TERMS OF REFERENCE

End of program GF-RHCF

TB Round 4

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| **1. Background and context** |

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) was set up as an international financing institution to increase resources to fight the three diseases namely HIV/AIDS, Tuberculosis and Malaria. Global fund has supported large scale prevention, treatment and care program against the three diseases. The purpose of GF is to attract, manage and disburse resources in public –private partnership that will make sustainable and significant contribution to the reduction of mortality and morbidity caused by the three major diseases and contributing for achievement of millennium development goals. To date, over 2 million peoples are on ARVs, 7.4 million peoples under DOTS and 70 million bed nets have been distributed.

Russian Health Care Foundation (RHCF) is assuming the role of Principal Recipient of GF grants in the Russian Federation. As Principal Recipient for the GF grant, is assisting the country to meet its main goals in reducing mortality and morbidity from TB. RHCF is responsible for the financial and programmatic management of the GF grant as well as for the procurement of health and non health products. In all areas of implementation, it provides capacity development services to relevant national institutions, sub recipients and implementing partners. Currently, RHCF, as Principal Recipient bears full responsibility for the operational and financial management of 2 grants: Tuberculosis Round 4, and HIV/AIDS Round 4. Currently RHCF run the Global Fund grant to totals USD 88,165,448.

RHCF is planning to conduct end-of-program evaluation for its Tuberculosis Round 4 grant of the GF program.

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| **2. Evaluation Purpose** |

The end of program evaluation will enable the team to assess, determine and report on GF project inputs, processes, accomplishment, lesson learned and to make recommendation to CCM. It mainly focuses on evaluating the outcome and impact the grant achieved during its five year implementation. The evaluation should:

1. Estimate the implementation process of Tuberculosis Round 4 grant
2. Estimate Round 4 Project contribution in strengthening TB care services in RF Estimate major achievements during the grants implementation – mainly focusing on outcome and impacts
3. Estimate the implementation effectiveness of MDR-TB treatment projects
4. Examine the performance of the PR in terms of coordination, procurements and supply management, finance, and monitoring and evaluations as well as evaluate the role of RHCF in managing the GF portfolio in the Russian Federation.
5. Estimate the major problems and constraints faced by the GF project at different

levels including national, state, county, health facilities and SRs.

1. Estimate the degree to which the GF project fits into the Ministry of Health and Social Development (MoHSD) health strategic program.
2. Estimate the relationship among different stakeholders involved in the

implementation of GF project including CCM, PR and SRs, and the

relationship with GF.

1. Estimate the extent of RHCF commitment to the human development approach and

how effectively equality and gender mainstreaming have been incorporated in the

design and execution of the programme.

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| **3. Objectives of End of Program Evaluation** |

The objectives of end of program evaluation are to evaluate the extent of progress and the relevance, effectiveness, efficiency, sustainability and impact of the program activities and formulate recommendations. Specific objectives include the following:

* To assess activities, inputs, process, output, accomplishment as implemented by RHCF as a PR and put recommendation to Principal recipient and CCM under TB Round 4.
* To assess the grant implementation steps at country level.
* To assess program achievement against target throughout the implementation of the grants
* To evaluate the grant expenditure against the grant plan and the steps followed in the procurements. Furthermore it will document the challenges related with the procurement.
* To assess the activities of PR and fulfillment of TOR as specified in the Initial proposal and CCM document. And assess its effectiveness in each service delivery area per each grant designed to implement set targets.
* To assess the extent to which the grant plans have been implemented and goals have been achieved by PRs and SRs. Identify significant program changes made in the course of program implementation.
* To assess constraints and challenges that the grants implementation encountered and how these have been resolved by implementing partners including SRs and PRs.
* To assess PR and CCM capacity and structure for managing GF in relation to human resource and infrastructure. Determine the extent to which the GF structures have been fulfilling their roles.
* Examine the efficacy of management of GF in the Russian Federation by relevant entities (PR and SRs) and assess how well they met the Global fund requirements with particular focus in the future grants.
* Assess whether GF funds in the Russian Federation are efficiently utilized
* Assess whether GF funds are making a substantial contribution in the existing program to control Tuberculosis,
* Document lessons learned and best practices during the implementation phase.

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| **4. Scope of the Evaluation** |

The evaluation will review RHCF-GF country programme TB Round 4. It will refer to the RHCF activities under PR by providing an examination of the effectiveness and sustainability of the RHCF programs by i) highlighting main achievements at programme since the implementation of GF project, at the national level in the last five years and RHCF’s contribution in terms of key outputs, ii) ascertaining current progress made in achieving different outcomes and impact in the given thematic areas and RHCF’s support to this. Qualify RHCF’s contribution to the programme with a fair degree of plausibility.

The results of the evaluation will be used to strengthen future implementation of similar GF programs. The findings will help in planning the project document for future rounds of Global Fund. It will also highlight areas where more funding should be allocated. The End of program review will try to identify the Global fund structure at country level and review its effectiveness.

The report will be submitted for consideration to the FG, CCM, MOHSD and HLWG. The report data will be placed through internet resources on the thematic sites ([www.tbpolicy.ru](http://www.tbpolicy.ru), [www.hivrussia.ru](http://www.hivrussia.ru), phtiziatr.ru).

The regions (oblasts) to be visited as part of end of program evaluation process will be selected in consultation with CCM.

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| **5. Methodology** |

The Evaluations will utilize both qualitative and quantitative methodology. The consultant will make the best use of the existing documents and conduct individual interviews/group meetings with relevant stakeholders. Thus both primary and secondary data will be utilized. The following data collection methods should be included as minimum.

* Desk review of relevant documents
* Discussions with the CCM, Senior Management at RHCF’s office;
* Briefing and debriefing sessions with RHCF-GF, as well as with other SRs
* Interviews with partners and stakeholders (including gathering the information on what the partners have achieved with regard to the outcome and what strategies they have used); other donors
* Field visits to selected project sites and discussions with project teams, project beneficiaries
* The evaluation will led by one national and one international consultant. The lead consultant, International after brief orientation, s/he will develop plan of action stating the methodologies and required resources for the end of program evaluation. In the plan of action, areas of evaluation, indicators and data collection should be clearly spelled out. The consultants need to attach interview questionnaires and focus group guide.
* Evaluation questions will be agreed upon among users and other stakeholders and accepted or refined in consultation with the evaluation.

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| **6. Key deliverables (Evaluation products)** |

The consultant(s) will produce a comprehensive structured End-of –program evaluation report that provide evidence on the results and impact of the grants as well as lessons learnt and give a rating of performance.

1. **Evaluation inception report**—An inception report should be prepared by the evaluators before going into the full fledged evaluation exercise. It should detail the evaluators’ understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods; proposed sources of data; and data collection procedures. The inception report should include a proposed schedule of tasks, activities and deliverables, designating a team member with the lead responsibility for each task or product. The inception report provides the programme unit and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.
2. **Evaluation matrix** should be included in the inception report. The evaluation matrix is a tool that evaluators create as map and reference in planning and conducting an evaluation. It also serves as a useful tool for summarizing and visually presenting the evaluation design and methodology for discussions with stakeholders. It details evaluation questions that the evaluation will answer, data sources, data collection, analysis tools or methods appropriate for each data source, and the standard or measure by which each question will be evaluated. (See the Table below)

Sample evaluation matrix

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| **Relevant evaluation criteria** | **Key Questions** | **Specific Sub-Questions** | **Data Sources** | **Data collection Methods / Tools** | **Indicators/ Success Standard** | **Methods for Data Analysis** |
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1. Debrief RHCF, CCM members, SRs, Regional TB dispensaries and other relevant health facilities
2. **A report** (i.e. Hard copy, a soft copy in MS Word and Acrobat reader, Times New Roman, Size 12, Single Spacing) containing:
   1. Title and opening pages
   2. Table of contents
   3. List of acronyms and abbreviations
   4. Executive summary
   5. Introduction
   6. Description of the intervention
   7. Evaluation scope and objectives
   8. Evaluation approach and methods
   9. Data analysis
   10. Findings and conclusions
   11. Recommendations
   12. Lessons learned
   13. Report Annex
3. Provide a draft report before leaving Russian Federation, and submit a final report within two weeks

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| **7. RHCF’s obligations- Implementation arrangements** |

**RHCF will**:

1. Provide the consultant with all the necessary support (not under the consultant’s control) to ensure that the consultant(s) undertake the study with reasonable efficiency.
2. Appoint a focal point in the programme section to support the consultant(s) during the evaluation process.
3. Collect background documentation and inform partners and selected project counterparts.
4. Meet all travel related costs to project sites as part of the programme evaluation cost.
5. Support to identify key stakeholders to be interviewed as part of the evaluation.
6. The programme staff members will be responsible for liaising with partners, logistical backstopping and providing relevant documentation and feedback to the evaluation team
7. Cover any costs related to stakeholder workshops during dissemination of results
8. Organize inception meeting between the consultants, partners and stakeholders prior to the scheduled start of the evaluation assignment.

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| **8.Supervision and Management of the Assignment** |

The consultants will work under the supervision of CCM and RHCF-GF project director with technical guidance from the GF M&E unit. MoHSD (at regional level), shall provide further guidance in the review of TB grant activities.

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| **9. Time Frame** |

The evaluation consultancy is tentatively scheduled to take place from **March 1, 2011-15 May, 2011**

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| **Tentative timetable (Russian Federation)** | |
| **Evaluation Team** |  |
| Orientation with CCM and PR, finalize and agree on ToR , revision of Plan of action; available documents, evaluation of methodologies, Desk review of relevant of documents ,interview with CCM members and PR. | March ,1- 10, 2011 |
| Continue Discussion with PR and SRs. | March 13-24, 2010 |
| Field visits to selected SRs implementation sites and health facilities to see program implementations | March-April 2011 |
| Discussion with MoHSD authorities and Synthesis of finding, clarification of issues, formulation of preliminary finding and recommendation, Report writing | March, 25- April, 25, 2011 |
| Prepare draft report, De-briefings through power point to RHCF,CCM and other stakeholders, submitting final report, | April, 26-30, 2011 |
| Incorporation of comments and submission of final report with clear set of recommendations | May, 1-15,2011 |
| **Total Work Days** | **34 working days** |

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| **10. Reporting** |

The consultant(s) will directly report to the RHCF Project Director and CCM Chairperson.

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| **11. Evaluation team composition and required competencies** |

The evaluation team shall consist of 2-4 consultants: an International consultant (team leader and member 2) and national consultants (2) with extensive knowledge of the country situation. The Team Leader (International) will have the responsibility for the overall co-ordination of the evaluation and for the overall quality and timely submission of the evaluation report to the RHCF. The team is expected to have experiences and skills in the following area:

* Primary health care system, functionality of health system
* knowledge on HIV/AIDS, Tuberculosis
* Program designing and strategic planning
* Grant manager familiarity with financial function .knowledge on global fund financial system will be an asset
* Procurements ,supply system managements at international level, monitoring and evaluation of the implementations system, designing of work flow
* General monitoring and evaluation system, basic monitoring frame work and result based management
* Experience in GF process and programmes will be an asset

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| **International Consultant** | |
| Education: | Degree in public health with master in public health, Medical doctor will be advantage**.** |
| Experience: | * Proven experience of a minimum of 10 years at the international level, preferably with UN experience. * Knowledge and Familiarity with the GF project and other results based M&E frameworks. * Previous experience in conducting country programme evaluations is an asset. * Knowledge of the political, cultural and economic situation in the Russian Federation or ability to quickly acquire such knowledge is desirable * Excellent writing and analytical skills * Ability to meet tight deadlines |
| Language Requirements: | Fluency in English |

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| National Consultants | |
| Education | Degree in Public health. Medical Doctor is an advantage |
| Experience: | * Knowledge on health care system of the Russian Federation * Basic knowledge and training on HIV/TB program * Experience in monitoring and evaluation of health related projects * Basic knowledge in primary health care system * Proven excellent analytical and written skills |
| Language Requirements: | Fluency in English |

**12. Remuneration and Terms of Payment**

National consultants will be paid in accordance with WHO standard contract rates as applicable for national consultants. The international consultants will be recruited and paid in accordance with WHO conditions and procedures.

**13. Conditions of Work**

Consultants will be expected to use their own laptop computers. RHCF will support and facilitate the consultants travel and provide administrative related issues of the consultancy.

## 14. Reference materials

The consultants should study the following documents among others:

1. Guideline for Reviewing the Evaluation Report;
2. Documents and materials related to the GF (proposal, agreement est.)
3. GF M&E guidelines.