

**Terms of Reference: End line Evaluation of the Project on Strengthening Health Systems to Reduce Maternal Mortality and Morbidity in Simiyu Region.**

**Position:** Consultancy

**Location**: Simiyu Region

1. **Background:**

Over the last four decades the United Nations Population Fund (UNFPA) Tanzania Country Office has been supporting the country’s efforts to promote universal access to sexual and reproductive health and rights (SRHR), including by increasing access to and availability of high-quality family planning information and services and maternal and child health care, aiming to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person’s potential is fulfilled.

We work closely with the Government and other partners to advance universal access to SRHR; including supporting efforts to reduce maternal and newborn mortality and morbidity with the aim of leaving no one behind. UNFPA also supports the advancement of gender equality and women’s empowerment; adolescents and young people’s empowerment and engagement; eliminating gender-based violence and harmful practices against women and girls; and strengthening national capacity to collect, evaluate and analyse demographic information for the formulation and implementation of strategies and policies related to population and development.

In line with the Government of the United Republic of Tanzania’s efforts to improve Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), UNFPA supports 11 regions on mainland Tanzania – Dodoma, Geita, Kagera, Kigoma, Lindi, Mara, Mtwara, Mwanza, Tabora, Simiyu and Shinyanga – and Zanzibar to increase access to high-quality, integrated SRHR services, including voluntary family planning and comprehensive maternal health services. To build on these efforts, and to address existing challenges, UNFPA, in collaboration with the Korea International Cooperation Agency (KOICA), has been implementing the ***“Nilinde, Nikulinde”*** ***project –“Strengthening Health Systems to Reduce Maternal Mortality and Morbidity Project”*** in Simiyu Region. The project started in July 2017 and will end 31 December, 2019.

1. **Project Overview**

UNFPA has implemented the project in close collaboration with Government Partners and Non-Governmental Organizations including the President’s Office Regional Administration and Local Government (PORALG); Kiota Women’s Health and Development (KIWOHEDE); the Tanzania Training Centre for International Health (TTCIH); the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC); Simiyu Regional Administration; Regional/Council Health Management Teams (R/CHMTs); and selected health facility governing bodies.

Interventions over the life of the project have included the upgrading of health facilities, implemented using the Force Account, under the leadership of health facility governing committees in charge of project activities and with the oversight of R/CHMTs and PORALG. In addition, UNFPA has procured and distributed equipment to all the renovated facilities with MOHCDGEC facilitating trainings in collaboration with TTCIH, which have included building capacity for the delivery of emergency obstetric and newborn care (EmONC). Furthermore, KIWOHEDE has implemented project interventions focused on increasing adolescent and young people’s access to friendly and age-appropriate SRHR information and services.

The project was designed to address both supply and demand side bottlenecks for accessibility and availability of RMNCAH services. Project interventions have contributed to improving health facility capacity to provide quality RMNCAH services (Supply) while community-based interventions have increased demand and utilization of these services. To maximize the efficient use of resources within the project timeframe, supply-side related interventions have been implemented in all six districts of Simiyu Region, while demand side interventions have focused on three districts ­– Bariadi Town Council, Itilima and Maswa. *Districts that received both supply and demand interventions are termed* ***comprehensive districts*** *and districts that received supply interventions only are called* ***non-comprehensive*** *districts*.

The focus of the project has been on achieving the following outcomes and outputs:

**Table 1:** Project Outcomes and Outputs

| **Outcomes** | **Outputs** |
| --- | --- |
| **Outcome 1**:Improved availability and readiness of quality (Reproductive) Maternal, Newborn and Child Health Services including emergency obstetric and newborn care (and Adolescent and youth-friendly health services) in project district(s) | * 1. Health staff at targeted health facilities have improved knowledge and skills to provide essential (R)MNCAH services   2. Targeted health facilities are adequately refurbished, equipped, and provided with necessary commodities (including innovative technology) to provide essential (R)MNCAH and EmONC services   3. Quality assurance mechanism in place for integrated (R)MNCAH services including improved management of essential RMNCAH medicines and commodities   4. Increased access to adolescent-friendly reproductive health services at selected health facilities |
|  |  |
| **Outcome 2:** Increased utilization of quality (Reproductive) Maternal, Newborn and Child Health (RMNCH) services in project district(s) | * 1. Improved capacity of Community Health Workers(CHWs) in project district(s) to deliver standard (R)MNCH including family planning services   2. Reduced barriers for pregnant and postpartum women and their newborns to access health facilities for (R)MNCH services including EmONC   3. Reduced barriers for the community to access RMNCH services |
|  |  |
| **Outcome 3**: Improved community awareness and demand for quality (Reproductive) Maternal, Newborn and Child Health services in project district(s). | * 1. Enhanced, organized (R)MNCH awareness programme at the community level   2. Improved awareness on RMNCH at the community level through use of innovations including mHealth |

1. **Major interventions of the project**

**Improvement of infrastructure for comprehensive EmONC, basic EmONC and adolescent- friendly service provision**

Five (5) health facilities have been upgraded in the region to deliver comprehensive EmONC through the construction and equipping of theatres and maternity wards, improving water systems, installing water distribution systems, and drilling deep wells, depending on need. A Regional Blood Bank and maternity theatre were constructed and equipped at Bariadi District Hospital which, by then, had been upgraded to the Regional Hospital.

Thirty one (31) facilities were upgraded to deliver basic EmONC through the construction of maternity wards and the installation of water systems, depending on health facility needs and the available source of water.

Thirteen (13) facilities were renovated to provide adolescent and youth-friendly SRHR services in the region.

**Referral systems, coordination and quality of care**

Three ambulances were procured and stationed at health facilities that were lacking transport, and six coordination cars were procured – one for each district ­– to improve supervision and monitoring of project activities. Oversight was provided to assess the quality of care and services at project sites, including developing supportive supervision checklists and conducting supportive supervision and mentorship.

**Improved human resource capacity**

The project aimed to improve the capacity of health workers through various trainings in RMNCH: basic EmONC; the Active Management of the Third Stage of Labour (AMTSL); Essential Newborn Care (ENC); and Maternal and Perinatal Death Surveillance and Response (MPDSR).

**Community interventions**

Community Health Workers (CHWs) received training as part of project interventions, and a Mobile App for was developed for CHWs to recruit and register pregnant women for maternal and newborn health services. In addition, radio broadcasts, community dialogue and sensitization meetings were conducted targeting men, women and adolescents. Mother’s support groups were also established to enhance community access to SRHR services and youth-led SRHR outreach was conducted.

Within this contextual background, UNFPA is seeking the services of an institution to conduct an end line evaluation to ascertain the contribution of the project to the realization of the outcomes and outputs (Table 1).

1. **Evaluation objectives**

The consultant is required to conduct a participatory end line project evaluation in order to measure project results at outcome and output levels. The findings are expected to be derived from health facilities and population-based information in the intervention areas, focusing on knowledge, attitudes, practices, awareness, satisfaction with, and utilization of RMNCAH services. The consultant will document the challenges/constraints in regard to the implementation of interventions and draw out lessons learned and emerging best practices. ***The overarching objective is to assess the relevance, effectiveness, efficiency and sustainability of project interventions in both comprehensive and non-comprehensive districts.[[1]](#footnote-1)***

The end line project evaluation is expected to realize the following specific objectives:

1. To assess the extent to which the project has attained the expected outcomes and outputs.
2. Assess community awareness and knowledge; attitudes and practices in the use of RMNCAH services.
3. To assess the persistent challenges that limit community accessibility and use of RMNCAH services in the region.
4. Document lessons learned and best practices in regard to the implementation of project interventions.
5. **Scope of the assignment**

The consultant is expected to conduct the evaluation and propose an appropriate methodology for the evaluation where the baseline was conducted. The methodology should consider both qualitative and quantitative methods.

1. **Evaluation design**

Based on the objectives and scope mentioned above, the consultant(s) will elaborate the methodologies and scientific sampling techniques for the coverage of each group participating in the evaluation and, where necessary, propose additional methods that could bring about the desired results. A mixed approach of both quantitative and qualitative methods is highly recommended. Generally, the exercise is expected to be comprehensive and participatory, combining a wide-range of reviews and analysis.

1. **Specific tasks for the consultant(s) will include:**
2. Prepare inception report with evaluation matrix and tools.
3. Undertake study based on methodology and tools agreed in the inception report.
4. Prepare draft report for internal review by UNFPA and validation with stakeholders.
5. Prepare the final evaluation report.
6. **Expected deliverables**
7. Inception report containing a detailed work plan for the entire duration of the consultancy, data collection tools and timeframe to be submitted and presented one week after the signing of the agreement.
8. Draft report to be presented to UNFPA and at a Stakeholders Validation Workshop.
9. Final report to include two printed copies, an electronic copy in a standard outline format, and data set in an excel file.

1. **Report format**

The consultant is expected to adhere to the approved UNFPA Evaluation Handbook on designing and conducting the country programme evaluation. The project evaluation report should adapt the outline format in the handbook found at: <https://www.unfpa.org/EvaluationHandbook>.

1. **Qualifications**

The evaluation will be conducted by an institution. The institution must have a good track record and extensive experience in planning and conducting evaluations, particularly in the field of health. The composition of the proposed evaluation team should be gender-balanced and include a team leader and team member(s) with the following qualifications and experience:

**Team leader’s qualification and experience**

* Must hold at least a Master’s Degree in one or more of the disciplines relevant to the following areas: evaluation, development studies, public health, or social sciences.
* At least ten (10) years of recognized experience in conducting or managing/leading evaluations or reviews of development programmes, and experience as team leader of an evaluation team and as the main writer of evaluation reports.
* Expertise in quantitative and qualitative evaluation/research methods.
* Excellent knowledge and understanding of theories of change, logical/results frameworks, monitoring and evaluation systems and practices.
* Excellent skills and experience in facilitating key informant interviews and focus group discussions with various groups of stakeholders.
* Familiarity with the social and human rights-based approach to reproductive health and gender equality.
* Excellent analysis skills in writing evaluation reports integrating constructive and practical recommendations.
* Language: Fluency in written and spoken English. Knowledge of/and Kiswahili will be an asset.

**Team member(s)’s qualifications and experience**

* Must hold at least a Master’s Degree in one or more of the disciplines relevant to the following areas: evaluation, development studies, public health, or social sciences.
* At least five years’ experience in conducting research, evaluations or reviews of development programmes, including specific experience in evaluating health or similar programmes/services.
* Excellent skills and experience in facilitating key informant interviews and focus group discussions with various groups of stakeholders.
* Familiarity with the social and human rights-based approach to reproductive health and gender equality.
* Fluency in written and spoken English. Fluency in spoken and written Kiswahili will be an advantage.

1. **Supervisory and administrative arrangements**

The consultant(s) will work under the overall guidance of the UNFPA Deputy Representative and direct supervision of the Project Manager. UNFPA’s Monitoring and Evaluation Analyst will be the focal person for day-to-day technical support. The UNFPA team in Simiyu will provide onsite support and field quality assurance in data collection. With respect to administrative and contractual matters, the consultant(s) will work closely with UNFPA’s Operations Team.

1. **Duration of the consultancy**

The duration of the consultancy is scheduled to last no more than 33 working days to be paid over a period of three months. The study is expected to begin early November 2019. A proposed working schedule is outlined in the table below.

**Table 2: Proposed number of days**

|  |  |  |
| --- | --- | --- |
| **S/N** | **Activity** | **# of days** |
| 1 | Desk review for inception report and tools development | 5 days |
| 2 | Presentation of the inception report to UNFPA team | 0.5 day |
| 3 | Addressing comments for the inception report including tools | 1 Day |
| 4 | Pre-testing of tools | 2 days |
| 5 | Training of data collectors | 2 days |
| 7 | Courtesy call and ground work preparation in Simiyu | 1 Day |
| 8 | Data collection | 10 days |
| 9 | Data cleaning, entry and analysis | 3 days |
| 10 | Report writing | 5 days |
| 11 | Presentation of findings to UNFPA | 0.5 day |
| 12 | Addressing comments from the UNFPA team after presentation | 1day |
| 13 | Presentation of report findings to Simiyu RHMT and stakeholders | 1 days |
| 14 | Addressing comments raised from Simiyu stakeholders | 1 day |
| 15 | Submission of final report | N/A |
|  | **Total** | **33** |

1. **Evaluation criteria**

The institution will be selected based on the quality of the technical proposal and financial proposal. The weight allocated between the two will be 70/30 – 70 points for the technical proposal and 30 points for the financial proposal. Only those technical proposals that score 50 points or more out of 70 will be shortlisted for the financial proposal assessment stage.

**Table 3: Technical proposal evaluation criteria**

|  |  |  |
| --- | --- | --- |
| **S/N** | Technical Evaluation Criteria | **Points** |
| **1** | **Overall response** | **10** |
| 1.1 | Completeness of response (Duly filled bid form, expression of interest letter, copy of legal documents, registration and business license) | 5 |
| 1.2 | Overall understanding of the TOR requirements and proposal | 5 |
| **2** | **Company/team and key personnel** | **30** |
| 2.1 | Range and depth of organization’s experience in conducting similar projects | 10 |
| 2.2 | Sample of previous work and reference point | 10 |
| 2.3 | Key personnel: (a) relevance and experience and qualifications of the proposed team leader | 5 |
|  | (b) relevance and experience and qualifications of the proposed team members | 5 |
| **3** | **Proposed methodology and approach** | **30** |
|  | Relevance of proposed methodology and approach | 15 |
|  | Quality assurance mechanism | 5 |
|  | Innovative approaches in data collection and analysis | 5 |
|  | Proposed work plan showing implementation of the tasks with clear project planning and ability to meet deadlines | 5 |
|  | **Total** | **70** |

1. **Payment schedule**

* 50% upon submission and acceptance of the inception report.
* 20% upon submission and acceptance of the draft report.
* 30% upon submission of the final consultancy report.

1. **Submission requirements**

* The consultant should submit technical and financial proposals **separately**. The technical proposal should not exceed 10 pages in length and should include the proposed approach and activities for the implementation and management of the consultancy and an operational work plan with timelines, with a financial proposal.
* Firms’ profile and curriculum vitae of individuals expected to form the evaluation team.
* Evidence of undertaking similar work in the past and names of contact persons from past clients.

1. **How to apply:**

The Request for Quotation (RFQ) template and Terms of Reference (TOR) In reference for this consultancy are posted on UNFPA Tanzania’s Country Office website accessible at: <http://tanzania.unfpa.org>. Within the site the **RFQ Nº UNFPA/PROC/RFQ/2019/019** and TOR can be found at <https://tanzania.unfpa.org/en/vacancies/request-quotation-n%C2%BA-unfpaprocrfq2019019>.

Interested firms or institutions can send their application documents i.e. technical and financial proposals to [tanzania.office@unfpa.org](mailto:tanzania.office@unfpa.org).

**The deadline to submit application documents is 7thNovember 2019 (5 pm Tanzanian Time).**

**Reference materials to be provided:**

1. Strengthening Health Systems to Reduce Maternal Mortality and Morbidity in Simiyu Region *Baseline Evaluation report 2018.*

1. Districts that received both supply and demand interventions are termed comprehensive districts and districts that received supply interventions only are called non-comprehensive districts. [↑](#footnote-ref-1)