Department for International Development

UKaid
from the British people

CONTRACT FOR SUPPLIER SERVICES

Section 1 - FORM OF CONTRACT

CONTRACT FOR : **Performance Evaluation of the Health Result Innovation Trust Fund (HRITF)**

PURCHASE ORDER NUMBER: **PO 7676**

THIS CONTRACT is made

BETWEEN : The Secretary of State for International Development at the Department for International Development, Abercrombie House, Eaglesham Road, East Kilbride G75 8EA ("DFID");

AND : IOD PARC (trading name of International Organisation Development Ltd) ("Supplier")
[whose principal place of business, or, where the Supplier is a company, whose registered office is situate at

(together "the Parties").

WHEREAS:

A. DFID requires the Supplier to provide the services as defined in Section 3 (the "Services") to [DFID/*the name of overseas government or organisation* (the "Recipient"); and

B. the Supplier has agreed to provide the Services on the terms and conditions set out in this Contract.

IT IS HEREBY AGREED as follows:

1. Documents

This Contract shall be comprised of the following documents:

Section 1	Form of Contract
Section 2	General Conditions
Section 3	Terms of Reference
Section 4	Special Conditions
Section 5	Schedule of Prices

This Contract constitutes the entire agreement between the Parties in respect of the Suppliers obligations and supersedes all previous communications between the Parties, other than as expressly provided for in Section 3 and/or Section 4.

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2. Contract Signature

If the Original Form of Contract is not returned to the Contract Officer (as identified in Section 4) duly completed (including the applicable Purchase Order Number at the top of Section 1), and signed and dated on behalf of the Supplier within **15 working days** of the date of signature on behalf of DFID, DFID will be entitled, at its sole discretion, to declare this Contract void.

No payment will be made to the Supplier under this Contract until a copy of the Form of Contract, signed on behalf of the Supplier, is returned to the Contract Officer.

3. Commencement and Duration of the Services

The Supplier shall start the Services on 10th April 2017 (the "Start Date") and shall complete them by 10th November 2017 (the "End Date") unless this Contract is terminated earlier in accordance with its terms and conditions.

4. Financial Limit

Payments under this Contract shall not, in any circumstances, exceed £198,501 exclusive of any government tax, if applicable (the "Financial Limit").

5. Time of the Essence

Time shall be of the essence as regards the performance by the Supplier of its obligations under this Contract.

Department for International Development

UKaid
from the British people

For and on behalf of
The Secretary of State for
International Development

Name: [redacted]

Position: Procurement & Commercial Manager

Signature:

For and on behalf of
IOD PARC

Name: [redacted]

Position:

Signature

CB116 (March 2014)

Title:	**Terms of Reference for a Performance Evaluation of the Health Result Innovation Trust Fund (HRITF)**

INTRODUCTION
The Department for International Development (DFID's) mission is to help eradicate poverty in the world's poorest countries and this is underpinned by our set of values:

- Ambition and determination to eliminate poverty
- Ability to work effectively with others
- Desire to listen, learn and be creative
- Diversity and the need to balance work and private life
- Professionalism and knowledge

DFID is seeking to work with Service Providers (SP) who embrace the DFID supplier protocol and in addition demonstrate Corporate Social Responsibility (CSR) by taking account of economic, social and environmental factors in an ethical and responsible manner, complying with International Labour Organisation (ILO) standards on labour, social and human rights matters.

Value for Money (VfM) is important for all DFID programmes and as such, in all our activities, we will seek to maximise the impact of DFID's spend on programmes and encourage innovative ideas from our partners and suppliers to help us to deliver Value for Money.

The Department for International Development (DFID) leads the UK Government's work to end extreme poverty. DFID works directly in 28 developing countries across Africa, Asia and the Middle East. The UK Government's long-term vision for the Middle East and North Africa region is a prosperous, stable region based on open, democratic societies with greater social, economic and political participation of its people.

DFID has transformed its approach to transparency, reshaping our own working practices and pressuring others across the world to do the same. DFID requires Suppliers receiving and managing funds, to release open data on how this money is spent, in a common, standard, re-usable format and to require this level of information from immediate sub-contractors, sub-agencies and partners.

It is a contractual requirement for all Suppliers to comply with this, and to ensure they have the appropriate tools to enable routine financial reporting, publishing of accurate data and providing evidence of this DFID – further IATI information is available from; http://www.aidtransparency.net/

SUMMARY:

DFID would like to commission an evaluation of the Health Result Innovation Trust Fund (HRITF). The purpose of this evaluation is to consolidate what we are learning from the generated and emerging results, evidence and processes involved in establishing, implementing and evaluating an Results Based Financing (RBF) approach. The findings will be used to improve programme performance but also to support the design and implementation of RBF mechanisms being considered under the Global Financing Facility.

The main objectives of this evaluation will be:

Appendix B. Terms & Conditions Cross-reference (old reference linked to new)

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Objective 1: To assess the performance of the HRITF against the given goals and outputs of the programme (as described in the results framework) identifying strengths, weaknesses and lessons learnt.

Objective 2: Determine what progress has been made in addressing the recommendations from the previous 2012 evaluation.

Objective 3: To make recommendations to inform ongoing and future programming specifically aimed at (a) improving the performance of the current HRITF programme from a donor, implementer and country level perspective and (b) supporting the design and implementation of future RBF approaches being considered.

Recipients: The recipients of the services of this evaluation are DFID and NORAD. The primary audience for the report will be DFID/NORAD and the World Bank

Scope and Methodology: It is expected that a mixed methods design combining analysis of primary and secondary quantitative and qualitative data will be appropriate to respond to the evaluation questions. The evaluation will involve analysis of information from approximately 8-10 implementing countries through desk reviews, interviews and from country visits to a select number of countries.

PROGRAMME BACKGROUND

The Health Result Innovation Trust Fund (HRITF) is a World Bank-managed multi-donor trust fund, which was established in 2007 with initial support from the Government of Norway and then DFID from 2009, to support countries to design, implement, monitor and evaluate results-based financing (RBF) interventions in the health sector. Through Country Pilot Grants (CPGs), HRITF was designed for low income and lower middle-income countries to make progress towards goals outlined in their national health plans, and accelerate achievements towards the Millennium Development Goals (MDG) for women's and children's health (MDG 1c: nutrition, MDG 4: child mortality and MDG 5: maternal mortality). A primary output of the HRITF is to support a variety of Impact Evaluations and programme assessments to contribute to the global evidence base and knowledge on RBF. The value of donor pledges to the fund is $480.3 million of which $396 million is for RBF programmes in 30 countries. Countries have also linked this funding to $2.2 billion from IDA. The HRITF programme ends in 2022.

A primary objective of the HRITF programme is to build the evidence base for different RBF mechanisms, support countries to decide whether to continue using these mechanisms, or not, and where they are shown to be successful, support countries' ability to maintain and expand RBF mechanisms. Building the evidence base will contribute to our understanding of how/if an RBF approach leads to better performance and efficiency and how/if RBF strengthens the underlying health system in a sustainable way. This will build evidence for what works best in different contexts and about both the performance and impact of the different instruments. A detailed overview of the programme and an update on the performance to date is provided in the background section at the end of this terms of reference. This information will be critical to consider in responding to this submission.

BACKGROUND TO THE PERFORMANCE EVALUATION 2016

The HRITF agreement mandates periodic, donor initiated, independent, external evaluations in 2011, 2016 and 2022. The first of these was successfully undertaken in 2011/2012 covering the period 2007- March 2011 and a full report is available[1]. The key recommendations from the first evaluation included: a) develop a solid results framework for HRITF, theory of change and establish more strategic annual reporting structures; b) ensure a more strategic approach to selecting countries is developed; c) tighten up management of country projects and improve the learning agenda; and d) develop transition plans early. Since the previous evaluation, many of the issues highlighted have been addressed such as the development of a results framework that is used to monitor annual performance and a conceptual framework[2]. A management matrix based on the recommendations was drawn up and is revisited through annual review processes to monitor progress (see Attachment A).

EVALUATION PURPOSE AND OBJECTIVES

The purpose of this evaluation is to consolidate what we are learning from the generated and emerging results, evidence and processes involved in establishing, implementing and evaluating an RBF approach. The findings will be used to improve programme performance but also to support the design and implementation of RBF mechanisms being considered under the GFF.

The main objectives of this evaluation will therefore be:

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[1] https://www.norad.no/om-bistand/publikasjon/2012/evaluation-of-the-health-results-innovation-trust-fund-hritf/

[2] https://www.rbfhealth.org/resource/performance-based-financing-conceptual-framework

Objective 1: To assess the performance of the HRITF against the given goals and outputs of the programme (as described in the results framework) identifying strengths, weaknesses and lessons learnt.

Objective 2: Determine what progress has been made in addressing the recommendations from the previous 2012 evaluation.

Objective 3: To make recommendations to inform ongoing and future programming specifically aimed at (a) improving the performance of the current HRITF programme from a donor, implementer and country level perspective and (b) supporting the design and implementation of future RBF approaches being considered.

This evaluation will be guided by OECD DAC evaluation criteria including: relevance, effectiveness, efficiency, impact and sustainability. The evaluation will assess how well the HRITF upholds the Paris Declaration principles looking at country ownership, alignment, harmonisation, accountability, and results focus. A gender lens will need to be applied to assess how relevant an RBF approach is particularly for women and girls. A key component will be to describe the processes required to design, implement, monitor and evaluate an RBF approach in different contexts, highlighting useful and less useful practices and approaches. This information will support any course corrections required by the overall HRITF programme, as well as support countries to take stock of what has been successful or challenging as the pilot projects mature and some move towards a transition phase. Findings will also be used to inform activities being supported by the GFF.

Due to the differing stages of implementation of the HRITF, evidence of the impact and sustainability of a RBF approach will be less widely available and likely to exist mainly in the countries that have completed impact evaluations. Therefore, this evaluation will focus mostly on the outputs of the programme. However, in countries where impact evaluation and programme assessment findings are available, the evaluators will be requested to carry out more detailed case studies – assessing the programme assumptions from the output to the outcome and impact level.

It is expected that findings from this evaluation will contribute to the broader HRITF learning agenda and complement other activities involved with evidence generation that are explicit outputs deliverables of the HRITF programme e.g. the planned country learning conference in September 2016, and meta-analysis of results and implementation learning to be carried out by the World Bank. The World Bank is currently developing an overall evaluation framework which will consolidate all the findings and results from the different knowledge and learning activities and a draft framework is due to be completed by the end of 2016.

POSSIBLE EVALUATION QUESTIONS

Below is a set of potential questions under the three main objectives of the evaluation. These will be honed during inception phase, based on feasibility and timelines, and in agreement from the supplier and the evaluation steering group (see below). Relevant questions will need to ensure that they can assess each of the OECD-DAC criteria and cross cutting themes such as on gender, as specified above.

Objective 1: To assess the performance of the HRITF against the given goals and outputs of the programme identifying strengths, weaknesses and lessons learnt.

Potential questions looking at overall programme, processes, performance and cross-cutting themes:

1. What have been the key achievements and challenges in establishing and evaluating an RBF approach and building institutional capacity at a country level? How did the HRITF respond to any challenges?
2. To what extent are the programmes designed to reach marginalized, harder to reach and most vulnerable populations including women and girls? Are there any promising practices or approaches that do not seem to be working well? Was there beneficiary involvement in terms of design, implementation and monitoring and if so what level of participation was there and how effective was this?
3. What factors are critical for or a hindrance to, the successful design, implementation and monitoring of both the pilot projects and the impact evaluations? What factors are critical to build institutional capacity and awareness about RBF approaches?
4. Have there been any significant changes in the way the HRITF has been managed or implemented over time? If changes were made, why? What if any has resulted from these changes?
5. What is the evidence of the extent of country ownership in the supported activities?
6. How have the RBF mechanisms aligned with country policies, initiatives, development assistance and partnerships e.g. country systems, GFATM, GAVI, existing bilateral programmes? What influence have these country initiatives had on the implementation of an RBF approach?
7. How effectively and efficiently has the HRITF been managed by the donors and the WB and has this offered good value for money?
   - Were there sufficient human resources to deliver the tasks? How effective were the governance structures? How effective and efficient have the financial management and reporting processes been? Have resources been allocated to the right priorities? Have a sufficient number of different RBF mechanisms been introduced and tested?
8. How has evidence or lessons learned been used at the different stages of design, implementation and transition by countries? What evidence has been most useful and why?
9. Have RBF lessons positively or negatively influenced country policies, perceptions, decision making, practices including addressing gender or implementation course (short and medium term)? If yes, what and how? If not, what might be required or done differently?
10. How relevant, rigorous, of good quality and timely has the current and completed generation of evidence been from the programme? Or, if evidence is still forthcoming, how likely is it to meet key policy decision windows? Does anything need to change?
11. Based on the current knowledge and learning portfolio, what are the likely key knowledge and learning gaps moving forward?
12. In what ways, if any, has the emerging evidence and lessons from the HRITF affected the global RBF agenda, the knowledge base and the community of practice?
13. How have lessons learnt been used by the World Bank and how has the HRITF affected the way, the World Bank operates in countries e.g. GFF? How much is RBF integrated in the broader World Bank programmes including on Health, Nutrition and Populations? How has the HRITF affected the role of WB in MNCH globally, including work with partners?

Potential 'deep dive' questions focused on analysis of countries with impact evaluations (both completed or in progress) and assessing all DAC criteria:

1. What impact has the RBF approach had on health outcomes in different contexts?

2. Have there been unanticipated (positive or negative) effects or consequences of the instruments on the implementer, and/or on the beneficiary, and/or on health outcomes?
3. What evidence has emerged as to whether RBF incentives impact (positively or negatively) on behaviour of the implementer and / or beneficiaries?
4. Have the RBF mechanisms lead to improvements in efficiency – in converting inputs to outputs?
5. Have the RBF mechanisms lead to improvements in effectiveness – in converting outputs to outcomes?
6. Is there evidence that the RBF approach presents good value for money compared to other health financing models?
7. Where feasible, how sustainable are the outputs, outcomes and impacts delivered by the HRITF programme?
8. How relevant, rigorous, of good quality and timely has the generation of evidence been from the programme?

Objective 2: Determine what progress has been made in addressing the recommendations from the previous 2012 evaluation.

1. To what extent have the recommendations from the previous evaluation been addressed? How well has this been done? Have any recommendations not been taken up and why?
2. Did the recommendations change programme implementation and if so what changes were made and how has this affected the programme performance?

Objective 3: To make recommendations to inform ongoing and future programming specifically aimed at (a) improving the performance of the current HRITF programme from a donor, implementer and country level perspective and (b) supporting the design and implementation of future RBF approaches being considered.

1. Based on current progress, what evidence is there that programme outcomes (and hence assumed impacts) are likely to be achieved?
2. Based on question 1, what changes to the programme, including programme management and forward plans, are required for the HRITF to achieve its four objectives and improve programme performance?
3. Where are the gaps in institutional capacity required to sustain or transition RBF mechanisms from pilots and how best should these be addressed moving forward e.g. what technical assistance is required from the programme, what may be the role of GFF, other partners etc.?
4. Do the recipients have the necessary discretionary financing and capacity to continue to implement an RBF approach beyond the phase of the pilot? If not, are alternative plans being developed and what are these?
5. Has the global context changed since RBF was introduced and how would this affect the design, implementation, monitoring and evaluation of RBF processes in the future?
6. Are the learning and evaluation frameworks fit for purpose including the consolidated evaluation framework and do any changes need to be made? If so, what changes would be recommended?
7. How well are the country RBF evaluations/assessments going to be to support key policy decision making points as they are currently designed, in terms of timing and evidence needs? What will be the most useful way to present this evidence? Is other evidence generation required to complement current evaluations/assessments and is it within the scope of the programme to generate this evidence?

RECIPIENT

The recipients of the services of this evaluation are DFID and NORAD. The primary audience for the report will be DFID/NORAD and the World Bank. There will a number of stakeholders interested in the findings from this evaluation including: governments of pilot and other countries, the Global Financing Facility (GFF) Trust Fund Committee, the GFF Investors Group, DFID Ministers and the DFID RBF learning group and the broader development community. Not all information will be relevant for all stakeholders but an outline is provided in Annex A to summarise the likely requirements of each[3].

SCOPE

This evaluation will review progress of the HRITF programme with a focus (but not limited to) on the period from July 2011 until September 2016[4]. The evaluation should use a mixture of approaches, methods and tools to answer the questions in a way that meets the intended use, purpose and audience.

The evaluation will involve analysis of information from implementing countries through desk reviews, interviews and from country visits to a select number of countries. It is recommended that the country visits focus on countries with completed impact evaluations. It is preferable that there is a gender balance in the evaluation team.

The evaluation will focus on the following target groups:

- Policy and decision makers involved with HRITF design and implementation, including officials from the Ministry of Health and Finance at national and district levels where appropriate.
- Programme implementers including national, provincial and district health managers, health workers, civil society and relevant national researchers involved with implementation of the impact evaluations.
- Donors e.g. DFID, NORAD, GFATM, Gates Foundation
- Other key partners in the GFF and community of practice.
- Implementing partner - World Bank staff at HQ and country office level involved with programme implementation including any consultants supporting the programme.

METHODOLOGY

It is expected that a mixed methods design combining analysis of primary and secondary quantitative and qualitative data will be appropriate to respond to the evaluation questions. The framework used to analyse both quantitative and qualitative data should be determined by the evaluator. It should be rigorous and sufficiently robust in order to identify changes that may be plausibly associated with the project and that may contribute to the desired outcomes and impact. The analytical framework should identify pathways through which these changes have and could happen.

Quantitative data may be derived from a range of sources including but not limited to publications, project monitoring records, planning documents, programme results, impact evaluations, meeting reports, results framework, annual reviews, country reports and case studies. Qualitative data may be derived from sources such as key informant interviews. A preliminary list of available sources of data is included as Annex B and this will be updated prior to the start of the evaluation.

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[3] In line with DFID's evaluation policy, findings will be published on the DFID website.
[4] The previous evaluation covered the period between 2009 – 2011.

The following data collection methods are encouraged:

- A desk review using available data from current literature, programme and financial reports, workshop reports and results from the completed impact evaluations to analyse the current evidence, key achievements, lessons learnt and challenges both within and across all pilot countries.

- Analysis of evidence and key lessons from key informant interviews with the World Bank, donors, relevant stakeholders and recipient country governments at headquarter and country level. It is encouraged that the evaluators contact at least 10 countries to solicit information using a structured interview approach and visit at least 2-3 countries for a 'deeper dive' as outlined below[5].

- A deeper dive analysis in the form of case studies involving country visits to 2-3 countries including countries where impact evaluations have been completed to synthesize the results, impact, sustainability, key achievements and challenges of designing, implementing, monitoring and evaluating an RBF approach. Currently Democratic Republic of Congo, Cameroon, Gambia, Nigeria and Zimbabwe are being proposed but the consultants can make suggestions to include different countries which can then be discussed and agreed upon during the inception period.

- Based on the analysis, top line recommendations should be presented on operational and programmatic issues moving forward for (a) for donors/WB to inform management of the remainder of the HRITF programme (b) for recipient countries to consider improvements or address challenges; and (c) for the GFF secretariat and investors group to inform future implementation and activities.

Administrative considerations: Countries are at different stages of implementation of the RBF pilots – some have completed impact evaluations and have transitioned the pilots, where as other countries have less implementation experience of an RBF approach. The evaluators will need to be cognizant of this fact as they design an evaluation framework and undertake their analysis as data availability and experiences in terms of implementation will vary accordingly.

Representativeness, generalizability: The HRITF activities support countries with diverse social, political and health contexts. Different types of RBF approaches have been designed to address country needs but also to specifically build the evidence base to see how different mechanisms perform. Given the time and budget constraints, the evaluation will only be able to look at a relatively small portion of the evidence *in-depth*. Given these factors, generalizability will be difficult. Common themes may however become apparent and these should be highlighted.

Travel: Will be limited by budget and logistical feasibility. It is desirable that evaluators conduct country visits to countries where impact evaluations have been undertaken to give the greatest chance of evaluating all the DAC criteria. Final selection of countries will be agreed upon during discussions on the inception report. Evaluators will not be expected to visit countries facing any political disturbances or global health outbreaks and final decisions on country visits will depend on latest developments. In addition, the evaluators are encouraged to meet with relevant personnel in the World Bank/donors and travel to their offices should be factored into the budget and the inception report.

[5] Countries will be selected in consultation with the Bank, DFID and the Norwegian Ministry of Foreign Affairs/Norad

Access to data and technical resources: The evaluator will have access to a number of detailed documents that will primarily be provided by the donors and WB (but not limited to). Preparations will be made prior to the start of the evaluation, to have as much data ready for sharing so there are no delays. A list of data that is immediately available is included in Annex B. Information is currently also available on the RBF website which gives 'real-time' results for many of the HRITF supported countries. Access to additional data such as through the donor-portal will be facilitated by DFID, NORAD and key personnel within the Bank depending on the type required. This evaluation is not expected to re-analyse primary datasets from impact evaluations as this is likely to be duplicative of work already undertaken, although the evaluators will be able to review methodologies from these. Any additional data requirements proposed by the evaluators will be discussed during the inception phase of the evaluation.

Relevant donor/WB personnel will cooperate with the evaluators and be available for interviews and consultations. Day-to-day communication will be coordinated through the DFID focal point person but the evaluators can expect to have regular direct communication with relevant personnel from the World Bank. The evaluators will be able to meet and spend time with personnel from the WB including the principle investigators of the impact evaluations.

During the inception phase, the evaluator will propose a list of key informants to interview which will be discussed with evaluation steering committee and contact information will be provided where this is available. Organising dates and times for interviews with key informants will be the responsibility of the evaluators.

Country personnel and technical resources: The WB will work closely with the evaluation team to draw up this list and provide necessary contact details of relevant country focal point personnel. It is likely that conference calls with country teams will be required and again the Bank will help to facilitate these meetings but the evaluators will be expected to coordinate and chair these discussions. During country visits, the WB will support introductions with relevant country officials, stakeholders and technical partners in country. The evaluator will however be responsible for collecting qualitative or quantitative data from countries outlined in the inception report and for covering the costs for field visits and in-country meetings within the proposed budget.

During the inception phase, a detailed discussion on the data required given the proposed methodology will be further addressed. Specific requests for data or problems in accessing will be brought to the DFID focal point person who will resolve any issues if they arise.

Ethics: The evaluator will be expected to adhere to the DFID Ethics Principles for Research and Evaluation. This will include but not be limited to the following:

- Information gathered e.g. financial reports, interview responses will be treated confidentially.
- Individual respondents (officials from Ministry of Health and Finance, implementers, WB staff etc) will be informed of the purpose of the research and have the option to voluntarily participate in the evaluation.

Code of conduct: The evaluation of DFID assistance is guided by the core principles of independence, transparency, quality, utility and ethics. The evaluator will be expected to work according to these principles[6].

Fieldwork: The evaluator is encouraged to gather data directly from programme partners and beneficiaries through in-depth interview questionnaires and data collection in country as described above.

GOVERNANCE ARRANGEMENTS

The assessment will be coordinated by the DFID Human Development Department and be guided by a Steering Group that comprises representation from DFID, NORAD and the World Bank[7]. Representatives from both DFID and NORAD's evaluation departments will participate in this Steering Group. The purpose of the Steering Group will be to guide the design of the evaluation and assure the evaluation outputs. The group's input should ensure that the evaluation has credibility across the range of stakeholders.

Inception, work-planning and review meetings

Meetings with evaluators and the steering group will take place as required to ensure that the provider has all the necessary advice and guidance they require.

Commenting on study outputs (including timescales)

The Steering Group will provide comments on the evaluation work plan and inception report (4-6 weeks), the draft final report (months 6) and the final report (month 7). Feedback will be provided within 2 weeks.

QUALITY STANDARDS/PERFORMANCE REQUIREMENTS

The evaluation of DFID assistance is guided by the core principles of independence, transparency, quality, utility and ethics. Quality pertains to personnel, process and product in evaluation. Independent quality assurance is mandatory during the 'entry' design phase and at the 'exit' (draft final report) stages. Quality Assurance is currently conducted by SEQAS, a contracted service. There is a 10 working day turnaround, provided that the programme team is able to notify them in advance about the delivery of the outputs. The Evaluator's services and performance will be assessed using DAC Quality Evaluation Standards.

In addition to quality assurance requirements, a formal management response to all findings, conclusions and recommendations from an evaluation is required, and will be published with the evaluation.

REQUIREMENTS

The evaluation will be commissioned through a competitive tendering process which may include going through existing DFID evaluation frameworks. The assessment should be carried out by an organisation or a group of consultants with the following expertise:

- Experience in conducting quantitative and qualitative evaluations of results based financing health sector programmes
- Knowledge of global health financing strategies and understanding of the different modalities for funding the health sector in different contexts.
- Knowledge and experience in RMNCH in low and middle income countries especially the Africa context as well as knowledge of health systems and health system strengthening.

[6] See DFID Evaluation Policy 2013, pp6-7.

[7] TOR for steering committee available on request

- Experience in analysing and determining the quality of impact evaluations, programme performance assessments and qualitative research.
- Experience in primary qualitative and quantitative data collection and analysis.
- Strong analytical skills and ability to think strategically and concisely analyse and integrate information from a diverse range of sources into practical and realistic recommendations.
- Effective communication skills, written and spoken, in English required and French strongly recommended.

Bidders must include CV's of proposed consultants and their role in delivering this TOR as part of their bid.

OUTLINE OF PROPOSED WORK PLAN

1. Month 1-2: Draft inception report that includes:
   - Suggested evaluation questions and sub-questions, evaluation methodologies, with their strengths and limitations, concluding with recommendations for evaluation approach.
   - Identification of data needs, including what can be drawn from HRITF monitoring and what will be required from primary data collection (based on discussions with stakeholders).
2. Month 2-3: Final inception report that includes: country selection, evaluation methodology with data collection instruments, including sampling framework, analysis plan, coding framework for primary data and reporting plan (to be QA'd following DFID Evaluation policies).
3. Month 6: Draft final report (to be QA'd following DFID Evaluation policies) with findings, lessons learned and recommendations.
4. Month 7: Final report, incorporating Steering Group comments, and, upon completion, primary data cleaned, labelled and with identifying information removed.

REPORTING & DELIVERABLES:

1. An inception report outlining the evaluation framework, questions to be asked, selected countries, references to past performance.
2. A draft final report (max 30 pages excluding annexes) for preliminary circulation to DFID, Norway and WB for feedback.
3. A final report completed after the incorporation of comments from DFID, Norad, WB and some key stakeholders as defined by HRITF working group, including a detailed executive summary of no more than 5 pages
4. A presentation to DFID, Norway, the Bank and relevant stakeholders, and accompanying shareable set of slides for circulation.
5. A learning brief of 2-4 pages summarising key findings and recommendations of the evaluation.

DFID and members of the Steering committee will be responsible for onward sharing of findings from the evaluation to relevant stakeholders and pilot countries.

CONSTRAINTS AND DEPENDENCIES (IF ANY EXIST)

The evaluation will start in the last quarter of 2016. The duration is expected to be approximately seven months from start to final completion of all evaluation output requirements.

It is not expected that the evaluator will need to work with other evaluation or M&E suppliers. The evaluator will be expected to engage closely with the implementing

partner World Bank. The evaluator will have to plan field trips in collaboration with WB to ensure that the scheduling is appropriate for all parties.

Management of risks/challenges
The evaluator will perform appropriate risks assessments for the project including field visits. DFID/WB will provide information on risks and risk management at country level as requested by the evaluator.

TIMEFRAME
This contract will commence in April 2017, with the final report completed (including QA) within 7 months and expected at the beginning of November 2017. No extension is anticipated, but there will be an option to extend for 1-3 months and will be subject to the DFID programme Officer's discretion

DFID CO-ORDINATION
The following people will support the development of this evaluation and its requirements: Human Development Department – SRO for the HRITF, Health advisor, Evaluation advisor, Programme manager and Procurement department. The DFID focal point person for the evaluation will be the Health advisor from the Health Services Team within the Human Development Department..

DUTY OF CARE
The Supplier is responsible for the safety and well-being of their Personnel and Third Parties affected by their activities under this contract, 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. DFID will provide the following: A copy of the DFID visitor notes (and a further copy each time these are updated), which the Supplier may use to brief their Personnel on arrival.

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.

Bidders must develop their response on the basis of being fully responsible for Duty of Care in line with the details provided above. They must confirm in their Response that:

- They fully accept responsibility for Security and Duty of Care.
- They have made a full assessment of security requirements.
- They have the capability to provide security and Duty of Care for the duration of the contract.

If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your Response will be viewed as non-compliant and excluded from further evaluation.

Acceptance of responsibility must be supported with evidence of Duty of Care capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence, Suppliers should consider the following questions:

a) 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)?
b) 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?
c) 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?
d) 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)?
e) 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?
f) Have you appropriate systems in place to manage an emergency / incident if one arises

The latest DFID/FCO risk assessment data on countries that may require visits as part of the delivery of the project is provided in Annex C. Once these countries have been selected and agreed upon, these can be updated. For any immediate information on travel please consult the FCO travel advice: https://www.gov.uk/foreign-travel-advice.

BACKGROUND

The Health Result Innovation Trust Fund (HRITF) is a World Bank-managed multi-donor trust fund, which was established in 2007 with initial support from the Government of Norway and then DFID from 2009, to support countries to design, implement, monitor and evaluate results-based financing (RBF) interventions in the health sector. Through Country Pilot Grants (CPGs), HRITF was designed for low income and lower middle-income countries to make progress towards goals outlined in their national health plans, and accelerate achievements towards the Millennium Development Goals (MDG) for women's and children's health (MDG 1c: nutrition, MDG 4: child mortality and MDG 5: maternal mortality). A primary output of the HRITF is to support a variety of Impact Evaluations and programme assessments to contribute to the global evidence base and knowledge on RBF. The value of donor pledges to the fund is $480.3 million of which $396 million is for RBF programmes in 30 countries. Countries have also linked this funding to $2.2 billion from IDA. The HRITF programme ends in 2022.

A primary objective of the HRITF programme is to build the evidence base for different RBF mechanisms, support countries to decide whether to continue using these mechanisms, or not, and where they are shown to be successful, support countries' ability to maintain and expand RBF mechanisms. Building the evidence base will contribute to our understanding of how/if an RBF approach leads to better performance and efficiency and how/if RBF strengthens the underlying health system in a sustainable way. This will build evidence for what works best in different contexts and about both the performance and impact of the different instruments.

The five expected outputs of the HRITF Trust Fund are:

Output 1: Low and lower middle income countries develop increased awareness of and capacity to design and implement RBF approaches in health
Output 2: Effective design and implementation of RBF in low- and lower middle-income countries
Output 3: Evaluation of RBF programmes is supported
Output 4: Countries have access to a robust evidence base on RBF and institutional capacity for sustainability
Output 5: HRITF is administered efficiently and effectively

To build the evidence base, a variety of RBF approaches have been designed based on country needs and include: (i) health facility performance-based financing (29 grants) (ii) performance-based financing at higher levels than the health facility (e.g. in administrations) (35 grants), (iii) community-based performance-based financing (7 grants) (iv) conditional cash/in-kind transfers or voucher schemes (6 grants), (v) performance for results (cash on delivery) (1 grant), (vi) disbursement linked indicators (3 grants), and (vii) social health insurance schemes (3 grants).

Table 1: Overview of type of RBF approach by country

Type of RBF approach	Countries involved
Health facility performance (29 grants) Performance-based financing at higher levels than the health facility (e.g. in administrations) (35 grants)	Afghanistan, Argentina, Armenia, Benin, Burkina Faso, Burundi, Brazil, Cameroon, China, Democratic Republic of Congo (1 and 2), Republic of Congo, Gambia, Ghana, Haiti, India, Kenya, Kyrgyz Republic, Lesotho, Liberia, Mexico, Nigeria, Rwanda, Senegal,

	Tajikistan, Tanzania, Yemen, Zambia, Zimbabwe
Community based financing (7 grants)	Burundi, Cameroon, Ghana, Gambia, Senegal, Rwanda, Zambia 2
Conditional cash/in-kind transfers or voucher schemes (6 grants)	Burkina Faso, Nigeria 2, Pakistan, Senegal, Yemen, Zimbabwe 2
Performance for results (cash on delivery) (1 grant)	Ethiopia
Disbursement linked indicators (3 grants)	Laos, Nigeria 2, Zambia
Social health insurance schemes (3 grants)	Armenia, Kyrgyz Republic, Tajikistan

Since inception, 36 Country Pilot Grants (CPGs) have been approved and RBF pilots are being implemented in 30 countries[8]. The HRITF pilot grants range from between $0.4million to $20 million and in most cases countries have linked these grants to IDA loans to allow broader implementation.

Alongside these, the programme has provided a number of evaluation grants that include: 29 quantitative impact evaluations with mixed methods and 4 qualitative impact evaluations; 5 programme assessments; and 5 enhanced programme assessments. The impact evaluations measure the causal impact of the intervention in question, using a rigorously identified counterfactual and a handful of econometric techniques that allow it to identify the causal impact of the programme, while the programme assessments do not typically involve a counterfactual. In addition three standalone impact evaluations, where the RBF approach itself was not implemented by the World Bank, have also been carried out[9]. Thirty 'Knowledge and Learning' grants have been provided to support technical dialogue and learning about RBF design and implementation in all IDA-eligible HRITF countries[10].

Details of the types of questions that each of the impact evaluations plan to answer are outlined in the HRITF Learning Strategy[11]. All these evaluations are at different stages of implementation. Countries with completed impact evaluations include: DRC, Argentina (stand-alone), India (stand-alone), Rwanda, CAR (only baseline), Zambia, Zimbabwe, Afghanistan (only baseline) with China and hopefully Burundi due to finalized in 2016.

Implementation of the CPGs is also at different stages in each country but the majority of the pilots will be completed by the end of 2019 with plans to consolidate all the findings from the programme and impact evaluations in the subsequent years of the programme[12]. The World Bank is in the process of developing an evaluation framework to guide the consolidation of these results.

[8] Afghanistan, Armenia, Benin, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Chad, Democratic Republic of Congo, Djibouti, Ethiopia, Gambia, Ghana, Haiti, India, Kenya, Kyrgyz Republic, Lao, Lesotho, Liberia, Nigeria, Pakistan, Republic of Congo, Rwanda, Senegal, Sierra Leone, Tajikistan, Yemen, Zambia and Zimbabwe

[9] Standalone impact evaluations have been undertaken in Argentina, China, and India (Karnataka).

[10] Countries have used these grants to explore and analyse whether RBF is the right approach for their country context and health system challenges.

[11] https://www.rbfhealth.org/resource/learning-agenda-results-based-financing-health-sector-health-results-innovation-trust-fund

[12] Ghana is the only country with a closing date after 2019.

In addition to formal evaluations, regular data is being collected for all 36 pilots using data from either routine national reporting systems or project specific information systems. An overview of the progress of the CPGs and their evaluations is attached in Attachment B[13]. Between 2013 and the end of 2015, the RBF pilots had *contributed* to a cumulative[14]:

- 6,300,166 one-year old children being fully immunised;
- 4,916,517 women delivering their babies with a skilled birth attendant;
- 4,783,504 pregnant women receiving postnatal care; and
- 17,332,087 women aged 15-49 using modern family planning methods.

Evidence from the initial impact evaluations is slowly emerging and is highlighting variable results which are dependent on the country context[15]. Evidence and lessons learnt are being shared through publications, websites, at conferences and through exchange visits. Some governments e.g. Rwanda, had already adopted RBF approaches before this programme began. Other governments and donors are developing increased confidence in Results-Based Financing (RBF) methods as demonstrated by a number of RBF projects being scaled-up and transitioning into national control, governments co-financing projects, and additional donors pledging commitments[16]. This has enabled some countries to scale up HRITF activities to cover additional districts.

Learning from the experiences of the HRITF, another major development has been the establishment of the Global Financing Facility (GFF)[17]. The GFF was launched in July 2015, as a key financing platform of the UN Secretary-General's updated Global Strategy for Women's, Children's and Adolescents' Health. It is a country-driven financing partnership that brings together, under national government leadership, stakeholders in reproductive, maternal, newborn, child and adolescent health (RMNCAH), to provide smart, scaled and sustainable financing to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths by 2030. The GFF is partly funded by the GFF Trust Fund and these funds are likely to be mainly results based. It is important that lessons learnt from the HRITF to date are incorporated.

[13] This is due to be updated at the beginning of September 2016 in time for this evaluation
[14] Individual country results and scorecards can be found on http://www.rbfhealth.org
[15] Results from completed evaluations can be found on http://www.rbfhealth.org
[16] By March 2015, a total of 7 countries were receiving financing from the national governments (including Burundi, Zimbabwe, Sierra Leone, Republic of Congo, Nigeria, Cameroon and Tanzania) and 13 countries were receiving financing from other donors (including Afghanistan, Benin, Burkina Faso, Burundi, CAR, DRC, India, Nigeria, Ethiopia, Tanzania, Haiti, Senegal, Pakistan, and Cameroon)
[17] For more details go to: http://globalfinancingfacility.org. There are currently 12 frontrunner countries, all at different stages of implementation.

ANNEX A: Outline of relevant stakeholders who will be interested in the findings from this evaluation

Audience	Relevant information	Format required
Donors: Norway, DFID	• All findings and recommendations from each of the Objectives of the evaluation	• Full final report • Presentation
World Bank: as implementer	• All findings and recommendations from each of the Objectives of the evaluation	• Full final report • Presentation
Governments, policy makers and implementers at country level	• Findings under Objective 1 of the evaluation; • Recommendations related to design, implementation, monitoring and evaluation of an RBF approach from a country perspective	Final report and presentation excluding: • Findings from review of previous evaluation • Recommendations specifically related to internal programme management
GFF investors group	• Findings under Objective 1 of the evaluation; • Recommendations related to design, implementation, monitoring and evaluation of an RBF approach from a country and GFF perspective	• Full final report • Presentation
Research community, community of practice	• Findings under Objective 1 of the evaluation; • Recommendations related to design, implementation, monitoring and evaluation of an RBF approach from a country perspective	Final report and presentation excluding: • Findings from review of previous evaluation • Recommendations specifically related to internal programme management

ANNEX B: Preliminary list of background information and available resources

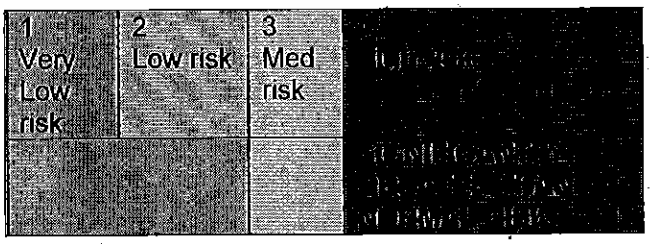
RBF website that has results from countries, publications, updates etc	https://www.rbfhealth.org
Programme description	DFID, Norway - https://devtracker.dfid.gov.uk/projects/GB-1-200763
Results framework	DFID, Norway - https://devtracker.dfid.gov.uk/projects/GB-1-200763
Annual reviews	DFID, Norway - https://devtracker.dfid.gov.uk/projects/GB-1-200763
Evaluation report from 2012 Management response to recommendations	https://www.norad.no/om-bistand/publikasjon/2012/evaluation-of-the-health-results-innovation-trust-fund-hritf/ Attachment B
Conceptual framework	https://www.rbfhealth.org/resource/performance-based-financing-conceptual-framework
Learning Agenda for Results-Based Financing in the Health Sector: The Health Results Innovation Trust Fund Learning Strategy	https://www.rbfhealth.org/resource/learning-agenda-results-based-financing-health-sector-health-results-innovation-trust-fund
Completed impact evaluations from Argentina, DRC and Rwanda	Argentina: http://www.rbfhealth.org//publication/rewarding-provider-performance-enable-healthy-start-life-evidence-argentinas-plan-nacer DRC: https://www.rbfhealth.org/publication/impact-evaluation-performance-based-financing-haut-katanga-district-democratic-republic Rwanda: http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(11)60177-3.pdf
Preliminary impact evaluations from Zambia, Zimbabwe	Zambia: https://www.rbfhealth.org/publication/linking-results-performance-evidence-results-based-financing-pre-pilot-project-katete
Annual results and IE workshop – March-April 2014	http://www.rbfhealth.org/blog/week-1-updates-buenos-aires-annual-results-and-impact-evaluation-workshop-rbf-0 http://www.rbfhealth.org/blog/week-2-updates-buenos-aires-annual-results-and-impact-evaluation-workshop-rbf-0 http://www.rbfhealth.org/resource/translating-learning-action
Overview of country pilots – last updated Mid 2015	Attachment A: will be updated in early September 2016
Financial reports and audits	DFID, Norway, WB
Verification of performance in results' based	https://www.rbfhealth.org/sites/rbf/files/Verification%20of%20Performance%20in%20RBF

financing (RBF); the case of Afghanistan	%20Afghanistan_0.pdf
Annual Progress reports 2015, 2014, 2013	2015: http://www.rbfhealth.org/publication/achieving-results-women%E2%80%99s-and-childrens-health-2015-progress-report 2014: http://www.rbfhealth.org/progressreports/2014-0 2013: http://www.rbfhealth.org/progressreports/2013

Annex C– Summary Duty of Care Risk Assessment Matrix

1) ZIMBABWE - Summary of risk assessment

Theme	Zimbabwe
OVERALL RATING	**3**
FCO travel advice [18]	1
Host nation travel advice	N/A
Transportation	3
Security	3
Civil Unrest	3
Violence & Crime	3
Terrorism	1
War	1
Hurricane	1
Earthquake	1
Flood	1
Medical Services	2
Nature of Project/ Intervention	2



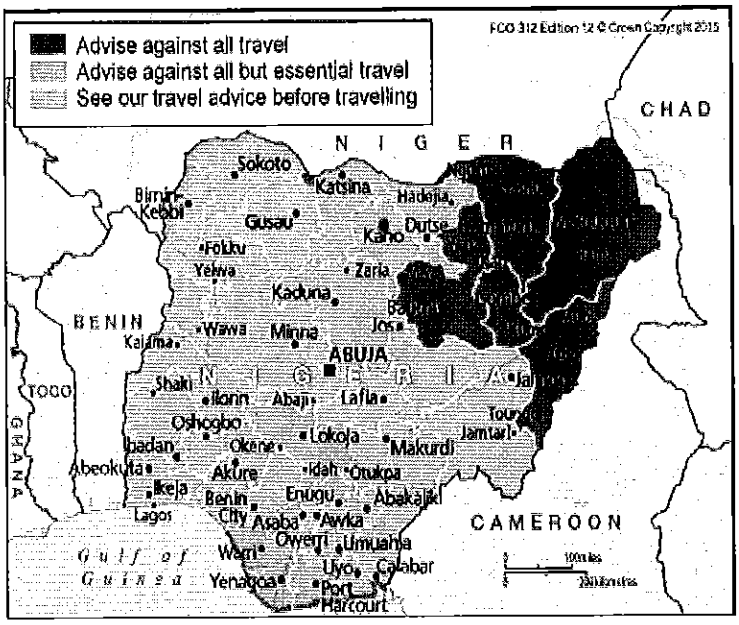
2) GAMBIA - Detailed risk assessment

Updated:13 June 2016
Safety and security section – details of curfews in parts of the Northern and Volta regions; Entry requirements section - when entering Ghana, you should note the number of days the immigration service stamp in your passport on arrival, irrespective of the validity of your visa; foreign nationals who meet the eligibility criteria must register with the National Identification Authority of Ghana and get a non-citizen Ghana card.

Demonstrations in the capital Accra are normally well policed and peaceful, but sometimes occur at short notice and can cause travel disruption. Seek local advice if necessary before setting out and avoid all demonstrations.

3) NIGERIA Detailed Risk Assessment

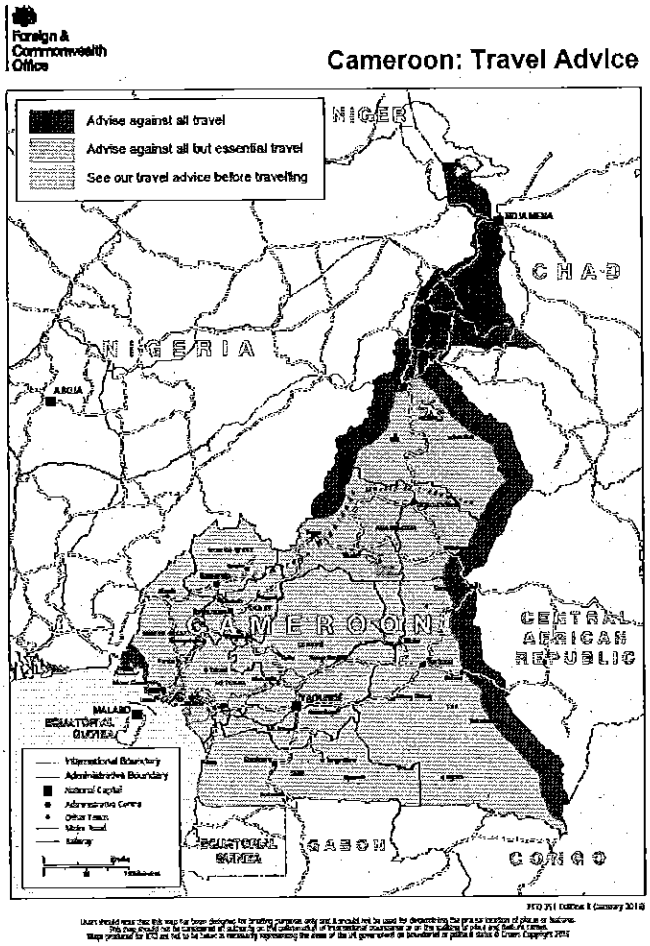
Nigeria's assessment is generic for the whole of Nigeria. There is a strong variation in risk areas around the country, with much higher risks in the north and the Delta area, and far lower risks in Abuja, Lagos and the South and South West of the country. The risk assessment shows the highest score for each risk factor in Nigeria and would not necessarily reflect a visit to e.g. Abuja or Lagos where the risks are lower than those shown.



The FCO travel advice against all travel to certain States and essential travel to some States

4) CAMEROON - Detailed risk assessment

Latest update: Summary and Terrorism section – possibility of terrorist attacks being carried out in areas outside the Far North, including Douala and the capital Yaoundé; Local laws and customs section - it's illegal to buy, sell, kill or capture any protected wild animal or trade its parts without a licence.



5) DEMOCRATIC REPUBLIC OF CONGO - Detailed risk assessment

1 Very Low Risk	2 Low Risk	3 Medium Risk	4 High Risk	5 Very High Risk
Low		Medium	High Risk	

	Kinshasa risk score	North and South Kivu risk score	DRC, excluding Kinshasa and North and South Kivu
FCO travel advice	3	4	2
Host nation travel advice	Not available		
Transportation	4	4	4
Security	3	3	2
Civil unrest	4	3	2

Violence/crime	4	4	3
Terrorism	2	2	2
War	3	4	3
Hurricane	1	1	1
Earthquake	1	1	1
Flood	2	2	2
Medical services	2	4	4
Mode	2/3/4	4	2
Mean	2.6	2.9	2.4

Appendix A

DFID Statement of Priorities and Expectations for Suppliers

This Statement sets out the expectations that DFID has of external organisations with which it works, alongside standard elements of good practice. It outlines the activities and behaviours we expect organisations we work with which include policies and practices relevant to DFID and wider HMG priorities. DFID is committed to acting responsibly and with integrity, being transparent and accountable, focusing on poverty and development impact and continually improving value for money.

Partner organisations should demonstrate commitment to poverty reduction and to DFID's priorities including work undertaken in fragile or conflict affected states, for girls and women, youth engagement, climate change and wealth creation.

DFID expects partner organisations to:

1. Act responsibly and with integrity by:
   a. making available a statement of compliance with key legislation and international principles on labour, social and environmental matters;
   b. demonstrating commitment through actively seeking and making a positive contribution to development, social and environmental sustainability through its business activities;
   c. pursuing and adhering to anti-discrimination policies, with particular attention to girls and women;
   d. applying risk management processes that assure a zero tolerance approach to tax avoidance, corruption, bribery and fraud throughout the supply chain;
   e. engaging supply chain partners in a way that is consistent with DFID's treatment of its suppliers or partners (when pricing , in subsequent service delivery, or in partnership agreements), and demonstrating this to DFID where required;
   f. building local capacity by proactively seeking ways to develop local markets and institutions;
   g. safeguarding the integrity and security of their systems, for example, as per the HM Government Cyber Essentials Scheme1;
   h. ensuring that UK Government funding provided is not used in any way that contravenes the provisions of applicable terrorism legislation.

2. Be transparent – in relation to organisational practices and the use of government funding by:

   a. publishing a statement of how delivery on social and environmental values are articulated;
   b. making available a list of relevant policies together with a description of measures of how these are put into practice (e.g. supplier codes on fraud & corruption, due diligence);
   c. demonstrating commitment to ethical codes of conduct, for example through membership/signatory of codes, both directly and within the supply chain, e.g. conventions, standards or certification bodies (such as ETI, UNGC,Global Reporting Initiative, Extractive Industries Transparency Initiative), as appropriate;
   d. publishing reports as a minimum on an annual basis, on environmental, social and governance performance (including but not limited to improving the lives of girls and women, Environmental, or Sustainability Reports).
   e. Publishing DFID funding data in accordance with the International Aid Transparency Initiative (IATI) standard

[1] as per the HM Government Cyber Essentials Scheme https://www.gov.uk/government/publications/cyber-essentials-scheme-overview;

3. Be Accountable - whether in every day and exceptional situations by:
   a. developing and implementing policies that address the need for remedy and redress if things go wrong, in line with the UN Guiding Principles on Business and Human Rights2 ;
   b. actively seeking to promote the involvement of people in the business decisions that affect their lives.

4. Support DFID priorities and objectives by:
   a. sharing innovation and knowledge to maximise overall development impact in ways that do not adversely impact competitive advantage;
   b. supporting wider HM Government Policy initiatives including the support of SMEs, prompt payment, Human Rights and modern slavery issues and the support of economic growth in developing countries.

5. Improve Value for Money – demonstrate and continually strive to improve value for money in all that they do by:
   a. actively seeking to maximise international Aid or Development results whilst maintaining or reducing costs throughout the life of the programme;
   b. budgeting and pricing realistically and appropriately to reflect programme requirements and risk levels over the life of the programme;
   c. being honest and realistic about capacity and capability;
   d. accepting that DFID works in challenging environments, acting to manage uncertainty and change in ways that protects value with government funding;
   e. proactively pursuing continuous improvement to reduce waste and improve efficiency in internal operations and within the supply/delivery chain;
   f. incorporating fair but not excessive rewards;
   g. implementing a transparent, open book approach which enables scrutiny on value for money choices;
   h. avoiding the use of restrictive exclusivity agreements;
   i. providing assurance that the policies and practices of supply/delivery chain partners and affiliates are aligned to the expectations outlined in this statement;
   j. applying pricing structures that align payments to results and reflect an appropriate balance of performance risk;
   k. Accepting accountability and responsibility for performance, with timely identification and resolution of issues ensuring lessons learned are shared.

[2] https://www.unglobalcompact.org/issues/human_rights/The_UN_SRSG_and_the_UN_Global_Compact