

IntraHealth Namibia
Scope of Work for
KP STAR Project Internal Mid-Term Evaluation

1. Background

The USAID Key Populations, Strengthening Technical Assistance and Response for sustainable HIV prevention and treatment (KP-STAR) while scaling-up innovative, evidence-based approaches to reduce the incidence and mitigate the impact of HIV among KPs— specifically SWs, MSM, TG individuals. The project is implemented in 10 priority geographical areas (PGAs) of Namibia including Gobabis, Otjiwarongo, Keetmanshoop, Katima Mulilo, Oshakati, Oshikango, Rundu, Swakopmund, Walvis Bay and Windhoek. The project delivers and builds capacity of KP-led and -serving organizations to sustain high-quality, comprehensive stigma and discrimination-free, user-centered, and inclusive prevention, care, and treatment services to achieve the 95-95-95 targets and provides quality, client centered care for KPs. The project also strengthens data management systems for planning, monitoring, use, and assuring the quality of KP HIV programs in the PGAs.

The project activities are aligned with Namibia's National Strategic Framework for HIV and AIDS Response 2017/18 to 2021/22 and will contribute to the Ministry of Health and Social Services (MOHSS) aim of reducing new infections and AIDS-related mortality among Namibians and the long-term objectives of Vision 2030, the National Development Plan 5, and National HIV/AIDS Policy, and PEPFAR and WHO guidance.

2. KP-STAR strategic approaches

Strategic approach #1: Accelerate innovations to reach the underreached. KP-STAR has contributed to increased case findings, reduced loss to follow up, and improved retention of KPs in high-quality care and treatment by scaling up evidence-based approaches and adapting global innovations to the Namibian context. The project has adapted activities from LINKAGES, such as its evidence-based incentivized Enhanced Peer Outreach Approach (EPOA), and testing and scaling-up strategies to reach KPs online. Under EPOA, peers identified from the KP communities are enrolled as peer mobilisers and they in-turn assist the project in identifying new KPs and out of these new HIV positive individuals who are brought into care through the snow-balling effect. The HIV negative individuals will be enrolled into Pre-exposure prophylaxis (PrEP).

Strategic approach #2: The KP-STAR consortium partners consist of —**IntraHealth Namibia (IHN)**, **IntraHealth International (IHI)**, **Walvis Bay Corridor Group (WBCG)**, and KP-led CSOs. Meaningfully partner with KP-led organizations for a sustainable, KP-led response. Drawing on experiences of KP leaders and KP communities is essential to effectively reach KPs to sustain HIV

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prevention and treatment approaches. KP-STAR uses an inclusive approach to meaningfully involve KP civil society organizations (CSO) partners in project management and design, implementation, and monitoring. Through an iterative process of capacity assessment, development of tailored capacity building plans, targeted technical assistance (TA) and training, and regular monitoring of progress, the project builds technical, financial, and operational capacity of KP-led organizations: Rights not Rescue Trust (RnRT), MPOWER Community Trust (MPOWER), Voice of Hope Trust (VHT), Harmony for All Movement (HAM), Society for Women Empowerment Trust (SWET) and Wings to Transcend Namibia Trust (WTTN), with specific benchmarks and activities. KP-CSO partners play a key role in project oversight through the KP-STAR Partnership Council.

Strategic approach #3: Data-driven and adaptive program learning. Central to IHN and IHN's consortium's approach is efficient data collection, data use, and data-informed decision-making to achieve results and improve effective project management. KP-STAR utilized Namibia Integrated Biological and Behavior Survey (NAM-IBBS) 2019 estimates for baseline and to determine KP disaggregation by KP group, age and sex/gender category along with micro-mapping of hotspots. The project further conducted a hot spot mapping exercise in 9 PGAs to identify new hot spots to further inform new dynamics related to project implementation. Project staff conduct weekly data reviews to ensure case management and outreach priorities are focused, make course corrections, and better understand KP needs. At the national level, IHN advances data collection and use by advocating for disaggregated KP data and routinely reporting on programmatic data and insights.

3. KP STAR Expected Results:

Component 1: Increase demand for and access to comprehensive HIV prevention and treatment services and interventions for KPs.

Result 1.1. Coverage of comprehensive community and clinical service provision for key populations expanded

Result 1.2. Strengthened referral systems and linkages for the various KPs to HIV prevention and treatment services

Result 1.3. Improved risk reduction, health-seeking behavior, and program management through innovative strategies, such as the use of ICT and other tailored approaches

Result 1.4: Strengthened KP community-led structural interventions that address determinants of risk and reinforce risk reduction and resilience among key populations.

Component 2: Strengthen the capacity and sustainability of KP-led civil society and other key stakeholders to advocate for and implement KP-focused HIV activities.

Result 2.1. Strengthened organizational and technical capacity and sustainability of key population-led community groups, community-based organizations, and networks

Result 2.2. Coordination and collaboration among KP-led organizations, other civil society organizations, HIV service providers, and government stakeholders strengthened at the national, regional, and district levels

Result 2.3. Mobilized and sustained advocacy by key population communities and other stakeholders for service improvements in the HIV/AIDS response, and promoting enabling environments

Component 3: Strengthen data management systems for planning, monitoring, use, and assuring the quality of KP HIV programs

Result 3.1 Program standards and operations informed by effective management tools allowing data use at all levels of the program

Result 3.2. Program implementation and performance tracked with data collected on operations and individual-level service coverage.

4. Aim of the Mid-Term Evaluation (MTE)

The MTE will assess mid-term progress towards the achievement of the project objectives and outcomes as specified in the KP STAR cooperative agreement and assess early signs of project success or failure with the goal of identifying the necessary changes to be made in order to set the project on-track to achieve its intended results. The MTE would compare the results against the previous Project result by SFH, The IBBS Reports and any other KP data sources to assess if the gaps identified initially are showing improvements to achieve project outcomes. The MTE should also identify problems and indicate solutions for remedial actions.

5. Scope of the mid-term evaluation

The MTR Consultant will assess the following three categories of project progress.

1. Progress Towards Results (progress towards outcomes analysis)
2. Project Implementation and Management Process (Quality and performance management)
3. Analysis of results and activity costs (Efficient use of inputs)

6. Methodological approaches

The mid-term evaluation will follow a variety of approaches in phases outlined below:

6.1 Planning phase

- a) Update mid-term evaluation protocol (study methods/designs, sampling procedures and data collection tools)
- b) Presentation and approval of protocol
- c) SOW and contracts approvals
- d) IHN submission and approval of IRB
- e) Desk Review

6.2 Preparation for field work

- a) Recruitment/training of team coordinators and data collectors
- b) Prepare logistics plan for data collection
- c) Pilot testing of evaluation tools and procedures

6.3 Execution of survey

- a) Data collection and management
- b) Data quality check, cleaning, and analysis

6.4 Report Writing

- a) Draft report shared for IHN and USAID review and feedback
- b) Revise Report
- c) Final Report is submitted for IHN and USAID approval.
- d) Disseminate results to stakeholders

7. Deliverables:

The following documents will be produced in the process of designing and executing the MTE:

1. Approved Mid-term Evaluation protocol
2. Report from Desk Review
3. Logistics Plan
4. Electronic data sets of all data collected
5. Mid-term Evaluation final report (electronic and paper copy)
6. Power point presentation by Priority geographical areas and combined of evaluation findings

8. Anticipated Level of Effort and Time Period

The assignment be delivered intermittently in 30 days during the period of 25th August – 28th September 2022 inclusive of travel days, prior meetings, training days and reports compilation.

9. Payment schedule

Payment is scheduled as follow:

- 10% upon receipt of approved Mid-Term Evaluation Protocol
- 15% upon receipt of Report of Desk Review
- 30% upon receipt of satisfactory draft of Mid-Term Evaluation Report
- 45% upon receipt of satisfactory Mid-term Evaluation report in an electronic format and paper copy and power point presentation of the findings by Priority Geographical Areas and combined evaluation findings.

10. Working arrangements

The consultant/s will work under the overall supervision of Isabel N. Mendes-Siyamba, Chief of Party, KP-STAR. IntraHealth Namibia will cover all training-related expenses including printing of materials; participants' travel, accommodation, and other related expenses; food; venue expenses; etc.

9. Institutional Framework and Team Contacts

Responsible person	Function	Contact	Email
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