

Call-down Contract

Terms of Reference

EVALUATION of the HEALTH POOLED FUND (South Sudan)

Purpose of the evaluation

1. The purpose of the evaluation is twofold: for **accountability** to each country that has contributed to the HPF; and for **learning**, to develop key recommendations for the continuation of HPF that delivers relevant, effective, efficient and sustainable delivery of essential health services for the people of South Sudan.
2. A **performance evaluation** is required to assess the contribution and relevance of the Health Pooled Fund (HPF) to development needs in South Sudan, and whether it has achieved its expected outcomes. The evaluation should also assess whether investments made by HPF are being (or can be) sustained; and whether the programme is gender sensitive in its design and implementation. The evaluation should also assess efficiency and value for money of the programme.

Background and context

3. Ranked by the 2014 Human Development Index (HDI) value as 169th out of 188 countries, South Sudan is one of the most fragile and underdeveloped countries in the world. As such, the health needs of South Sudanese are vast, while government capacity to deliver basic health services is profoundly challenged: there are severe shortages of health care workers, medical commodities and functional facilities combined with limited access (owing to the conflict) and poorly functioning referral systems along with cultural and financial barriers.
- 4.
5. Health indicators in South Sudan are among the lowest in the world and access to basic health services remains limited for the majority of South Sudanese. The infant mortality rate is very high at 104 deaths per 100,000 live births and only 17 percent of children are fully immunized. The maternal mortality rate of 2,054 deaths per 100,000 live births is one of the highest in the world, with only 19 percent of births attended by a trained health care provider. Women in general lack the ability to make informed decisions about whether and when to have children. The ongoing conflict has further strained an already weakened health system which suffers from: poor infrastructure; a severe lack of skilled health care workers; a lack of drugs, medical supplies and equipment; limited training institutions; and weak management capacity.
6. Approximately 70 percent of functional health care facilities are entirely dependent on international donor support, both humanitarian and development; those that do not receive outside funding barely function or have been shut down completely. Without ongoing external assistance, through mechanisms such as the Health Pooled Fund (HPF), the delivery of essential health services in South Sudan is severely compromised: more than 90% of the cost of delivering these services is currently covered by external assistance. The persistence of conflict,¹ particularly since July 2016, weakens an already

¹ The Peace Agreement signed by the government and Opposition in August 2015 and subsequent formation of a Transitional Government of National Unity (TGNU) has not brought sustained peace to the country. Fighting has continued, with conflict spreading to areas previously unaffected such as Western Bahr El Ghazal. June 2016 saw serious fighting and displacement in Wau and surrounding areas,

very basic health care system, which disproportionately affects women and girls, though the availability of data to confirm the health status of the population remains challenging.²

7. Significantly reduced oil revenue, together with the costs of the conflict and security, has had a significant effect on the fiscal position of the Government of Republic of South Sudan (GRSS) and its ability to pay for commodities and health worker salaries, with the government budget for the health sector reduced to 1.7%. Very high levels of inflation (running at 670% as of October 2016) have had a major impact on programme operating costs. Numerous Presidential decrees have created 32 new states, which have added additional challenges, including the need to create 22 new state ministries and county health departments, notwithstanding highly constrained government budgets for personnel and infrastructure.
8. Humanitarian and development implementing Partners (IPs) and NGOs throughout the country report a challenging operating environment, particularly in conflict-affected areas, compounded by the impact of the economic downturn. Most international staff were evacuated in July 2016 following the violence in Juba. There has been a gradual return of most expatriate staff since then. Activities in a range of locations have been affected by the local security situation, including restrictions on the movement of personnel and logistics in a number of areas.

Health Pooled Fund

9. The Health Pooled Fund was created in 2012, at the request of the GoSS to support the implementation of the South Sudan Health Sector Development Plan and to assist with the transition from a highly fragmented NGO led health service to one that is coordinated, standardized and government led. The Health Pooled Fund (HPF) was designed to support for primary health care delivery, with County Health Departments (CHDs) leading and managing the delivery of proven, cost-effective interventions.
10. Initial contributions to the HPF were provided by the UK, the EU, Sweden, Canada and Australia for a total of \$169M from October 2012 to March 2016. Subsequent pledges for the period March 2016 to April 2018 have been provided by UK (£56m), US (\$43.5M), EU (EUR20m), Canada (C\$50M) and Sweden (80M Kroner).
11. The UK acts as the Lead Donor and manages all donor contributions. As such, DFID is also responsible for managing the contract of a Fund Manager, whose responsibility is to contract, manage and monitor NGOs to support the delivery of health services and technical assistance.
12. The first phase of HPF had the objectives of;
 - a. Increasing utilisation and quality of health services.
 - b. Increasing health promotion and protection.
 - c. Strengthening institutional functioning including governance and health system effectiveness, efficiency and equity.
13. This phase was deemed to have successfully increased access to health services, and in some cases exceeded initial targets over the period 2012 to 2016. By mid-2016, the

whilst July saw a major outbreak of violence in the capital Juba, with attacks and widespread displacement of communities subsequently spreading across the Greater Equatoria region, continuing to date.

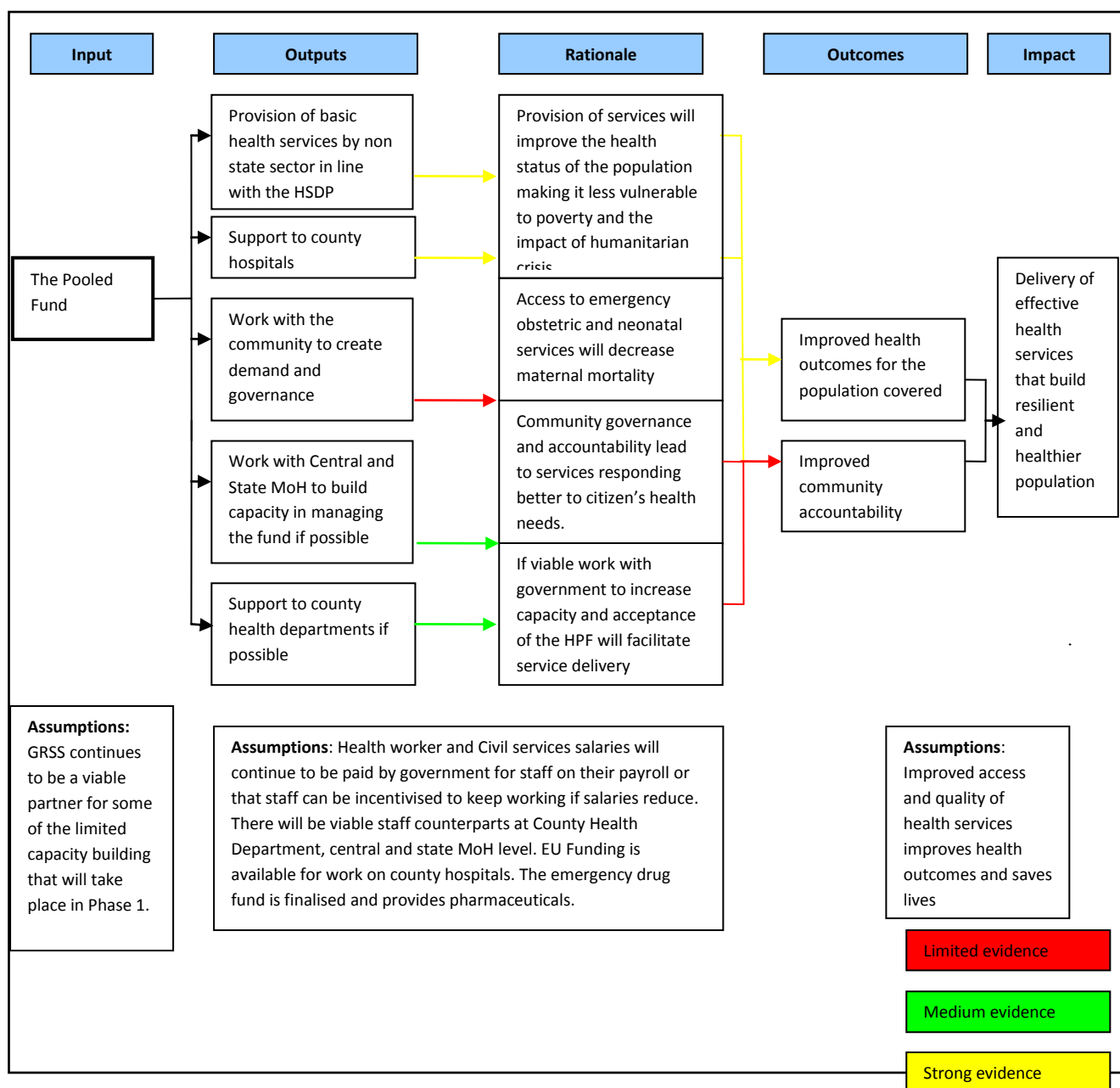
² Some key data is being obtained through a European Union (EU) contract with Charlie Goldsmith and Associates (CGA) aimed at mapping health facilities throughout the country in order to assist in the establishment of a national health sector platform.

Health Pooled Fund had reached 8 million people with healthcare - around $\frac{3}{4}$ of the country's estimated population of 12 million - a significant achievement in health service expansion and utilization. Overall, it supported 1,063 primary health care facilities, including 14 hospitals, across the 55 counties in six former states.

14. The second phase of HPF (HPF 2) which runs from March 2016 to March 2018 builds upon and expands the reach and scope of HPF 1. Supported by a consortium of donors, including UK (£56m), US (\$43.5M), EU (EUR20m), Canada (C\$50M) and Sweden (80M Kroner), HPF 2 is delivered by Ministry of Health staff and 19 implementing partners, the latter of whom are managed by Crown Agents (the Fund Manager). Whereas HPF 1 focused on 6 former states, HPF 2 now supports services in eight³ of South Sudan's 10 "former states." The scope of HPF 2 was adjusted, with the addition of a nutritional component.

15. Theory of change for health pooled fund:

³ Central Western and Eastern Equatoria; Northern and Western Bahr el Ghazal; Warrap; Unity and Lakes..



16. The expected impact of HPF 2 was “Government-led health systems that save lives.” The overall expected outcome was increased access to quality health services, in particular by children, pregnant women and other vulnerable groups. HPF 2 outputs deemed essential to deliver to achieve the expected outcome are:

1. Strengthened delivery of health services, particularly responsive to the needs of women and children,
2. Increased ownership, governance and demand of communities for health service,
3. Strengthened health systems at state and county levels.

17. The design of a third phase of HPF is now under way with a business case likely to be completed before this evaluation is finished. As such the output of this evaluation will be used to tailor delivery of this programme to achieve health objectives.

18. These Terms of Reference should be read in conjunction with the DFID Health Pooled Fund Business Case.

Evaluation scope, objectives and key questions

Scope

19. The scope of the evaluation encompasses the HPF 1 and 2 (2012 – 2018), and the intended results (outcomes and outputs) as set out in the two logical frameworks for HPF 1 and HPF 2. The scope includes the (intended and unintended) beneficiaries, the MoH and local authorities, all implementing partners and all contributing donors.

Evaluation Objectives

20. The specific objectives of this evaluation are to:

- Assess the relevance, effectiveness, efficiency (including value for money) and sustainability of the HPF, and how gender equality considerations were integrated;
- Identify areas of best practice in programme design and delivery and develop recommendations for the delivery of a future / successor programme.

Evaluation questions

21. The standard evaluation criteria recommended by the Development Assistance Committee (DAC) of the OECD form the basis for the evaluation as outlined in the following table. The selected supplier can propose limited alterations to these questions if needed.

EVALUATION QUESTIONS
RELEVANCE
1. To what extent has HPF identified, understood and responded to the essential health needs (as defined by the programme) of women, men, girls and boys in South Sudan?
2. To what extent has the HPF aligned with the health sector priorities of the Government of South Sudan?
EFFECTIVENESS
3. To what extent have the expected outputs and outcomes been achieved, in particular for children under age five and women, and what have been the main factors influencing the achievement or non-achievement of results? Were there unintended and/or negative results?
4. To what extent was HPF programming in South Sudan conflict sensitive, and consistent with the OECD principles and best practices for Fragile and Conflict-Affected States ⁴ ?
5. To what extent was the HPF coordinated with other stakeholders involved in delivering essential health services throughout the country?

⁴ See, for example, the following list of Organisation for Economic Co-operation and Development (OECD) publications: OECD, "Conflict and Fragility", http://www.oecd-ilibrary.org/development/conflict-and-fragility_20743637
See also New Deal: Building Peaceful States, last modified in 2015, last modified in 2015, <http://www.newdeal4peace.org/>
See also OECD, "Aid Effectiveness - Paris Declaration on Aid Effectiveness and Accra Agenda for Action", last modified in 2015, <http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm>

EVALUATION QUESTIONS
6. To what extent has the nutrition component of the programme been successful in integrating nutrition into the package of health services offered and achieving its expected results?
GENDER EQUALITY
7. To what extent has a Gender Equality and Social Inclusion Strategy been implemented?
8. What were the main gender-based barriers and challenges to programme delivery and achievement of outputs and outcomes?
EFFICIENCY
9. Were human and financial resources used in a cost-effective way for the outcomes achieved, in light of the operating context, needs of the beneficiaries, priorities of the MoH, and the organizational and management structures of the HPF? Was the programme implemented in the most efficient way compared to possible alternatives?
10. Has the community based approach trialled in HPF for treating common diseases in children under five been a cost-effective approach in the context of limited access to formal health facilities?
SUSTAINABILITY
11. What steps have been taken to create or integrate with long-term processes, structures, norms and institutions for sustaining the investments made by HPF?

Methodology and data

22. Bidders are invited to propose an appropriate evaluation design and methodology to answer the above questions, and also set out the potential risks and challenges for the evaluation and how these will be managed. This would be expected to include a combination of desk based and primary data collection and analysis.
23. This assignment will depend significantly on the quality and quantity of evidence-based information that is accessible from different reliable sources which will be gathered or collated by the evaluation provider. The evaluation provider will ensure that the evaluation process is participatory and provides for the equitable participation of female and male stakeholders and that interview, survey, consultation etc. samples are representative of programme reach (e.g. sex, age, ethnicity, race and socioeconomic groups), with reporting of findings disaggregated by different groups wherever possible and appropriate. And, the evaluation provider must ensure that the analysis for the evaluation reflects the challenging programming context for South Sudan as well as the extent to which the design of the HPF reflects the OECD principles and best practices for Fragile and Conflict-Affected States.
24. The proposal should include a clear evaluation matrix, (to be further refined in the inception phase) showing how each of the evaluation questions will be addressed, including key data sources and methods.
25. The evaluation should adhere to international best practice standards in evaluation, including the OECD DAC International Quality Standards for Development Evaluation, the OECD DAC Principles for Development Evaluation, and DFID's Ethics Principles for Research and Evaluation.

26. Existing contextual and monitoring data will be made available to the evaluation team, including business cases, logframes and annual reviews. In addition, a midterm review of the programme was completed in 2015 and third party monitoring has been recently completed (July 2017).

Key audience and evaluation users

27. The key audience for this evaluation is the donor group involved in delivering HPF (namely the UK, the EU, Sweden, Canada, Australia and the US), the Ministry of Health, and other development partners in South Sudan.

28. Findings from the evaluation will be used to inform delivery of a new / successor programme to HPF and HPF 2. This programme is expected to start in 2018. It will be important that interim findings and learning from the evaluation are available directly at the end of the main evaluation phase (key findings at time of draft report), to support potential future suppliers.

Deliverables and timeframe

29. The key deliverables for this TOR are as follows:

1. Inception report outlining detailed approach and workplan

30. The inception report will refine the information presented in these Terms of Reference and the Technical Proposal submitted by Integrity dated 12 September 2017 to bring greater precision to the planning and design of the assignment. It will be based on a preliminary review of the documentation and initial discussions with key stakeholders during the inception phase.

31. The inception report should cover the following content and quality standards.

Subject	Quality Standard
Rationale and Purpose of the Assignment	<p>The rationale, purpose and intended use of the assignment are stated clearly, addressing: why Evaluation is being undertaken, why at this particular point in time, for whom it is undertaken, and how the assignment is to be used</p> <p>The rationale and purpose should mirror those in the Terms of Reference. If not, proposed modifications are clearly explained and justified.</p>
Context of the Development Intervention	<p>The Work Plan briefly describes the context of the development intervention, including:</p> <ul style="list-style-type: none">· development agency, local government and partner's policies, objectives and strategies;· development context, including socio-economic, political, cultural factors, particularly related to gender equality; and,· key issues related to cross-cutting themes (i.e. gender equality).

Evaluation purpose, scope and questions	<p>The interventions being evaluated are clearly described and include:</p> <ul style="list-style-type: none"> · time period; · budget; · geographical area; · stakeholders; · target groups; · expected outcomes; · components of the intervention; · organisational set-up; and · implementation arrangements. <p>Evaluation purpose, objectives and questions are clearly set out. Modifications to the scope and questions established in the Terms of Reference are clearly explained and justified.</p>
Evaluation Approach and Methodology	<p>A detailed explanation of the following components should be presented:</p> <ul style="list-style-type: none"> · The Evaluation approach (theoretical framework for the evaluation); · The Evaluation methodology (taking into consideration budget, time, data and political and security constraints) should make reference to the following, where appropriate: <ul style="list-style-type: none"> · Description of proposed data sources · Explanation of how data sources will be cross-validated · Description and justification of design chosen to answer questions · Description and justification of the proposed techniques/instruments for data collection and analysis, including those used to collect and analyse gender- sensitive data and information · Explanation of the sampling and of each sample (e.g. stakeholders, numbers and gender of stakeholders, countries, regions, sites, sub-projects), including their representativeness and potential limitations. (A summary presented in the methodology section, and a detailed explanation provided in the annex) · Narrative explanation and presentation of the Evaluation matrix; · An assessment of the risks to achieving the evaluation objectives and how these will be managed; · Draft data collection protocols (guidelines for focus group discussions, interview questionnaires, observation checklists, etc.) are explained and presented in an annex; and, · A list of individuals and documents consulted for the Work Plan in an annex.
Workplan	Proposed Work Schedule
Reporting	Proposed table of contents for the Evaluation report
Evaluation Management	<p>The Work Plan identifies the Evaluation team members, their areas of expertise, their roles and responsibilities, and explains the management process established for the day-to-day administration of the assignment.</p> <p>This section should also explain the reasons for any major revision to</p>

	the Terms of Reference schedule. A detailed final schedule should be provided in an annex.
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2. Draft final report

3. Final report

32. The evaluation provider must prepare a draft and final report that describes the evaluation and proposes the findings, conclusions, recommendations and lessons learned, including a high level no more than two page Executive Summary.

33. The evaluation provider is entirely responsible for the quality of the reports and must follow OECD/DAC (2010) Quality Standards for Development Evaluation for the evaluation report. The evaluation provider is not to submit draft reports to stakeholders without the approval of the Contracting Authority (DFID), who will collect stakeholder's comments. The evaluation provider is responsible for accurately representing and consolidating the inputs of all stakeholders the report. The reports must be readily understood by the intended audience. The structure of the report should allow for a clear and logical flow of information from beginning to end. The report will be written at a level of quality and standard consistent with senior professional services (i.e. does not need to be significantly edited or re-written).

- Findings: refer to a factual statement (not conclusions), and they are based on evidence (aggregated in an evidence chart).
- Conclusions: refer to interpretations and judgments based on the findings.
- Recommendations: refer to proposed actions for the stakeholders. They are supported by findings and linked to conclusions. The recommendations must be:
 - clear about the action to be taken and by whom;
 - realistic about time and/or costs; and
 - where possible, presented as options associated with benefits and risks

34. The draft and final reports should follow the DFID template for evaluation reports.

Timeline

35. An indicative timeline is provided below:

- Start date and kick off meeting: week 1
- Inception phase: weeks 2-5
- Inception report due: end of week 6
- Feedback provided on Inception report: end of week 7
- Inception report approved: end of week 8
- Main evaluation phase: weeks 9-16
- Draft report due: end of week 16
- Feedback on draft review provided: end of week 18
- Final report due: week 20

36. The timeframe for delivery will be developed in consultation with DFID by the successful bidder during the inception phase, however, there is a need for findings to be available to feed into the new programme as far as possible, and this should be kept in mind.

Skills and qualification of evaluation team

37. The team undertaking this work will need to demonstrate significant experience and expertise in the following areas:

- South Sudan (i.e. country context expertise)
- Conflict sensitivity
- Gender equality analysis and results assessment in health sector, including identification of effective approaches to achieve gender equality results
- Designing and undertaking evaluations of health programmes, specifically Maternal, Newborn and Child Health, Sexual and Reproductive Health and Rights, primary health care, health system strengthening and human resources for health, using a range of evaluation approaches and methods (quantitative and qualitative)
- Evaluating Public Financial Management (including budget planning and implementation)
- Evaluating Governance programmes (including public sector capacity building at the national and sub-national levels)
- Performance Management (logical frameworks, performance management frameworks)
- Demonstrated understanding of relevant evaluation standards and norms, including OECD-DAC standards on evaluation.
- Demonstrated understanding of relevant evaluation codes of conduct and ethics, including DFID's Ethics Principles for Research and Evaluation.

Evaluation Management Arrangements and Stakeholder Involvement

Reporting and contracting arrangements

38. The work of this assignment will be guided by the Contracting Authority (DFID), based on input provided by an evaluation steering group (to be comprised of representatives from the Ministry of Health and participating donors).

39. The Contracting Authority is responsible for managing the contract, which includes but is not limited to:

- Direct contact point for evaluation manager
- The final approval of workplan and deliverables.
- Assessing the completion of services and deliverables against the approved work plan, supported by targets and indicators prior to paying invoices submitted by the evaluation provider
- Providing technical quality assurance on performance and all deliverables
- Disseminating deliverables to contributing donors

40. The evaluation steering group will provide advice on:

- Strategic direction on the focus of the assignment, including associated risks; and
- Review of and feedback on the factual and contextual accuracy of all deliverables

41. The Contracting Authority will have unlimited access to the material produced by the selected supplier for the purposes of dissemination.

Budget

42. The supplier must provide a budget summary that breaks down all costs in delivering this TOR. The maximum ceiling for this budget is £200,000.
43. The budget must include fee rates and any other charges for all personnel involved in the delivery of this TOR, including the exact time that they will be expected to spend on this contract over the contract period. DFID will not meet costs of business class travel; all travel costs expected to be paid by DFID must be budgeted as economy class.
44. Key milestones will be agreed between DFID and the contracted supplier before formal contracting.

Duty of care

45. The Supplier is responsible for the safety and well-being of their Personnel and Third Parties affected by their activities, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property. DFID will share available information with the Supplier on security status and developments in-country where appropriate. Please refer to Annex 1 which provides an updated Risk Assessment.
46. The Supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.
47. The Supplier confirm that:
 - They fully accept responsibility for Security and Duty of Care.
 - They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
 - They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.
48. If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your Tender will be viewed as non-compliant and excluded from further evaluation.
49. Acceptance of responsibility must be supported with evidence of capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence Tenderers should consider the following questions:
 - Have you completed an initial assessment of potential risks that demonstrates your knowledge and understanding, and are you satisfied that you understand the risk management implications (not solely relying on information provided by DFID)?
 - Have you prepared an outline plan that you consider appropriate to manage these risks at this stage (or will you do so if you are awarded the contract) and are you confident/comfortable that you can implement this effectively?
 - Have you ensured or will you ensure that your staff are appropriately trained (including specialist training where required) before they are deployed and will you ensure that on-going training is provided where necessary?

- Have you an appropriate mechanism in place to monitor risk on a live / on-going basis (or will you put one in place if you are awarded the contract)?
- Have you ensured or will you ensure that your staff are provided with and have access to suitable equipment and will you ensure that this is reviewed and provided on an on-going basis?
- Have you appropriate systems in place to manage an emergency / incident if one arises?

Further Documentation / References

50. The following documents would be available to the evaluation team:

- Annual reviews (most recent Dec 2016).
- Midterm review of HPF 2015.
- HPF Business Case (2012).
- Gender Equality and Social Inclusion Strategy.
- DFID template for evaluation reports.
- Third Party Monitoring Report (July 2017).

Annex 1. DUTY OF CARE

1. As part of its Duty of Care Policy, DFID SS has assessed the country and project risks in order to allow Suppliers to take reasonable steps to mitigate those risks during the duration of the contract. Below is the key for attributing overall scoring.
2. A matrix showing the latest risk scores for South Sudan as at August 2017 is set out below. **Project:** Evaluation of Health Pooled Fund
Country: South Sudan
Date of Assessment: 14 August 2017
Assessing Official: Amanda Parry / John McGinn

Theme	South Sudan – country wide
OVERALL RATING ^[1]	4
FCO travel advice	4
Host nation travel advice	None available
Transportation	4
Security	4
Civil unrest	5
Espionage	2
Violence/crime	5
Terrorism	3
War	3
Hurricane	1
Earthquake	2
Flood	3 ^[1]
Medical Services	4

3. South Sudan has been assessed as '4', which is high risk. Travellers and Suppliers should consult the FCO travel advice and DFID South Sudan for latest identification of high risk areas before travel to South Sudan.
4. The Supplier is responsible for their staffs safety and well-being whilst they are in South Sudan and for Third Parties affected by their activities under this Contract, including having appropriate security arrangements in place.
5. The Supplier is responsible for providing their own suitable security arrangements for their domestic and business property in-country and for ensuring appropriate on-going safety and security whilst in-country. Up to date travel advice is available from the Foreign and Commonwealth Office (FCO) website for South Sudan⁵.

^[1] The Overall Risk rating is calculated using the MODE function which determines the most frequently occurring value.

^[1] Flooding does occur during the rainy season between August and November in the North and North-Eastern States of Warrap, Lakes, Unity, Jonglei and Upper Nile.

⁵ http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/sub-saharan-africa/south_sudan

6. Travel to many zones in South Sudan is subject to daily travel clearance from the UN office in advance. DFID also will share where available, information with the Supplier on the security status and developments in-country where appropriate. The Supplier must ensure that that they receive the required level of training and/or experience on safety in the field **prior** to deployment to South Sudan.
7. The country also sits in a seismically active zone, and is considered vulnerable to minor tremors from earthquakes. These are unpredictable and can potentially result in devastation due to the fact that most buildings have been poorly constructed. There are several websites focusing on earthquakes to which the Service Provider can refer, including the Seismic Hazard Maps of the Worlds Website⁶.
8. The Supplier should be comfortable working in all such environments described above and must be capable of deploying to any areas required within the country in order to deliver on the terms of reference for the Contract.

⁶ <http://geology.about.com/library/bl/maps/blworldindex.htm>

