

Statement of Work
USAID/Malawi Evaluation of Johns Hopkins University
Center for Communication Program and Save the Children's
BRIDGE Behavior Change Initiative HIV/AIDS Program

I. PURPOSE

The purpose of this evaluation is to provide USAID/Malawi with an independent mid-term evaluation of its Cooperative Agreement #690-A-00-03-00193-00: **Johns Hopkins University Center for Communication Program (CCP) and Save the Children's BRIDGE Behavior Change Initiative HIV/AIDS Project** (hereafter referred to as BRIDGE Project). BRIDGE Project, which is managed by the USAID/Malawi's Office of Population, Health, and Nutrition (PHN), is a performance based award. PHN will utilize the findings of the evaluation in its determination as to whether to continue funding this activity for years 3 and 4.

When this project was originally conceptualized, USAID/Malawi PHN **Strategic Objective (SO) 8** was to facilitate *Healthier Malawian Families*. BRIDGE Project was designed to support **SO8 KIR8.2 Reduced New HIV Infections** Illustrative Results (IR):

IR 8.2.1: Reduced high-risk behaviors for HIV infection

IR 8.2.2: Increased use of HIV/AIDS prevention practices

However, in 2004 USAID/Malawi's strategic framework was updated. USAID/Malawi PHN SO 8 *Healthier Malawian Families* is now a Mission Goal. In order to achieve this Goal, SO 8 was modified and is now *Increased Use of Improved Health Behaviors and Services*. The IRs were also restructured and BRIDGE Project now supports newly designed IR 8.1: *Behavior Change Enabled*. Consequently, BRIDGE Project is focused on improving updated IR 8.1 indicators:

1. Median age at first sex
2. % of sexually active adults not in a stable relationship who had sex with more than one partner
3. Condom use at last risky sex

BRIDGE Project is currently in its second year of implementation. In the Performance Based/Results Oriented agreement it was determined that additional one-year option periods (up to 2) could be awarded. The decision to exercise the options is contingent upon the successful completion of Year 2 targets, as agreed upon prior to the commencement of the award. This evaluation is a required action under the Performance Based/Results Oriented agreement and it will provide the information necessary to decide whether or not to exercise additional one-year options.

Specifically, this evaluation will provide the basis for USAID/Malawi to:

- Assess the progress of BRIDGE Project towards achieving the results outlined in their workplan;
- Decide whether or not to exercise the option to extend the project into a third year; and, if so,

- Determine whether it would be advantageous to modify approaches to implementing this project, given the resources, time and staff available, in order to better ensure that project results meet USAID/Malawi SO 8 targets.

As a monitoring tool, this mid-term evaluation should be used to evaluate project strengths, weakness and opportunities and to make specific recommendations for future programming/management options to ensure required results are achieved by the project's end.

II. BACKGROUND

Most Malawians (93% of women and 98% of men) have the knowledge necessary to prevent HIV infections; however, a majority does not or cannot engage in these behaviors. When surveyed in the 2000 Malawian DHS, 18% of married men responded that they had extramarital affairs and about 25% of unmarried men had multiple partners in the last year. Furthermore, of those surveyed, only 14% of men and 5% of women reported using a condom during their last sexual encounter. Social stigmas, gender inequalities, poverty and low access to basic services are a few of the obstacles that prevent many Malawians from adopting behaviors that lower their risk of becoming infected with HIV. This situation is especially precarious in “bridge” and “targets of opportunity” populations. “Bridge” populations are those higher-risk individuals who engage in risky behaviors, become infected and then transmit HIV to lower-risk partners. “Targets of opportunity” are those who are already infected or at high risk of infection due to proximity to bridge populations (i.e. youth, commercial sex workers).

In order to encourage Malawians to adopt safer behaviors, the Government of Malawi (GoM) developed a National Behavior Change Intervention Strategy (NBCI). This strategy is supported by USAID/Malawi SO 8. Through strategic planning, the GoM and USAID/Malawi are working together to not only inform Malawians of how to change their behavior, but also how they can act on this knowledge. By addressing and changing the behavior of “bridge” populations and “targets of opportunity,” specifically, and general population, USAID/Malawi hopes to delay sexual debut, increase condom use and decrease the number of sexual partners in order to reduce new HIV infections.

In 2003, Johns Hopkins University Center for Communication Program (CCP) and Save the Children (SC/US) were awarded funding for the BRIDGE Behavior Change Initiative (BCI) Project. The purpose of this project is to aid and coordinate stakeholders as they operationalize and implement the NBCI strategy through a four pillar strategy. This strategy builds the capacity of behavior change agents while coordinating and mobilizing these community and national stakeholders as they implement the NBCI. As stakeholders at the national and community level implement evidence-based behavior change interventions, Malawians will begin to act on HIV prevention knowledge. Outlets like the media, community leaders and national celebrities will model and reinforce changed behavior and support NBCI movements. In this way BRIDGE Project will reduce high-risk behaviors while increasing the use of HIV prevention practices (SO indicators), foremost, in bridge and targets of opportunity populations, but also in the general population. This will, ultimately, reduce new HIV infections.

BRIDGE Project is based in Lilongwe and operates under the leadership of CCP Chief of Party. CCP is leading the project and provides all behavior change technical assistance. SC/US role in the project is to provide technical assistance in grants management and community mobilization.

This project is being implemented in 8 districts: Mzimba, Kasungu, Ntcheu, Salima, Mangochi, Balaka, Mulanje and Chikwawa.

III. CONSULTANCY OBJECTIVES

The evaluation team will assess the progress made to-date in achieving the specific objectives in the agreement and review the programmatic, technical and managerial strengths and weaknesses of all major BRIDGE components by addressing the following evaluation objectives¹. Based on the findings, the team will present results achieved to-date, document lessons learned and present justified recommendations for improved performance.

OBJECTIVE 1: Assess progress made in implementing the project and achieving yearly targets and estimate if project implementation is likely to achieve the end of project objectives. Review the suitability of the project design and effectiveness of BRIDGE Project components in helping community and national stakeholders implement NBCI.

Overall Aim: To establish whether the program activities of the BRIDGE Project are appropriate and effective in moving towards preventing new HIV infections through behavior change initiatives.

1. Review the original assumptions in the project design and assess their validity.
 - a. Are the original assumptions valid?
 - b) Are the original assumptions sufficient to guide appropriate programmatic and technical assistance decisions to achieve required results?
2. Assess whether the BRIDGE Project is meeting its benchmarked activities negotiated in the agreement for Year 2.
 - a) Has the project established reasonable methods for gathering data necessary to monitor progress and indicator data?
 - b) Assess Project Indicators for measuring behavior change. Are Indicators appropriate and/or valid?
3. Assess and analyze the likely effectiveness of BRIDGE Project ability to facilitate behavior change via their four pillar strategies:
 - a. Assess the strengths and weaknesses of each pillar. Is each pillar effectively enabling planned behavior change interventions (and thus behavior change) on individual, community and national levels as planned? If so or not, explain.

¹ The questions presented below are illustrative, reflecting areas of particular concern to the Mission. However, they should not be seen as limiting areas of exploration by the evaluation team.

- b. Is the mix of pillar strategies appropriate and likely to be effective in preventing new HIV infections? Are the right pillars being emphasized and/or utilized?
 - c. Are BCIs technically sustainable? Are community and national implementers gaining the expertise necessary to successfully implement BCI on their own?
 - d. Are identified BRIDGE Project “Unifying Themes” effectively reaching targeted audiences as planned?
 - e. Are BRIDGE Project BCIs reaching “bridge” and “targets of opportunity” populations?
 - f. Does the BRIDGE Project technical assistance reflect quality international and local standards and utilize state-of-the-art technologies?
4. Assess and analyze the effectiveness of BRIDGE Project to facilitate implementation of NBCI.
- a) Assess BRIDGE Project technical assistance in coordinating behavior change interventions. Are community partners implementing effective behavior change interventions in line with NBCI? Are they on schedule/achieving planned results? If not, why?
 - b) Assess BRIDGE Project community mobilization efforts in implementing behavior change interventions in concert with NBCI.
 - c) Assess BRIDGE Project capacity building measures.
 - d) The National AIDS Commission (NAC) and Health Education Unit (HEU) of the Ministry of Health have asked the evaluators to explore the possibility of:
 - i. Increasing BRIDGES national impact
 - ii. Providing more support to national initiatives with less emphasis on “project” activities
 - iii. Undertaking more research
 - iv. Include “gender transformative” elements
- Both NAC and HEU understand that administrative and resource constraints, as well as the need for performance-based, attributable impact, may mitigate against taking up some of these suggestions.

OBJECTIVE 2: Assess the management and coordination of BRIDGE Project.

Overall Aim: To establish the strengths and weaknesses of the BRIDGE Project in terms of project management, coordination and communication.

- 1. Assess and analyze the effectiveness and efficiency of the BRIDGE Project’s organizational system (i.e. administering grants, providing technical assistance, building capacity, liaising with NAC NBCI).
 - a) Has the contractor’s staff composition (in the field and at headquarters), duties and level of effort been sufficient to comply with the project’s requirements?
 - b) Are BRIDGE Project systems and procedures effective in implementing Project interventions? Explain.
 - c) Assess and evaluate the relationship between JHU/CCP and partner Save the Children. Is the relationship fulfilling stated scopes of work?
 - d) Are BRIDGE Project staff equipped to provide state-of-the art, timely TA?

2. Assess whether BRIDGE Project is facilitating synergy, coordination, and information sharing among:
 - USAID/Malawi health team
 - NGOs
 - sub-partners
 - other USAID/Malawi SO8 partners
 - other donors/Government of Malawi
- a) Is BRIDGE Project linking BCIs between these groups? Is there coherence and/or integration of BCIs?
- b) Has coordination and communication between these groups been effective?
- c) Are there opportunities for these groups to obtain information and to provide BRIDGE Project with ongoing feedback on activity implementation?

OBJECTIVE 3: Provide recommendations for improved performance

Overall Aim: To document progress made and provide management/administrative and technical recommendations based on the evaluation findings.

1. Identify inadequacies, gaps or areas that need strengthening, if any, in BRIDGE Project methodology and programming implementation.
2. Identify performance delays against indicators and articulate causes for these delays, and recommend remedial action.
3. What changes, if any, should be considered by USAID/Malawi and/or BRIDGE Project to make the project more responsive to reducing new HIV infections and improving quality and access to HIV-related support services?

IV. METHODOLOGY

IV.I Evaluation Methodology

The evaluation team is expected to propose a detailed methodology for collecting the necessary information and data. The proposal should include a description of how the methodology responds to the above tasks and questions; from whom (and what), and how the data will be collected and analyzed. The methodology should be collaborative and participatory, including partners and key stakeholders (including USAID staff) as much as possible in planning and conducting the evaluation.

The final evaluation design and workplan will be presented to the CTO for comments during the initial meeting with the Mission.

IV.II Arrangement of Meetings:

The Evaluation Team will work under the supervision and guidance of the USAID Cognizant Technical Officer (CTO) for the BRIDGE Project. The CTO will organize all internal USAID meetings.

The CTO will arrange for an initial introductory meeting with BRIDGE Project Directors, NAC and MoH officials. Where necessary the CTO may participate in meetings with the BRIDGE Project Directors and government officials. A general list of stakeholders and key partners will be provided to the Evaluation Team by the CTO at the time of arrival, but the Evaluation Team will be responsible for expanding this list as appropriate and arranging the meetings and appointments so as to develop a comprehensive understanding of the program and services offered through the BRIDGE Project.

The CTO will arrange, at a minimum, the following internal meetings:

1. Pre-evaluation meeting. The evaluation team will hold a pre-evaluation meeting with USAID/Malawi SO 8 team in Lilongwe, Malawi to review the scope of the mid-term evaluation and finalize evaluation methodology, key research questions and the schedule.

The evaluation team will then meet periodically (as necessary) with USAID/Malawi to provide updates on their progress.

2. Mid-evaluation meeting. The evaluation team will hold a mid-evaluation meeting with USAID/Malawi SO 8 team to review progress and to troubleshoot possible obstacles towards completing the evaluation as planned, if necessary. A proposed outline of the report, including draft evaluation findings and recommendations as developed to date, will be presented.
3. Debrief meeting. A debrief meeting will be held at the conclusion of the evaluation. In this meeting the evaluation team will present preliminary findings and recommendations in the format of a draft report that includes all key components of the final assessment report. At this meeting, USAID/Malawi SO 8 team will offer initial feedback. (See “Deliverables” section for further details.)

A second debrief meeting will be held with the BRIDGE Project, MoH and other stakeholders, as identified.

The Evaluation Team is responsible for identifying and organizing any other appointments and meetings that may be required during the course of the evaluation. Where necessary, especially with regards to meetings with government officials, the CTO may assist in arranging some of these meetings. The HPN Team Leader may participate in meetings with the government.

IV.III Background Documents:

Annex 1 provides a detailed list of reports, studies and other documents that the team should review and take into consideration when preparing for and conducting the evaluation. These reports will be collected by the CTO. The evaluation team is expected to collect and annotate additional documents and materials.

IV.IV Field Visits and Stakeholder Interviews:

The program is being implemented in 8 Malawian districts. The team will arrange to visit selected sites in consultation with the CTO and BRIDGE Project Director.

A list of key stakeholders and partners that the evaluation team will interview is included in **Annex 2**. These interviews should be conducted in-person whenever possible.

V. TEAM COMPOSITION AND DESIRED QUALIFICATIONS

The evaluation team will consist of a team leader and 2 technical experts. A representative from the MoH or NAC may be asked to participate as well.

1. **Team Leader/ Senior Evaluation Specialist** should have a post graduate degree in health or an applicable social sciences field. S/he should have at least 5 years senior level experience in behavior change and/or HIV/AIDS and health/population programs. Experience in behavior change in a developing country (preferable countries with high HIV prevalence) is strongly preferred. S/he should have extensive experience in conducting qualitative evaluations/assessments. Excellent oral and written skills are required. The Team Leader should also have experience in leading evaluation teams and preparing project reports of high standard.

The Team Leader will take specific responsibility for assessing and analyzing the organization's progress towards targets, factors for such performance, benefits/impact of the behavior change strategies, and compare with other possible options. S/he will also suggest ways of improving the present performance, if any.

S/he will provide leadership for the team, finalize the evaluation design, coordinate activities, arrange periodic meetings, consolidate individual input from team members, coordinate the process of assembling the final findings and recommendations into a high quality document. S/he will write the final report. S/he will also lead the preparation and presentation of the key evaluation findings and recommendations to the USAID/Malawi team and other major partners.

2. **BCC/Population-based Programming Specialist** should have a post graduate degree in behavioral sciences. S/he should have at least 5 years experience with behavior change communication and population-based programming and HIV/AIDS in developing countries (preferably in countries with high HIV prevalence). Experience with media and written material development targeted towards populations, social marketing, and adaptation of research for national level programming strongly preferred. S/he should be knowledgeable in program assessment and evaluation methodologies in behavior change, HIV/AIDS, organizational and institutional capacity building. S/he should have experience in conducting qualitative evaluations/assessments with extensive knowledge of state-of-the-art strategies for evidenced-based HIV/AIDS programming.

3. **BCC/Community Mobilization Specialist** should have a post graduate degree in public health and/or behavioral sciences. S/he should have at least 5 years experience with HIV/AIDS prevention and behavior change programming targeting specific populations and individuals in developing countries (preferably in countries with high HIV prevalence). Experience in community mobilization, adaptation of research to BCC interventions for high risk groups, and programming focused on individual empowerment and skills building strongly preferred. S/he should be knowledgeable in program assessment and evaluation methodologies in the prevention of HIV. S/he should have extensive experience in conducting qualitative evaluations/assessments focused on informing programming to achieve individual behavior change. S/he should have extensive knowledge of state-of-the-art strategies for evidenced-based HIV/AIDS programming.

VI. RELATIONSHIPS AND RESPONSIBILITIES

The Evaluation Team Leader will report to the USAID/Malawi BRIDGE Project CTO. The other team members will report to the Evaluation Team Leader.

The CTO will be responsible for:

1. Obtaining country clearances for travel.
2. Coordinating/arranging initial meetings with USAID, government and key stakeholders. Follow-up meetings will be coordinated by the Team Leader.
3. Coordinating/arranging initial evaluation-related field trips, interviews and meetings. Follow-up field trips, interviews and meetings will be coordinated by the Evaluation Team Leader.

The evaluation team will be responsible for conducting the evaluation and responding to all points included in this statement of work. The team must submit a report at the conclusion of the evaluation, which provides clear and concise findings, conclusions and recommendations. The evaluation report shall also provide a statement of lessons learned and future directions that may emerge from the exercise.

VII. TIMELINE

USAID/Malawi anticipates that the period of performance of this assessment will be 28 days. This would include preparation days, in-country work in Lilongwe and the districts, and report drafting and finalization. The assessment will begin early 2005.

The following is a sample timeline.

Task/Deliverable	Duration
1. Review background documents & offshore preparation work.	3 days
2. Travel to Malawi	1 day

3. Meet with USAID/Malawi SO 8 team	1 day
4. Information and data collection	15 days
5. Draft assessment report in-country	3 days
6. Debrief meeting with SO 8 team/stakeholders	1 day
7. Depart Malawi	1 day
8. Prepare final evaluation report	2 days
TOTAL # days	28 days

VIII. LOGISTICS

A six day work week is authorized. Local holidays are not authorized. The evaluation team will be responsible for all off-shore and in-country logistical support. This includes arranging and scheduling meetings (with exception to previously mentioned meetings with government and initial introductory meetings and field trips), international and in-country travel (including vehicle rentals), hotel bookings, working/office space, computers, printing and photocopying. A local administrative assistant/secretary may be hired to arrange field visits, local travel, hotel and appointments with stakeholders.

In addition, the Evaluation Team Leader is responsible for draft and final report development, as well as other eligible expenses associated with the completion of the assignment.

IX. EXPECTED DELIVERABLES

1. A proposed timetable for evaluation period.
2. A written methodology plan (evaluation design/operational workplan) during the pre-evaluation meeting (first/second day of arrival).
3. A proposed outline of the report on the findings and recommendations of evaluation with possible issues for discussion during the mid-evaluation meeting (within 2 weeks of arrival in-country).
4. A completed draft of evaluation report to USAID/Malawi for presentation during the debrief meeting that will be held 3 days before departure (using the report format provided in “XI. Reporting Requirements” below).
5. List of all reviewed/cited sources in final report.
6. Any changes to the Scope of Work.
7. A completed and revised final document delivered to USAID/Malawi (after incorporating feedback from USAID/Malawi) a month after the debrief meeting (2 hard copies and a CD Rom).

X. REPORTING REQUIREMENTS

The findings from the evaluation will be presented in a draft report at a full briefing with USAID/Malawi and possibly at a follow-up meeting with key stakeholders.

The format for the evaluation report is as follows:

- **Executive Summary** – concisely state the most salient findings and recommendations (2 pp);
- **Table of Contents** (1 pp)
- **Introduction** – purpose, audience, and synopsis of task (1 pp);
- **Background** – brief overview of HIV/AIDS/ in Malawi, USAID program strategy and activities implemented in response to the problem (particularly in the area of BCC), the BRIDGE Project; purpose of the evaluation (2-3 pp);
- **Methodology** – describe evaluation methods, including constraints and gaps (1 pp);
- **Findings/Conclusions/Recommendations** – for each objective area (17-20 pp);
- **Issues** – provide a list of key technical and/or administrative, if any (1-2 pp);
- **Future Directions** (2-3 pp) ;
- **References** (including bibliographical documentation, meetings, interviews and focus group discussions);
- **Annexes** – useful for covering evaluation methods, schedules, interview lists and tables – should be succinct, pertinent and readable.

The final version of the evaluation report will be submitted to USAID/Malawi in hard copy as well as electronically. The report format should be restricted to Microsoft products and 12-point type should be used throughout the body of the report, with page margins 1” top/bottom and left/right. The report shall not exceed 30 pages, excluding references and annexes.

After the debrief meeting, the evaluation team shall incorporate oral comments received from USAID and stakeholders. Within 2 weeks of receiving oral comments, the evaluation team leader will send 2nd draft to the Mission for final, written, comments. Within 2 weeks of receiving the final comments from the Mission, the Evaluation Team, through the Evaluation Team Leader, shall send the final report: 2 hard copies and a CD Rom.

X. ESTIMATED LEVEL OF EFFORT (LOE)

The bidder will submit a proposed budget indicating salaries, international and regional travel, M&IE, in-country expenses and transportation, report printing and binding and other office supplies and logistical support services (i.e. laptop, battery pack, paper, communication costs) miscellaneous direct costs.

The budget will be based on the following estimated level of effort (LOE):

	Offshore prep work	International travel	In-country information and data collection	Report finalization

Team Leader/ Senior Evaluation Specialist	3 days	2 days	20 days	3 days
Behavior Change Specialist 1	2 days	2 days	20 days	2 days
Behavior Change Specialist 2	2 days	2 days	20 days	2 days
TOTAL LOE	9 days	8 days	60 days	7 days

XII. EVALUATION TEAM SELECTION PROCESS AND CRITERIA

Bidders should submit their proposals to the contracting office no later than 14 working days following release of the Task Proposal Request. These will be forwarded to the USAID/Malawi SO 8 team which will form a selection committee. The committee will review all submissions based on the following criteria:

Criteria	Points
Proposal's likelihood of achieving evaluation objectives	10
Proposal's responsiveness to all elements of the Scope of Work	10
Organizational experience in conducting similar activities (i.e. objective 3 rd party evaluations)	5
Strength of the proposed evaluation team as assessed against Section V. "Team Composition and Desired Qualifications"	75
Total Points Possible	100

ANNEX 1 – Selected list of background materials

1. BRIDGE Project Cooperative Agreement proposal
2. BRIDGE Project workplan
3. BRIDGE Project quarterly reports
4. BRIDGE Project baseline study
5. USAID/Malawi Country Strategic Plan 2000-2005
6. USAID/GoM Strategic Objective Agreement
7. USAID/Malawi Performance Monitoring Plan
8. USAID/Malawi HIV/AIDS Strategic Framework
9. SO 8 Strategic Framework
10. Project Request for Applications
11. 2000 Malawi DHS
12. GoM National Health Plan
13. HIV/AIDS National Strategic Framework
14. National Behavior Change Initiative
15. Behavioral Surveillance Survey

ANNEX 2 – List of Key Stakeholders and Partners

1. Ministry of Health, Health Education Unit
2. National AIDS Commission, Behavioral Change Unit
3. USAID
4. Population Services International
5. Save the Children U.S.
6. other USAID implementing partners as appropriate