



MAKERERE UNIVERSITY



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TERMS OF REFERENCE

CONSULTANCY SERVICES FOR ENDLINE EVALUATION OF THE SUPPORTING POLICY ENGAGEMENT FOR EVIDENCE-BASED DECISIONS (SPEED) FOR UHC PROJECT

Contracting Authority: Makerere University School of Public Health- SPEED Project

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1. BACKGROUND

1.1 Relevant country / sector background

In 2015, attention of the global community shifted from meeting a handful of Millennium Development Goals (MDG) targets to achieving universal health coverage (UHC) and sustainable development goals (SDGs). The government of Uganda (GoU) in its key policy documents, Vision 2040, the National Development Plan II and the National Health Policy articulates the aspiration to have a healthy and productive population that contributes to socioeconomic development growth and national development. The GoU aspires that Uganda's economy transitions from low income to middle-income status by 2020. The Health Sector Development Plan (2015-2020) identified several priority actions and areas that require strategic attention. Indeed, the goal of the HSDP is to accelerate movement towards achieving UHC in Uganda. UHC implies extending quality services to every citizen of Uganda, without financially impoverishing households as they access these health services.

SDG 3 entails ensuring good health and well-being for all at all ages but is closely linked with all other SDGs. UHC is framed along other targets under goal 3. Goal 3 also addresses all major priorities in health and introduces a broader agenda for reducing health risks and determinants of good health and wellbeing. It has been realized that UHC requires policy actions in a complex and increasingly multi-sectoral arena, with legitimate role-bearers ranging from sectors such as; Health, Finance, Education, Local Government, Labour, Housing, Social Development and among development partners, private sector and civil society organizations and media. The National Vision 2040, the HSDP and the Mid-term Review of the HSDP (2018) present a number of institutional constraints to UHC. Among others, the constraints include: 1) increasing costs of a variety of health technologies in a context of restricted fiscal space for health programs; 2) a heightened demand for expanding the workforce in an increasingly competitive and global labour market. Other constraints relate to 3) increased but less flexible financing for a small set of health problems (e.g. HIV, TB and malaria) with potential distortion of sector priorities in other vital areas of public health and 4) high rate of population growth not matched with developments in the economy and service provision.

1.2 The intervention to be evaluated

<i>Title of the intervention to be evaluated</i>	<ul style="list-style-type: none">• <i>Supporting Policy Engagements For Evidence-based Decisions (SPEED) for Universal Health Coverage in Uganda</i>
<i>Budget of the intervention to be evaluated</i>	<ul style="list-style-type: none">• <i>4.0M Euros with EU contributing about 3.2 M Euros and partner organizations raising about 0.8M Euros as cost share</i>
<i>Dates of the intervention to be evaluated</i>	<ul style="list-style-type: none">• <i>Start: 01/03/2015</i>• <i>End: 31/05/2020</i>

1.2.1 Background

Supporting Policy Engagement for Evidence-based Decisions (SPEED) for Universal Health Coverage in Uganda Project¹ is a five-year initiative supported by the European Union (EU). It was launched in March 2015 and broadly addresses universal health coverage (UHC) and systems resilience in Uganda. The initiative is being implemented by a partnership of institutions that are specialized in health policy and systems research, economic policy analyses, social science research, national planning, and advocacy for health rights. SPEED implementing partners are Makerere University School of Public Health-MakSPH (lead agency), Economic Policy Research Centre (EPRC), National Planning Authority (NPA), Uganda National Health Consumers' Organization (UNHCO), Human Sciences Research Council-HSRC (based in South Africa) and the Institute of Tropical Medicine-ITM (Antwerp, Belgium). The project has been implemented for the period of 5 years aiming at strengthening policy analysis and influence that supports universal health coverage and health system resilience in Uganda by way of five main activity clusters: strengthening resources and expertise for policy analysis; knowledge generation; stakeholder identification and engagements; support for policy development; and monitoring selected policy implementation arrangements.

1.2.2 Objectives of SPEED Project

The overall objective of the Project is to strengthen capacity for policy analysis, advice and influence at MakSPH and partner organizations and to contribute to accelerating progress towards UHC and health systems resilience in Uganda. Specifically, the Project aimed to:

1. Engage & influence policymakers with contextually adapted evidence for health policy and systems changes to advance UHC;
2. Support policymakers to monitor the implementation of vital programs for the realization of policy goals for UHC; and,
3. Enhance expertise, knowledge & resources for policy analysis, advice and influence at MakSPH and Partner Organizations.

1.2.3 The SPEED Strategy

- Details of the SPEED strategy can be accessed at <http://speed.musph.ac.ug/the-speed-strategy/>

1.3 Stakeholders of the intervention

The target group¹ for SPEED action are policy makers in government Ministries, Departments and Agencies (e.g Health, Finance, Water, Social development and Local government, Parliament of the Republic of Uganda etc), Advisors of top executives, leaders of institutions with national planning and public health mandates, leaders of health projects and innovations, health professional bodies. Additional groups include development partners and non-governmental agencies involved in national and subnational health governance, health resource allocation, programming, service delivery and advocacy. For training programs, the target group are staff of SPEED partner institutions and graduate students of MakSPH. The final beneficiaries are people of Uganda who benefit from the pro-UHC related policy decisions and implementation arising from the SPEED action.

¹ *The SPEED project works at the interface providing evidence for policymaking. Policy making is defined a political process characterized by negotiation, bargaining and accommodation of different interests which eventually give the process its political flavour". SPEED aim at build capacity for policy analysis and influence.*

1.4 Other available information

- Relevant Key project documents such as Project description, Log frame, progress reports and Midterm review report will be provided to the successful applicants

2 DESCRIPTION OF THE EVALUATION ASSIGNMENT

2.1 Summary

<i>Type of evaluation</i>	<i>Final Evaluation</i>
<i>Coverage</i>	<i>The evaluation will cover the all components of the SPEED Project</i>
<i>Geographic scope</i>	<i>Uganda</i>
<i>Period to be evaluated</i>	<i>From 01/03/2015 to 29/02/2020</i>

2.2 Objectives of the evaluation

The over-arching objectives of the evaluation are to:

1. Provide a synthesis of the projects achievements, challenges and learning.
2. Determine the overall impact of the project on building capacity for policy analysis and influence at MakSPH and partners institutions as well supporting to policy and systems development for UHC advancement in Uganda.
3. To undertake a quality assessment of the media impact in knowledge transfer and policy influence.
4. Provide key learning and recommendations for shaping the design and implementation of similar initiatives.

The main users of this evaluation will be the Project team, the EU as main funder of the SPEED Project as well as other stakeholder interested in similar initiatives.

2.3 Scope and focus of the evaluation

The evaluation will look at the following areas: Project management; project activities; reflection of policy influence and partnerships with the project target group and beneficiaries. It will address the results achieved, the partnerships established, as well as issues of capacity development and approach.

2.3.1 Guiding Evaluation Questions

- a) **Relevance** – Assess design and focus of the project
- To what extent did the Project achieve its overall objectives and goals?
 - What and how much progress has been made towards achieving the overall outputs and outcomes of the project?
 - To what extent were the results (impacts, outcomes and outputs) achieved?
 - Were the inputs and strategies realistic, appropriate and adequate to achieve the results?
 - Was the project relevant to the identified needs?

- b) **Effectiveness**- Describe the management processes and their appropriateness in supporting delivery
- Was the project effective in delivering desired/planned results?
 - To what extent did the Project's M&E mechanism contribute in meeting project results?
 - How effective were the strategies and tools (used in the implementation of the project)?
 - How effective has the project been in responding to the needs of the target group and beneficiaries, and what results were achieved?
 - How were capacities for policy analysis and influence strengthened at the individual and organizational and health sector level (including contributing factors and constraints)?
 - Through conduct of media content analysis, how were the media tools and platforms harnessed to achieve project objectives?
- c) **Efficiency** – Of Project implementation
- Did project activities overlap and duplicate other similar interventions (funded nationally and /or by other donors)?
 - Could a different approach have produced better results?
 - How was the project's collaboration with the MOH, other government ministries, departments and agencies as well as nonstate actors relevant for UHC and health systems developments in the country nurtured and sustained?
 - How efficient were the management and accountability and oversight structures of the project?
 - How did the financial management processes and procedures affect project implementation?
- d) **Impact**
- What the positive and negative, intended and unintended, changes produced by the project?
 - Have these changes contributed to any identified changes in national discourse and policy and systems developments for UHC in the country?
 - What real difference has the project made to the target group and beneficiaries?
- e) **Sustainability**
- What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project?
 - What factors are likely to affect the sustainability of project outcomes and how?
 - Describe key factors that will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach?
 - What are the main lessons that have emerged?
 - What are the recommendations for similar support in future?

2.4 Methodology

The assignment shall be performed through predominantly desk review with limited interviews with implementers and beneficiaries where necessary and deemed appropriate by the consultant in consultation with the project team leadership.

Following initial consultations and document analysis, the evaluation team will discuss them with the SPEED Project Team and propose in their Inception Report a complete and finalised set of Evaluation Questions with indication of specific Judgement Criteria and Indicators, as well as the relevant data collection sources and tools. Once agreed through the approval of the Inception Report, the Evaluation Questions will become contractually binding.

2.5 Phases of the evaluation and required outputs

The evaluation process will be carried out in three phases:

- Inception
- Information gathering
- Synthesis

The following table presents an overview of the key activities to be conducted within each of these phases and lists the outputs to be produced by the team as well as the key meetings with the SPEED Project Team.

Phases of the evaluation	Key activities	Outputs and meetings
<u>Inception Phase</u>	<ul style="list-style-type: none"> • Initial document/data collection • Document analysis • Stakeholder analysis • Reconstruction of the Intervention Logic, and/or description of the Theory of Change (based upon available documentation and initial discussions) • Methodological design of the evaluation (Evaluation Questions with judgement criteria, indicators and methods of data collection and analysis) and evaluation matrix • Planning of the Field phase 	<ul style="list-style-type: none"> • Kick-off meeting • Inception Report • Slide presentation of the Inception Report.
<u>Information gathering Phase</u>	<ul style="list-style-type: none"> • Gathering of evidence with the use of document review, interviews, media content analysis 	<ul style="list-style-type: none"> • Debriefing with Project Management team
<u>Synthesis phase</u>	<ul style="list-style-type: none"> • Final analysis of findings • Reporting 	<ul style="list-style-type: none"> • Draft Final Report • Slide Presentation of the draft report • Final Report • Final Report presentation to SPEED Partnership

2.5.1 Inception Phase

This phase aims at structuring the evaluation and clarifying the key issues to be addressed.

It will start with initial background study, to be conducted by the evaluators. It will then continue with a kick-off session between the evaluators and representatives of the Evaluation Reference Group. The meeting aims at arriving at a clear and shared understanding of the scope of the evaluation, its limitations and feasibility. It also serves to clarify expectations regarding evaluation outputs, the methodology to be used and, where necessary, to pass on additional or latest relevant information.

In the Inception phase, the relevant documents will be reviewed. Further to this, and in consultation with the Reference Group, the evaluators will reconstruct the Intervention Logic / Theory of Change of the SPEED Project to be evaluated.

Based on the Intervention Logic and/or the Theory of Change the evaluators will finalise i) the Evaluation Questions with the definition of judgement criteria and indicators, the selection of data collection tools and sources, ii) the evaluation methodology, and iii) the planning of the following phases. The methodological design of the evaluation will be summarised into an evaluation matrix.

The limitations faced or to be faced during the evaluation exercise will be discussed and mitigation measures described in the Inception note. Finally, the work plan for the overall evaluation process will be presented and agreed in this phase; this work plan shall be in line with that proposed in the present ToR. On the basis of the information collected, the evaluation team should prepare an **Inception Report**. The evaluation team will then present the **Inception Report** to the Reference Group.

2.5.2 Information Gathering Phase

This Phase starts after approval of the Inception report by the Reference Group.

If any significant deviation from the agreed work plan or schedule is perceived as creating a risk for the quality of the evaluation or not respecting the end of the validity of the specific contract, these elements are to be immediately discussed with the Evaluation Manager and, regarding the validity of the contract, corrective measures undertaken.

During the information gathering phase, the evaluation team shall ensure adequate contact and consultation with, and involvement of the with the relevant stakeholders.

2.5.3 Synthesis Phase

This phase is devoted to the preparation by the contractor of the Final Report, whose structure is described in the Annex I; it entails the analysis of the data collected during the early phases to answer the Evaluation Questions and the preparation of the overall assessment, conclusions and recommendations of the evaluation.

The evaluation team will make sure that:

- Their assessments are objective and balanced, statements are accurate and evidence-based, and recommendations realistic and clearly targeted.
- When drafting the report, they will acknowledge clearly where changes in the desired direction are known to be already taking place.

The evaluation team will deliver to the Evaluation Manager the **Draft Final Report**. The Consultants will **present** the draft report to the Reference Group and, after addressing the comments consolidated from the Reference Group, will finalise the **Final Report** (including the Executive Summary).

2.6 Management and Steering of the evaluation

The SPEED Director will be the Evaluation Manager and will be closely supported by the Project Manager and Knowledge Management Officer. The progress of the evaluation will be followed closely with the assistance of a Reference Group consisting of Members of the SPEED Executive Management Committee and representatives of the EU Delegation in Uganda and the EU Monitoring Facility in Brussels, Belgium.

The main functions of the Reference Group are:

- To agree on the focus of the evaluation, including the evaluation questions at Inception Phase.
- To facilitate contacts between the evaluation team and the external stakeholders.
- To ensure that the evaluation team has access to and has consulted all relevant information sources and documents related to the SPEED Project's work.
- To discuss and comment on reports delivered by the evaluation team.
- To assist in feedback on the findings, conclusions, lessons and recommendations from the evaluation.
- To support the development of a proper follow-up plan after completion of the evaluation.

3 EXPERTISE REQUIRED

It is envisaged that the work will be done by a small team of 2-3 evaluators. In particular, the Team Leader (to be identified in the offer) is expected to possess a demonstrable senior evaluation expertise coherent with the requirements of this assignment and provide adequate time commitment to all phases of the assignment.

The core Evaluation team shall have the following expertise and qualifications:

- At least Master's degree in public policy, Public health, Health Policy, Health Planning, Health Economics, Health Systems Management, Development or any other relevant university degree.
- A deep understanding of both Uganda as a country and the country's health sector and related developments.
- A good understanding of the global development agenda especially universal health coverage (UHC).
- Experience in evaluation of complex development interventions. Expertise, knowledge, and experience in the field of health policy development, applied policy analysis, health systems management and related issues will be added advantage.
- Demonstrable experience (with prior experience) in evaluation of capacity building projects.
- Ability to conduct high quality evaluation, meet deadlines and respond to requests and feedback provided timely and appropriately.
- Demonstrated evidence of application of skills to undertake critical synthesis of literature and application of frameworks and concepts on UHC, Policy and systems development
- Experience in undertaking media content analysis.
- Demonstrated capacity to work both independently and as a team.

4 LOCATION AND DURATION

4.1 Location(s) of assignment

The assignment will take place majorly in Kampala, with very minimal likelihood of activities outside Kampala.

4.2 Foreseen duration of the assignment

Maximum duration of the assignment: The assignment will be implemented over **22 person days**. The assignment will be completed during the period between **23rd March and 30th April 2020**.

This overall period includes working days, weekends, periods foreseen for comments, for review of draft versions, debriefing sessions, and finalisation of outputs.

5 REPORTING

5.1 Content, timing and submission

The evaluation deliverables must match quality standards. The text of the reports should be illustrated, as appropriate, with maps, graphs and tables.

The list of outputs is covered below:

	Number of Pages (excluding annexes)	Main Content	Timing for submission
Inception Report	Max 15 pages	<ul style="list-style-type: none"> • Intervention logic • Stakeholder map • Methodology for the evaluation, incl.: <ul style="list-style-type: none"> ○ Evaluation Matrix: Evaluation Questions, with judgement criteria and indicators, and data analysis and collection methods ○ Consultation strategy • Data gathering approach • Analysis of risks related to the evaluation methodology and mitigation measures • Work plan of the entire evaluation 	27 th March 2020
Draft Final Report	30 pages-Minus annexes	<ul style="list-style-type: none"> • <u>Cf. detailed structure in Annex I</u> • Presentation of Draft report to key stakeholders 	17 th April 2020 23 rd April 2020
Final report	30 pages-Minus annexes	<ul style="list-style-type: none"> • Same specifications as of the Draft Final Report, incorporating any comments received from the concerned parties on the draft report that have been accepted 	30 th April 2020

5.2 Comments on the outputs

For each report, the Evaluation Manager will send to the Contractor consolidated comments including those received from the Reference Group or the approval of the report within **3 calendar days**. The revised reports addressing the comments shall be submitted within **5 calendar days** from the date of receipt of the comments. The evaluation team should provide a separate document explaining how and where comments have been integrated or the reason for not integrating certain comments, if this is the case.

6 CONTENT OF THE OFFERS

The offers to be submitted for the execution of this contract will include a Technical and a Financial Offer.

6.1 Technical offer

The Technical Offer will compulsorily include:

- A cover letter outlining the applicant's motivation and summarizing their relevant experience
- An introductory and short chapter detailing the comprehension by tenderers of the assignment and its main challenges.
- A chapter detailing the tentative methodology to conduct the evaluation; this methodology will then be finalised in the Inception Report. The proposed methodology will detail how the evaluation will address the cross-cutting issues mentioned in these Terms of Reference.
- A short analysis of the main risks and remedy measures of the assignment.
- A chapter detailing the relevance of the team composition and competencies to the work to be undertaken and how the tasks will be organised.
- Annex: the CVs of the proposed expert(s) (max length of each CV: max 5 pages).
- Annex: a synoptic table detailing the work to be undertaken by each proposed expert and their role, based on the proposed methodology.
- Annex: the proposed timetable (Gantt chart).
- Annex: Writing sample from a recent similar task.

The maximum length of the Technical offer is 10 pages excluding annexes.

6.2 Financial offer

The Financial Offer must specify the budget and justification of the rates.

7 SUBMISSION OF THE OFFERS AND THEIR ASSESSMENT

7.1 Submission deadline and modalities

The application should be submitted by **5:00PM Wednesday 18th March 2020**. Hard copy applications should be addressed to The Principal Investigator, SPEED Project and submitted to; Dr. Aloysius Ssenyonjo, Makerere University School of Public Health New Mulago Hospital Complex P.O. Box 7072, Kampala-Uganda. Soft copy applications should be submitted as one PDF file to the following email address: speed4uhc@musph.ac.ug. Please copy ssennyonjoa@musph.ac.ug.

7.2 Assessment of the offers

The proposals will be evaluated according to the following criteria.

- Technical proposal (elaborating understanding of TORs and proposed methodology) (40%)
- Financial proposal (20%)
- Proposed personnel for the assignment (experience of consultants in related to evaluation of similar project and overall balance and complementarity of the team (20%)
- Demonstrated experience with contactable references in evaluation of complex capacity building and similar health policy and systems related interventions (20%)

Only shortlisted applicants will be contacted.

ANNEX I: STRUCTURE OF THE FINAL REPORT AND OF THE EXECUTIVE SUMMARY

The structure of the evaluation report will be as follows.

The cover page of the Final Report shall carry the following text:

“This evaluation is supported and guided by the SPEED Project, Makerere University School of Public Health and presented by [*name of consulting firm*]. The report does not necessarily reflect the views and opinions of the SPEED Project nor of the European Union, which financed the evaluated”.

Executive Summary

A tightly drafted and to-the-point Executive Summary. It should be short, no more than five pages. It should focus on the key purpose or issues of the evaluation, outline the main analytical points, and clearly indicate the main conclusions, lessons to be learned and specific recommendations.

1. Introduction

A description of the intervention, of the relevant country/region/sector background and of the evaluation, providing the reader with sufficient methodological explanations to gauge the credibility of the conclusions and to acknowledge limitations or weaknesses, where relevant.

2. Answers to the Evaluation Questions

A chapter presenting the Evaluation Questions and conclusive answers, together with evidence (findings) and reasoning.

An overall assessment of the intervention is to be added, as well. It shall be based on the detailed response to the Evaluation Questions.

3. Conclusions and Recommendations

3.1 Conclusions

This chapter contains the conclusions of the evaluation, organised per evaluation criterion.

A paragraph or sub-chapter should pick up the 3 or 4 major conclusions organised by order of importance, while avoiding being repetitive.

The transferable lessons from this evaluation are to be included in this chapter.

3.2 Recommendations

They are intended to improve or reform the intervention in the framework of the cycle under way, or to prepare the design of a new one for the next cycle.

Recommendations must be clustered and prioritised, and carefully targeted to the appropriate audiences at all levels.

Annexes to the report

The report should include the following annexes:

- The Terms of Reference of the evaluation
- The names of the evaluators and their companies (CVs can be attached, but summarised and limited to one page per person)
- Evaluation methodology including tools utilised, analysis of the limitation of the methodology, remedy and degree of confidence in the conclusions.
- Evaluation Matrix (a table presenting the tools used to respond to each evaluation question as well as the indicators used).
- Intervention logic / Logical Framework matrix of the intervention.
- Relevant geographic map(s) where the intervention took place
- List of persons/organisations consulted
- Literature and documentation consulted
- Other technical annexes as relevant (e.g. statistical analyses, matrix of evidence, databases)