a similar design, size, complexity and character, as well as vast technical expertise in research and evaluation of adolescent/youth sexual and reproductive health, behavior change, gender equality in low income countries
- Proven skills in robust evaluation designs, quantitative and qualitative methodologies and data analysis techniques
- Excellent scientific report writing skills, in English
- Experience in leading research teams
- Good understanding and experience of the SRHR services, stakeholders, Leadership in Bangladesh
- Governance, Health Care Financing, health policies and health system currently in operation in Bangladesh
- Health intervention evaluation policy reviews and policy analysis
- Experience in drafting questionnaires and surveys and preparing technical reports for policy audiences
- Evidence of relevant hands on experience in the recent past in similar assignments
- will be required
- Ability to write and present (communicate) reports concisely

Experience and qualifications of the Team Members

- A Master's degree in public health, gender studies, sociology, development studies, population and reproductive health, statistics or any other related field
- 6 -8 years' experience in conducting evaluations of a similar design, size, complexity and character as well as technical expertise in research and evaluation of adolescent/youth sexual and reproductive health, behavior change, gender equality in low income countries
- Proven skills in robust evaluation designs, quantitative and qualitative data analysis techniques
- Excellent scientific report writing skills in English

The core team is expected to recruit other resource persons if deemed necessary to support different phases of the evaluation.

Management of the Evaluation

The survey will be managed by the selected consultancy firm in collaboration with PSTC. The PSTC SANGJOG H/O team will review, provide comments on the inception report, data collection tools and draft report submitted and approved by all the key deliverables. The PSTC SANGJOG team will monitor implementation of the survey.

Proposal Specifications

Institutional contractors, both individual and teams of consultants are invited to apply for this assignment. If you wish to apply, please send a copy of your CV(s), along with a complete evaluation

proposal proposed with detailed methodology as well as your desired fees to @PSTC. All documents received will be treated with strict confidentiality.

Please note that your proposal will be a draft document and a final evaluation proposal including the selected approach and methodology will be developed together with PSTC once in position. In your proposal please include the following aspects:

i. Technical

- Understanding and interpretation of the TOR
- Methodology to be used in undertaking the assignment
- Time and activity schedule
- Profile of the Consultant(s)
- Samples of three most recent health intervention related impact assessment works (and references for the same), where two should specifically be evaluation reports on SRHR interventions focusing awareness and service uptake
- Curriculum vitae of key personnel

ii. Financial

Detailed cost of the proposal in BDT for the consultancy (including consultancy fee)

Proposal evaluation criteria Proposals will be subjected to a three-stage evaluation process namely compliance review, technical review and financial review.

Compliance review

- Certificates of registration (evidence of legal status)
- Up to date CVs for at least three key personnel including the Team Leader Evidence of the firm's previous work on similar assignments
- References
- Sample work

Firms missing any of the above key requirements will be dropped at this stage.

Technical and financial proposals

- Technical review will assess bidder's responsiveness to the terms of reference, level of understanding of evaluation objectives and questions, the proposed approach, methodology, sampling methods, data analysis plan, evidence of prior experience in similar studies, team composition and qualifications among others.
- Proposals that do not score at least 70% of the technical score will not be considered for financial review.

Financial review

- The maximum number of points will be allocated to the lowest price. All other financial proposals will receive points in inverse proportion to the lowest bidder.
- PSTC will award the contract for professional services to the firm that obtains the highest combined score for the technical and financial review.

Bid submission

All interested firms should submit technical and financial proposals sealed in two separate envelopes on or before 30 October 2019. All documents should be delivered in hard copy in a sealed envelope to –

Mohammad Azad
Component Manager (HRA)
PSTC
House #93/3, Level 4-6
Road # 8 Block –C
Niketon, Gulshan 1
Dhaka 1212

Also email to azad.m@pstc-bgd.org