

# Terms of Reference

## Mapping and Scoping Exercise to support an Evaluation of UNICEF's work in HSS

### UNICEF Evaluation Office

#### 1) Overview

The Evaluation Office is planning to evaluate UNICEF's work in the area of health systems strengthening (HSS). Before embarking on that evaluation, the Evaluation Office will conduct a mapping and scoping exercise to inform and guide the work. The exercise will be conducted by a two person team tasked with: (i) mapping HSS programming efforts by UNICEF, (ii) distilling, analysing and defining substantive issues and (iii) developing a set of well-evidence options for the conduct of the planned HSS evaluation.

#### 2) HSS in the UNICEF context

Health systems strengthening is one of three overarching approaches of the newly-developed UNICEF Health Strategy which link UNICEF's actions to its dual goals of ending preventable maternal, newborn and child deaths and promoting the health and development of all children (the other two are addressing inequities in health outcomes and promoting integrated, multi-sectoral policies and programs)<sup>1</sup>. These approaches are viewed as necessary to increase focus and coherence across health programs and should underpin all of UNICEF's programming and engagement in the health sector. In this strategic context, stronger health systems are necessary to reach the most marginalized children and women, to sustain the progress achieved and to increase the resilience of both delivery systems and communities to absorb and recover from external shocks, including public health emergencies and outbreaks.

Through its health programming efforts, UNICEF has made substantial investments in activities to both support and strengthen health systems. These efforts have been implemented in a wide range of contexts with limited commonality of definition, concepts and approaches. In the past, many in UNICEF used the World Health Organization's six health systems building blocks to frame and guide their work. However, the thinking around the building blocks has shifted and agencies, including UNICEF, are re-strategizing their approaches. The current situation is characterized as transitional with a move away from the building blocks and investments supportive of specific programs and towards actions aimed at durable improvements in health services which result in equitable health, nutrition and development outcomes for children.

Recently, UNICEF took steps to discuss and decide on a common definition of health system strengthening as *actions that bring about sustained improvements in the provision, utilization, quality and efficiency of health services, broadly defined to include family care, preventive services and curative care, and that produce equitable health, nutrition and development outcomes for children, adolescents and women*<sup>2,3</sup>.

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<sup>1</sup> UNICEF. UNICEF's Strategy for Health 2016-2030. 2015. Programme Division.

<sup>2</sup> Ibid.

<sup>3</sup> UNICEF. The UNICEF approach to HSS: a synopsis. HSS Unit, Health Section, Programme Division. No date.

HSS actions may also address the wider health system through drivers such as policies, governance, financing, management, implementation capacity, behavior and social norms and nations’ participation in initiatives designed to maintain national and global health security.

UNICEF’s new approach to HSS is framed around a core set of actions that are categorized as either system-wide or issue-specific (Table 1). System-wide HSS action is further conceptualized as occurring at community, district or national levels while issue-specific actions relate primarily to data and information, procurement and supply management, and financing. Underlying all of these actions is HSS as a contributor to health security by strengthening resilience of the system as well as its readiness to respond in the context of emergencies.

**Table 1: Core actions in UNICEF’s HSS approach**

System wide	<p>At the community level:</p> <ul style="list-style-type: none"> <li>• strengthening community-based health systems, creating demand for and ensuring the provision of essential health, nutrition, HIV and WASH services of appropriate quality, building on integrated community case management</li> <li>• working to influence social norms or barriers that deny the rights of children and women to access care, and related behaviors</li> <li>• improving the accountability of local health and community leaders for the key determinants of health and for health outcomes, and strengthening resilience and emergency response capacity</li> </ul>
	<p>At the district level:</p> <ul style="list-style-type: none"> <li>• improving health managers’ capacity for evidence-based planning, budgeting, supervision and monitoring of priority interventions for children and women;</li> <li>• integration with community-based systems; coordination with other sectors (WASH, child protection, education etc.) and</li> <li>• efforts to formalize contingency planning and emergency response capacity</li> </ul>
	<p>At national level:</p> <ul style="list-style-type: none"> <li>• contributing to evidence-based and equitable national strategic plans and policies for children’s and women’s health, through strengthened use of evidence, equity analysis, costing and fiscal space analysis (in close collaboration with government and partners)</li> <li>• leveraging of national and international resources, and linking with UNICEF contributions to child protection and welfare, social inclusion and protection, education, C4D, WASH, HIV and nutrition</li> </ul>
Issue-specific	<p>Improving collection, analysis and use of data and information by strengthening the national health management information and civil registration and vital statistics systems, and building on global tools and innovative technologies, including during health emergencies</p>
	<p>Strengthening national and sub-national procurement, supply and distribution systems, engaging with the public and private sectors, civil society and development partners, particularly in emergency prevention, preparedness and response</p>

Contributing to the social protection system and plan for financing UHC through the development of investment cases, fiscal space analysis and leveraging of resources
Supporting national and development partners to engage and regulate the private health sector in provision of UHC and in monitoring and surveillance systems, and to ensure that private providers and organizations contribute to equitable and quality health outcomes for children and women
Working with partners to support governments in improving quality of health care, especially in community-based health systems, and maternal and newborn care, to ensure the development and adaptation of standards, protocols and guidelines according to local contexts; capacity building of health and allied personnel, and ensuring institutional accountability

In the larger global health and development context, UNICEF’s work in the area of HSS has an important role to play in increased and improved resource allocation. For example, working together with GAVI, the Global Fund and the Reproductive Maternal Newborn and Child Health (RMNCH) Trust Fund, UNICEF is supporting countries with financial gap analyses to apply for integrated community case management funding<sup>4,5</sup>. Moreover, UNICEF is sought as a valued partner for the development of proposals for HSS funding from grant-making organizations<sup>6,7</sup>. In 2016, UNICEF will support development of investment cases for the World Bank Global Financing Facility for RMNCH. In all of these areas, it is vital that UNICEF and other development partners harmonize their approaches and investments in order to avoid fragmentation and duplication of effort.

Health system weaknesses were starkly revealed in the ebola outbreak that occurred in the West African nations of Guinea, Liberia and Sierra Leone in 2014 and 2015. While these countries had made progress on HIV/AIDS and child mortality, the functioning of their health systems depended heavily on external resources and, as such, were oriented towards vertical approaches<sup>8</sup>. By April 2015, the collapse of the health system resulted in twice as many preventable deaths among children under five compared to overall deaths from the ebola virus outbreak<sup>9,10</sup>. For UNICEF, ebola recovery efforts have brought an increased focus on strengthening systems not only for health but also for social welfare, social protection and education. An initial, internal assessment<sup>11</sup> pointed to the need for UNICEF to understand why past investments in support of health systems had not resulted in greater capacity and to guide its future investments accordingly.

<sup>4</sup> UNICEF. The Global Fund to Fight AIDS, Tuberculosis and Malaria. 2014. Joint statement on a coordinated approach to Supporting Integrated Community Case Management. March 13.

<sup>5</sup> Dahn B, et al. 2015. Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing Recommendations. July.

<sup>6</sup> GAVI Alliance. 2014. Health system strengthening cash support. Guidance note on GAVI’s approach to HSS and the application process for 2014. February.

<sup>7</sup> Abramson WB, et al. 2015. Thematic Review on the Global Fund’s Health System Strengthening Support related to the “Middle” of the Results Chain. Final Synthesis Report. June. RFP No.TFG-14-075.

<sup>8</sup> DuBois M, Wake C, Sturridge S, Bennett C. 2015. The Ebola response in West Africa. Exposing the politics and culture of international AID. Humanitarian Policy Group Working Paper. Overseas Development Institute. October.

<sup>9</sup> <http://www.theguardian.com/world/2015/apr/28/too-many-dying-sierra-leone-response-ebola-report>

<sup>10</sup> *Estimated Impact of Changes in Service Utilisation on Child and Maternal Deaths using Lives Saved Tool (LiST) – aSharkey@unicef.org*

<sup>11</sup> Lawry-White S. 2015. Lessons Learned UNICEF’s Response to the 2014-15 Ebola Outbreak in West Africa, April.

### 3) Rationale for a scoping exercise before the proposed HSS evaluation

Given the heightened attention to HSS in UNICEF's strategic direction, an evaluation of these efforts in 2016 is a priority corporate undertaking. As the organization is in a transitional stage regarding its HSS approach, a formative evaluation is deemed to have the greatest utility. The evaluation of UNICEF's HSS work will be both complex and complicated and will require careful design and planning.

However, the shifting conceptual basis and gaps in available information pose a challenge for the design of the evaluation. To prepare for the evaluation, a mapping and scoping exercise is warranted to overcome some of these gaps. The Evaluation Office will conduct such an exercise in early 2016. As a result of this exercise, UNICEF will have a sound information base with which to determine the scope and focus of the proposed evaluation, to consider the strengths and limitations of potential methods and to best meet the needs of stakeholders.

### 4) Purpose

The goals of the mapping and scoping exercise are twofold:

- a) Support the development of a well-justified evaluation focus and approach through:
  - Creation of a body of evidence (a "map") setting out the range, resources and distribution of interventions pursued by UNICEF defined initially to include both strengthening and supporting health systems.
  - Distillation and analysis of issues, clarification of concepts and definitions of HSS as they are understood within UNICEF.
- b) Prepare a set of evaluation options based on the identified priorities and needs. For each option:
  - Establish a clear and concise evaluative framework.
  - Outline the rationale, purpose and objectives, scope, methodology and timeframe after consultation with stakeholders.

### 5) Methodology

The mapping and scoping exercise will employ both analytical and consultative approaches.

- **Desk Review:** Undertake a desk review of information sources relevant to HSS in the context of UNICEF programming, carry out initial analysis, and provide guidance to support additional data collection that will be required for the evaluation. As there has been no agreed or commonly-used definition of HSS within UNICEF, it will be necessary to initially identify a wide range of activity types which could include both strengthening and supporting health systems. UNICEF and the consultants will work together to determine the classification coding. Content analysis across a number of document types will be required based on a methods to be developed by the consultant undertaking the exercise. A document repository will be created for this purpose. The desk review will include materials from the period 2010 to 2015. In addition, after orientation session(s), the consultant will acquire relevant budgetary data and perform analysis on resource allocation by type of HSS investments by country and region.

- **Semi-structured interviews:** Discussions will be conducted (in person and over skype/phone) with UNICEF staff and a small number of partners at country, regional and headquarters levels. Discussion topics will include, but not limited to, priority issues for evaluation, information required (and in what format) and the evaluation scope, approach and process.
- A list of all the people to be interviewed at the HQ, RO and CO will be developed by the Evaluation Office and provided to the consultant. Interviewees at HQ include the advisers and specialists in the Health Office with responsibilities for HSS as well as those responsible for research, data and analytics as relevant to HSS. In the regions, regional health advisors and PME chiefs will be targeted. At country level, two to three countries (for skype/phone interviews) per region will be selected purposively on advice from the regional office and the relevant programmes officers will be contacted. These interviews also serve as a mechanism to identify and select documents.
- Among development partners to be interviewed are GAVI, the Global Fund, the World Bank, WHO and policy research groups devoted to HSS.
- **Coverage:** The mapping exercise will cover HSS efforts across organizational level: HQ, seven regional offices and a select number of UNICEF country programs (between 14 and 21) with differing geographic and socio-economic settings. Some aspects of the scoping exercise will be undertaken for the whole-of-agency (e.g. levels of investments). The number of countries and criteria for selection is to be determined during the inception phase of the exercise.

## 6) Mapping exercise questions

The mapping exercise will examine two sets of questions – one related to UNICEF HSS investments and a second related to the evaluation to be undertaken. The mapping exercise should raise the following questions (this list is not exhaustive and will be further refined during scoping). The key sub-questions, data sources, methods and type of analysis are described in the section below.

### a) Questions on UNICEF's HSS portfolio

- i) What degree of consistent or common understanding is there of HSS approaches and activities among UNICEF staff? What are consistent and variable elements?
- ii) What were levels of investments in HSS by intervention type, by country and region?
- iii) What specific problems or challenges does HSS work intend to address? How were these problems/priorities identified? By whom?
- iv) What are the stated objectives and targets of HSS investments?
- v) What interventions and/or activities were implemented?
- vi) What approaches, methods and/ or strategies were used to implement interventions?
- vii) To what extent were activities cross-sectional as opposed to benefiting a single disease or vertical program? To what extent were activities aimed at supporting the health system through increased inputs over the short-term or strengthening the system through more comprehensive and lasting changes?
- viii) Which actors (including government institutions, civil society and private sector bodies, UN agencies, donors, foundations, global partnership programs) lead, participate or partner in HSS efforts? How were they involved? What was their role and the value of their involvement?

- ix) Are there complementarities between other actors and UNICEF in their programming efforts? Alternatively, are there areas of overlap or duplication between actors?
- x) What is the timeframe or duration of HSS activities? What determines timeframe? Are timeframes adequate for the objectives sought?
- xi) What plans or considerations for sustainability were put in place?
- xii) Do HSS activities supported by UNICEF differ by development context (level of country capacity, stable, conflict affected, humanitarian, etc.)?
- xiii) What efforts were made to integrate equity and rights into HSS?
- xiv) What efforts were made to monitor and evaluate UNICEF's HSS activities?

#### **b) Questions on proposed evaluation**

- i) What are current and future needs for evaluation in regards to UNICEF HSS programming? Are there differing approaches or models to address these needs? (Evaluation Rationale)
- ii) What should an evaluation seek to achieve, and to what end? (Evaluation Objective/Purpose)
- iii) What should an evaluation cover and what should it not cover and why? (Evaluation Scope)
- iv) What data sources should be used, and in what ways, to answer the key evaluation questions? To what extent should an evaluation seek to ascertain UNICEF's unique contribution?, the role of UNICEF vis-a-vis other actors (Methods)
- v) What is the best timing in order to avoid undue burden on UNICEF staff during critical periods, as well as overlap with other major initiatives, and make the greatest potential contribution to decision-making and/or promote positive change within UNICEF? (Timeframe)
- vi) What stakeholders should be involved in the evaluation in order to promote technical accuracy, relevance to the organization, and feasibility of action on its eventual recommendations? (potential reference group)

Particular attention will be paid to the OECD/DAC evaluation criteria (i.e. relevance, efficiency, effectiveness, sustainability, impact).

## **7) Outputs**

The mapping and scoping exercise will produce the following five products:

- a) **An Inception Report:** A brief report (8000 words) outlining the consultants understanding of the work, proposed methodology, detailed schedule, and logistics. The report will also include the following mapping and scoping tools (this list is not exhaustive):
  - Templates to guide the systematic analysis of documentation and budgetary data, in part, to ascertain scope, intent and effects of HSS investments<sup>12</sup>;
  - Interview guides with suggested tailoring by audience;
  - Indication of the mapping/matrices to be used for collating, analysing, synthesising and presenting the data collected.
- b) **A HSS "map" or set of matrices** (may be annexed to the analytical paper described below) which describes the range and distribution of types of HSS interventions supported by

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<sup>12</sup> For example: rationale, attention to purpose (support or strengthening), sustained impact and domestic capacity building for resilience, as opposed to short-term outputs.

UNICEF as well as investment levels. This output will help to frame the substantive issues and scope for an evaluation. The map or set of matrices will provide clear, well categorised quantitative and qualitative data largely paralleling the questions under 6a) above.

- c) **A short analytical paper based on mapping, interviews and desk review** distilling and clarifying the basis for health system strengthening activities within UNICEF and well as its implementation (e.g. describing the balance between cross-cutting systems strengthening and vertical or single disease efforts). This paper will also summarize the analytical approach taken to generate this information, provide conclusions and make key recommendations. Document should not exceed 15,000 words.
- d) **Well-evidenced set of evaluation options** that clarify purpose and the main evaluation questions to be explored under each. Options should be further elaborated to include appropriate design and methods, scope, draft evaluative framework (theory of change or other), tentative timeline and organizing structure.
- e) **A document repository** which will both be an underlying source for the other deliverables as well as a ready-to-use resource for the proposed evaluation.

## 8) Consultant Team Composition and Required Competencies

Qualified individuals or institutions (consultancy firms, universities, etc.) that have the capabilities to meet the following requirements, and are available for the period indicated, are invited to submit an application.

The mapping and scoping exercise will be carried out by a team consisting of the following:

- **One Senior Consultant** (38 Days) with the overall responsibility for providing guidance and leadership, coordinating the analysis and preparation of the mapping and Terms of Reference. The Senior Consultant will be responsible for undertaking the mapping and scoping exercise from start to finish, with a substantive role in data collection and analysis, as well as report drafting in English. The Senior Consultant will be responsible for delivering all the outputs outlined in this ToR. The Senior Consultant will also oversee and manage the work of the Research Analyst.

The Senior Consultant will have the following qualifications:

- Extensive experience (>10 years) in relevant professional field including HSS, health services policy and research, health program management in relevant areas;
- A strong team leadership and management track record ( $\geq$  8 years' experience) in public health program design, management, monitoring and/or evaluation;
- Strong evaluation experience (>8 years) in relevant program contexts using mixed methods;
- Familiarity with UNICEF's country-level operations is a benefit;
- A strong commitment to delivering timely and high-quality results;
- Good communication and people skills; ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts in written and oral form;

- Language proficiency: Fluency in English is mandatory; good command of French and/or Spanish is desirable.

One Research Analyst (mid-level) working under the guidance of the Senior Consultant with the following qualifications:

- A background in public health with  $\geq 5$  years' experience in analytical efforts including document review, analysis of qualitative data and triangulation of mixed data sources;
- Demonstrated skill in managing and analysing large information bases;
- Demonstrated skill in conducting interviews with a variety of stakeholders;
- Demonstrated skill in the depiction of data via infographics, etc.... for use in mapping matrices and other products.

## 9) Timeframe and Management

The mapping and scoping exercise will be managed by the Evaluation Office specifically by the Senior Evaluation Specialist (health and HIV/AIDS). A steering group will be established to help guide the work of the consultants with emphasis on validating the findings and considering the utility of the proposed evaluation as outlined in the draft ToR. The exercise will be conducted by a Senior Consultant and a Research Analyst between February and May 2016.

Activity/Deliverable	Timeframe	Senior Consultant LOE	Research Analyst LOE
Finalize Mapping and Scoping ToR and recruit consultant	March		
Initial briefing for specification of expected output	March	1	1
Initial collection of documentation, scheduling of interviews with HQs and regional locations	March	3	4
An Inception Report including the mapping and scoping tools: <ul style="list-style-type: none"> <li>▪ Templates to guide the preparation and analysis</li> <li>▪ Interview guides tailored to audience</li> <li>▪ Mapping/matrices to collating, analyse and present synthesized data</li> </ul>	March	8	8
Review (EO/SG) and revision of Inception Report	April	2	2
Visit to HQ for interviews and document identification	April	5	4
Interviews with Regional Offices, a select number of UNICEF country offices and development partners	April	3	1
Document review using templates and employing content analysis	April	2	8
Submission of deliverables <ul style="list-style-type: none"> <li>▪ Draft Analytical Paper</li> </ul>	May	10	7

<ul style="list-style-type: none"> <li>▪ HSS map or matrices of available data and information (can be annexed to Analytical Paper)</li> <li>▪ Set of evaluation options</li> </ul>			
Review of draft deliverables (EO/SG) and revision	May	3	2
Debriefing	May	1	1
<b>Total number of days</b>		<b>38</b>	<b>38</b>

## 10) Application Process

UNICEF's Evaluation Office (EO) is seeking to contract qualified evaluation professionals or institutions (consultancy firms, universities, etc.) for the provision of services to complete Mapping and Scoping Exercise for a prospective evaluation of UNICEF's efforts in HSS. Interested individuals and institutions are should send an application including the following:

- a. Updated CV/Resume, and completed Personal History Profile (P11) which can be found at <http://www.unicef.org/about/employ/files/P11.doc>;
- b. A sample report of a similar exercise/subject or an evaluation report, with a clear indication of the applicant's contribution in the report;
- c. Availability and daily fee.

The application should be transmitted via email to by February 28<sup>th</sup> 2016, at the very latest, using the following email: [evalofficeapplications@unicef.org](mailto:evalofficeapplications@unicef.org). Candidates should also indicate in the email subject the consultancy they are applying for:

Email Subject: Application for HSS Scoping – Senior Consultant **or**  
Application for HSS Scoping – Research Analyst