

TERM OF REFERENCE
Outcome Harvesting
For Motivational Counselling and PNTT

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List of Abbreviation

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
CR	Country Representative
CRS	Catholic Relief Services
CAA	Community Action Approach
EpiC	Meeting Targets and Maintaining Epidemic Control
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
HoP	Head of Programming
HC	Health Center
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MC	Motivational Counseling
MEAL	Monitoring Evaluation Accountability and Learning
OH	Outcome Harvesting
PC	Provincial Coordinator
PEPFAR	President's Emergency Plan for AIDS Relief
PHD	Provincial Health Department
PLHIV	People Living with HIV
PM	Project Manager
PNTT	Partner Notification Tracing and Testing
PO	Project Officer
PTL	Provincial Team Leader
TA	Technical Assistance

I. EVALUATION BACKGROUND

After HIV was first found in Cambodia in 1991, there was a sharp rise in infection rates, fueled largely by a booming sex industry, leading to a prevalence rate of 2% in 2008. During the last few decades, Cambodia has made significant progress in its HIV responses. In 2020, the prevalence in adults aged 15+ was 0.6% (0.5% for adult ages 15 – 49). Along with the decline in HIV prevalence among the general population, new HIV infections dropped from 2,000 in 2010 to 1,100 in 2020 with incidence rate per 1000 uninfected population 0.07% and 75,000 people living with HIV across all ages in 2020 (AEM-Spectrum 2020). In addition, Cambodia achieved the 2020 Fast-Track treatment targets of 90-90-90, with 84% of PLHIV knowing their HIV status, 99% of those who know their status being on treatment, and 97% of those on treatment being virally suppressed (AEM-spectrum 2020). Deaths from AIDS-related illness also reduced from 4,700 in 2010 to 1,200 in 2020 (AEM-Spectrum 2020).

However, according to UNAIDS Cambodia Factsheets (2020) there are estimated 12,000 PLHIV who remain undiagnosed. To address this gap in knowledge of HIV status and to achieve the national testing and treatment goals of 90-90-90, the national HIV and AIDS program, has applied new strategies including Partner Notification Tracking and Testing (PNTT). PNTT has the potential to improve testing coverage while also identifying people with undiagnosed HIV infection and to break the chain of HIV transmission by offering HIV testing service to persons who have been exposed to HIV and linking them to HIV treatment if positive or prevention service if negative. Successful PNTT will be a big contribution to the achievement of country's goal 95-95-95 and new HIV case elimination by year 2025.

Achieving the maximum outcome of PNTT means index cases being retained in service, agreeing to provide their partner information, and bringing their partner(s) for HIV testing. This work is difficult with complex social and emotional barriers, and CRS has been using the Motivation Counseling (MC) approach in PNTT. MC is a new client-centered communication / interview technique which works to motivate and to support clients/ PLHIVs to overcome individual barriers to change behavior in order to maintain good adherence in services, to understand and accept their HIV status, as well as agree to provide partner information and bring them for HIV testing and enroll to service if positive.

CRS Cambodia began using MC with an initial staff ToT in late 2019 and then started to train counselors to implement MC at ART sites in the following year.

II. PURPOSE OF THE EVALUATION

This evaluation is intended to support CRS and partners to understand the intended and unintended results of MC in order to improve use of MC for increased ARV adherence and PNTT in contribution to new HIV infection elimination by 2025.

The specific focus for this evaluation is two-fold:

1. To understand the intended and unintended impact of the Motivational Counseling (MC) approach in relation to testing (partner of index, including high risk people) and ARV adherence
2. To understand the intended and unintended impact of MC in relation to ART Counselor daily practice with patients

The evaluation will utilize an *outcome harvesting* approach. Data collection tools will include focus group discussions, key informant interviews, and desk review of project data. Data will go through an iterative and participatory process of critical analysis, and the final product will:

- Provide information to help us better understand outcomes of MC.

- Enable us to understand the contribution of MC to PNTT and Counsellor attitudes and behavior.
- Enable us to understand unplanned outcomes from approaches or methodology.
- Enable us to understand better cause and effect within MC methodology to pinpoint what specifically is adding the most value, or not.
- Create valuable learning for sharing in order to improve and scale MC, and also influence key decision makers on MC.

III. INTRODUCTION TO OUTCOME HARVESTING

Based on Ford Foundation guidance, Outcome Harvesting is a method that enables evaluators, grant makers, and managers to identify, formulate, verify, and make sense of outcomes. The method was inspired by the definition of outcome as a change in the behavior, relationships, actions, activities, policies, or practice of an individual, group, community, organization or institution. Using Outcome Harvesting, the evaluators (or *harvester*) glean information from reports, personal interviews, and other source to document how a given program or initiative has contributed to outcomes. These outcomes can be positive or negative, intended, or unintended, but the connection between the initiative and the outcome should be verified.

Outcome Harvesting is a qualitative evaluation method that does not measure progress towards predetermined objectives or outcomes, but rather, collects evidence (“harvests”) of what has changed (“outcomes”) and then, working backwards, determines whether and how an intervention contributed to these changes.

The Outcome Harvesting method consists of six interactive steps:

1. Step 1: Design the outcome Harvesting
2. Step 2: Gather data and draft outcome descriptions
3. Step 3: Engage change agents in formulating outcome description
4. Step 4: Substantiate
5. Step 5: Analyze and interpret
6. Step 6: Support use of finding

Outcome Harvesting typically asks the following open questions:

1. What were happened?
2. Who did it (or contributed to it)?
3. How did it happen?
4. How do we know about this? Is there supporting evidence?
5. Why is this important?

VI. EVALUATION METHODOLOGY

The outcome harvest will be formulated by different stakeholders include Change Agents, Social Actors, Harvest Users and Harvesters. The table below describes the role and members of each party.

Role	Definition	Who?	Key Stakeholder Responsibilities (in the evaluation)
Change Agent	Individual or organization/ institution that influences an outcome	ART Team Leader PASP CRS staff (HIV Provincial Coordinator) CAA/Counsellors team	<p>CRS HoP</p> <ul style="list-style-type: none"> - Review and approve TOR - Review and approve data collection tools - Review the draft outcome description and contribution - Provide inputs for outcome analysis and interpretation - Review and approve final report <p>CRS HIV PM</p>
Social Actor	Individual, group, community, organization, or institution that changes as a result of a Change Agents intervention.	People Living with HIV (PLHIV), their partners and families	<ul style="list-style-type: none"> - Support review of TOR for the evaluation - Engage with National HIV Program for their participation - Review and feedback on outcome descriptions - Participate in finalizing the evaluation report - Share final report with relevant stakeholders <p>CRS Senior MEAL Officer (support by MEAL Technical Lead)</p>
Harvest User	The individual(s) who require the finding of an Outcome Harvest to make decisions or take action.	CRS Management And relevant implementers	<ul style="list-style-type: none"> - Be responsible for planning, overseeing, and coordinating the overall evaluation process - Lead on TOR development - Manage consultant recruitment process - Manage consultancy, ensuring quality and timeliness of work - Work alongside consultant team to complete the 6 OH steps - Lead coordination between consultant team and other stakeholders for review and input
Harvester	People responsible for managing the Outcome Harvest, often an evaluator (external or internal)	CRS Senior Meal Officer (HIV) CRS Senior Project Officer (EpiC) Consultant Team	<p>Consultant:</p> <ul style="list-style-type: none"> - Conduct desk review - Develop evaluation data collection tools - Facilitate the training on data collection as needed - Lead data analysis - Formulate outcome descriptions - Lead iterative and participatory process across all 6 OH steps, culminating in final evaluation report production.

The method of the outcome harvesting will follow the following steps:

Step 1: Deign the outcome Harvesting:

Harvest user and harvesters identify useful question to guide the harvest. Both user and harvester agree on what information is to be collected and included in the outcome description.

- The information collected need to answer this below question:
 - What are the key outcomes, intended and unintended, positive and negative from MC and what activities and/or approaches contributed or led to these identified outcomes?
- Source of information to answers the harvest question includes:
 - Project documentation: Harvesters will perform a thorough review of project document such as quarterly reports, the data matrix, meeting notes, relevant Standard Operational Procedure and Scope of work of the project.
 - Social Actors: Harvesters will use KIIs, FGDs, and a virtual survey (as needed) as the key methods to collect needed information from Social Actors. The sources will ensure the credibility of data obtained.

Step 2: Gather data and draft outcome descriptions:

- ***Complete needed qualitative data collection from Social Actors:*** Harvesters will use qualitative assessment including focus group discussions (FGDs) and key informant interviews (KIIs) to collect in-depth information about the changes that have occurred in Social Actors and how the Change Agents contributed to these changes.
 - FGD guides and in-depth interview guides will be developed in English, then translated into Khmer and cross-checked for accuracy in terminology. The qualitative tools will be tested during trainings at CRS office and before actual data collection at field.
 - If social distancing due to COVID-19 doesn't allow us to gather for face-to-face group discussion, KII is an alternative option. The KII guideline will be supplemented contents/questions to collect the data expected from FGDs. KII can be conducted virtually through phone or local people friendly apps.
- ***Review all data sources identified in Step 1:*** Harvesters will review all data sources from project documentations and Social Actors, and then refer to the harvest questions to formulate the outcome descriptions.
- ***Draft outcome descriptions and contribution:*** Using these data sources, Harvesters draft an initial description (or explanation) of the outcome and the other dimensions, such as the contribution of the Change Agents, at the level of detail and specificity that were agreed upon during Step 1. The draft outcome description and contribution will be reviewed by CRS's Head of Programs, HIV PM, and MEAL RTA.

Table 1: Qualitative sampling both: KII and FGD (These provinces and ART sampling will be based on the result of MC evaluation).

No	Province	ART Site Name	KII				FGD	
			PHD	ART Site		# PLHIV	# PLHIV family	Group of PLHIV
				# ART Site staff (counselor)	# CAA who response in MC			
1	Province name (TBD)	ART Site1 (TBD)	1	1	1	2	2	1 (FGD)
2	Province name (TBD)	ART Site1 (TBD)		1	1	2	2	1 (FGD)
3	Province name (TBD)	ART Site1 (TBD)	1	1	1	2	2	1 (FGD)
4	Province name (TBD)	ART Site1 (TBD)		1	1	2	2	1 (FGD)
5	Province name (TBD)	ART Site1 (TBD)	1	1	1	2	2	1 (FGD)
6	Province name (TBD)	ART Site1 (TBD)		1	1	2	2	1 (FGD)
7	Province name (TBD)	ART Site1 (TBD)	1	1	1	2	2	1 (FGD)
8	Province name (TBD)	ART Site1 (TBD)		1	1	2	2	1 (FGD)
9	Province name (TBD)	ART Site1 (TBD)	1	1	1	2	2	1 (FGD)
10	Province name (TBD)	ART Site1 (TBD)		1	1	2	2	1 (FGD)
Total			5	10	10	20	20	10 (FGD)

Step 3: Engage Change Agents in formulating outcome description:

Harvesters engage directly with change agents to review the draft outcome descriptions, identify, and formulate additional outcomes and classify all outcomes.

- Harvesters will conduct a brief orientation/training to Change Agents on outcome harvesting to ensure a shared understanding of the concept of outcome among Change Agents informants.
- Participatory reflection meetings among Harvesters and Change Agents will be conducted to review the draft outcome descriptions and to identify additional information to be collected and other dimensions considered necessary for a completed description. If the in-person meetings aren't organized due to the restrictions of Covid, they will be conducted in a virtual format.

Step 4: Substantiate:

Harvesters obtain the view of independent individuals knowledgeable about the outcomes and how they were achieved; this validated and enhances the credibility of the finding.

Step 5: Analyze and interpret:

- Harvesters will organize outcome descriptions through a database in order to analyze and interpret the data and provide evidence-based answers to the harvest questions in Step 1. The data analyzed should be considered of the easy-to-understand data visualization with clear graph.
- At this stage, CRS's Head of Programs (HoP) and Regional Technical Advisor (RTA) will also engage to provide inputs for the outcome analysis and interpretation.

Step 6: Support use of finding:

- Drawing on the evidence-based, actionable answers to the useful questions, harvesters proposed points for discussion to harvest users, including how the user might makes use of finding. The

harvester also wraps up their contribution by accompanying or facilitating the discussion amongst harvest users.

- Harvesters write report and recommendation, ensuring that the information on outcomes is well-formulated, plausible, and verifiable, and then they accurately interpret and make judgments about the relationships among the data so they can answer the harvest questions by drawing conclusions based on evidence.
- A validation workshop with participants from Social Actors and Change Agents may be conducted to validate findings before report finalization.
- The final evaluation report will be shared with Harvest Users and dissemination will take place as described in the below table.
- Harvest Users can use the Outcome Harvesting findings for the purpose of scaling as well as recommendations for future programming.

VII. DATA MANAGEMENT

- **Qualitative data**

In order to ensure the quality of qualitative data collection, all notes will be written in the standard note template and verified by the consultant or the data collection supervisor right after each individual interview or FGD. Notes will be taken on paper, then will be entered into the computer as soon as possible in the form of Excel sheets. If consent from the respondents is obtained, FGDs and KIIs will be audio-recorded. Hard and soft copies of notes and audio recordings will be stored in a secure place or put into OneDrive, respectively. Only authorized persons will be allowed to access these documents. By the end of each day of data collection, a short daily debrief meeting will take place among data collectors to verify notes, discuss good practices and challenges, and propose the solution for improvement in the next days. During debrief meetings, preliminary findings will also be discussed to identify emerging themes and data saturation.

- **Quantitative data (if any)**

Digital data (after entry) will back up in CRS' business OneDrive and both paper-based and digital data will only be accessed by authorized persons (MEAL and HIV program staff).

VIII. EVALUATION REPORT

1. An evaluation report in English should not be more than 20 pages excluding title page, table of contents, and annexes.
 - Title page
 - List of acronyms and abbreviations
 - Table of contents, including a list of annexes
 - Executive summary (2 pages)
 - Introduction describing the MC background (1 page)
 - Statement of the purpose of the evaluation (0.5 pages)

- Evaluation questions and a statement of the scope of the evaluation, with information on limitations (1 page)
 - Overview of the evaluation approach and methodology and data sources (2 pages)
 - Description of the evaluation findings (10 pages)
 - Recommendations based on the Evaluation findings (1.5 pages)
 - Lessons learned and good practices based on the Evaluation findings (1.5 pages)
 - Appendices (complete list of MC outcomes, included intended, unintended, direct and indirect outcome)
2. Final summary PowerPoint presentation of the evaluation to be shared with related stakeholders (English and Khmer)

IX. SCHEDULE AND TIMELINE

ACTION STEPS	PERSON RESPONSIBLE	EST. # OF DAYS NEEDED TO COMPLETE*	TARGET COMPLETION DATE
Preparation			
TOR drafted	MEAL Specialist		31-Dec-21
TOR reviewed and comment	HoP		3-Jan-22
Revised ToR based on comment	MEAL Specialist		25-Jan-22
TOR reviewed and approved	HoP		27-Jan-22
Consultant recruitment	HR/Procurement	22 Days	1 Ap- 6 May 22
Interview and Final	HR/HoP	5 Days	Btw 10-11 May-22
Step 1 Design the Outcome Harvest			
Attend orientation of project review scope of work to consultant	MEAL specialist / MEAL Technical Lead	0.5 day	17 May 22
Desk review	Consultant	1.5 Days	17 - 18 May 22
The evaluation tools developed	Consultant	2 Days	19-20 May 22
Tool training conducted for data collectors and tool testing.	Consultant	1.5 Days	23-24 May 22
Step 2 Gather data and draft outcome descriptions:			
Data collection and entry: qualitative and quantitative	Consultant, data collectors	10 Days	25 May – 7 June 22
Outcome descriptions formulated and finalized	Consultants	2 Days	8-9 June 22

ACTION STEPS	PERSON RESPONSIBLE	EST. # OF DAYS NEEDED TO COMPLETE*	TARGET COMPLETION DATE
Step 3 Engage change agents in formulating outcome description:			
Orientation on outcome harvest for Change Agents (PM, PTL, PC conducted)	Consultant	1 Days	15 Jun 22
Draft outcome descriptions reviewed by Change Agents (PM, PTL, PC)	Consultant	1 Days	16 Jun 22
Participatory reflection meetings including preparation	Consultant	1.5 Day	17-18 Jun 22
Step 4 Substantiate:			
Data Validate (verification)	Consultant	1 Day	23 Jun 22
Step 5: Analyze, Interpret, Use			
Evaluation Report drafted	Consultant	3 Days	29 Jun – 1 July 22
Respond and address to comment from CRS, and relevant implementors	Consultant	1.5 Days	14-15 July 22
Reporting Finalized	Consultant	0.5 day	29 July 22
TOTAL Number of Days for Consultant		27 Days	

X. REQUIREMENTS FOR CONSULTANT

X.1. Consultant Deliverables

- Work plan (English) for data collection, analysis, and final report writing.
- Data collection tools (English and Khmer)
- Conduct data collection (primary and secondary)
- KII/FGD notes (Khmer) (and survey data if any), and audio records (if any)
- Qualitative data matrix as per CRS' template (English and Khmer)
- A summary of outcome descriptions formulated to circulate to key actors (*Change Agents*) for review (English and Khmer)
- A draft evaluation report as per outline approved by CRS (English)
- A final evaluation report in English, considering suggestions and changes recommended during the review/validation process approved by CRS; (English)
- Final PowerPoint presentation of the evaluation to be shared with related stakeholders (English and Khmer)
- The consultant will follow the process and steps of the outcome harvest approach, designed by CRS.

X.2. Consultant work relation:

- Consultant will accomplish the assignment under supervision of MEAL Technical Lead. For day-to-day work, the consultant will be working closely with CRS MEAL and Partnership Specialist, Mr. Touch Bona.

X.3. Qualifications and Experience Required of External Consultant

- Strong knowledge and experience in relevant field (social sciences, behavior change communication, public health) in Cambodia.
- Experience of leading evaluations of behavior change interventions required
- Demonstrable expertise in designing and conducting qualitative and quantitative evaluations and impact assessments.
- Experience with outcome harvesting methodology is desirable.
- Excellent and demonstrable skill in participatory monitoring and evaluation methodologies and approaches.
- Fluent in oral and written in Khmer
- Strong written and spoken English
- Experience working with and engaging vulnerable groups in evaluations
- Excellent report writing skill, in English and in Khmer.
- Excellent critical thinking and interpersonal communication skills.
- Ability to work under pressure, as an individual and in a team.
- Ability to solve problems and adapt.

X.4. Period of Performance and Consultant Fee

The period performance for the evaluation is expected to be **17 May 2022 to 29 Jul 2022** and estimated at 27 working days. The fee for consultant will be negotiated and applied following CRS Cambodia regulations.

The payment to consultant will be based on the number of working day and can be made in installments against agreed deliverables. The consultant is expected to include in budget necessary cost for travel and accommodation to complete the assignment.

X.5. Application requirements

Institutions and individuals interested to apply are invited to submit your applications via email to Catholic Relief Services (CRS).

Applications should include:

- i) Letter of Expression of Interest.
- ii) A tentative work plan with indicative budget (maximum 3 pages);
- iii) CVs of key personnel demonstrating relevant capacity and experience.
- iv) Past evaluation report written by the applicant.
- v) Minimum 2 references for similar assignment