Request for Proposals for Final Evaluation of the Access: Infant and Maternal Health (AIM Health) Programme in Five Countries

World Vision (WV) Ireland invites proposals from consultancy firms for undertaking a final evaluation of the Access: Maternal and Infant Health (AIM Health) programme implemented in five countries in east and west Africa, ending December 2015. The last date for submission of letters of intent is July 15, 2015 and that for submission of proposals is July 30, 2015, both by 5PM Irish Standard Time (UTC + 1 hour) of the last date.

1. Program Background

Access: Infant and Maternal Health (AIM Health) is a five-year programme of WV Ireland, funded by Irish Aid and implemented in 10 Area Development Programmes (ADPs) of World Vision, across 5 countries – Kenya (1), Uganda (3), Tanzania (2), Sierra Leone (2), and Mauritania (2). AIM Health implements the "7-11" strategy of WV International, a package of 7 interventions for the mother and 11 for children, which are high-impact and low-cost interventions to reduce mortality and morbidity among mothers, newborns and children[1]. The 7-11 strategy employs three core project models to bring about 360-degree behaviour change at individual, household, community and environmental levels. These models are: community health worker timed and targeted counselling (CHW ttC), community health committees (COMMs) and citizen voice and action (CVA) to improve maternal, newborn and child health (MNCH) in target communities. AIM Health also implements Positive Deviance – Hearth (PD-Hearth) to rehabilitate moderately malnourished children.

The **goal** of AIM Health is to improve MNCH outcomes and reduce infant and maternal mortality rate by 20% in 4 years. Through its interventions, it is expected that children and their mothers are well nourished, protected from infection, disease and injury, and have access to essential health services. AIM Health reaches a total population of 306,804 people across the ten ADPs.

The three project models of ttC, COMMs and CVA are built on evidence-based theory of 360-degree behaviour change, which shows intricate links between individual behaviour and community and sociocultural contexts. CHW ttC reaches mothers and their family members with key messages from the 7-11 strategy through scheduled visits during pregnancy and the first two years of the child's life, and delivers the messages through negotiation and dialogue behaviour change counselling approach. The COMMs model builds capacity of community groups to support MNCH interventions in their communities, specifically through CHW ttC. CVA is community-based advocacy that works

[1] The ADP is a multi-sectoral development program model of WV. Click here for more information about World Vision International and its Area Development Programs and the 7-11 strategy and its three project models: http://www.wvi.org/health/7-11-health-strategy

with COMMs and other stakeholders in communities to identify service and policy gaps and work with relevant structures to address them.

AIM Health runs from January 2011 to December 2015. The first year, also called AIM-Prep, was used to carry out the baseline survey and other initial assessments. Over the past 3 years, AIM Health trained 1,799 community health workers (CHWs) in ttC, which are considered to be fully functional in 2014. There are 1,002 COMM members across the 5 countries, the majority of which have been trained in organizational capacity and in MNCH technical areas. 671 COMM members have been trained in CVA to date, across the 10 ADPs. 273 of the above CHWs have also been trained in PD Hearth, specifically in Mauritania, Uganda and Sierra Leone ADPs.

The results-based framework (RBF) provides the overall monitoring and evaluation (M&E) framework for AIM Health. Outputs help track the implementation of the project models; outcomes track changes at the population level and impact objectives pertain to changes in maternal, neonatal and child mortality. The results-based framework of AIM Health can be found in Annex 1.

2. Objectives and Scope of the Final Evaluation

The overall evaluation framework for AIM Health uses the mixed methods approach, involving quantitative and qualitative methods, to iteratively implement AIM-Health evaluation in each context. This process is to take place over a series of three exercises: a formal baseline (completed in 2012), a mid-term review (carried out June-August 2014), and the Final evaluation, slated for the last quarter of 2015 and early part of 2016 immediately after the completion of the four-year programme. The final report is due to reach Irish Aid by the end of the first quarter of 2016.

The **overall purpose** of the final evaluation will be to measure improvements in maternal and child health and nutrition in the areas where AIM-Health was implemented. In addition, the final assessment of AIM-Health will be used to generate important lessons learned and inform existing and future World Vision programmes using the project models of ttC, COMMs, CVA and PD-Hearth.

The **hypothesis to be formally tested** through the final evaluation is whether or not there are statistically significant changes in reported MNCH and nutrition indicators (pre- and post-intervention comparison). Indicators pertain to two target populations: pregnant women and children under age five.

The **primary questions for the final evaluation** are:

- Did the programme contribute towards any observed statistically significant changes in MNCH and nutrition indicators?
- What is the probable impact on under 5 (with emphasis on neonatal and infant mortality) and maternal mortality based on values from baseline and final assessments and using the mathematical modelling tool called Spectrum LiST (Lives Saved Tool[2])
- What are the possible mechanisms at work behind the programmatic approach and what is the programmatic relevance of each?
- Did the programme have any limitations, risks and threats?

[2] LiST was developed jointly by the Health Policy Initiative of the United States Agency for International Development (USAID), Futures Institute and the Johns Hopkins University Bloomberg School of Public Health. www.healthpolicyinitiative.com/index.cfm?id=software&get=Spectrum

Quantitative assessments will use population-based sampling methods to assess changes in the indicators contained in the RBF over time, and in comparison with baseline levels. Please note that nine individual household surveys and qualitative studies were carried out at baseline and at mid-term[3] covering the ten ADP sites as listed in the table below, and the same is expected for the final evaluation as well. These need to be carried out nearly simultaneously to the extent possible.

Table 1: ADPs Implementing AIM Health

Country	ADP	Total ADP Population	Pregnant Women[4]	Children under five[5]
Tanzania	Mundemu ADP	43,990	4,750	7,478
	Sanzawa ADP	20,530	2,217	3,490
Kenya	Mutonguni ADP	49,055	3,482	7,946
Uganda	Busia (Busitema and Lunyo ADPs)	67,000	8,375	12,730
	North Rukiga ADP	52,887	6,610	10,048
Sierra Leone	Imperi ADP	28,790	2,591	4,951
	Sherbro Island ADP	25,590	2,303	4,401
Mauritania	Mbagne ADP	14.918	1,372	2,207
	Guerou ADP	4,044	372	598

Please also note that the RBF requires data to be disaggregated by age and gender where appropriate.

Qualitative methods will document the probable mechanisms behind observed quantitative changes together with lessons learned, key success factors and likely efficiency characteristics.

LiST will be used to estimate the impact of project interventions and quantify the combined impact of the interventions, in terms of numbers of lives saved, deaths averted and reductions in maternal, neonatal and under-five mortality. ***Please note that this part of the evaluation will be carried out by analyst interns affiliated with Johns Hopkins Bloomberg School of Public Health, and is thus outside the scope of this request.***

The evaluation would ensure community participation through the use of participatory methods. Our objective is to build capacity throughout the entire evaluation process, encouraging the community to take part in the project planning, implementation, evaluation phases, and in generating ownership of maternal and child healthcare in their community. This is best demonstrated through our collaboration with Ministries of Health (MOH), health centre workers, and community health workers during each stage of the evaluation. In the interest of impartiality, MOH staff, CHWs, WV staff and other community members who have been directly involved in the implementation of the programme will not be involved in data collection during the final evaluation, although they are expected to be consulted as participants in key informant interviews, focus group discussions and as respondents to surveys as appropriate.

[33] The baseline survey used two-stage systematic random sampling and households that had a child under 60m of age and/or a pregnant woman were eligible to participate. The mid-term survey used Lot Quality Assurance Sampling (LQAS) and the ADP-level sample sizes varied depending on the number of supervision areas: for pregnant women, children 0-5m and children 6-59m they ranged from 170, 340 and 1,026 respectively in Uganda to 95, 190 and 570 respectively in Sierra Leone.

[4] Taken from the latest Demographic and Health Surveys of the respective countries

[5] As above

WV Ireland and each National Office Programme Quality Teams and National Health, HIV/AIDS and Nutrition Technical Coordinators will issue a management response to the final evaluation, outlining how recommendations will be implemented from an overall perspective and within each context.

National offices will facilitate dissemination of findings from the evaluation with the communities where the programme was located. WV Ireland will present results of the evaluation at the face to face meeting of WV International's Community of Practice for Health, Nutrition and WASH. Widespread dissemination throughout the WV partnership will follow. WV Ireland will also hold joint learning/sharing events held in Ireland following the final evaluation, and with agencies/donors/consortia such as Irish Aid, Dochas, peer organizations, academic institutions and global health networks. Results will also be shared with supporters of WV Ireland and the Irish public.

3. Scope of Services Requested

The consulting agency/firm will design and implement a final evaluation, fully addressing its objectives and evaluation questions and encompassing the full scope of the evaluation and in alignment with the norms and ethics of external evaluations. This includes developing the overall design and detailed protocol for the household surveys and the qualitative study. As mentioned in the preceding section, separate household surveys, and qualitative studies are to be implemented to allow inference of findings to the ADPs served by the project. Meta-analysis of data from the household surveys is not expected.

The agency will provide an inception report that demonstrates correct understanding and interpretation of the objectives and scope of the assignment, explains the methodology (including the sampling design for the household surveys) for the evaluation and gives an action plan with timelines, including plans for identifying, contracting and training data collection and data entry teams and the data management process in each of the five target countries, as well as plans for ensuring community participation.

Following approval of the inception report (specifically the design aspects of the evaluation), the agency will prepare the survey methodology (including a sampling design and its rationale), detailed plan and protocol for collecting, processing and analysing data, along with clear justification, and detailed plans for contracting local data collection and data entry teams. The protocol will also include quality assurance mechanisms for all stages of the evaluation. The agency will present the methodology/design and protocol in a virtual (Webex) meeting with WV Ireland for comments and approval.

WV Ireland will identify a liaison with suitable technical background in each of the five national offices to act as collaborators and facilitators for this evaluation. The agency is fully responsible for data collection, analysis and drafting reports for each of the five target countries.

The agency will provide preliminary data tables to WV Ireland for the interns to carry out the LiST exercise, and incorporate findings from LiST back in the evaluation reports and in the RBF.

The agency will draft a separate evaluation report for each of the five implementing National Offices, and complete the RBF for each. WV Ireland will provide feedback on the drafts and the agency will compile the final reports and a slide deck with key findings, and a programme-wide report, synthesizing findings from all implementing sites.

As part of the qualitative study, the agency will also carry out a confidential feedback from field staff in each of the five countries, using tools such as Survey Monkey™, and include a summary of these findings in the reports. This feedback would include, among others, the overall experience of field staff in implementing/managing AIM Health, specific successes, challenges, limitations and any lessons for future programming cycles.

The agency and WV Ireland will hold weekly Webex updates during the entire assignment.

Responsibilities of WV Ireland:

i. Provide all documents relevant to understanding the AIM Health programme
ii. Designate staff from the five WV National Offices to liaise with the evaluation team
iii. Provide feedback/approve inception report and detailed methodology/protocol, and the staff feedback tool.
iv. Host Webex meetings
v. Carry out LiST analyses using data from the final evaluation and provide LiST reports by country
vi. Provide input to the draft evaluation reports and RBF updates

The selected agency will be required to deliver to WV Ireland the cleaned datasets and data dictionaries. The primary deliverable (final evaluation report and updated results based framework) are expected to be the intellectual property (IP) of the vendor but any external publications that use data collected under this contract are to be considered shared IP between the agency and WV International and must consider a formal process for including WV International as a co-author.

4. Expected Deliverables and Timeline

Activity	Expected Timeline
Submission of Letters of Interest	July 15, 2015
Submission of Proposals	July 30, 2015
Signing of Contract	September 15, 2015
Inception Report	October 1, 2015
WV Ireland Approval of Inception Report	October 9, 2015
Detailed Methodology and Protocol	October 16, 2015
Preliminary Data Tables for all Indicators	December 23, 2015
Draft Evaluation Reports (by country and programme-wide)	January 31, 2016
Draft reports by LiST Analyst Interns	January 31, 2016
Feedback from WV Ireland on reports	February 15, 2016
Final Reports (including LiST findings), RBF updates, slide deck on key findings	February 28, 2016
Formal Response from WV Ireland on findings	March 10, 2016
Final Reports with Responses from WV Ireland	March 20, 2016

5. Management of the Evaluation

The Director, Global Health Programmes will be the agency's primary point of contact in WV Ireland, will provide oversight and direction to the evaluation and host the virtual meetings. Staff members from the Global, Regional and National offices of World Vision will provide technical and managerial input at the various stages of the evaluation. Staff will also be assigned to provide contractual and administrative support.

WV Ireland reserves the right to not award any contract in response to this RFP, or award multiple contracts, or award a contract to an agency other than the lowest bidder.

6. Evaluation Team, Skills and Experience

The evaluation team will consist of a Team Leader and two Evaluation Specialists.

Team Leader

The Team Leader will provide overall leadership for the team. **Key responsibilities** are:

- Lead the design of the evaluation methodology and protocol
- Lead overall coordination of the evaluation process.
- Provide overall thought leadership in developing and consolidating the key evaluation findings and recommendations to WV Ireland.
- Coordinate the process of assembling the findings and recommendations into high quality documents.
- Lead briefing meetings and other communication with WV Ireland
- Communicate any delays or complications to WV Ireland as early as possible to allow quick resolution and to minimize any disruptions to the evaluation.
- Identify and discuss emerging opportunities to strengthen the evaluation as they arise.

Qualifications of the Team Leader:

- Master's degree in public health/nutrition/international development
- 10 or more years of experience in international public health work, with a focus on MNCH and nutrition, behaviour change communication and community mobilization
- Experience in leading complex impact evaluations of large-scale humanitarian programmes with budgets of over US$ 6 Million, at least one of which was in sub Saharan Africa
- Familiarity with evaluation guidelines of EU and Irish Aid
- Experience leading international teams and dealing in a culturally appropriate manner with a range of stakeholders, from high level government officials to community members.
- Excellent analytical, writing and presentation skills
- Excellent written and verbal communications skills required; ability to produce a high quality evaluation report in English.
- Experience working with faith-based organizations preferred

Evaluation Specialists

The team will have two evaluation specialists, and their **key responsibilities** are:

- Draft the detailed evaluation methodology, protocol, survey tools and data entry templates
- Train data collectors, and oversee data collection, data entry
- Carry out analysis and develop evaluation findings
- Develop the draft and final reports and RBF updates

Qualifications of Evaluation Specialists:

- Master's degree in public health/nutrition/international development/statistics
- 10 or more years of experience in the design and implementation of quantitative and qualitative surveys, data management and analysis
- Versed in the use of standard statistical software – SPSS or STATA and the Spectrum software
- Versed in the use of standard qualitative analysis software such as MAXQDA, NVivo or Atlas.ti
- Familiarity with evaluation guidelines of EU and Irish Aid
- Experience leading international teams and dealing in a culturally appropriate manner with a range of stakeholders, from high level government officials to community members.
- Excellent analytical, writing and presentation skills
- Excellent written and verbal communications skills required; ability to produce a high quality evaluation report in English. At least one of the two to have fluency in written and spoken French or Arabic
- Experience working with faith-based organizations preferred

In addition to the above three key positions, the agency will engage the services of its administrative and support staff in carrying out this assignment. Team members should have no conflict of interest in undertaking this assignment

7. Application and Selection Process

Letter of Intent

Please state, in not more than 500 words, the intent, availability and qualification of your agency for this assignment in a signed letter of intent, sent to Nicola_dunne@wvi.org by July 15, 2015 by 5 PM Irish Standard Time (UTC +1 hour).

Technical Proposal

Qualification Summary (2 pages max): Describe your agency's interest and capacity for undertaking this assignment. Include relevant qualifications, skill sets and experience
Evaluation Methodology (2 pages max): Propose a design and methodology that takes into account the objectives and scope of the assignment. Include a high-level work plan with timelines.
Team Members' Profile and Qualifications (2 pages max): Concise abstract of experiences that explains the background and expertise the team members will bring to this project. Include CVs or resumes as attachments.
References: Include a minimum of three references familiar with the quality and reliability of the applicant's work. For each reference include a contact phone number and email address, a brief description of services provided, and the time frame in which services were provided.
Work Samples: Provide two written samples of previous work, at least one of which is an evaluation report.

The technical proposal will be graded as follows:

Component	Marks
Qualification Summary	30
Evaluation Methodology	30
Team Members' Qualifications	40
Total	100

Financial Proposal

Provide full details of your financial offer in US$, including fixed costs and any variable costs, and costs for any value-added services proposed. Indicate the components of your financial offer. The financial proposal will be graded over a total of 100 marks. WV Ireland will contact those agencies that sent letters of intent with budget parameters.

Please email your technical and financial proposals, with a cover letter and the needed attachments by July 30, 2015 by 5PM Irish Standard Time (UTC +1 hour) to Nicola_dunne@wvi.org.

Selection Process

WV Ireland will evaluate technical and financial proposals separately. Financial proposals will be opened only for those applicants scoring at least 80% for the technical proposals.

The final score will give a weightage of 80% to the technical proposal and 20% to the financial proposal.

WV Ireland will contact shortlisted applicants only, for the next stages in the selection process.
