TERMS OF REFERENCE (TOR) FOR END-OF-PROJECT EVALUATION

2015 AND BEYOND: POVERTY REDUCTION THROUGH STRENGTHENED HEALTH SYSTEMS

JULY 2012 – JUNE 2015

MINISTRY OF HEALTH, LIBERIA

BY

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January 24, 2016
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BRIEF DESCRIPTION
In February 2012, Effect:Hope (EH), The Leprosy Mission Ireland (TLM-I), American Leprosy Mission (ALM), and MAP International (MAP) along with other partners including the World health organization supported the Ministry of Health, Liberia to assess three counties for Buruli Ulcer. The three counties of Bong, Lofa and Nimba, were confirmed BU endemic. In response, TLM-I, ALM, EH, and MAP began jointly supporting the health systems to implement a 3-year (July 2012 – June 2015) pilot project entitled with the objective of “2015 and Beyond: Poverty Reduction through Strengthened Health Systems”. The project is being implemented within the three assessed counties. The funding partners are seeking to conduct an independent evaluation of the project and incorporate lessons learned into the next phase of the project, the post 2015 phase.

The objective of the project is to establish a comprehensive, functional, and fully integrated response to BU management in Liberia, replicable for other NTDs and in other NTD endemic countries. Prior to commencing the pilot project, there was absolutely no BU knowledge and response within the health systems. The projects’ sought to achieve the following four outcomes:

IMPROVED HEALTH

a.) All stakeholders and community members in the pilot areas have increasingly equitable access to good health services in Liberia.

IMPROVED RESPONSIVENESS

a.) A well-performing healthcare system with adequately trained workers that is responsive, fair and efficient to the needs of those affected by leprosy, Buruli Ulcer, and other NTDs.

b.) Stakeholders and community members in the pilot areas are fully aware and able to advocate for their rights.

IMPROVED SOCIAL PROTECTION

a.) All stakeholders and community members in the pilot areas in Liberia have knowledge and information to positively change their behaviour towards leprosy, Buruli ulcer, and other NTDs.

b.) All stakeholders and community members in the pilot areas in Liberia are knowledgeable and able to advocate for their rights to efficient and effective health services.

IMPROVED EFFICIENCY

a.) An increasingly integrated and fully functioning healthcare system that has a strategy and commitment to mainstreaming NTDs.

b.) Integration of NTDs supported at all levels from the grass roots to the national levels.
END-LINE EVALUATION PURPOSE AND OBJECTIVES

The purpose of this evaluation is to identify whether the program had any measurable effect on the responsiveness, effectiveness, and efficiency of the health system in Liberia as regards NTDs (specifically Buruli ulcer). This evaluation will be a formative evaluation used to improve the program in the next phase. We expect the evaluation to address the evaluation questions below, to provide qualitative and quantitative data about the project and its beneficiaries, and to offer recommendations for improving future projects based on identified successes and challenges.

METHODOLOGY

The partners will hire independent evaluators to conduct the assessment. These evaluators must use mixed quantitative and qualitative methods of data analysis and collection. We suggest that they particularly use:

1. Quantitative analysis of health system data, with an emphasis on indicators for which we have a baseline from project start and including a desk review of relevant project and other reports.
2. A structured questionnaire of a substantial sample (n > 80%) of clients providing data on clients’ experience with the health system since the project began;
3. A structured questionnaire administered to health workers and training recipients at all levels (n > 100);
4. Interviews with key health system actors at the community, county, and national levels (interviews should be recorded and transcripts provided once the evaluation is complete);
5. Interviews or focus group discussions with clients at the community level (transcripts or notes to be provided);
6. Other methods as appropriate to answer the evaluation questions.

This study will evaluate the project’s effects on the health system itself, so its methods must capture enough quantitative data that it can reasonably generalize to the population it serves. The assessment will be conducted at partners, national, county, health workers, and community levels.

KEY QUESTIONS

The key question that must be answered by this evaluation is: Has this program had an impact on the responsiveness, effectiveness, and efficiency of Liberia’s health system’s ability to address neglected tropical diseases, particularly Buruli ulcer? The evaluation will frame this question in terms of:

1. Was the program relevant to the needs of the health system?
2. Was the program as effective as it could have been in creating a more responsive and efficient health system?
3. Did the program use its resources efficiently to create a more responsive and efficient health system?
4. Did the program create sustainable changes within the health system that will last once it ends?
PROJECT PARTNERS
The groups and individuals who have interest in the evaluation are:

<table>
<thead>
<tr>
<th>Name of Partner</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health, Liberia</td>
<td>Implementer, Technical support, resource persons</td>
</tr>
<tr>
<td>MAP International</td>
<td>Technical Support, Donor</td>
</tr>
<tr>
<td>Effect:Hope</td>
<td>Donor</td>
</tr>
<tr>
<td>ALM</td>
<td>Donor</td>
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<tr>
<td>TLM-Ireland</td>
<td>Donor</td>
</tr>
</tbody>
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FIELDWORK
a. Preparation/desk review at national and county levels (7 days)
b. Data collection and review (10 days)
c. Report writing (7 days)
d. Validation and adoption (3days)

Timeframe: The evaluation will be conducted between March 1, 2016 and March 26, 2016, with final report submitted no later than March 31, 2016.

REPORTING REQUIREMENTS
a. The consultant will hold an introductory meeting with MAP and ALM
b. The consultant will give verbal feedback to MoH, MAP and EH at the end of the field work
c. The consultant will submit a draft report by electronic copy for review
d. MoH, MAP and EH will provide feedback on the draft report
e. The final report will be submitted both as electronic and hard copies.
f. The consultant will provide the raw data (interview transcripts and notes, focus group transcripts, survey data) that is produced for this evaluation.
REPORT OUTLINE
The contents of the evaluation report will include the following:

1) INITIAL PAGES
   (a) Cover page
   (b) Table of content
   (c) Acronyms and abbreviations
   (d) Acknowledgements
   (e) Executive summary

2) MAIN DOCUMENT
   (a) Background Information
      (i) Project overview
         1. Introduction
         2. Project goal
         3. Project purpose
         4. Main activities
      (ii) The Study
         1. Rationale for data collection
         2. Purpose of the study
         3. Scope of the study
      (iii) Evaluation Approach/Methodology
         1. Methods of data collection
         2. The sample size and response rate
         3. Data processing and analysis
      (ii) Limitations
   (b) Study Findings
      (i) Relevance
      (ii) Effectiveness
      (iii) Efficiency
      (iv) Sustainability
   (c) Analysis of Evaluation Questions and Objectives
   (d) Other findings (to be included only if time and resources permit)
      (i) Monitoring and evaluation
      (ii) Client satisfaction
      (iii) Challenges, constraints, etc.
   (e) Conclusions
   (f) Recommendations

EXECUTIVE SUMMARY

   (a) Answer to the evaluation question
   (b) Main successes and challenges
   (c) Recommendations on project implementation for future programming
ANNEXES

(d) Questionnaires  
(e) FGD guides  
(f) Town Hall meetings guides  
(g) Field photos

DOCUMENT REVIEW
The following documents may be reviewed in the research phase of the assessment:

1) Project document  
2) Project budget document  
3) Quarterly reports  
4) Bi-annual reports  
5) Annual reports  
6) Project financial reports  
7) Other relevant documents

Applications will be accepted until Monday, February 15, 2016. Please email your applications/CV and Academic Credentials to mapliberia@map.org. The subject of the email must be Application for Consultancy, MAP-EH BU PILOT PROJECT FINAL EVALUATION

NOTE: Please indicate your lump sum fees to meet the expected deliverables in this TOR.