Terms of Reference

Final evaluation of PEPFAR funded Urban HIV and AIDS Nutrition and Food Security Project Under component 4 of the WFP Ethiopia Country Program, (CP 200253) September 2011 to March 2017

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1. Introduction

1. This Terms of Reference (TOR) is for the final Evaluation of PEPFAR funded Urban HIV and AIDS Nutrition and Food Security Project, under component 4 (HIV treatment care and support in Urban areas) of the WFP Ethiopia Country Program, CP 200253.
2. This evaluation is commissioned by WFP Ethiopia Country Office and will cover the period from September 2011 to March 2017. WFP Ethiopia would like to invite the submission of proposals from suitable service providers for the evaluation of the project as per the details stipulated in this document.
3. This TOR was prepared by WFP Ethiopia based upon an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold. Firstly, it provides key information to the evaluation team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation.
4. As per the agreement with USAID PEPFAR, this project under the CP was complemented through additional resources from NEP+[1] and other private and bilateral donors and hence this evaluation will also look into all contributions towards the project.

2. Reasons for the Evaluation

5. The reasons for the evaluation being commissioned are presented below.

2.1. Rationale

6. The evaluation is expected to provide strategic and concrete evidence on the relevance, results, processes and resource utilization for the programme. The evaluation is timed to precede the successor HIV/AIDS Project that may follow this one. Evidence and lessons from the evaluation will therefore feed into the design of the new.

7. The expected users of this evaluation will be, primarily, the WFP Country Office in Ethiopia, the Ethiopian Government, donors, and the partners that are involved in its implementation.

2.2. Objectives

8. Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning.
    - **Accountability –** The evaluation will assess and report on the performance and results of the HIV/AIDS nutrition and food security intervention.

    - **Learning –** The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems

[1] Network of Networks of HIV positives in Ethiopia – A primary and later on secondary recipient of the GF that was funding the food assistance to PLHIV and PMTCT clients in 9 project towns.

9. The evaluation is expected to put more focus on drawing strategic lessons for important interventions based on objective evidence on what worked or didn't work, why it worked and how it should have been improved to optimize on efficiency and achievement of results for the programme over the past five years.

2.3. Stakeholders and Users

10. A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. Table 1 below provides a preliminary stakeholder analysis, which should be deepened by the evaluation team of the firm/ company to be selected as part of the Inception phase.

11. Accountability to affected populations, is tied to WFP's commitments to include beneficiaries as key stakeholders in WFP's work. WFP is committed to ensuring gender equality and women's empowerment in the evaluation process, with participation and consultation in the evaluation with women, men, boys and girls from different beneficiary groups.

Table 1: Preliminary Stakeholders' analysis

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
INTERNAL STAKEHOLDERS	
WFP Ethiopia Country Office (CO)	Will be the primary stakeholder responsible for the country level planning and operations implementation, it has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation.
Regional Bureau (RB)	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices.
WFP HQ	WFP has an interest in the lessons that emerge from evaluations, particularly as they relate to WFP strategies, policies, thematic areas, or delivery modality with wider relevance to WFP programming.
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy.
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings may feed into annual syntheses and into corporate learning processes.
EXTERNAL STAKEHOLDERS	
Beneficiaries	As the ultimate recipients of the assistance, beneficiaries are primary stakeholders with a stake, determining whether WFP's assistance is appropriate and effective. The level of participation in the evaluation of women, men, boys and girls from different beneficiary groups will be determined and their respective perspectives will be sought.

Government	The Government is also a primary stakeholder with a direct interest in knowing whether WFP's activities in the country are aligned with its priorities, harmonised with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest. Specifically, FHAPCO and regional Bureaus of Health are interested in the key lessons to be learned from the project implementation
UN Country team	The UNCT's harmonized action should contribute to the realisation of the government's developmental objectives. It has therefore an interest in ensuring that WFP's operation is effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level.
NGOs and community based Organizations	NGOs are WFP's partners for the implementation of some activities The results of the evaluation might affect future implementation modalities and partnerships.
Donors (PEPFAR and others)	The donors of this project have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. Evaluation findings might influence future funding decisions and future programmes.

12. The primary users of this evaluation will be:

- WFP Ethiopia and its partners in decision-making, notably FHAPCO and regional Bureaus of Health involved in programme implementation and/or design, Country Strategy and partnerships.
- Given the core functions of the Regional Bureau (RB), the RB is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight
- PEPFAR and other donors: may use it for future programme adjustment and decision on future funding

3. Context and subject of the Evaluation

3.1. Context

13. Ethiopia is located in the sub Saharan region of Africa. The country has a decentralized administrative system that consists of nine National Regional States and two City Administrations. According to the population projections from the 2007 population and housing census the total population for the 2015 is estimated to be 90 million, of which 80.6% live in rural areas. The pyramid age structure of the population has remained predominately young with 39.8% under age of 15 years with women of reproductive age constituting 25.1% of the population.

14. According to Ethiopia poverty assessment, Ethiopian households have experienced a remarkable reduction in poverty rate from 56% of the population living below $1.25 purchasing power parity (PPP) a day in 2000 to 29% in 2010. Nevertheless, the scale of food insecurity and malnutrition in Ethiopia remains serious. As a land-locked country with high import costs, national food security is highly influenced by domestic production. Despite a steady growth rate, agricultural productivity remains one of the lowest in Africa. 85 percent of the national agricultural output is cultivated on subsistence plots of less than two hectares. Pre- and post-

harvest losses (estimated between 30- 40 percent)[2] and the underdeveloped marketing system further undermine incentives to increase productivity.

15. Ethiopia has one of the highest rates of malnutrition in Sub-Saharan Africa, and faces acute and chronic malnutrition and micronutrient deficiencies. Nutrition deficiencies during the first critical 1,000 days (pregnancy to 2 years) put a child at risk of being stunted. This affects 40% of children in Ethiopia.[3] Twenty-seven percent of women age 15-49 fall below the cut-off of 18.5 for the body mass index (BMI), with 9 percent are moderately or severely thin. Only 6 percent of women are overweight or obese (BMI ≥25 kg/m2).

16. The Cost of Hunger Africa study (WFP, 2013) estimated that 4.4 million additional clinical episodes are associated with under-nutrition among children aged 5 years and below incurring an estimated cost of $154 million in 2009. In this study, under-nutrition was associated with 24% of all child mortalities with estimated 379,000 deaths in the period 2004-2009. Over all, the study estimated that Ethiopia has lost about $ 4.7 billion as the result of under-nutrition in 2009 alone, an equivalent of 16.5% of GDP.

17. The National Nutrition Strategy (NNS) launched in 2008 and Nutrition Programme (NNP) for the periods 2008-2012 and 2013-2015 aimed to ensure that all Ethiopians benefit from a secure and adequate nutritional status in a sustainable manner. The strategy addresses the special nutritional needs of people living with HIV and gives priority to children under two years of age, pregnant and lactating women, adolescents and food insecure households. Nutritional Assessment and Counselling and Support (NACS) is included as one of the key programme components in the five year Nutrition Programme (NNP) developed for 2015-2020.

18. The HIV epidemic remains as one of the public health problems in Ethiopia. The national adult HIV prevalence has remarkably declined from 5.3% in 2003 to 1.5% in 2011. In 2015, the projected national adult HIV Prevalence is estimated to be 1.22%, with geographical and gender variations. Prevalence by gender is 0.8% for men and 1.3% for women. Similarly, the HIV prevalence for rural residents is 0.5% while for urban residents is 3.2% and much higher among urban females (4.0%) compared to urban men (2.4%).

19. Like in many other countries, HIV prevalence is substantially high among most-at-risk populations (MARPs) in Ethiopia. Female sex workers (FSWs) are groups with the highest level of HIV prevalence (23%). Similarly, long distance truck drivers who might be potential clients of FSWs have high prevalence rate of HIV (4.5%). High prevalence rate is also observed in mobile population groups like seasonal/migrant workers of specific areas with large development schemes such as flower plantations, commercial farming, mining areas and others.

20. According to the 2015 projection, the annual number of new HIV infections in Ethiopia is estimated to be 24,050; of these new infections, 2,834 (12%) are among children aged 0-14 years and the remaining 21,216 are adults of whom 13,262 (62.5%) and 7,955 (37.5%) are females and males respectively. The projection also revealed that there are a total of 741,477 people living with HIV, of these about 450,063 (61%) are females and 84,218 are children aged 0-14 years.

[2] a recent study conducted by Addis Ababa University and the Swiss Agency for Development and Cooperation (SDC) in two communities in the East Gojam zone of the Amhara National Regional State showed that, in at least some locations, postharvest losses can be as high as 30% to 50%.

[3] Mini-DHS 2014

21. Previous nutritional assessment carried out in one hospital offering ART treatment in Addis Ababa indicated about 35-40 % of registered pre-ART clients had a body mass index (BMI) of less than 18.5 and 20% had BMI of less than 17. Of ART clients in the same facility, only 15% and 10% had BMI less than 18.5 and 17, respectively.

22. There is growing awareness that people living with HIV can lead productive lives if treatment is combined with good nutrition. Nevertheless, food insecurity in urban areas has been worsening, especially for non-registered dwellers in urban areas, as income inequality and the cost of living in urban areas increase. Thus, growing urban food insecurity also poses a threat to the collective HIV response in Ethiopia.

3.2. Subject of the evaluation

23. WFP Ethiopia has been directly involved in providing food support to address urban food insecurity since the beginning of the 1990's. HIV/AIDS component was added to this urban facility intervention from 2001 to 2003. As per the recommendations of various evaluation missions, the country programme (2003-2006) was designed with a component exclusively focusing on provision of food support to HIV/AIDS infected /affected individuals and households in urban settings.

24. Over the years the response was adjusted several times to respond to lessons learned within the project as well as within the wider area of the response to the pandemic. In particular, the introduction of ART in 2005 changed the HIV and AIDS landscape in Ethiopia significantly and allowed the Urban HIV/AIDS project to have clearer admission and discharge criteria to and from food and nutrition assistance. This was further refined in 2008 with the issuance of the HIV and nutrition guideline by the Ministry of Health (MOH) where admission criteria are based on nutritional status of PLHIV measured as Body Mass Index (BMI).

25. The scale up of the HIV component of the CP was planned following the road map put in place for each region by the Strategic Plan for Multi-sectoral (SPM II 2010/11-2014/15) response of the Federal HIV and AIDS Prevention and Control office (FHAPCO). In line with the recommendations of the 2008-2010 midterm evaluation of the project and the 2010 WFP HIV policy, major programmatic changes were introduced in 2011/12. The HIV response was moved from a Protracted Relief and Rehabilitation operation (PRRO) to a Country program (CP) that has development objectives. The overall goal of the component was hence to mitigate the impacts of HIV on adults and children, while the specific objectives were to

    - Improve nutritional status and health of malnourished PLHIV,
    - Improve food security status of PLHIV and affected households, EMTCT clients and Orphans and vulnerable children, and
    - Evidence base for programming, shared learning and policy formulation.

    The food and nutrition assistance under these objectives has been a key enabler for accessing health services.

26. The major programmatic changes made include:

- The move from in kind food transfer to alternate transfer modalities such as food vouchers or cash
- From community based food assistance to Nutrition Assessment Counselling and Support (NACS) services at health institutions, with community linkages.
- From an only food assistance intervention to engaging PLHIV in economic strengthening initiatives to improve their livelihoods and food security. Later on towards the mid-way of the project implementation, ES was promoted as enabler for ART adherence and retention in care.

- From manual data handling and reporting to electronics data handling and web based reporting

27. The response was scaled up in 89 urban areas in 9 regions and 2 City administrations. The major partners for implementation are project Town level Health/HIV and AIDS Prevention and Control offices (HAPCOs) and Regional Health Bureaus/ HAPCOs respectively. The project has four major areas of activities contained in the logframe with strategic information generation being cross cutting. The major areas of intervention are:

- **Nutrition Assessment, Counselling and Support (NACS)**: which includes improving the capacity of the health system to provide nutrition assessment counselling and support services (NACS) to malnourished PLHIV. Partner health facilities provide specialized foods (plumpy nuts and plumpy sup) to PLHIV with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). Community based basic nutrition counselling and follow up is also part of this component. This component is under implementation in Developing Regional States (DRS) of the country i.e., Afar, Somali, Gambella, and Beneshangul Gumuz. WFP also provides household food assistance for NACS beneficiaries in the form of cash or voucher with the view to decrease the sharing of nutritional products.
- **Food assistance for Orphans and vulnerable children (OVC)**: this component has been under implementation in partnership with a national OVC/ HVC project being led by an international NGO called PACT. While implementers of the PACT OVC project provide other psychosocial support, WFP complemented the intervention with food assistance. The food assistance to individual OVC beneficiaries was provided in the form of in-kind food, voucher or cash. Because of a strategic shift by the national Government in 2015 it was difficult to obtain resources to continue this project component beyond mid 2016 at a larger scale and focus was made to paediatric age groups on ART, to improve their ART access, adherence and retention in care
- **Integrating nutrition interventions in PMTCT/EMTCT services**: Food insecure PLHIV who are either pregnant or lactating are provided with food assistance to be compliant to Elimination of Mother to Child Transmission services in addition to community based follow-ups by trained community resource persons. The assistance is in the form of in-kind food, voucher or cash.
- **Improving food security and livelihood at household level (Economic Strengthening)**: This project component is implemented to assist food insecure PLHIV sustainably meet their food and nutrition requirement as a result of improved livelihood. The component is operational in 37 towns / cities located in all regional states of Ethiopia. All ES participants receive a series of trainings intended to build their business and financial management skills. ES participants organize themselves in Village Saving and Loan Associations (VSLAs) which help them to save, take loans and invest in different business activities. The weekly/ bi-weekly VSLA meetings are used as forums to discuss and share experiences on a range of issues including business skills, but also ART adherence, positive living, nutrition, etc. The ES participants are encouraged to start businesses as individuals or by organizing themselves into Production and Marketing Groups (PMG) or Marketing Groups (MG) in accordance with their preferences.
- **Strategic information generation**: a web-based information system called Urban HIV and AIDS information system (UHAIS) was set-up to capture individual level output and outcome data, generate aggregate reports at multiple levels and generate evidences for informed programing and strategic planning. Electronic data are maintained on all services provided at woreda[4] health/ HIV and AIDS Prevention and Control offices. This system is converted to assist the government establish electronic multi sectoral Response Information

[4] The smallest administrative units in urban areas

System which is now owned by the federal government and scaled up to all its structures for information generation.

- Gender, protection, and environment have been thoroughly analysed and mainstreamed as key cross-cutting issues at the design and throughout the implementation period of the project.

28. The major donor for the component is USAID/PEPFAR. Other contributions from Network of Networks of HIV Positives in Ethiopia (NEP+)-primary and later on secondary recipient of the Global Fund and other bilateral and private donors were used as complimentary resources to address more beneficiaries. The total amount of funding received from different sources during the five years project period was nearly 50 million USD (nearly 80% from PEPFAR). The interventions and services delivered in each project area are determined by the respective agreements with the donors and their requirements.

4. Evaluation Approach

4.1. Scope of the Evaluation

29. The evaluation will cover primarily the PEPFAR funded Urban HIV/AIDS Nutrition and food security project, from its start in September 2011 to March 2017. Given that the project was complemented with other donors like NEP+ (Primary and later on secondary recipient of the Global Fund), the evaluation will also look into project activities funded by other donors. As mentioned, the activities of this project are continuations of activities supported by WFP under previous interventions and, as such, this evaluation will also take into consideration evaluations of these past interventions.

30. The HIV/AIDS component is implemented in 89 towns/cities located in all the nine regions and two city administrations of Ethiopia (the list of the towns/ cities in annex 3). Given that the geographic scope is too large to cover in its entirety, the evaluation team, in consultation with the WFP CO HIV/AIDS team, will select a sample of districts and project sites to visit during the field trip, ensuring, to the extent possible, that site visits are as representative as possible. The evaluation team will present, in the pre-mission report, the sampling criteria that the team will use.

4.2. Evaluation Criteria and Questions

31. **Evaluation Criteria** The evaluation will apply the international evaluation criteria of Relevance, Effectiveness, Efficiency, Impact, Sustainability, Coherence, and Connectedness.[5] Gender Equality should be mainstreamed throughout.

32. **Evaluation Questions** Allied to the evaluation criteria, the evaluation will address the following key questions, which will be further developed by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of the HIV/AIDS component of the CP, which could inform future strategic and operational decisions.

33. The evaluation will examine the relevance and appropriateness of the project design in terms of the objectives of the operation. The evaluation will also examine the internal coherence of the project objectives with WFP policies. In terms of external coherence, the evaluation will examine the linkages between the objectives of the project and those of the government, the UN system and other partners and with other interventions in the country. The evaluation will also examine the appropriateness of the planned activities *vis-a-vis* identified needs.

[5] For more detail see:
http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm and
http://www.alnap.org/what-we-do/evaluation/eha

34. In terms of results, the evaluation will review and analyse data to determine the degree to which the stated objectives of the programme have been achieved i.e. establish the effectiveness of the programme and its outcomes. The evaluation will also aim to determine how outcomes are leading (or are likely to lead) to intended and any unintended (positive or negative) impacts. Gender analysis should be included in the findings, lessons, challenges, conclusions, and recommendations of the evaluation.

Table 2: Criteria and evaluation questions

Criteria	Evaluation Questions
Relevance	• To what extent the operations and objectives of the HIV programme consistent with beneficiaries' need, country need, and donors' policies? • Were the approaches and strategies used relevant to achieve intended outcomes of the project/intervention? • To what extent were the interventions aligned with the needs of other key stakeholders particularly government and other actors in the sectors? • To what extent were the interventions respond to the needs of vulnerable groups and women? • To what extent did the scale up of the programme lead to enhanced results to intended beneficiaries including women and vulnerable groups?
Effectiveness	• To what extent did the strategic revision of the programme lead to achievement (or lack of achievement) of the objectives? • What were the major cost and efficiency implications of scaling up the HIV components? • What were the major factors influencing the achievement or non-achievement of the outcomes/objectives of the intervention? • What were the intended or unintended results of the shift from emergency response under the PRRO to a development context under the CP?
Efficiency	• What was the outcome of the additional leveraged funds on achievement of additional results? • Did the Project's implementation mechanism including targeting, service delivery, M&E, institutional arrangements, partnership, etc permit necessary utilization and shifts of resources among objectives and outputs in a timely and efficient way? • Was the programme cost efficient? Was the cost per unit the most cost effective or were there areas where savings could be made to reduce costs?
Impact	• To what extent did the programme's activities contribute to different intended and unintended, positive or negative, macro or micro long-term effects on social, economic, environmental, technical, communities, institutions, etc.? • What were the gender-specific impacts, especially regarding women's empowerment?
Sustainability	• To what extent did the shift from an emergency context under the PRRO to a development context under the CP and the strategic shift of the programme contribute to sustainability of results? • To what extent are the results and positive changes from the project likely to continue after the completion of the project without funding from WFP? • • To what extend do the beneficiaries and implementing partners show ownership the project results and lessons learned and ability to continue with the project without WFP's interventions?
Coherence	• To what extent are the project objectives consistent with WFP policies and normative guidelines? • To what extent do linkages exist between the objectives of the project and those of the government, the UN system, other partners and with other interventions in the country?

4.3. Data Availability

35. In order to compare planned and actual achievements, the evaluation team will use, and corroborate, information provided by the WFP CO and cooperating partners. These data may include financial records, CP distribution reports, process monitoring, etc.

36. The individual level data stored in Urban HIV/AIDS information system (UHAIS), reports (including SPR, and reports submitted to donors), studies on the outcome level results of the project[6] will also be used for the evaluation. UHAIS contains sets of data on 1) the amounts of resources transferred to each beneficiary, (2) baseline and follow-up values for key indicators of ES beneficiaries including changes in standards of living, food security, and poverty status[7]; (3) school enrolment and attendance of OVC beneficiaries; and (4) birth outcomes and HIV status of exposed infants, etc.[8] Finance, procurement and logistics records will also be consulted to obtain additional data on the project performance. In cases where there is paucity of reliable data, the consulting firm is expected to come up with innovative ways of addressing the problem.

37. Concerning the quality of data and information, the evaluation team should:

- The ET should propose a methodology that will include means of obtaining the missing data to ensure completeness of the data during inception. Every means should be sought to get the required data to answer all evaluation questions.
- Assess the effect of data availability and reliability as part of the inception phase expanding on the information provided in section 4.3. This assessment will inform the data collection
- During the evaluation, the ET should systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data.

4.4. Methodology

38.. The methodology for the evaluation will be designed in detail by the evaluation team of selected firm/company during the inception phase. However, each bidding consulting company should indicate clearly the methodology it employs for answering the evaluation criteria and questions in its respective technical proposal as this will be one of the main criteria for selection of consulting company for this evaluation.

39. The methodology to be designed by the evaluation team will include but not limited to the following:

- Using mixed methods (quantitative, qualitative, participatory etc.) and consider developing a theory of change to map the impact pathways and also assess causal- effect relationships.
- The ET should ensure triangulation of information from different sources and methods.

[6] There are few operational studies carried out on different interventions including: 1) the effects of ES on ART adherence, retention in care, quality of life 2) Optimal BMI for entry and exit to NACS 3) the effect of household food assistance on clinical outcomes

[7] Six rounds of follow-up surveys have been carried out covering all first year ES participants to determine the values of these indicators on a bi-annual basis. However, the design has limitation in that it does not have comparison group.

[8] Lack of comparison group and in some instances lack of completeness of the available data are the main challenges to make attribution analysis

- Develop, agree on and apply an evaluation matrix that clearly links evaluation questions with data collection methods etc and takes proposes data / data collection methods that will address the data availability challenges, the budget and timing constraints;
- Ensure through the use of mixed methods that women, girls, men and boys from different stakeholders groups participate and that their different voices are heard and used;

40. The evaluation team should expound the sampling approach and criteria in its respective technical proposals for the evaluation. Whereas an evaluation team of a selected consulting firm/company will present in detail the sampling approach and criteria to be employed during the inception phase. The sampling and data analysis should facilitate gender disaggregated analysis of findings

4.5. Quality Assurance

41. WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP's evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.

42. DEQAS will be systematically applied to this evaluation. The WFP Evaluation Manager will be responsible for ensuring that the evaluation progresses as per the DEQAS Step by Step Process Guide and for conducting a rigorous quality control of the evaluation products ahead of their finalization.

43. WFP has developed a set of Quality Assurance Checklists for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.

44. In addition, to enhance the quality and credibility of this evaluation, an external reviewer directly managed by WFP's Office of Evaluation in Headquarter will provide:

    - systematic feedback on the quality of the draft inception and evaluation reports; and
    - Recommendations on how to improve the quality of the evaluation.

45. This quality assurance process does not interfere with the views and independence of the evaluation team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.

46. The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in WFP's Directive (#CP2010/001) on Information Disclosure. If the expected standards are not met, the evaluation team will, at its own expense, make the necessary amendments to bring the evaluation products to the required quality level.

5. Phases and Deliverables

47. The evaluation will proceed through the following phases: preparation, inception, data collection and analysis, report, dissemination and follow-up. The deadlines for each phase are as follows:

- Pre-contract meetings - 13 - 20 January , 2017
- Signing of contract – 23 – 27 January, 2017
- Inception Phase (inception meetings, refining methodology, developing data collection instruments, preparation of inception report, and also review and endorsement of inception report/package – 30 January – 13 February, 2017
- Undertaking the evaluation (data collection, analysis, draft report preparation, submission of draft report) 14 January – 17 March, 2017
- Aide-memoire or debriefing on evaluation process, findings and recommendations- March 14, 2017
- Review of draft report and provide feedback – 15 – 20 March
- Final Draft Evaluation Report (Incorporate feedback and submit final draft evaluation report)- March 21 - 24, 2017
- Dissemination and follow-up - March 27, 2017 -.....

48. The following deliverables are expected from the evaluation team:

i. **Technical and financial proposal**: the competing firms should prepare and submit technical proposal that includes but not limited to the following components: profile of the firm, proposed methodological approaches, timeline for the evaluation, composition and expertise of the evaluation team (curriculum Vitae to be annexed), proposed coordination and management, past performances (proof may be asked if required), etc. A separate financial proposal which clearly puts detailed breakdown of the proposed cost for the evaluation undertaking should also be submitted.

ii. **Inception report**: This report focuses on methodological and planning aspects and will be considered the operational plan of the evaluation. This report will be prepared by the evaluation team leader before going to the field. It will present the evaluation methodology; the sampling technique; evaluation matrix showing how each question will be answered; data collection tools and sources of data. It will also present the division of tasks amongst team members as well as a detailed timeline for the evaluation mission and for stakeholders' consultation. The inception report will provide the CO and the evaluation team with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.

iii. **Aide-memoire or debriefing power point**: The presentation will present the key findings, conclusions and recommendations of the evaluation. The ET will make the presentation to participants from WFP Ethiopia country office, the Government of Ethiopia, PEPFAR and other relevant stakeholders

iv. **Evaluation report:** The report will present the findings, conclusions and recommendations of the evaluation. Findings should be evidence-based and relevant to the evaluation objectives. Data will be disaggregated by sex and the evaluation findings and conclusions will highlight differences in results of the intervention. There should be a

logical flow from findings to conclusions and from conclusions to recommendations. Recommendations will be limited in number, actionable and targeted to the relevant users. These will form the basis of the WFP management response to the evaluation. The draft of the evaluation report will be shared via e-mail and will be worked into the final report to reflect comments provided.

v. **Evaluation brief** – A two-page brief of the evaluation will summarize the evaluation report and serve to enhance dissemination of its main findings.

6. Organization of the Evaluation

6.1. Evaluation Conduct

49. The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP evaluation manager. The team will be hired following agreement with WFP on its composition.

50. The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the code of conduct of the evaluation profession.

6.2. Team composition and competencies

51. The evaluation team (ET) is expected to include three members (the number may increase or decrease based on the level of expertise the evaluators possess), including the team leader and international (or a mix of national and international) evaluator(s). To the extent possible, the evaluation will be conducted by a gender-balanced with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the TOR. It is recommended that at least one team member should have WFP experience.

52. The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in the following areas:

- Public health/HIV and AIDS programmes
- Nutrition programs in the context of HIV and AIDS
- Social safety nets programmes in the context of HIV and AIDS
- Economic strengthening programmes in the context of HIV and AIDS
- Evaluation design methodology
- Gender expertise / good knowledge of gender issues
- All team members should have strong analytical and communication skills, evaluation experience and familiarity with Ethiopia.
- Familiarity with the approaches, rules, regulations of the donors, particularly that of USAID/PEPFAR
- Proficiency in English is a necessity. The Evaluation Report and the Summary Report will be drafted and finalized in English.

53. The Team leader will have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent English writing and presentation skills.

54. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the

evaluation team; iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

55. The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.

56. Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s).

6.3. Security Considerations

57. As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.

58. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:

- The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
- The team members observe applicable UN security rules and regulations – e.g. curfews etc.

6.4. Ethical Considerations

59. While conducting the evaluation, the ET should carefully consider any harm that may result from an evaluation, and take steps to reduce it. Everyone who participates in the evaluation should do so willingly (informed consent). Attention should also be made in order to keep the confidentiality and safety of the participants.

7. Roles and Responsibilities of Stakeholders

60. **The WFP Ethiopia**

a- The **Management of WFP Ethiopia (Director or Deputy Director)** will take responsibility to:

- Assign an Evaluation Manager for the evaluation:
- Approve the final TOR, inception and evaluation reports.
- Ensure the independence and impartiality of the evaluation at all stages,
- Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the Evaluation Manager and the evaluation team
- Organise and participate in two separate debriefings, one internal and one with external stakeholders
- Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations

b- Evaluation Manager:

- Manages the evaluation process through all phases including drafting this TOR
- Ensure quality assurance mechanisms are operational
- Consolidate and share comments on draft TOR, inception and evaluation reports with the evaluation team
- Ensures expected use of quality assurance mechanisms (checklists, quality support
- Ensure that the team has access to all documentation and information necessary to the evaluation; facilitate the team's contacts with local stakeholders; set up meetings, field visits; provide logistic support during the fieldwork; and arrange for interpretation, if required.
- Organise security briefings for the evaluation team and provide any materials as required

c. Evaluation Committee (EC*):*

- EC will be established comprising members drawn from relevant WFP units and sections (VAM, programme, procurement, and logistics).
- The EC provides input into the evaluation process and comments on the evaluation products. It is a key mechanism for independence and impartiality

61. **Evaluation Team (ET):**

- Carry out desk review.
- Draft inception report (containing the methodology) and share it with the Ethiopia CO evaluation team for comments.
- Finalize inception report, incorporating relevant comments.
- Conduct field visit/ research (interviews, observation, etc.).
- Ensure that all aspects of the TOR are fulfilled.
- After approval from evaluation team, submit / present preliminary findings to the members of the evaluation team
- Draft evaluation reports (template report, typographic styles and UN spelling)
- Finalize evaluation report on the basis of comments received

62. **The Regional Bureau,** RB management will take responsibility to:

- Assign a focal point for the evaluation.
- Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as relevant.
- Provide comments on the draft TOR, Inception and Evaluation reports
- Support the Management Response to the evaluation and track the implementation of the recommendations.

63. **Relevant WFP Headquarters divisions** will take responsibility to:

- Discuss WFP strategies, policies or systems in their area of responsibility and subject of evaluation.
- Comment on the evaluation TOR and draft report.

64. **Other Stakeholders (Government, NGOs, and UN agencies)** will avail themselves to meet with the evaluation team and to provide them with data and information that will further the objectives of this evaluation.

65. **The Office of Evaluation (OEV).** OEV will advise the Evaluation Manager and provide support to the evaluation process where appropriate. It is responsible to provide access to independent quality support mechanisms reviewing draft inception and evaluation reports from an evaluation perspective. It also ensure a help desk function upon request from the Regional Bureaus.

8. Communication and budget

8.1. Communication

66. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders.

67. As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report.

8.2. Budget

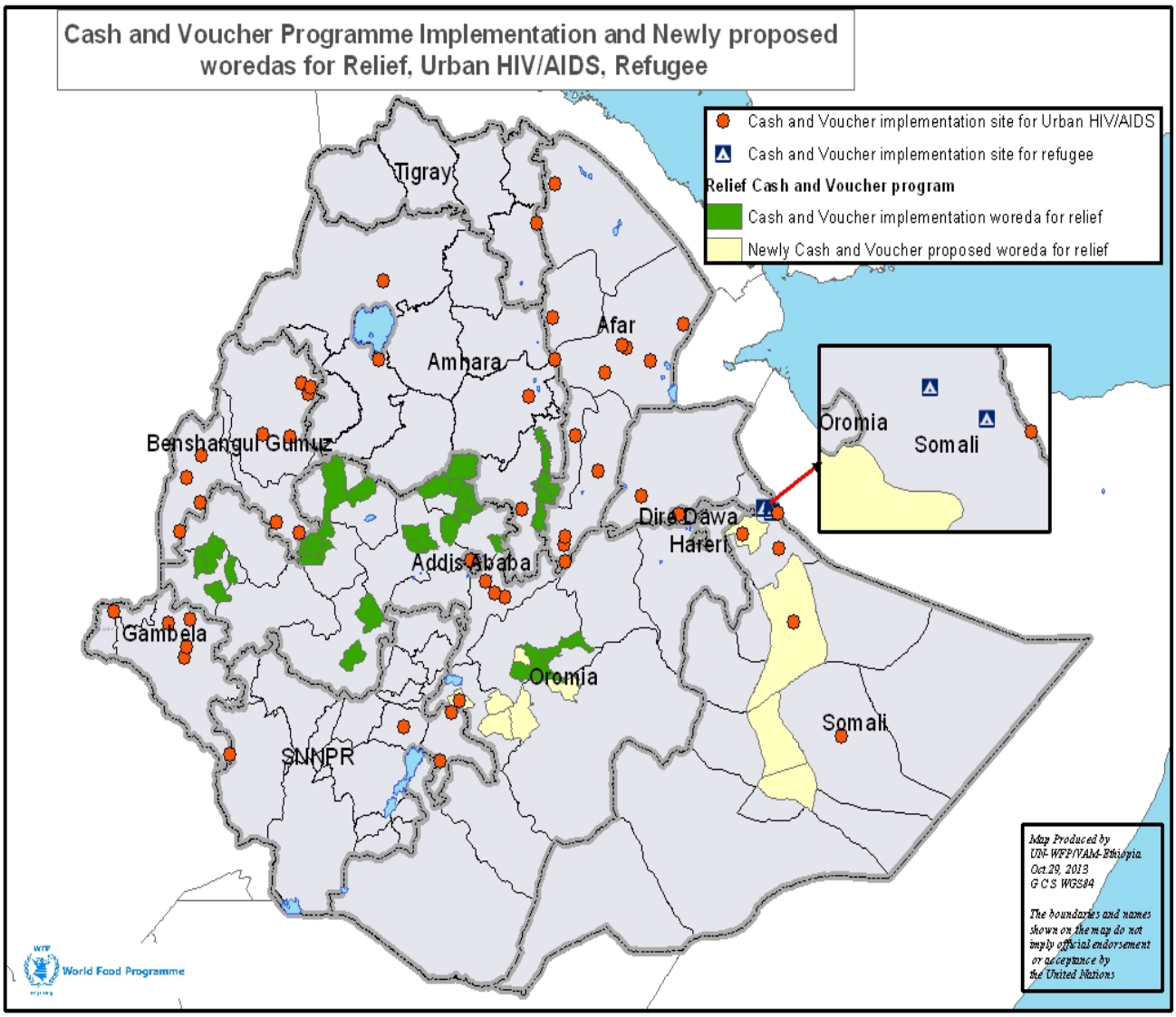
68. For the purpose of this evaluation, the evaluators will be identified through a tender process, in which case the budget (with detailed breakdown) will be proposed by the applicant using. The budget to be proposed should include all costs including local and international transportation, field work, local translators, etc. Attached is a generic template for submission of the proposed budget which can be modified by the firms as needed.

Evaluation cost submission template

Please send any queries to

- Ms. Sibi Lawson-Marriott, Head of Program, E-mail: Sibi. Lawson-Marriott@wfp.org, Tele +251115172400
- Dr. Meherete-Selassie Menbere, Team Leader, E-mail: meherete-selassie.menbere@wfp.org,Tele: +251115172491 (Office)
- Tsegazeab Bezabih, M&E Officer E-mail: Tsegazeab.Bezabih@wfp.org Tele: +251115172492 (Office)

Annex 1 Map


Cash and Voucher Programme Implementation and Newly proposed woredas for Relief, Urban HIV/AIDS, Refugee
Cash and Voucher implementation site for Urban HIV/AIDS
Cash and Voucher implementation site for refugee
Relief Cash and Voucher program
Cash and Voucher implementation woreda for relief
Newly Cash and Voucher proposed woreda for relief
Tigray
Afar
Amhara
Benshangul Gumuz
Dire Dawa
Hareri
Addis Ababa
Gambela
Oromia
Somali
SNNPR
Oromia
Somali
Map Produced by
UN-WFP/VAM-Ethiopia
Oct.29, 2013
G C S WGS84
The boundaries and names shown on the map do not imply official endorsement or acceptance by the United Nations
World Food Programme

Annex 2 Evaluation Schedule

	Phases, Deliverables and Timeline	Key Dates
Phase 1 - Preparation		
	Desk review, first draft of TOR and quality assurance	August 17, 2016
	Circulation of TOR and review to WFP regional bureau, HQ	August 24, 2016
	Final TOR	**September 30,2016**
	Identification and recruitment of evaluation team	December 23, 2016
	Briefing of Evaluation team leader and provide required documents	December 27,2016
Phase 2 - Inception		
	Review documents and draft inception report including methodology and submit.	December 27- January 13, 2017
	Submit draft inception report	**January 13, 2017**
	Quality assurance and feedback	January 20,2017
	Revise and submit inception report	**January 27,2017**
	Sharing of inception report with stakeholders for information	January 27, 2017
Phase 3 – Data collection and analysis		
	Detailed briefing on the project to be evaluated	**January 30-February 1, 2017**
	Field work	February 5-February 19, 2017
	Debriefing by the evaluation team	February 20, 2017
	Aide memoire/In-country Debriefing	**February 21, 2017**
Phase 4 - Reporting		
	Draft evaluation report	February 21- March 6, 2017
	Submit Draft evaluation report	**March 6, 2017**
	Quality feedback	March 10, 2017
	Submit revised evaluation report	**March 17, 2017**
	Share evaluation report with stakeholders (working level)	March 18, 2017
	Consolidate comments	March 24, 2017
	Submit final evaluation report	**February 24, 2017**
Phase 5 Dissemination and follow-up		
	Dissemination of the evaluation report	March 27-29, 2017
	Follow-up the implementation of the recommendations of the evaluation	March 27, 2017 onwards

Annex 3 List of Project Towns / Cities

Region/ City Administration	Project Town/City	Remarks
Addis Ababa City Administration	All ten sub-cities	
Afar Regional State (21 towns)	Gewane, Melka Werer, Melkasedi, Awash 7 kilo, Asayita, Dubti, Elidar, Mille, Semera, Dalifaghi, Chifra, Kelwan, Yalo, Aba' ala, Berhale, Logia, Afdera, Talelek, Dulecha, Argoba, Handalela	NACS implemented in all towns. ES is implemented only in Gewane, Melka Werer, Awash 7 kilo, Asayita, Dubti, Semera /Logia, Chifra
Amhara Regional State (7 towns)	Bahirdar, Gondar, Dessie, Debreberhan, Kombolcha, Woldiya, and Debremarkos	The food provision component for PLHIV households in Kombolcha, Dembremarkos, and Woldiya tows is primarily funded by NEP+
Beneshangul-Gumuz Regional State (16 towns)	Homashi, Bambassi, Tongo, Kemashi, Menge, Sogi, Bulen, Felegeselam, Pawi, Gelgel Beles, Mambuk, Mankush, Debati, Debreziet, and Oda	NACS implemented in all towns. ES implemented only in Assosa, Bambassi, Pawi, and Gelgel Beles
Diredawa City Administration	Diredawa city	
Gambella Regional State (13 towns)	Gambella, Abobo, Punido, Itang, Meti/Godere, Dima, Methar, Lare, Bonga, Dunshai, Kome, Gogdipatch, Hacanya	NACS implemented in all towns. ES implemented only in Gambella, Abobo, Punido, Methi/Godere, Dimma
Harari Regional State (1 city)	Harar town	The food provision component for PLHIV households is primarily funded by NEP+
Oromia Regional State (6 towns/ cities)	Bishoftu, Adama, Mojo, Shashemene, Nekemte and Jimma towns	The food provision component for PLHIV households in Jimma and Nekemte is primarily funded by NEP+
Southern Nations, Nationalities and Peoples Regional State (4 cities/ towns)	Arbaminch, Hawassa, Dilla, Wolayta Sodo	The food provision component for PLHIV households in Arbaminch town is primarily funded by NEP+
Somali Regional State (16 towns)	Jijiga, Gode, Kebrida, Degahabur, Hartishek, Errer, Togowuchale, Kebribeyah, Ayisha, Dewalle, Hurso, Gadamitu, Warder, Dolo odo, Filtu, Hargelle	NACS implemented in all towns. ES implemented only in Jijiga, Gode, Kebreidhar, Deghabur, and Errer
Tigray Regional State (3 towns/ cities)	Adwa, Axum, Mekele	The food provision component for PLHIV households in Adwa and Axum primarily funded by NEP+

Annex 4: Logframe

Results	Performance indicators	Assumptions
Cross-cutting indicators		
• **Cross-cutting result 1:** GENDER: Gender equality and empowerment improved • As the corporate gender indicators are challenging to measure, the project has the following specific gender indicators: • Proportion of women in leadership positions of project management committees (Target >50%); • Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution (Target: >60%).	Proportion of women beneficiaries in leadership positions of project management committees Target: > 50 (Dec 2014) ◦ Location: Ethiopia ◦ Activity: HIV/TB Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution Target: > 60 (Dec 2014) ◦ Location: Ethiopia ◦ Activity: HIV/TB	
• **Cross-cutting result 2**PROTECTION AND ACCOUNTABILITY TO AFFECTED POPULATIONS: WFP assistance delivered and utilized in safe, accountable and dignified conditions	Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain) Target: 90 (Dec 2014) ◦ Location: Ethiopia ◦ Activity: HIV/TB Proportion of assisted people (men) who do not experience safety problems to/from and at WFP programme sites Target: 100 (Dec 2014) ◦ Location: Ethiopia ◦ Activity: HIV/TB Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain) Target: 90 (Dec 2014) ◦ Location: Ethiopia	

	◦ Activity: HIV/TB Proportion of assisted people (women) who do not experience safety problems to/from and at WFPprogramme sites Target: 100 (Dec 2014) ◦ Location: Ethiopia ◦ Activity: HIV/TB	
Cross-cutting result 3 PARTNERSHIP: Food assistance interventions coordinated and partnerships developed and maintained	Number of partner organizations that provide complementary inputs and services Target: 11 • Location: Ethiopia • Activity: HIV/AIDS Proportion of project activities implemented with the engagement of complementary partners	
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children Food-insecure and malnourished PLHIV and their households, including Orphans and Vulnerable Children (OVC), in urban centers have improved access to HIV prevention, treatment, care and support	MAM treatment default rate (%) • Target: < 15 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas ◦ Source: Secondary data MAM treatment mortality rate (%) • Target: < 3 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas ◦ Source: Secondary data MAM treatment non-response rate (%) • Target: < 15 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas ◦ Source: Secondary data MAM treatment recovery rate (%) • Target: > 75 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas ◦ Source: Secondary data FCS: percentage of households with acceptable Food Consumption Score (male-headed) • Target: 75 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas ◦ Source: Secondary data	• Households engaged in economic strengthening activities as part of the care and support intervention become food-secure • - Adequate and continuous pipeline • - Good pipeline of resources for food vouchers

	FCS: percentage of households with acceptable Food Consumption Score (female-headed) • Target: 75 (Dec 2014) ◦ Location: Ethiopia - HIV/AIDS Intervention Areas ◦ Source: Secondary data	
Outcome SO4.3 Increased access to education and human capital development of orphans and other vulnerable children (OVC) -girls and boys- assisted in formal schools and informal	OVC Attendance rate: number of schooldays that OVC boys and girls attend classes, as % of total schooldays Target: 98 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas	Complementary educational support is provided by partners
Outcome SO4.4 **Improved Adherence to ART**	ART Adherence Rate (%) • Target: 98 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas ◦ Source: Secondary data ART Survival Rate at 12 months (%) • Target: 85 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas ◦ Source: Secondary data ART Nutritional Recovery Rate (%) • Target: 80 (Dec 2014) ◦ Location: HIV/AIDS Intervention areas ◦ Source: Secondary data	Continuous supply of medications available at health institutions - Continuous follow-up of beneficiaries adherence and adherence counseling - Adequate supply of special nutritional products
Output SO4.1 Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries	Number of institutional sites assisted (e.g. schools, health centers etc.), as % of planned Number of women, men, boys and girls receiving food assistance (disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers) as % of planned Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	Government provides adequate counterpart funding on time. - The community members support the school-feeding programme by providing other supplementary food and non-food items. - Local production of Corn Soya Blend is not delayed, hence ensuring timely delivery to schools.

Output SO4.2 Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries	Number of women, men, boys and girls receiving food assistance (disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers) as % of planned Quantity of food assistance distributed, as % of planned distribution (disaggregated by type) Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries (disaggregated by sex, beneficiary category), as % of planned	Adequate supply of special nutritional products - Special nutritional products are easily accepted by beneficiaries - Availability of conducive and feasible outlets for accessing special nutritional products - Beneficiaries linked to economic strengthening activities as part of the care and support intervention become successful
Output SO4.3 Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to OVC	Number of women, men, boys and girls receiving food assistance (disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers) as % of planned Quantity of food assistance distributed, as % of planned distribution (disaggregated by type) Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries (disaggregated by sex, beneficiary category), as % of planned	Uninterrupted food and food voucher pipeline
Output SO4.4 Messaging and counselling on specialized nutritious foods and Infant and Young child feeding (IYCF) practices implemented effectively PLHIV receiving Nutrition Assessment Education and Counselling services	Proportion of women/men exposed to nutrition messaging supported by WFP against proportion planned Proportion of women/men receiving nutrition counselling supported by WFP against proportion of planned	Adequate capacity at health institutions and community level to provide Nutrition Assessment Education and Counselling services

Annex 5 Acronyms

BMI	Body Mass Index
CO	Country Office
CP	Country programme
DEQAS:	Decentralized Evaluation Quality Assurance System
DHS	Demographic and Health Survey
DRS:	Developing Regional States
EMTCT:	Elimination of Mother to Child Transmission
EMTCT:	Elimination of Mother to Child Transmission’
EQAS:	Evaluation Quality Assurance System
ES:	Economic Strengthening
ET:	Evaluation team
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FSW	Female Sex Worker
GF:	Global Fund
HQ:	Headquarters
HVC:	Highly Vulnerable Children
MARPS:	Most at Risk Population
MG:	Marketing Group
NACS:	Nutrition Assessment, Counselling and Support
NEP+	Network of Networks of HIV Positives in Ethiopia
NGO	Non-Governmental Organization
NGO	Non-Governmental Organization
NNP	National Nutrition Programme
NNS	National Nutrition Strategy
OEV	Office of Evaluation
OVC	Orphan and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief (
PLHIV	People Living with HIV
PMG:	Production and Marketing Group
PMTCT:	Prevention of Mother to Child Transmission
PPP:	Purchasing Power Parity

PRRO	Protracted Relief and Recovery Operation
RB:	Regional Bureau
SPM	Strategic Plan for Multi-sectoral Response
SPR	Standard Project Report
TOR	Terms of Reference
UHAIS:	Urban HIV/AIDS Information System
UN	United Nations
UNCT	United Nations Country Team
UNDSS	United Nations Department of Safety & Security
USAID	US Agency for International Development
VSLA:	Village Saving and Loan Association
WFP	World Food Programme