

## Save the Children International

### Terms of Reference for a “Mid-Term Evaluation of DRC Health Signature Programme”

#### I. Context and justification

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Save the Children has worked in the Democratic Republic of Congo (DRC) since 1994 and has a history of delivering high quality, high impact integrated interventions. Save the Children DRC is currently managing a programme portfolio of over 45MUSD, meeting children and their families’ health, protection and education needs in both development and emergency environments. We are already closely engaged with the health authorities and communities through our ongoing health and nutrition work in Nord Kivu and Kasai Oriental provinces.

Deaths among children under five from preventable diseases are the third highest in the world in DRC, ranking only behind India and Nigeria. Indeed, under-five and neonatal mortality rates stood at 104 and 28 per thousand respectively according to the 2013/14 DHS survey. This corresponds to 465 000 deaths of children before their 5th birthday annually. (Source: Acceleration Framework for the achievements of MDG 4 and 5).

To create real change for children we are delivering a continuum of care intervention that places children at the centre and acts as a model for replication throughout DRC. The Signature Programme is engaged in service delivery, improving availability and access to critical commodities and promoting effective health practices. In addition to the delivery of services we are working to improve policy, quality and effective coverage as these are the enabling factors required to ensure success and replication.

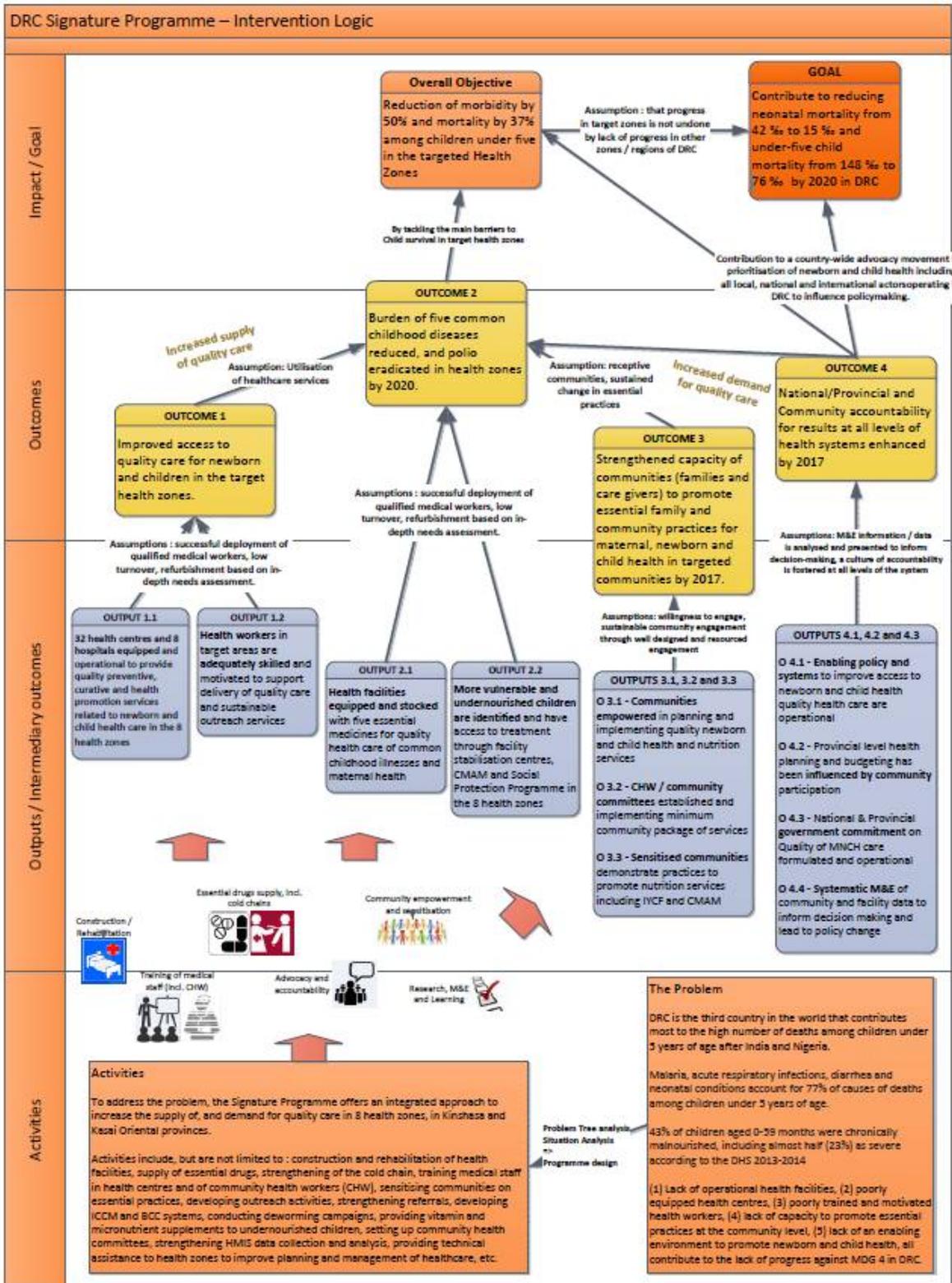
To achieve this, the Signature Programme works with the Government of DRC and partners to develop an integrated family focussed continuum of care approach through an equity focus and contextual programming that applies the provision of 3Es:

- **Essential services:** We will help people access the health services they need – services they are not accessing currently because they live too far from, or can’t afford to visit, health facilities. This includes training and equipping health workers from health centres, referral hospitals and CHWs to provide quality of preventive and curative child health services.
- **Essential commodities:** We will work with the government and the private sector to find solutions to ease long-standing issues in the medicine supply chain and ensure that 32 health facilities and eight hospitals are equipped with the resources, drugs and equipment they need to meet the needs of the children and communities they serve
- **Essential family and community practices:** Working with our trained CHWs we will raise awareness in communities of behaviours which have the potential to save lives. We will work to increase the demand for quality healthcare. Messages will focus on the importance of demanding children’s rights to healthcare and of holding providers accountable. They will increase community members’ knowledge of a wide range of health issues such as the importance of children’s immunisation and basic hygienic practices. We will promote the uptake of vaccines, while working with the government and the private sector to resolve issues in their supply.

This 3E approach will create an integrated package of low cost, high impact and comprehensive community health care, delivered according to Save the Children's Theory of Change, that will lead to a strengthened health system (at all levels of the system).

The Signature Programme offers innovative approaches to enhance the delivery of low cost but high impact interventions in a logistically challenging and fragile context. These include:

- Delivering a selected minimum package that covers the key requirements in services, commodities and practices is an innovative approach that will underpin all activities within the Signature Programme;
- The use of Community health workers as frontline care providers that have capacity to provide essential primary care interventions targeting 85% of the target populations that include newborn and children;
- Engaging with the private sector to identify new solutions to chronic challenges, such as the new and innovative public private investment partnership with GSK;



## II. Purpose of the Mid-term evaluation

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The Signature Programme has been implementing activities in two health zones (Mongafula I and Cilundu) since 2014, and will gradually expand to cover a total of eight health zones by 2020. After nearly two years of implementation, an assessment of the progress achieved to date and the emerging effects of the programme on MNCH in target areas is required. Moreover, as the programme's design and scope have changed since the 2013 baseline was conducted, the latter is only partly relevant, implying the need to undertake a new baseline study in the six health zones not yet supported.

The Signature Programme is committed to commissioning a methodologically robust and independent study to fulfil a dual purpose:

1. **Provide a mid-term evaluation of the Signature Programme in the 4 health zones (16 health areas)** which have been supported since 2013 in terms of access to quality health services and knowledge, attitudes and behaviours pertaining to newborn and child health in these intervention areas.
2. **Establish a baseline across all indicators for the health areas where the programme is expected to expand in 2016.**

## III. Objectives of the study

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The overall objective of the Mid-term Evaluation is to provide an independent assessment with regard to the performance of the project thus far, particularly the extent to which project implementation is delivering the expected results, identify areas of improvements and bottlenecks to strengthening health systems, and provide practical recommendations. The specific objectives are:

- Assess the **relevance** of the SP objectives and core activities and its **coherence** in line with the Kasai Oriental and Kinshasa province's health development plans and priorities;
- Assess the **effectiveness** of the SP's approach in contributing to strengthen the provincial health system and community health system and improving access, demand and quality of newborn and child health in the intervention areas;
- Assess the level of achievement of the SP expected results (**effectiveness & impact**), in particular in terms of accessibility, acceptability and utilization of quality newborn and child health services.
- Assess the level of **efficiency** of the SP compared to the inputs (Competencies of the SP staff, funds, management practices etc.) used;
- Assess the **quality** of the services provided by the SP particularly at the community level and referral health centres;
- Assess the efforts deployed by the SP to ensure the **sustainability** of programme activities;
- Provide key **baseline** data for health areas where the programme is expected to expand in 2016
- Formulate **recommendations** for actions to improve the design and implementation of the current SP and make suggestions for its functional and/or geographic expansion.

## IV. Scope of the evaluation

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It is expected that this study will focus on emerging outcomes of programme activities in the 4 health zones (16 health areas) currently supported, on establishing a baseline for the other target health areas, and on identifying areas of improvement in the programme delivery mechanisms and management processes. The study will be **both formative and summative**: it will provide a robust assessment of

progress to date against key indicators, and it will inform the rollout of programme activities in the new health zones.

## **V. Evaluation design and methodology**

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The proposal should clearly articulate:

- Detailed methodology
- Team composition, profile and capacities
- Statement of experience
- Work-plan and delivery timeframes
- Detailed budget

The methodology will be expected to use an appropriate combination of primary and secondary data, and an adequate mix of quantitative and qualitative research methods.

In particular the following research methods are expected to be considered by the evaluation team (separate or combined):

- Comprehensive desk review
- Secondary data analysis
- A statistically robust Household Survey
- Qualitative research methods (incl. key informant interviews and focus group discussions with beneficiaries and stakeholders)
- An assessment of health facilities and health workers
- Value for Money assessment

The methodology will be expected to demonstrate adherence to the OECD-DAC criteria: Relevance, Effectiveness, Efficiency, Impact, and Sustainability.

Ethical considerations regarding data collection, including confidentiality, Do No Harm approaches and promotion of voluntary participation must be clearly highlighted in the methodology. Planning should take into consideration Ethical Checking Requirements in country.

## **VI. Organisation, roles and responsibilities**

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- **Evaluation team, internal or external, roles and responsibilities, criteria for external consultant(s)/researcher(s).**

The consultant/team will work in conjunction with the Evaluation Steering Committee which includes the Health and Nutrition Technical Coordinator, the Chief of Party and the Health Signature Programme M&E Specialist of Save the Children DRC to finalise the design and inception plan for the survey. Technical support will also be provided by the Senior Impact & Evidence Advisor (SCUK, in London), Senior Child Health and Immunization Advisor (SCUK, in London) and the Regional Health Advisor (SCUK, in Senegal). Within the health zone, the consultant/team will work with enumerators for data collection as well as the field health program manager, local stakeholders, MoH line services, for direction and support, to conduct the survey and to disseminate the baseline findings.

- **Save the Children International's internal organisational set-up for the evaluation, with roles and responsibilities, and approval point including Senior Management Team involvement and other stakeholder involvement**

Save the Children will provide coordination through a steering committee to link the consultant/team of the baseline survey with the project's team. The country office will also provide the consultant/team with relevant documentation. Save the Children will provide venues for meetings and workshops and facilitate coordination with the required stakeholders for key interviews.

Detailed guidelines on how to structure the evaluation report will be provided to the consultant/team prior to commencement of the activity. The consultant/team should conform to the provided format

- Reference documents

The following reports will be shared with the consultant/team for secondary review (this is not an exhaustive list and more documents will need to be reviewed by the evaluation team):

1. National Health Policy, DRC.
2. Strengthening Health System Strategy (second version)PNDS (Politique Nationale du Développement Sanitaire).
3. M&E framework of National Health Development Plan (PNDS)
4. Operational Actions Plans of eight Health Zones (2013, 2014 and 2015)
5. DHS (Demographic Health Survey).
6. SCI DRC country annual report 2014.
7. SCI Project/programme log frame and budget,
8. "Malnutrition in a land of plenty": key findings from research in East Kasai province, the Democratic Republic of Congo a report by ODI

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## **VII. Required profile of the team**

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The evaluation team must demonstrate the following qualifications in order to be eligible for this assignment:

- A recognised university degree in public health, epidemiology, international development, medical anthropology or related social science (at a minimum of masters' level but preferably at doctorate level).
- Knowledge and experience of working in DRC is a requirement.
- At least 10 years' experience in the area of public health and MNCH/Nutrition/HIV health/gender issues both in organisations and in projects.
- Experience in designing and directing the implementation of baseline survey, mid-term and final evaluation projects for complex public health projects or programmes
- Previous experience of qualitative and rigorous quantitative evaluation designs, including quasi-experimental and experimental designs.
- Previous experience of working with children, using participatory child-friendly assessment/research/evaluation methodologies.
- Previous experience of engaging civil society organisations, national partners and key government staff in the development and implementation of assessments/evaluations.
- High proficiency in written and spoken in both English and French.
- A demonstrated high level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
- Experience of working in conditions with limited resources (communications/transportation) and security restrictions.
- Strong interpersonal and communication skills including experience of working within multi-cultural teams.
- Strong analytical skills
- Demonstrable experience of capacity building & training.

The consultant/team must ensure a gender mix in the evaluation team.

## VIII. Deliverables

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- ✓ A short literature review
- ✓ Inception report including a detailed research protocol to be approved by the Steering Committee
- ✓ Draft and final evaluation reports (final report to be submitted in French and in English)
- ✓ A Baseline report for the 2016 target areas
- ✓ At least one interim progress report
- ✓ A final presentation to the Evaluation Steering Group

### Tools and data sets

On submission of the final report, all tools used for collection and management of data collection processes should be submitted together with the final report. This includes the raw data, the data-base which has been cleaned (both qualitative and quantitative, including original field notes for in-depth interviews and focus group discussions, as well as recorded audio material), and other data collection tools.

All data collected during the survey should be packaged in either SPSS format or Microsoft Excel and submitted along with the final report. A simple inventory of material handed over will be part of the record. Save the Children has sole ownership of all final data and any findings shall only be shared or reproduced with the permission of Save the Children.

### Final Report and debrief with programme and management staff

The consultant/team will agree the structure of the final report with Save the Children to ensure coherence with the Signature Programme current thinking. The report should include findings, methodology, recommendations as well as other sections Save the Children feel necessary.

Based on a synthesis of the final report, the consultant will be expected to develop a power point presentation and share the key findings with the Save the Children team in DRC. This feedback workshop will be conducted in French and/or English.

All reports should conform to the Save the Children reporting format, which will be made available to the consultant on signing of the contract. All reports including annexes should be in English *and* French.

## IX. Timelines

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Phase	Activity / Deliverable	Date
Procurement	Receipt of tenders	31 <sup>ST</sup> March 2016
	Selection of evaluation team	14 <sup>TH</sup> April 2016
Inception	Kick off meeting	18 <sup>TH</sup> April 2016
	Inception Report including 1) final methodology 2) desk review 3) research protocols signed off	29 <sup>TH</sup> April 2016
Reporting	Draft evaluation report	1 <sup>ST</sup> July 2016
	Final evaluation report	22 <sup>ND</sup> July 2016



**X. Budget/Resources**

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As part of the expression of interest, interested consultant/team should submit their competitive bid budget and work-plan to undertake this piece of work in line with these terms of reference. The total budget available for this research is £230,000, or circa \$330,000.

Save the Children understands that budget forecast could vary according to the methodology of the study but expects consultants to provide a strong rationale for their forecast. Generally, Save the Children covers the following costs directly: - economy class airfares; in-country accommodation bookings (mid-class hotel, and meals taken in the hotel only); in-country transportation arrangements.

Other expenses in the proposal, and agreed in advance with Save the Children, will be reimbursed upon production of receipts and relevant documentation.

**Schedule of payment**

Please note that the content of the report will be analysed and final payment will only be made upon agreement on the final baseline survey report from the Save the Children.

The following payments will be made to the selected consultant/team using an agreed mode of payment:

- On contract signing: 10%
- After acceptance of inception report: 10%
- After acceptance of first draft final report: 30%
- After acceptance and approval of final report: 50%