

BRIDGING THE GAPS

Health and rights  for key populations

CALL OF EXPRESSION OF INTEREST FOR THE MID AND END TERM EVALUATION

Launched in 2011, Bridging the Gaps is a key populations programme focused on the health and human rights of lesbian, gay, bisexual and transgender (LGBT) people, people who use drugs, and sex workers worldwide. The programme is implemented in 15 countries, by nine alliance partners: Aidsfonds, Aids Foundation East West (AFEW), COC Netherlands, Global Forum on MSM & HIV (MSMGF), Global Network of People Living with HIV (GNP+), Global Network of Sex Work Projects (NSWP), International Network of People Who Use Drugs (INPUD), International Treatment Preparedness Coalition (ITPC), and Mainline.

The Bridging the Gaps alliance contributes towards realising the programme's goals through the strengthening of civil society organisations and by working at global, regional and local levels on the fulfilment of the rights, and on increased access to prevention, treatment, care and support for key populations. We are looking for an institute to conduct a mid-term evaluation of the programme (between December 2017 and June 2018), and potentially also a closely linked end evaluation (between June 2019 and June 2020). The terms of reference and the qualification requirements are outlined below. **Interested institutes** meeting the qualification requirements are invited to apply and send their expression of interest by **4 October 2017** to Ms. Ellen Eiling eeiling@aidsfonds.nl.

The Following documents need to be submitted:

1. **Expression of interest** (Maximum 3 pages)
 - Explaining why the institute is most suitable for the work, including ideas for scope and methodology;
 - Including a Time-line for doing the research (with deadlines specified per deliverable; the list of deliverables is outlined below under 'Required end results')
2. **Detailed Financial proposal** (Maximum 1 page), including number of days per deliverable, daily rate and clearly stating the total amount (incl/excl VAT) up to a maximum sum of 250.000€ (100.000 for the mid-term, 150.000 for the end-term).
3. **Personal CV** of (max 3) lead researcher(s) (max 2 pages each) including past experience in similar projects and the names and contact details for at least 3 references.

Expressions of Interest must include all documents requested. Proposals not meeting this requirement will be rejected.

The goals of the Mid-Term evaluation

1. **'prove' - Objectively measuring the progress on outcomes:** to what extent and in which ways are we achieving our objectives (with a focus on the medium term outcomes)?
2. **'improve' - Learn and adapt:** learn what goes well and what needs to improvement, where are urgent gaps to address?

Required end results

The mid-term evaluation will result in:

1. a measurement of **the programme's key outcomes**, as well as unexpected outcomes. See Annex 1 for the programme Theory of Change, outlining the main strategies to achieve short, medium and long term outcomes and the long term goals.
2. verification of the programme's **key assumptions** (see Annex 2) on how change occurs and how the programme contributes to the change processes, taking into account all programme levels (local, regional, and global), all strategies applied, and in a variety of contexts.
3. recommendations to further improve specific programme components.

The institute will share the following products:

- Research tools and instruments used to collect data;
- Raw data set, preliminary analysis of data;
- A set of recommendations based on analysis conducted, and formulated together with partners;
- A report based on a minimum of 3 case studies, one in each of the programme regions: Sub-Saharan Africa, Eastern Europe and Central Asia, and South East Asia. It will include a detailed analysis of findings and practice recommendations.

Research Design and Methods

We are seeking proposals that utilize community-based¹, participatory methods to gather, and analyze data and disseminate findings.

Profile of desired research institute and their proposed lead researcher(s)

- Consultants/researchers who express their interest for this call are part of a research /consultancy institute, and are able and willing to commit to a potential second phase of the evaluation (the end evaluation in 2019-2020).
- Has an excellent level of expertise and an existing network in international cooperation, and evaluations of broad, multi-country programmes in particular;
- Has an excellent level of expertise in international cooperation, especially in the field of SRHR/HIV programming for key populations (sex workers, LGBT, people who use drugs), community based programming, and an understanding of programmes operating on multiple levels (global, regional and local level)
- Demonstrates experience working with communities and research institutes in the Global South and is willing to conduct the evaluation in equitable partnership with us as an alliance, as well as with our national and regional partners;
- Has experience with community based research, applying participatory methods and culturally sensitive approaches;
- Is familiar with the work processes of NGOs and CBOs and is capable of translating knowledge from research and evaluation into practice recommendations for programming.

¹ See http://www.communitybasedresearch.ca/Page/View/CBR_definition

- The proposals should include a clear vision, plan and budget for both the programme’s mid-term (due end of June 2018), as well as for their potential role in the programme’s end evaluation (due end of June 2020). The end evaluation should be linked to and build on the mid-term.

Roles and Responsibilities

Research institute – is responsible for planning and implementing the data collection, analysis and reporting, delivering the end-results. The planning, implementation and analysis should be done in close collaboration with alliance partners, country and regional partners and may involve local researchers.

Aidsfonds – will coordinate the study and act as contract partner. Aidsfonds will approve the deliverables, enters into a contract with the research institute, and facilitates the collaboration with a Reference Group.

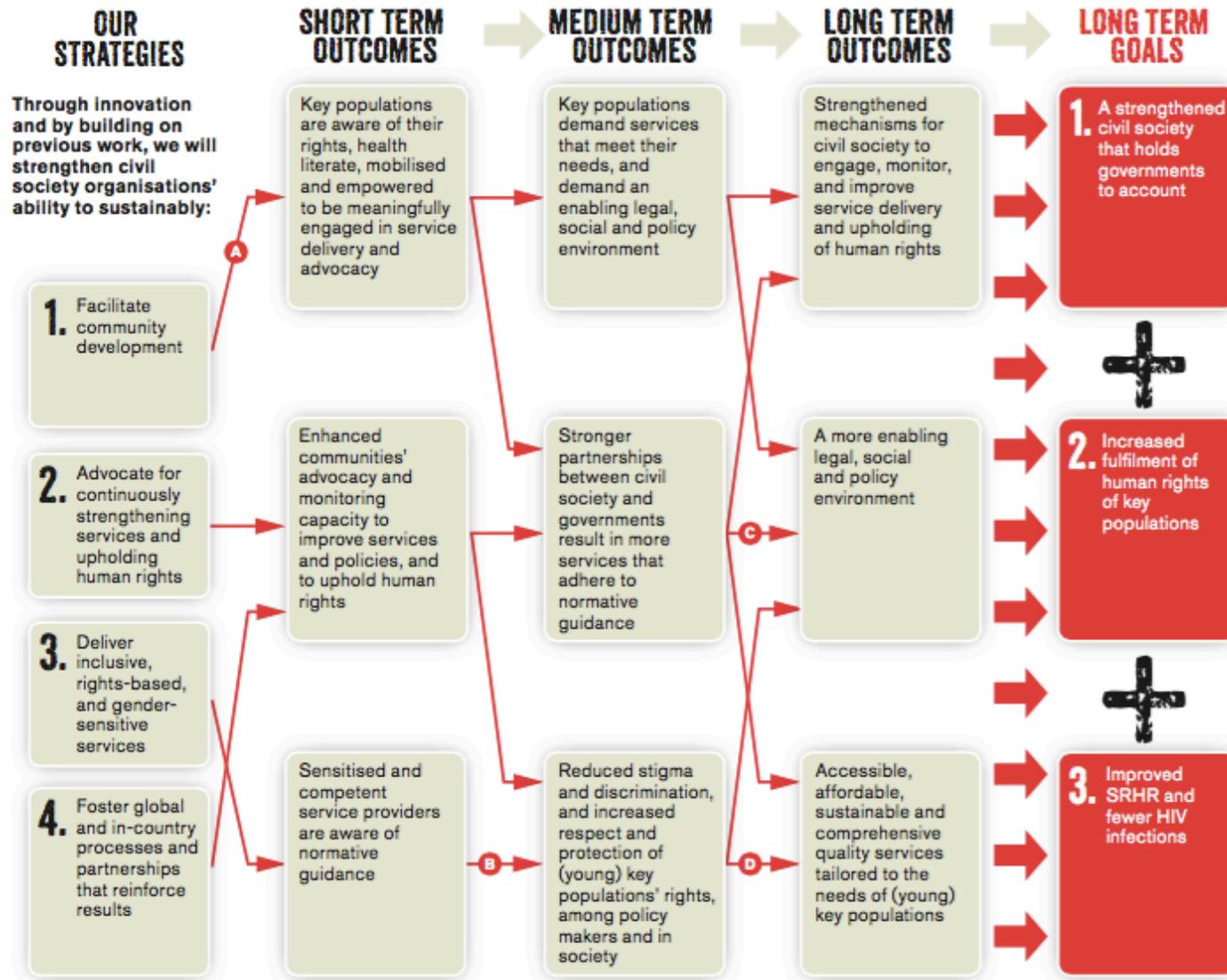
Reference Group – of representatives of the Bridging the Gaps Alliance partners and the research institute (and possibly also of country/regional partners) will be established, to ensure smooth collaboration, continuous alignment of interests and planned evaluation activities. The reference group will provide input for the proposed planning, evaluation framework, interview guide(s), draft report, and the final draft report. Input will be mainly provided through email and calls.

Time frame

The expression of interest must be submitted to the Aidsfonds before noon (12.00 CET) on **4 October 2017**. Shortlisted candidates will be invited to submit a more detailed proposal, and interviews and the final selection will take place in November. The collaboration regarding the development and subsequent implementation of the mid-term evaluation will run from Dec 2017 until July 2018.

When	What
4 Oct 2017	Deadline for Expressions of Interest
6 Oct 2017	Shortlist of candidates based on Expression of Interest
27 Oct 2017	Deadline for submitting full proposals
3 Nov 2017	Selection of evaluation partner
Nov – Dec 2017	Planning meeting(s) with Evaluation partner
Jan – March 2018	Data collection
1 May 2018	Draft Report
Week ending 18 th May	Presentation of initial findings to alliance partners
May – June 2018	Feedback meetings with partners on draft report
1 June 2018	Discuss Final draft report and final clarifications
15 June 2018	Design of final report
29 June 2018	Final report ready for distribution

ANNEX 1. OUR PROGRAMME THEORY OF CHANGE



The three inter-related long-term goals visualised in the Theory of Change of Bridging the Gaps are essential for ensuring the rights and health of key populations². See table below for more information on how the programme aims to contribute to the outcomes and long-term goals.

Our programme focuses on four interrelated strategic areas	Intervention strategies across key populations and organisations to achieve the short, medium and long-term outcomes
<p>1. Facilitate community development We will work directly with communities and the organisations that support them. Building on BtG1, key populations will be involved in designing services, peer education, implementation, and M&E of services.</p>	<p>Essential strategies to facilitate community development:</p> <ul style="list-style-type: none"> • Capacity building (organisational and content); • Meaningful involvement of key population communities through country and regional partners; • Community mobilization and development; • Building networks and strengthening capacity of local partners; • Providing technical assistance.
<p>2. Advocate for continuously strengthening services and upholding human rights We will collaborate with Beat the AIDS Epidemic (Aids Fonds) and PRIDE (COC) to build the capacity of civil society organisations to hold their governments accountable and continuously gather evidence to bolster our advocacy work.</p>	<p>Essential strategies to advocate for continuously strengthening services and upholding human rights:</p> <ul style="list-style-type: none"> • Offer legal support as integral part of services. • Advocacy and lobby to: <ul style="list-style-type: none"> • increase awareness of the needs of and issues important to key populations; • address stigma and discrimination; • address violence against people from key populations and supportive legislation; • increase policy and financial commitment; • work on the decriminalisation of drug use, sex work and LGBT people.
<p>3. Deliver inclusive, rights based, and gender sensitive services We will further innovate current good practices to deliver life-saving services to key populations in combination with capacity building.</p>	<p>Essential strategies to deliver inclusive, rights based, and gender sensitive services for key populations:</p> <ul style="list-style-type: none"> • STI and HIV prevention, testing, counselling, treatment and care services; • Harm reduction services for PWUD; • SRH services; • Improve access to, uptake and coverage of effective and acceptable services; • Sensitization of service providers (addressing stigma and discrimination).
<p>4. Foster global and in-country processes and partnerships that reinforce results We will further develop our considerable expertise to foster collaboration between key population organisations and between global and local organisations to create a coordinated response and ensure that good practices and innovations are shared, replicated and refined. Specific intervention strategies will be developed with country partners in the first half year of 2016.</p>	<p>Essential strategies to foster global and in-country processes and partnerships that reinforce results:</p> <ul style="list-style-type: none"> • Strengthen greater national, regional and global commitment to adequate funding and services; • Conduct research to be used in global and in-country processes and partnerships to show evidence and reinforce results; • Production of advocacy resources utilizing evidence gathered at country level to reinforce results; • Include national partners in global advocacy by inviting them as keynote speakers.

² WHO “HIV Prevention, Diagnosis, Treatment and Care for Key Populations. Consolidated Guidelines, July 2014” Rep. no. WHO/HIV/2014.8. Geneva: World Health Organisation, 2014.

ANNEX 2. KEY ASSUMPTIONS UNDERLYING OUR PROGRAMME THEORY OF CHANGE

1. We can influence service providers to change their attitudes

- Service providers include health care workers, social workers and legal service staff.
- A possible outcome linked to this assumption is “Health care providers demonstrate increased respect for key populations, including young people and those living with HIV”.

2. Representatives of the different key populations and KP-led initiatives (including networks) are willing and able to collaborate (and to engage in activism).

- This assumption is about the collaboration *across* key populations (not KPs coming together as one in their own community) with a focus on the collaboration aspect, rather than the activism part, as these are two separate assumptions
- This is one of the most important assumptions on a programme level as it addresses the linking of KPs.
- A possible outcome linked to this assumption is “KP groups/organisations have built alliances with other organisations/social justice movements that share the same advocacy agenda”.

3. We can influence governments to provide minimum levels of health care.

- An outcome linked to this assumption is “HIV related services are part of broader, long-term national health services”.

4. Civil society organisations become self-sustaining and decrease reliance on external support.

- One of the outcome indicators linked to this assumption is “KPs are meaningfully engaged in the development, provision and monitoring of services for their communities”.