
TERMS OF REFERENCE:

Evaluation of Adolescent Friendly Services Pilot Project

**National Consultancy
In Partnership with the Ministry of Health**

1. Background and Context

With a population of about 74 million people, the registered cases of HIV in Iran are 21,435¹. Since the prevalence in general population is less than 1 % and more than 5% among Injecting Drug Users (IDUs) (up to 18%), It is considered as a concentrated epidemic. In recent years, the epidemic trend has been changing. Although in the first reports, the percentage of transmission through sexual contacts was about 9% of HIV registered cases, in recent years this mode of transmission constitutes about 18% of new cases².

Latest report of Iran to UNGASS reveals that just 15.6% of the male youth and 17.5% of female youth have adequate enough knowledge on HIV, whereas 16.6% of males and 2.8% of females have sex before 18. Only 52% of youth aged between 15-19 have used condom in their last high risk sex.³

Recognizing the youth bulge in Iran, and the heightened vulnerability of young people to high risk behaviors and accordingly HIV and AIDS, since 2005, UNICEF in close partnership with the Ministry of Health has piloted 14 Adolescent Friendly Service (AFS) delivery centres in 7 select cities in Iran. These cities were selected due to their diversity of population, size, access to and quality of health services. The rationale for this choice was to test AFS in different contexts providing relevant evidence and learning for a possible national scale up.

This model incorporates strong youth participation through peer education and youth advisory boards. The purpose of this project is to empower most at risk children and youth to protect themselves from HIV and related risk factors by providing information, prevention education, counseling and referral services in Health Centres⁴ and also creating an enabling environment in the community. Service utilization rate data for 2009 from these pilot AFS centres stands at 11,673 cases. In addition, further 11,210 have been reached through peer educators in the community. Out of the total number of clients who used centre-based AFS

¹ Quarterly report of MoH, HIV report of HIV cases in for first quarter of Iranian Year (20 March – 20 June 2010)

² Quarterly report of MoH, HIV report of HIV cases in for first quarter of Iranian Year (20 March – 20 June 2010)

³ Iran UNGASS report, February 2010, MOH

⁴ Health centres are selected because of their great coverage all around Iran and MOH responsibilities regarding HIV prevention among young people.

in 2009, 4615 are MARCY+W⁵. In 2009, at least 5% of MARCY+W reached by this programme have reported safer behavior change in their sexual practice.

2. Justification

One of UNICEF's strategies, in the context of a middle income country, is introduction of service models – through pilot testing – based on international best practices and adapted to local needs. One such project was the Adolescent Friendly Services, as part of the HIV and AIDs programme that was introduced in 2005. It was expected that by the end of the country programme cycle, the AFS model, if proven successful with positive impact on the target population of the pilot sites, would be adopted by the national counterpart as a national model for delivering important services to young people at risk of HIV and AIDS.

2011 is the last year of the current programme cycle of UNICEF in Iran. Furthermore, the third National Strategic Plan (NSP) on HIV control has been technically finalized. It is expected that it will be approved by the High Council of Health by the end of 2010. Therefore, 2011 is the real starting date of the national strategic plan on HIV response. It is believed that the NSP can be further enhanced by targeting adolescents especially most at risk population of them as one of the key populations. Hence, it is very timely to assess the AFS centres both from impact and performance point of view in order to capture learning and recommendations as input for decision-makers and policy-makers such as the Ministry of Health – CDC (the Centre for Disease Control). The evaluation will also be useful for UNICEF to get a better grasp of its contribution in this and similar pilot projects. The result of the evaluation process will also be useful to other stakeholders such as service providers and volunteers within existing AFS centres as well as donors and partner NGOs.

In addition, as reiterated by MOH in its communication with UNICEF, the Ministry is committed to conducting an evaluation as a necessary step prior to making any decisions about next steps.⁶ Since UNICEF and CDC are involved in the establishment and maintenance of AFS centres, this assessment should be led by unbiased individuals/institution.

Thus, UNICEF and MoH, based on activity 3.3 in the 2010-2011 Adolescent Friendly Services work plan, agreed to “Externally assess AFS project and its results within communities” and to “develop a qualitative and quantitative report on project outcomes and impact”.

It is expected that the actual evaluation will be conducted during the first quarter of 2011. However the planning process will start in the beginning of 2011. The planning phase will be very important as it will provide opportunity for recruited consultants to provide feedback on the data collection and monitoring systems at the AFS centres as well as to prepare the ground for a solid evaluation process. Thus the evaluation project will be comprised of two phases of planning and implementation.

⁵ Most at Risk Children, Youth and Women. This is not a standard global terminology however it was used in Iran in order to factor in family and environment context.

⁶ Letter from CDC to Deputy Representative of UNICEF Iran, registered B/4/27195, dated 5 May 2010.

3. Purpose and Objective(s)

The proposed AFS project evaluation will examine relevance, effectiveness, efficiency, impact and sustainability of the project and approach as a model for service delivery to young people (girls and boys) in the area of HIV and AIDS prevention and counselling.

In this respect, the evaluation will assess the contribution of this UNICEF supported programme to the improvement of the knowledge, attitude and practice of young adolescents in the target communities in addition to reviewing effectiveness and efficiency of various mechanisms, strategies and components of this model (including outreach, service delivery, monitoring, evaluation and data collection system, quality assurance system, staff *composition, lines of accountability, availability of resources, linkages to the community, local/national linkages, inter-sectoral linkages*).

Goals of this evaluation would be covered by answering the following questions:

- To what extent, if at all, has this model been an effective model in addressing HIV-AIDS related needs and healthy practices/behaviour of adolescents?
- To what extent the AFS services have complied with internationally-set criteria?⁷ Has the service been effective, efficient and relevant? What are the strengths and weaknesses of the service?
- What local and national mechanisms and systems need to be in place in order to provide a conducive environment for such services to be more effective and sustainable?
- What is the potential role for government, UNICEF and other stakeholders in this process?
- What is the HIV situation and context in this catchment area?

The consultant will review the Adolescent Friendly Services in Iran from the following points of view:

Note: when referring to young people, it is meant girls and boys in the age categories (10-14, 15-19 and 20-24).

1. Evaluation of AFS project main outcomes:

- 1.1. To what extent has the knowledge, attitude and behaviour of young people improved as per UNAIDS monitoring indicators compared with previous studies and control areas?
- 1.2. What new policies, strategies, services and projects have been developed to address HIV among young people since the project inception?

2. Evaluation of AFS project effectiveness/outcomes:

- 2.1. Have the planned objectives of the AFS centres been achieved?

⁷ http://whqlibdoc.who.int/hq/2003/WHO_FCH_CAH_02.14.pdf

- 2.2. Which interventions were successful in achieving the set objectives and which ones failed to do so?
- 2.3. Which factors explain the success or failure of the AFS centres to achieve its objectives?
- 2.4. What should be done to increase the effectiveness of the AFS centres in future?

To address effectiveness of AFS project, it is proposed to include questions related to:

- Coverage of target group⁸ (such as, access, use and frequency of visits)
- Level and scope of participation of target group in AFS centre activities
- Quality of services
- Community support to AFS centres

3. Evaluation of AFS project efficiency:

- 3.1. Were the AFS centres' components implemented as agreed between Government and UNICEF?
- 3.2. What are the possible cost-saving options within the AFS centres? Are there alternatives to the AFS centres that could yield the same results at lower costs (especially in the context of scale-up)?
- 3.3. What is the cost of each service unit to young people?
- 3.4. What is the optimum cost of each service unit?
- 3.5. What are the advantages and disadvantages of service delivery to young people through AFS centres from the financial point of view (cost/benefit analysis)?

4. Evaluation of AFS project relevance:

- 4.1. Do adolescents consider AFS centres as responding to their needs?
- 4.2. Are the activities and outputs of the AFS centres consistent with their initial intended impact, overall goal, and objectives?

4.3. Relevance to strategic plans:

- 4.3.1. To what extent, the objectives and activities of AFS centres are consistent with the National Strategic Plans (NSP) for HIV control?
- 4.3.2. To what extent, the objectives and activities of AFS centres are consistent with AFHS standard criteria?
- 4.3.3. To what extent, the objectives and activities of AFS centres are consistent and synergistic with other UN agency HIV and AIDS and related initiatives?

5. Evaluation of AFS project sustainability:

- 5.1. How strong is the local ownership of the AFS centres?
- 5.2. How strong is the national ownership of the AFS centres?
- 5.3. To what extent were key local stakeholders involved in the planning and day to day management of the AFS centres?

⁸ Data is to be disaggregated by age and sex, vulnerability and ethnic group if applicable)

- 5.4. Without donor funds, is GoI willing and able to continue having the AFS centres operational?

Further questions can be included related to⁹:

- Sustainability of capacity development initiatives (adolescent/youth but also service delivery and management personnel)
- Sustainability of established partnerships (per catchment area)
- Sustainability of systems that have been put in place (including knowledge about manuals, guidelines, protocols, standards developed through the project as well as their implementation and monitoring)

6. Impact

- 6.1. What do adolescents and partners (including Government) think about whether the AFS centres have affected the well-being of adolescents in the target areas?
- 6.2. Did the AFS centres significantly increase service coverage?
- 6.3. Did the AFS centres improve the well-being status of children and women?
- 6.4. Did the AFS centres strengthen local capacity of institutions and the target populations?
- 6.5. Have there been negative results generated by the AFS centres? How important are these compared to the positive outcomes generated by the programme?
- 6.6. How many Most at Risk Adolescents (MARAs) and at Risk Adolescents (ARA)¹⁰ were absorbed by AFS centres over the course of the project cycle?
- 6.7. How many parents of MARA and ARA were exposed to AFS services?
- 6.8. To what extent has the knowledge, attitude and behavior of MARA and ARA improved based on UNAIDS monitoring indicators compared with previous studies?
- 6.9. To what extent the attitudes and behavior of MARA's and ARA's parents have changed due to AFS activities?

7. Evaluation of AFS project management and governance:

- 7.1. What is the organizational structure of the AFS centres (if different from one to the other, please specify)?
- 7.2. What are the lines of accountability between AFS centres and the Ministry of Health?
- 7.3. What are some of the governance, management and oversight systems (program, operations and communications side) in place within the AFS Centres? How do they function? Is there room for improvement?
- 7.4. What role, if any, do communities and/or target groups have in affecting programming and decision-making within the centres? What functions have been set up for this (if any)?
- 7.5. What are the monitoring and evaluation mechanisms in place? Are they able to effectively monitor the quality of services?
- 7.6. What partnership or referral systems have been established in the

⁹ Consultants will be asked to review proposed questions and develop a comprehensive list of evaluation questions.

¹⁰ At Risk Adolescents

community? What are the lines of communication, if any? Are they effectively functioning?

4. Methodology and Technical Approach

Following methodologies are used for this evaluation:

1. *Desk review:*
Existing information, researches, guidelines, agreements, correspondences and other relevant documents are reviewed and analysed systematically.
2. *Key informant interviews:*
Based on different objectives and questions of the evaluation, different key informants at local and national level should be identified. Different stakeholders should be included in this process including beneficiaries, other UN agencies such as Global Fund and UNAIDS among others. Efforts should be made to ensure gender balance especially at the community-level.
3. *Focus group discussions (FGD):*
Based on different objectives and questions of the evaluation, different FGDs should be held to identify different stakeholders' – especially beneficiaries' – opinions. Gender-specific principles in FGDs would be considered appropriately.
4. *Site visits:*
The consultant should undertake different field visits in order to accomplish interviews and FGD and also for direct observation of the project's catchment areas.
5. *Survey and other quantitative reports:*
The consultant needs to conduct some quantitative researches at field level and also compare the findings with similar communities and situations.
6. *Meta-analysis/data triangulation:*
The consultant will incorporate all the findings from different sources and develop a final holistic report.

5. Involvement of partners and stakeholders

1. Stakeholders of the research are as below:
 - MoH
 - UNICEF
 - Medical Universities
 - External knowledgeable experts
 - Project service providers
 - Health centre service providers
 - Adolescent and youth in catchment areas
 - Peer educators

- Project stakeholders at local level depending on the project situation
- Parents
- Schools
- Other health based centres which are dealing with HIV prevention
- Other UN agencies

2. MoH and UNICEF will facilitate the process of data gathering and evaluation.

6. Activities, Tasks and Time frames

Phase I - Presentation of Proposal

- The consultant will develop a proposal detailing the way in which the evaluation is to be carried out including time-table, the evaluation framework, the proposed tools/methodology, data requirement, and broad final report outline.
- The consultant will form a team for conducting the evaluation and present the CV of each of the individuals who is going to be involved in each technical activity.

Note: UNICEF and MOH will have to approve technical qualifications of all lead researchers prior to the start of all relevant components of the project. It should be reiterated that the selected institute will be responsible for the final product of each research and UNICEF and MOH approval on each individual does not imply the approval of his/her product.

Phase II- Data gathering, compilation and categorization

Data gathering will happen through two routes as follows:

- II a. Data gathering by AFS centres:
Consultant will submit list and format of the data that should be gathered by AFS centres. This data gathering will be supported by an instruction and will be tested two times to ensure the feasibility and accuracy of data gathering process.
- II b. Conducting different qualitative and quantitative research:
Consultant will lead these research processes based on the approved proposal and aforementioned objectives.

Note: UNICEF and MOH will supervise coordination among different components of the project.

Phase III- Draft Reports

The consultant will submit draft results of each component of the research in order to receive feedback UNICEF and MOH. This is to ensure quality of outputs.

Phase IV – Final Analytical Report

The consultant will submit a draft analytical consolidated report based on the results of different steps in the research and data gathering activities to UNICEF and MOH for their feedback prior to finalization.

The consultancy starts in May 2011 (after signature of the contract) and ends by the end of November 2011.

7. Outputs and Deliverables

The consultant provides following deliverables and key research tools based on above-mentioned activities and objectives. All of above will be finalized upon quality review of UNICEF and MOH.

Note: All the protocols and questionnaires of interviews and FGDs (Focus Group Discussions) should be reviewed and approved by MOH and UNICEF

- 7.1. Detailed proposal which includes:
 - Goals and objectives
 - Research questions
 - Research methodology
 - Research steps and components
 - Time table
 - Research team

- 7.2. List of data which should be gathered by AFS and necessary forms and instructions which include:
 - Review of existing data gathering system
 - Report identifying reporting gaps
 - Recommendation – new forms and instructions

- 7.3. Report on gathered data by AFS centres which includes:
 - Review of feasibility and accuracy of gathered data by AFS centres
 - Recommendations – new forms and instructions if applicable

- 7.4. Report of different researches which includes:
 - Table of Acronyms/Glossary of terms
 - Table of content
 - Acknowledgements (if applicable)
 - Executive summary (Since the report is in Farsi, the Executive summary has to be translated into English)
 - Programme description
 - Purpose and objectives

- Material and Methods
- Results and findings
- Discussion
- Lessons learnt and good practices – the latter if applicable
- Recommendations
- Relevant annexes (such as interview list, data collection instruments, ToRs.)

7.5. Final analytical report which includes:

- Table of Acronyms/Glossary of terms
- Table of content
- Acknowledgements (if applicable)
- Executive summary (Since the report is in Farsi, the Executive summary has to be translated into English)
- Programme description
- Purpose and objectives
- Material and Methods
- Results and findings
- Discussion
- Lessons learnt and good practices
- Recommendations on future of the project, possible scenarios of scale-up and integration and phase-in of the government
- Relevant annexes (such as interview list, data collection instruments, ToRs)

8. Management and lines of accountability

The UNICEF HIV Officer and Head of AIDS Control Department of MOH will supervise the consultant on a day to day basis on technical matters whereas HIV specialist, monitoring and evaluation officer of UNICEF Iran country office, monitoring and evaluation team at MENARO and Head of Iran CDC will provide guidance on process and methodology followed.

UNICEF HIV unit and AIDS Control Department of Iran CDC will facilitate the operational requirements and CDC will make formal/informal contacts with stakeholders and officials as necessary.

The evaluation team leader will have the responsibility for the timely production of deliverables. The evaluation team leader will define the type of multi-disciplinary team required and recruit the evaluation team accordingly and for the adequate duration of time, taking into account the various dimensions of the evaluation.

Entire project documents and activities, including proposals, methods, tools and reports and also travels researches could be officialised or happen only after UNICEF and MOH approval.

9. Qualifications and Specialized Knowledge

The institution will introduce a team leader and research core team (including at least 5

researchers) who should be committed to the evaluation. Qualification of the team leader and core researchers team are as follows:

9.1. Team Leader:

- PhD degree in social or health areas
- At least 10 year experiences in the field of research and public health
- Prior engagement in at least 3 evaluation activities
- Strong leadership skills
- Analytical skills
- Experience in participatory research
- Good writing skills
- Familiarity with MoH and governmental organizations delivering social/health services to youth
- Experience in working with UN agencies is an asset
- Familiarity and/or previous research on HIV/AIDS is an asset

9.2. Core team researchers (at least 5 individuals have to be introduced):

- MS degree or higher in social or health areas (at least one of the team members should have PhD degree in bio/statistics)
- At least 5 year experience in the field of research and public health
- Prior engagement in at least 1 evaluation activity
- Good writing skills
- Analytical skills
- Experience in participatory research
- Experience in quantitative and qualitative research methods
- At least one individual has to have experiences in meta-analysis
- Familiarity with MoH and governmental organizations delivering social/health services to youth
- Experience in working with UN agencies is an asset

10. Conditions of Work

The selected consultant will be expected to use his or her own computers. On occasion, and upon prior coordination with the direct supervisor in UNICEF, the selected team members may use the common computer facilities in the UNICEF-Tehran office.

The team members are free to work from home or other office spaces. The project requires field visits. The research institute will be responsible to make all the necessary travel arrangements and costs for the research team and to obtain relevant insurance.

11. Ethical issues:

- All study products, including data and reports, developed in the course of this consultancy are the intellectual property of UNICEF and the MOH of Iran. The consultant may not share these products without the express permission and acknowledgement of UNICEF and the MOH.
- In case any community member is interviewed as a source of data collection or any measurement, obtaining a written consent is necessary prior to data collection. The

consent letters should be handed over to UNICEF and the template for the consent can be attached to the report.