PEOPLE FOR HEALTH

Terms of Reference

End of Project Evaluation

The People for Health (P4H) Project

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1.0   Background

People for Health (P4H) is a USAID-funded project (2016 to 2021). The project is being implemented in 20 selected districts in the Northern, Eastern, Volta, and Greater Accra regions of Ghana. The implementation started in 15 districts in the Northern, Eastern, and Greater Accra regions in the first two years (2017 – 2018) and the remaining 5 districts in Volta Region in 2018. P4H is implemented by a consortium led by SEND-Ghana and including Penplusbytes and the Ghana News Agency (GNA). The goal is to strengthen the organizational and institutional capacities of both government and civil society for mutual accountability in family planning, maternal, newborn, and child health, nutrition, water, sanitation and hygiene, HIV/AIDS services for key populations, malaria prevention, and treatment, and related interventions to improve the management and performance of health systems that support these services. P4H aim to reduce inequities in the delivery of health services through the promotion of good governance practices of accountability, transparency, equity, and participation. The specific objectives are:

i.   to increase the capacity of Civil Society Organizations (CSOs) to effectively advocate on key issues in the health and HIV sectors
ii.   to mobilize and empower communities to demand better and equitable service delivery
iii.   to strengthen CSOs demand for accountability, compliance, and equitable service delivery.

The approach for achieving these objectives is enhanced social accountability, which blends SENDs tried and tested Participatory Monitoring and Evaluation framework (PM&E) with consortium members' methodologies. These are innovative technological approaches to increase citizens' voices to demand and champion improved access to quality health services. The project works through CSOs and government partnerships at the community, district, regional, and national levels.

2.0   Rationale and Purpose of Evaluation

i)   To carry out an overall assessment of the performance of the project in accomplishing the outcomes against each stated objective.
ii)   To assess the relevance, effectiveness, efficiency, and sustainability of project strategies and activities.
iii)   To identify, analyze and document key lessons learned, best practices and make recommendations for improvement of the P4H model to fostering equity in Ghana 's health planning and delivery system
iv)   To highlight and document any unintended outcomes and multiplier effects of the project

3.0 Scope of Work

The evaluation will be conducted between October to November 2021 covering the entire project lifespan and activities from 2016 – 2021 and to be guided by the outcome statements in the Activity Monitoring and Evaluation Plan (AMEP). The assessment will cover 12 out of the 20

operational districts (see attached in appendix) in all 6 P4H regions and from 50 out 100 catchment communities. The sampling of the communities will however be informed by the specific activities implemented in each region. For instance, all HIV and AIDS and key population (KP) sensitization and advocacy actions were implemented only in 10 districts and 50 communities in the Eastern and Greater Accra regions and during the initial 2 years of the project. Activities implemented with the community structures (i.e., community health management committees(CHMCs) water and sanitation management teams (WSMTs) community emergency transportation systems (CETS) father to father groups (F4FG), occurred in 58 communities during the last 3 years of the project. Technical areas addressed with these community structured were : malaria, WASH, maternal and child health(MCH) , nutrition, family planning , national health insurance scheme (NHIS), patients' charter and code of ethics for health workers. Community information centers and radio stations were used to carry out sensitizations in all 100 P4H communities. These sensitization activities were led by the District Health Management Team (DHMT) especially the Health Promotion and District Environmental Health Departments supported by the District Focal Persons. Implementation's strategies to be assessed include the four stages of the PM&E (i.e., policy literacy, evidence gathering policy dialogue, and responsiveness), digital technologies (use of the dashboard), and communication tools (poster, leaflet, radio station, community centers) concerning their contribution to the attainment of the 3 key planned outcomes. The evaluation will include cross-cutting themes such as gender equality and equity throughout the process. The evaluation exercise will engage the following stakeholders presented in the box below

National stakeholders	District stakeholders	Community stakeholder
National Health Insurance Authority head (NHIS)	NHIS District Office	Community-based Health Planning Services (CHPS)
Ghana Federation of Disabled Organizations (Communication Officer) National Association of Persons (NAP+) living HIV&AID	District Health Management Team	Community Health Management Committee (CHMC
	District Health Promotion Unit	Water and Sanitation Management Teams (WSMTs)
	District Focal NGOs/Focal Person	Farther to father groups
	District Citizen Monitoring Committee	Community Emergency Transport Systems (CETS)
	District Social Welfare Department	Key population - men sleeping with men (MSM), female sex workers (FSW), and PLHIV)
	District Assemblies (Planning and Budget Officer	
	Environmental Protection Unit	
	District Water and Sewage agency	
	Community Radio stations	

Target beneficiaries refer to pregnant women, breastfeeding mothers, adolescent boys and girls, under-fives, elderly, PLHIV and PWD

4.0 Evaluation Questions

To analytically address the evaluation objectives, the exercise will be guided by structured questions modeled around the OECD DAC evaluation criteria: relevance, effectiveness, and efficiency to be followed by sustainability and lessons learned

4.1 Relevance of the implementation of P4H

Relevance refers to the extent to which the project and its related actions have addressed the stakeholders, target groups, and beneficiaries' needs. The specific evaluation questions are to what extent :

i. Were the design and overarching methodologies and strategies (SEND's PM&E and PBB digital technologies) suitable in addressing the identified needs of the stakeholders, target groups and beneficiaries ?

ii. Were the P4H PM&E and related digital technologies appropriate tools for enabling the stakeholders and target groups to meet their advocacy needs?

iii. Was PM&E and digital technologies implementation appropriate for the realization of the project stated priorities and outcomes ?

iv. Did the project activities meet the needs of the key stakeholders, target groups and beneficiaries presented above?

v. Did the project respond to the peculiar needs of the key population (i.e., PLHIV, female sex workers MSM) and PWD?

vi. Did the P4H implementation respond to the specific needs of pregnant women, breastfeeding mothers, under-fives, adolescent boys and girls ?

vii. Was the consortium approach relevant to responding to the objectives?

4.2 Effectiveness of the implementation of P4H

The purpose of the effectiveness assessment is to use quantitative data and qualitative information to appraise the extent to which the stated overall objectives and outcomes have been achieved. To what extent:

i. Did the project deliver on each objective and expected outcome?

ii. Were the P4H thematic and technical areas: HIV, malaria, nutrition, family planning, NHIS, maternal and child health (MCH), and Water and sanitation (WASH) addressed?

iii.   Were the target beneficiaries reached with improved health care and services?

iv.   Were the target groups and stakeholders at national, district, and community levels capacity building needs to advocate for improved and quality health services met?

v.   Did the implementation deliver impactful budget advocacy at national and district levels to the benefit of the stakeholders,target groups and beneficiaries ?

vi.   Did the implementation strengthened CHPS capacity to deliver on their mandate to provide quality health care including MCH, family planning, and nutrition education to their catchment communities?

vii.   Did the implementation improve the access of the target groups, and beneficries to the NHIS?

viii.   Did the digital technology (i.e., the dashboard) deliver on its stated purpose in the project design to empower the stakeholders to collaboratively make health planning and implementation equitable to the benefit of the taget grpups and beneficiaries?

ix.   Were the project COVID-19 responsiveness strategies effective?

x.   Were the communication tools effective in mobilizing, educating, and increasing the participation of the target groups and stakeholders to accomplish the outcomes?

4.3   Efficiency of the implementation of P4H

To evaluate the efficiency of the implementation the focus will be on the planning, management, and monitoring systems as well as collaboration with implementing stakeholders. It will specifically answer the following questions: To what extent

i)   Did the management arrangements of the consortium between the prime and sub-awardees and within each consortium member contribute to the attainment of the outcomes?

ii)   Did the different implementation partnerships agreements involving national, regional, and district stakeholders achieve their stated purposes and also identify and document strengths, weaknesses, and challenges?

iii)   Did the monitoring and evaluation system add value to the implementation and what were the strengths, weaknesses and challenges?

4.4   Sustainability of P4H

Sustainability refers to the extent to which project outcomess(benefits) including improved community health and WASH structures, advocacy capabailities acquired by stakeholders, target groups and beneficiaires will last after the project ends in December , 2021. Specific evaluation questions are:

i) Whether the capacities of the following structures and groups were strengthened to deliver creatively on their mandates and purposes long after the P4H and they are CHPS and CHMC, FNGOs and DCMC; PLHIV and KP groups; WATSANs committees, F4FG;

ii) To determine the potential for the sustainability of the P4H dashboard and whether stakeholders and target groups will continue to use the ICT skills acquired to increase their participation in health planning and delivery .

iii) What P4H policy changes are likely to be maintained and adopted by the District Assemblies?

iv) What unintended consequences and multiplier effects did P4H produce?

5.0   Lessons learned and recommendations

To identify and describe key lessons learned focusing on project: design, objectives, outcomes, and implementation strategies including the consortium approach. The end of project recommendations should among others, highlight any potential for replicating or scaling up the P4H implementation model to promote equitable health planning and delivery in Ghana and also what happens to the P4H dasbord .

6.0   Evaluation Methodology

The consultant will develop an evaluation operational plan to be discussed and approved with the project team. The selected methodologies will ultimately be guided by the evaluation purpose. Consistent with P4H orientation, the assessment will adopt a mix of participatory tools (e.g., literature review, focused groups discussion, key informant interview, and survey) to appraise the existing and gather new quantitative and qualitative data to answer the evaluation questions stated above. Categories of documents and tools to support the evaluation exercise includes:

i) **Document review:** These documents will be reviewed by the consultant to help in the selection of the most appropriate methodologies and the development of the evaluation tools. They are the P4H technical proposal, Activity Monitoring and Evaluation Plan (AMEP), baseline report, annual work plans; quarterly and annual , Bi-weekly Reports; success stories compendium, P4H newsletters, Local Capacity Initiative (LCI) evaluation report of P4H, and PM&E survey reports.

ii) **The quantitative and qualitative tools development:** the consultant working with the P4H M&E team will design and develop appropriate sampling technique/process, the sample size, selection criteria, and data collection tools, data management, and quality check document. The qualitative tools may include: key informant interviews and focus group discussions.

7.0   Evaluation Products and Timelines

Knowledge Products	Description	Time

Inception Report	The consultant will prepare and submit an inception report in English detailing how she/he understands the ToR. The report must outline an understanding of the context and level of complexity of the P4H project, the evaluation design, sampling methods to be used and questions to be answered, and a detailed work plan for the entire exercise. Draft questionnaires, qualitative tools/instruments, and other data collection tools will be submitted to the P4H M&E team for review and approval before data collection starts. As part of the inception report, the consultant must provide a data analysis plan showing the questions and analysis for each of the project indicators to be investigated.	11th October 2021
Preliminary Evaluation Report:	The consultant will submit a draft evaluation report in English to the P4H. The draft report will be reviewed and comments provided on the report within a week of submission	8th November 2021
Final Evaluation Report	The consultant will submit a detailed final report of not more than 25-30 pages in English outlining the evaluation methodology, findings, lessons learned, and recommendations. The structure of the report will include an Executive summary, objectives, scope, description of the methodology, limitations, description of the assessment of context, detailed findings and analysis, conclusions, lesson learned, conclusion, and recommendations	15th November 2021
Annexes	list of all individuals interviewed, interview guides, questionnaires, any other technical details, etc.	

9.0   Budget

The consultant will develop a detailed budget and work plan based on the details in the TOR.

10.0   Consultant selection criteria

The lead consultant for this assignment must have a strong background and experience in Civil Society Organizations (CSOs) advocacy interventions evaluation. The consultant key qualifications and skills should include the following:

- Demonstrable experience (at least 5 years) in evaluating health-related advocacy interventions to improve health outcomes (i.e., in malaria, nutrition, maternal and child health, HIV and AIDS, WASH) for underserved population
- Prior experience in and/or familiarity with grassroots CSOs operations
- Experience in multi-methodological and interdisciplinary approaches and data collection and analysis techniques in the evaluation of development programmes.
- Appreciable understanding of complexity responsive evaluation
- Ability to conduct high quality and credible research, meet deadlines and respond to requests and feedback provided timely and appropriately
- Able to design and conduct quantitative and qualitative research, analysis, and evaluation
- Demonstrable experience evaluating USAID funded projects
- Health sector governance specialists will be an asset

11.0   Format for Submission of Proposals

Expressions of interest are welcome from both individual consultants and groups of consultants. The consultant is expected to submit technical and financial proposals, separately comprising the following components:

- Cover letter
- CVs of the consultant (team leader and members of the evaluation team)
- Samples of recent end of project evaluation reports
- Proposal (technical and budget) with suggested elements such as: an overview of the methodology, proposed work plan, and budget (with a breakdown of costs for professional and field costs associated with primary data collection
- Dates of availability for fieldwork.

12.0   Deadline for submission of Proposals

Applications should be submitted electronically to SEND GHANA using the e-mail address: career@sendwestafrica.org. The deadline for the submission of application is 25th October, 2021.

13.0 Appendixes

Regions	Districts
Eastern	New Juaben
	Akuapem North
	Birim South
	Lower Manya Krobo
	Kwahu Afram Plains North
Greater Accra	Accra Metropolitan Assembly (AMA)
	Tema Metropolitan Assembly (TMA)
	Ashaiman Metro
	La Dedakotopon
	La Nkwantanang
Northern	Yendi
	East Mamprusi
	Central Gonja
	Gushegu
	Tamale Metro
Volta	Krachi East
	Nkwanta South
	Nkwanta North
	Agotime Ziope
	Adaklu