Terms of Reference
End evaluation of the Health Systems Advocacy Partnership

Introduction

The Health Systems Advocacy Partnership is currently in the fourth year of the five year programme. An independent, external end evaluation of the program will be undertaken as a requirement by the Dutch Ministry for Foreign Trade and Development Cooperation (MoFA). This final evaluation will measure progress towards the overall goal set out in the Policy Framework by MoFA in 2016 "to strengthen the lobbying and advocacy capacity of Southern civil society organisations". Early in 2019, MoFA clarified the purpose of the end evaluation stressing the importance of both accountability and learning. The deadline for submitting the final evaluation report to MoFA is 1 December 2020.

Background information

The Health Systems Advocacy Partnership (HSA Partnership) is a five year project (2016-2020) funded by the Dutch government. The ultimate goal of the HSA Partnership is to enable communities to realize their right to the highest attainable sexual and reproductive health (impact). The project aims to contribute to achieving Sexual and Reproductive Health and Rights (SRHR) by creating space for a strong civil society to engage effectively with governments, the private sector and other stakeholders accountable for health systems, to deliver equitable, accessible and high-quality SRHR services. The HSA Partnership envisages that by focusing on the creation of a strong health workforce, access to sexual and reproductive health (SRH) commodities, and investing in sustainable structures for health financing and governance, equitable access to high-quality SRHR service can be realized. This is realized by partners through four core strategies: capacity strengthening of civil society organizations, research, public awareness raising, and lobby and advocacy.

The Partnership is comprised of Amref Health Africa, the African Centre for Global Health and Social Transformation (ACHEST), Health Action International (HAI), Wemos, and the Dutch Ministry for Foreign Trade and Development Cooperation. As of 2016, the Partnership has been active in three countries Kenya, Uganda, and Zambia as well as in the broader African Region, the Netherlands and at the international level (particularly the WHO). In 2017, the HSA Partnership extended its work to Malawi and Tanzania. At the end of 2018, the HSA Partnership had worked with over 400 CSOs, of which 200 CSOs participated in capacity strengthening activities in the five African countries, besides stimulating south-south and south-north learning of CSOs and vice versa. Table one provides an overview of contexts, thematic and strategic focus of the partners.

Table 1. HSA partners focus areas

	Amref	Achest	HAI	Wemos
Contexts				
Kenya	X	X	X	
Uganda	X	X	X	
Zambia	X	X	X	
Tanzania	X	X	X	
Malawi	X	X		
African Region	X	X		
Netherlands	X			X
Global	X	X		X
Building Blocks				
HRH	X	X		X
Health financing	X			X
Commodities			X	
Governance	X	X		X
Strategies				
Capacity strengtening	X	X	X	
Lobby and Advocacy	X	X	X	X
Research and learning	X	X	X	X

An external mid-term evaluation was undertaken in 2018 which focused on 6 midterm outcome indicators relating to space for dialogue and dissent for civil society organisations. Outcome Harvesting as a qualitative method has been introduced in the Partnership in 2018 to identify and document results. Outcome Harvesting is a monitoring and evaluation methodology used to identify, describe, verify and analyse the changes brought about through a development intervention. It is designed to collect evidence of change (the 'outcomes') and then work backwards to assess whether or how an organisation, programme or project contributed to that change.

Objectives of the end evaluation

The main objective of this evaluation is to determine the extent to which the HSA Partnership has made progress toward achieving its objectives in the contexts of Kenya, Uganda, Zambia, Tanzania, Malawi, the African Region, Global and the Netherlands relating to:
1) Capacity strengthening of individual CSOs, CSO networks, communities, and media, and
2) Advocacy results of HSA partners and CSOs (mainly related to their involvement in policy making processes and level of support by policy makers).

A key focus of the evaluation will be the independent, external validation of outcomes already documented by the HSA Partnership, and the identification of other outcomes (including unintended results).

The approach to the end evaluation should include a strong learning element. The evaluation should provide insight into best practices, sharing and learning across contexts and partners, enabling factors and obstacles that have hampered progress. Identifying and validating (un)successful examples will contribute to learning about how the approach of the HSA Partnership and CSOs has led to both intended and unintended results. The exercise will generate findings concerning capacity strengthening and advocacy strategies which will mainly be used for input into other (current and future) projects of the four core organizations and related partner CSOs.

The quality of the evaluation has to adhere to (a selection of) criteria set by IOB, being validity, reliability, effectiveness, and usability. For details see annex 2. Core evaluation aspects to be taken into account for this evaluation are:

- Relevance (the extent to which results of activities contribute to addressing challenges around health system strengthening and SRHR),
- Effectiveness (the extent to which objectives were realised),
- Sustainability (the extent to which results of the programme can expected to be maintained in the longer term.

Scope

- The end evaluation will cover activities in eight contexts but field-work will take place in at least 3 to-be-selected African countries (sub-national, national in the capitals, and links to international contexts). Selection and decision on the number of countries to visit will take place in the inception phase in consultation with the Partnership Desk. See annex 1 for an overview of the geographical presence of the HSA Partnership.
- The evaluation will cover the period from January 2016 (start of the project) until March 2020.
- The evaluation will focus on beneficiaries at various levels i.e. individual CSOs, networks or platforms of CSOs, communities, media, decision-makers (mainly local and national government), representatives from regional or international institutions, the HSA Partners, and their counterparts in the African countries.

Methodology

It is anticipated that the methods for assessing and explaining the progress of the program in relation to the outcomes anticipated in the programme's Theory of Change will be largely qualitative. An extensive, in-depth document review will need to be done in the inception phase and is key to understanding the complexity of the Partnership. Results collected by the Partnership through the method Outcome Harvesting are a key resource. Validation of a selection of these and other outcomes related both to capacity strengthening and to advocacy results should be part of the data collection activities.

When answering the main questions, focus should be on what factors enabled/hampered results and should provide explanations or reasons as to why this is the case. Examples and case stories should be used to show how in particular situations particular approaches worked or didn't work. Evaluators should take into account that the level of experience of CSOs with lobby and advocacy and types of advocacy they engage in is diverse. Many CSOs assess themselves as experienced in advocacy.

The involvement of the HSA partners in the contexts in the inception phase and throughout the evaluation process is key. Also the involvement of CSOs in the inception phase to include their learning/evaluation questions is important. In consultation with the context teams and HSA Partnership Desk, finalization of the evaluation questions is expected in the inception phase to enable context teams, the partners, Desk, and evaluators a thorough and common understanding of the evaluation questions.

Main evaluation questions

There are 4 proposed sets of main questions related to:

1) Relevance of capacity strengthening of individual CSOs, CSO networks/platforms, communities, and media by HSA partners.
2) Effectiveness of advocacy approaches in achieving results of HSA partners, CSOs, and communities. Focus within results on improved support of decision makers and involvement of CSOs and HSA partners in policy making processes.
3) Lessons learned related to the two above mentioned areas, linking advocacy issues from local-national-global level and vice versa, gender/inclusivity, relevance.
4) Assess the soundness of the mechanisms put in place for sustainability of the HSA Partnership outcomes.

During the design process of this ToR, sub-questions have been formulated that further "unpack" the four main research questions. During the inception phase, the consultant is expected to make a selection of questions that are most relevant for answering the research questions and to incorporate these into a comprehensive evaluation framework. The current sub-questions are listed below:

1. *Relevance of capacity strengthening*
   - To what extent and in which situations has the HSA partners' capacity strengthening support* helped CSOs** and media to improve their capacity in lobbying and advocacy, which includes a range of skills and knowledge?
   - What criteria have been used to select CSOs to cooperate with in the HSA Partnership?
   - In what way has legitimacy of CSOs (e.g. representativeness, governance) been part of the selection criteria?
   - How has capacity strengthening effected the legitimacy of the CSOs?
   - What capacities were needed by CSOs and media to achieve results? Who contributed in what way to strengthening these capacities?

- Did capacity strengthening efforts of HSA partners lead to advocacy results of CSOs and media and if so, how?
- What factors enabled or hampered the strengthening of capacities of CSOs and media by HSA partners and why? Did partnership collaboration play a role in this and how?
- Which capacity strengthening efforts of CSOs/CBOs contributed to empowering local communities to demand their right to sexual reproductive health, and how? Which did not? What factors enabled or hampered this?

2. *Effectiveness of advocacy results and approaches****
   - To what extent have HSA partners seen results from their advocacy efforts? (give examples)
   - To what extent have CSOs, CSO networks, communities, and media that have engaged with the HSA Partnership seen results from their advocacy efforts? (give examples)
   - What advocacy tactics/approaches worked, didn't work and why?
   - What factors (internal/external) blocked or hampered achieving results by HSA partners, and why? How could these be influenced? Did partnership collaboration play a role in this and how? How do HSA teams handle changing circumstances?
   - What factors (internal/external) blocked or hampered achieving results by CSOs engaging with HSA partners, and why? How could these be influenced? Did partnership collaboration play a role in this and how? How do CSOs deal with changing circumstances?
   - To what extent did HSA partner's involvement of national and local policy-makers in their interventions influenced decision-makers' capacity/understanding of SRHR? (give examples)

3. *Lessons learned*
   - What are successes (how has the gender/inclusivity lens influenced outcomes in relation to the position of women, girls and marginalized groups?), challenges and lessons learned concerning applying a gender/inclusivity lens in both capacity strengthening as in advocacy activities which can influence results?
   - In what cases did working in a partnership enhance/hamper the results of capacity strengthening and advocacy activities?
   - What were successes and challenges in the collaboration (such as thematic cooperation, activities, exchange of views/information etc.) between partners/CSOs at different levels of the advocacy chain being at sub-national, national, regional and international levels?
   - How do the findings of the evaluation align with core assumptions in the ToC that Health Systems Strengthening contributes to realize improved SRHR?

4. *Sustainability*
   - What has been done to build sustainability into the programme?
   - How have HSA partners, and beneficiaries of HSA capacity support, increased the sustainability of capacity strengthening initiatives and results?
   - How have HSA partners and CSOs contributed to sustainability of spaces for dialogue and dissent (such as networks, platforms etc.) which HSA partners/CSOs have created, maintained, or supported?
   - How have HSA Partners contributed to sustainability of advocacy results by HSA partners/CSOs?
   - What are recommendations to improve sustainability that are feasible within the timespan of the current programme?

* Evaluating the increase in capacities includes the full range of capacity strengthening approaches such as workshops, trainings, collaboration, network building, and mentoring, as well as mutual learning (south-south, south-north and vice versa). This is particularly important when linking local advocacy issues to national and international level and vice versa.

** CSOs include here both individual CSOs and CSO networks/platforms. Communities can be represented by CBOs.
*** Partners/CSOs use different tactics or methods of advocacy for example influencing legislation, setting up local platforms, national campaigns, participating in technical working groups, etc.

Phases and deliverables

Inception (Sept-Nov 2019): In-depth analysis of project documentation, eg. to ensure roles, activities, and objectives of the partners are clear, and interviews with key program staff members and (selection of) CSOs. This will result in an inception report explaining the proposed evaluation framework and detailing the methodology, data collection tools, and work plan including timeline and finalized approach to record best practices. Furthermore, a preliminary report based on the desk-study and interviews is available. Both the inception and preliminary report contribute to the refinement of the proposed evaluation questions and specify possible additional questions, based on own judgement and input from the documentation and interviews.

Desk research and field work (Dec-March/April 2020): In-depth desk research, interviews and in-country field work (during March/April) will shed light on the activities of the HSA Partnership with the CSOs, networks, and media in each country. In at least 3 countries an in-depth study will be carried out following the research plan as presented in the inception report. Deliverable is a summary of the key findings of the country studies.

Reporting (May-June 2020): Reporting and participation in the discussion of findings and recommendations with the HSA Partners. The deliverables are a draft report followed by a final report taking into account the comments of the HSA Partnership.

Roles and responsibilities

The HSA Partnership will:

a) Provide the relevant project documents for review, such as the baseline, yearly reports by the partners per context, CSO capacity assessment results (made anonymous), outcome monitoring data, mid-term review report, and a database with results to which the HSA Partnership has contributed (documented with Outcome Harvesting).
b) In consultation with the consultant set up a group of contacts for each of the contexts who will provide additional context specific information and questions that can be addressed in this assignment.
c) Plan structured feedback moments between consultants, Partnership Desk, core partners and related partner CSOs involved during the data collection to discuss the process and any challenges experienced.
d) Provide in-country logistical support for the assignment.
e) Mobilize relevant stakeholders (such as health stewards, government officials at national and district level, training institutions, media, judiciary, civil society organizations (CSOs), (multi-stakeholder) networks and partners to participate in this assignment when needed.
f) Provide opportunity for validating findings for core partners and related partner CSOs involved in the research.
g) Provide the venue and equipment for the presentation and dissemination of the findings.

Consultant team

The consultant team is responsible for the data gathering process and communication with stakeholders involved. The consultant team ensures a debriefing of preliminary results to key stakeholders within HSA (incl. CSOs) at the end of the field research, and participates in discussions on findings and recommendations with HSA staff at partnership level. The consultant team takes responsibility for a quality final evaluation report.

We would like the travelling consultant to team up with a local consultant during the field visits to each country. This local consultant should be based in the country where field work is done. Costs need to be included in the budget proposal.

We expect to see the following products as a result of this consultancy (English language):

1. An inception report, presenting
    a. A detailed understanding of the terms of reference detailing the evaluation framework, methodology, data collection tools, work plan including finalized approach to record best practices.
2. Soft copy of all data collected (excluding interview transcripts).
3. Draft and final versions of the assessment. The report should:
    a. Be jargon free, clear and written in an accessible fashion
    b. Not exceed 50 pages
    c. Include an executive summary, outline of the methodology used including limitations, findings and recommendations.
    d. Ensure the analysis is backed up with relevant data and validated, with reference to data source
    e. Ensure the recommendations are specific and include relevant details how they might be implemented
    f. Include context study reports with key findings (annexes, max. 5 pages per context)
4. A presentation for dissemination of findings and recommendations

The focal point on behalf of the HSA Partnership will be the PME Coordinator of the HSA Partnership Desk. All deliverables will be reviewed internally by the Programme Group (in which 4 representatives of the HSA Partnership organisations take place) and the PME working group (in which 4 M&E representatives of the four HSA partner organizations reside plus the PME coordinator of the HSA Partnership Desk). CSOs involved in the data collection will also be included in the review of the draft report. Furthermore, an external advisory group (EAG) will be involved in the quality control of the evaluation report and will provide a formal advice on the compliance with IOB criteria.

Budget

An indicative budget for this consultancy is €80,000 (including everything such as VAT, transport, local consultant costs, accommodation costs). The HSA Partnership will cover local transport costs in the African countries during the field visits. Taking the budget and timeline into consideration a full coverage of all national and local engagements (see annex 1) is not possible, but a sample is expected. Potential consultants are requested to provide a budget breakdown realistic to the scope but not exceeding the budget ceiling.

Timeline

	Expected output	**Timeline**
1	Receiving of bids for potential consultants	30 August
2	Review and interviews, selection of consultant	Week of 23 Sept
3	Negotiations, contract signing with consultant	Week of 30 Sept
4	Introductions to HSA, meeting in the Netherlands with HSA Partners and Partnership Desk.	Early Oct
5	Presentation of draft inception report to HSA Partnership Desk	End October

6	Review of draft inception report by partners and External Advisory Group	Early November
7	Presentation of final inception report to HSA Partnership Desk	End November
8	Data collection, analysis & report writing Country visits of each 2 weeks planned for March/early April	December-April 2020
9	Draft report presentation to HSA Partnership Desk	Early June 2020
10	Review of draft report by partners and External Advisory Group	End June 2020
11	Final report presentation with HSA Partnership comments incorporated	July 2020

Available documentation

The overall Theory of Change and eight context-specific Theories of Change, the original program document, the annual reflection reports, and our IATI activity file including donor reporting on outcomes can be accessed through the following link: http://www.d-portal.org/ctrack.html?search&publisher=NL-KVK-41150298#view=act&aid=NL-KVK-41150298-4100

Qualifications

Applicants may be a group of individual consultants with a designated lead, or a company providing a consultant team. The applicants should exist of a mix of international and local consultants, the latter based in the HSA African countries. Alternatively, an (international) consultant team can apply while local consultants could be recruited during the inception phase in consultation with the HSA Partnership.

Applicants must have at a minimum the following qualifications:

- Proven experience with health system strengthening;
- Proven experience in assessing multinational advocacy programs;
- Experience with qualitative evaluation methods, preferably outcome mapping or outcome harvesting;
- Understanding of the field of work HSA Partnership is engaged in;
- Strong methodological and reporting skills;
- Fluency in written and spoken English;
- Capable of working and travelling to and within the Netherlands, and experience of working in the chosen African countries.

Applications

Submission of the proposal, including a financial proposal, can be made by an individual consultant with a network of local consultants, a consulting team, or a team of individual consultants led by a coordinator. Interested parties should submit their application to kim.groen@hsapartnership.org The deadline is 30 August 2019. A select number of parties will be invited for a presentation and interview, foreseen for the week of 23 September.

Applications must include:

1. Proposal not exceeding ten pages, outlining a proposed approach, evaluation framework and methodology with time plan and budget, and an outline of the roles and responsibilities of each member of the consultancy team (including local consultants). We explicitly welcome

proposals that incorporate creative methodologies to draw out and document learning and that are being able to record successes.
2. Curricula Vitae (CV) for all proposed team members.
3. Cover letter outlining how the consultant/s meet the person specification, confirmation of availability in the time frame indicated, and contact details of three professional referees.
4. An indicative budget including daily consultancy fees and an overall budget on headlines. The budget should eg. include costs for local consultants and costs for attending the introduction meeting in the Netherlands.
5. A sample of a similar piece of work previously conducted.

Annex 1: geographical presence of HSA Partnership

The table below shows that the HSA Partnership is actively implementing the project in 5 East African countries at the national level (often in the capital), and at the local level being districts or counties.

Besides our implementation in these 5 African countries, we are also active in the Netherlands at national level, in the Global context (mainly related to WHO) and at the African Region (regional institutes such as the AU, EAC).

As described in the ToR of this assignment, it is not expected to carry out the research in all administrative units/contexts but a selection thereof.

Kenya	Uganda	Tanzania	Malawi	Zambia
National/Nairobi	National/Kampala	National/Dar es Salaam/Dodoma	National/Lilongwe	National/Lusaka
Siaya	Soroti		Mangochi	Ndola
Homabay	Serere	Shinyanga DC	Ntchisi	Kabwe
Kajiado	Kabale	Msalala	Chitipa	Kitwe
Narok	Dokolo	Kishapu		Luangwa
	Lira			Chongwe
	Kisoro			Lusaka
				Livingstone
				Choma
				Mufulira
				Chililabombwe

Annex 2. IOB assessment framework for evaluations

IOB: 'The list below provides practical guidance for assessing the quality of evaluations. It should not be used mechanically. Not all elements carry the same weight and sometimes a weak score on one criterion is compensated by a high score on another. Rather, the list serves to obtain a systematic overview of why an evaluation can be considered of good or insufficient quality.'

Validity

1. The report describes the background and principles of the policy and the institutional playing field in which the evaluation's main object is active;
2. The report provides an elaboration of the policy theory and its underlying assumptions on causal and final relations, and of the aims-means hierarchy and the different results levels used;
3. The central research question provides a concise formulation of the evaluation's main purpose. Together, the secondary research questions operationalise the central research question;
4. The secondary research questions provide a practical application of criteria such as effectiveness and efficiency;
5. The methodological justification provides:
    a. a description and limitation of the sample (operational population) of the research units (stipulating type, target group, location, period, institution, financial expenditure, etc.) applied to the research results;
    b. a description and justification of the research methodology and techniques applied;
    c. the extent to which the indicators applied to the various results levels are also specific, measurable and time-bound;
    d. information on the degree to which the conclusions derived from the sample or case studies researched are valid for the entire research population;
    e. a description of the research limitations (if any) and of the problems related to generalizing from the main findings and the conclusions;
6. The report describes the methods used for quality control (internal, external expert group, steering group, involving independent experts);
7. The conclusions are all derived from the research findings.

Reliability:

8. The methodological justification provides information on the extent to which data are verified and different sources/methods have been used to collect information on the same characteristics, symptoms, events etc;
9. The report explains the degree to which the selection and content of the data sources used, especially documentation and respondents, were independent from the stakeholders of the evaluation, such as commissioning body, implementing organization, target group.

Effectiveness:

10. The evaluation provides a clear explanation of the way in which effectiveness was examined, using a valid method of measurement;
11. Were the changes in the effect variables measured against the situation at the start?
12. Were the changes in the effect variables measured against a control group?

13. Could the changes observed be attributed to the activity?
14. Did the changes observed and attributed conform to the aims of the programme, project or policy?

Efficiency:
15. The evaluation provides a clear explanation of the way in which efficiency was examined and has used a valid method of measurement.
16. The conclusions on efficiency answer questions such as:

- were inputs used in the least costly way?
- were activities implemented in a simple way?
- were overhead costs kept to a minimum?
- was duplication avoided?
- were implementation conflicts avoided/solved in a timely manner?
- was the programme efficient compared to other programmes with similar aims?

17. The conclusions are supported by the research findings.

Usability:
18. Clear explanation of the (external) purpose of the research.
19. Transparent and complete description of the evaluation report and the summary of the research essence and its main findings.
20. Completeness of the answers to the central and secondary research questions.
21. Practical operability of the recommendations and extent to which these fall within policy makers' span of control.