#  **TERMs of reference**

**Consultancy for Independent mid-term review of the regional TB REP project**

1. **Background information on the project**

**Despite notable progress** in the past decade, TB is still of public health concern in most of the countries within the WHO European Region, and especially in the 18 High Priority Countries to Stop TB, which includes all TB-REP targeted countries. The prevalence of multidrug-resistant tuberculosis (MDR-TB) in Europe is the highest in the world: **9 of the 30 high burden countries** for MDR-TB in the world are from the WHO European Region.

**The TB treatment success rate** is lowest in the European Region of all WHO Regions, with 76% of new and relapsed TB cases and 63% of retreatment cases treated successfully. The treatment success rate in the cohort of multidrug-resistant and rifampicin resistant (MDR/RR-TB) cases who started second-line treatment in 2013 **was 51%.**

**Unfavourable treatment** outcomes are related to health system performance and to a high extent due to a high proportion of DR-TB in Eastern European and Central Asian (EECA) countries, the latter being related to somewhat outdated and excessive hospital-based treatment initiation, unnecessary long hospital stays, challenges in achieving continued access to quality second-line drugs, insufficient patient support systems including the community level, (social) vulnerabilities of patients, such as substance addiction and poverty.

In 2013 alone, the percentage of **hospitalization of new smear positive** cases ranged between 50% in Tajikistan and 100% in Belarus and in Ukraine and the average length of stay varied from 25 days in Georgia to 90 days in Ukraine.

TB in Eastern Europe and Central Asia Project on Strengthening Health Systems for effective TB and Drug Resistant (DR)-TB Care (**TB-REP Project**), funded by the Global Fund (GF) and implemented by Centre for Health Policies and Studies (PAS Center) as Principal Recipient and WHO Regional Office for Europe as the lead technical partner, has been supporting EECA countries to tackle high burden of TB and MDR TB and bring TB care closer to patients. TB-REP is first ever approved TB Regional Grant from the GF in the European region. The project is focusing on health system reforms addressing outdated models of TB care and related to those health systems’ barriers, such as inefficient and fragmented health financing and lack of strategic human resources planning.

The project is focusing on eleven countries with high incidence of TB in Eastern Europe and central Asia, namely Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine, Uzbekistan. TB REP has been approved for a 3-year period, from 2016 to 2018.

**Project objectives and structure**

**The overall Goal of TB-REP is to decrease the burden of tuberculosis disease and halt the spread of drug resistance** in eleven EECA countries through increasing political commitment and translating evidence into implementation of patient-centered TB models of care. The underlying concept is that a regional initiative is **urgently needed** to further boost political commitment to fundamental transformation of health system delivery and financing at national level, capitalizing on the best practices and a visible need and demand for reforms. TB-REP is proposed as **a time limited initiative** covering innovative and sustainable activities **with tangible outputs**.”

TB-REP interventions are structured around two core Objectives:

Objective 1: **To increase political commitment to end TB through regional cooperation and evidence sharing for effective and sustainable transformation of the health systems**. This objective will further foster the national governments’ commitments to effective control of TB and DR-TB through the reforms in the health systems, which would facilitate the implementation of evidence-based interventions and application of patient-oriented approaches in TB care.

Objective 2: **To support countries to implement effective and efficient TB service delivery systems with sustainable financing**. This objective will contribute to improving service provision function of the health systems through rationalization of inpatient management of TB cases and expanding innovative patient-centered models of care and outpatient management of TB cases, including MDR-TB and TB/HIV care. The interventions under this objective are focused on the changes required to strengthen the main health systems’ functions, which will lead to better performances of the country systems vis-à-vis TB prevention and care, with special emphasis on the management of drug-resistant TB.

**The expected outcomes** on TB REP include a halving of the hospitalization rate and average length of stay (ALOS) for new TB cases by 2018 compared to 2013 levels, alongside a fall from 86% to 50% in the DR-TB hospitalization rate and a decrease from 150 to 90 days in its ALOS over the same period.

**Project implementation arrangements**

TB-REP project has the following implementation arrangements. The project is led by the Centre for Health Policies and Studies (PAS Centre, Moldova), as the principal recipient, and the WHO Regional Office for Europe, as the subrecipient and the technical lead agency, in collaboration with other partners listed below.

The PAS Center is responsible for overall implementation of the project and facilitates the practical aspects related to coordination between implementers, consistency with the project objectives, timelines and other activities supported by the project, and communication with relevant partners. It carries out the selection/contracting of identified project partners in line with TGF and the organizational requirements for procurement of technical assistance and directly implements.

WHO Regional Office for Europe provides strategic guidance and technical advice, facilitates the dialogue with all participating countries and operates as the sub-recipient organization of TB-REP. WHO Europe provides high-level dialogue with participating countries, provides ad-hoc advocacy in partnership with Stop TB Partnership, leads technical missions to countries.

TB-REP involves advocacy and technical experience of its regional partners, namely TB Europe Coalition (through Alliance for Public Health Ukraine), Stop TB Partnership, and technical expertise of London School of Economics and Political Science, European Respiratory Society London School of Hygiene and Tropical Medicine. The project’s technical partners have been involved at various project stages, including preparatory operational research, appropriate technical assistance and project implementation.

**Project budget**

TB REP project is funded through a grant from the Global Fund to fight AIDS, Tuberculosis and Malaria. TB-REP is a three-year initiative, with an overall budget of USD 6.1 million.

1. **Objectives of the assignment**

Regular monitoring and evaluation activities are foreseen in the project, as well as a final evaluation. A mid-term review has been added to evaluate if the program is on track to achieve the program goal and objectives, to assess the progress of the project against outputs and outcomes defined, and establish the interim project results and execution performance, thus complementing the project-built-in performance framework.

In this context PAS Centre is seeking to contract a qualified company to perform a mid-term review. The objective of the assignment is to provide the TB REP project team, donor and stakeholders in the TB area with an external view on the project course of implementation and a general assessment of the emerging outcomes. As well, the review will focus on the project design to assess whether it is adequate, clear and realistic to enable effective and efficient implementation and will identify possible areas of adaptation to evolving regional context; whether the project is implemented as planned, whether any changes to the initial project design have been operated and how well the project management is able to adapt to challenges during project execution to enable implementation.

Based on its results, it shall also pave the way for improved project delivery for the remaining project duration and propose course corrections (if any) to project design and implementation in order to effectively and sustainably contribute to improvement of TB outcomes in project countries. Results of the mid-term review should allow drawing lessons and identifying possible areas of program refocus for the future initiatives with health system strengthening for TB components.

The independent mid-term review will cover the duration of the project from its starting date in January 2016 onwards - October 31, 2017. The geographical scope for this evaluation is the same as the project’s geographical scope: all 11 countries targeted by TB REP. Additionally, 3-4 participating countries first to have had the more active engagement during the first part of the project will be selected for in-depth country-level assessment. The final selection of countries for in-country interviews will be discussed and decided during the planning phase of the assessment, by participating partners, which will be consulted by the PR, in collaboration and consultation with key TB-REP Partners (WHO EURO, Stop TB Partnership, TBEC).

Upon successful completion of the assignment and based on the quality of work that will be provided, there will be a possibility to conduct a second phase of end of grant evaluation, which is envisioned for Q IV 2018 – Q I 2019.

1. **Scope of work**

The company is expected to assess the TB REP according the indicative evaluation questions, as provided below.

***Relevance and regional value added***

* Assess the relevance of inputs and tools applied by the project for supporting health system reforms for TB and M/XDR-TB control, according to the project objectives.
* Analyze whether the project’s health system strengthening approach addresses the needs and demands of the beneficiaries.
* Assess alignment with regional strategies and frameworks, i.e. TB Action Plan 2016–2020
* Assess the nature and degree of complementarity between TB-REP and national TB grants implemented by individual countries.
* Assess comparative advantage and regional value added, including benefit of regional approach and no overlap with country programs
* Review the adequacy of the developed performance framework data collection processes developed to regional and national priorities.
* Identify prospects for further collaboration with other GF and non-GF projects in the targeted countries.

***Project management and coordination***

* Review the project set up, including level of involvement, management arrangements and division of responsibilities between TB-REP implementation partners and how it supports reaching project goal and objectives.
* Assess whether the regional and national project coordination mechanisms are adequate, effective and timely to coordinate project activities at the regional, national and local levels.
* Analyze whether the platforms established under the project allow sharing of experiences across the participating countries.
* Analyze the alignment of the project with the related projects/initiatives supported by other donors specifically in HSS for TB care, in participating countries to avoid overlap and take advantages of relevant resources during the project implementation.
* Identify factors and constraints which may have affected project implementation including technical, managerial, organizational, institutional, socio-economic policy issues in addition to other external factors unforeseen during the project design.
* Assess if changes have been made to project design and if there is clear rationale for changes made.
* Provide recommendations that may assist with re-direction of the project and re-evaluation of the project approach to improve delivery of expected outcomes and impacts.

***Effectiveness, intermediate results and anticipated impact***

* Review whether the project is on track in accomplishing its outputs, according to the project performance framework.
* Determine progress made to date in meeting the project’s outcomes:
* Analyze the anticipated impact of the Project activities to support development of new models of care on the TB and DR-TB treatment outcomes in the participating countries and progress in achieving end-of grant key outcomes:
	+ Did the governments of 11 ECA countries increased their political commitment to TB control – did they develop and adopt key policies to address patient centered-TB service delivery, TB care financing and TB human resources?
	+ Did the governments of 11 ECA countries progress in their financial commitment and sustainability of national TB control - have the 11 countries increased their national financial commitments and expenditures for TB control programs?
	+ Did the national TB programs engage in patient-centered model TB service delivery - have the 11 countries adopted regional hospitalization and discharge criteria for susceptible and MDR-TB patients? Did it lead to decreased rates of hospitalization and decreased average length of stay in the hospital?
	+ Did the provided TA result in completed TB/HSS Country Roadmaps that include long-term human resource planning and sustainable financing?
	+ What were the facilitating factors and the barriers for the grant implementers to achieve the intended results?
* Assess selected quantitative indicators as part of the project performance framework, such as reduction of length of hospital stay, and reduction of rates of hospitalization, and
* Develop a tool and use it to analyze how achieved indicators could have resulted in cost-savings of the national TB programs.
* Develop and present an individual country case studies for selected countries to document Project’s inputs, process, outputs, expected outcomes and impact in the countries.
* Identify potential challenges and shortfalls encountered during project implementation and any barriers to achieving project objectives in the remainder of the project.
* By reviewing the aspects of the project that have already been successful, identify ways in which the project can further capitalize on those benefits.

1. **Methodology**

The mid-term review, which will be conducted as an independent assessment, is expected to follow a participatory and consultative approach ensuring close engagement with the project team, government counterparts (TB REP Focal Points, NTP managers in the target countries), WHO staff, national CSOs and other key stakeholders associated with and involved in the project.

The review should be conducted using a mix of methods and tools, such as a desk review, interviews with project team, key stakeholders, beneficiaries, including healthcare workers (via telephone, email, Skype, etc.), as well as field missions or remote interviews to selected three or four countries out of those eleven targeted by the project.

The contractor will develop the detailed methodology and review matrix in the inception report, with the possibility to propose additional or alternative methods for obtaining evidence for the review.

1. **Qualification requirements and basis for evaluation**

In accordance with GF policy, the project assessment will be conducted as an independent mid-term review. the consultant company must not have been directly involved in the design and/or implementation of the TB REP project. The work requires a team of minimum two experts:

* Team leader, who will be responsible for the overall management of the assessment, the collection and analysis of data, including conducting of interviews with stakeholders, and reporting
* Team member, who will have to support team leader with data collection, analysis and reporting

The Consultant Company should describe, in detail, their experience in successfully implemented similar engagements, relevant to the scope and size to the current Project.

Consultant should enclose a resume for key-personnel anticipated to be assigned to the project and should include specific information on staff experience and roles.

The Qualification requirements and basis for evaluation (evaluation criteria) and selection of the consultant company аrе:

1. General experience (30 points):
* Minimum ten years of experience in conducting assessment and evaluation of multicountry projects;
* Experience of working with international organizations and/or national agencies implementing externally funded programs and projects;
* Technical capacities to ensure smooth implementation and high-quality outputs;

2. Specific experience (40 points):

* Proven experience in assessing projects/programmes in the area of health care, preferably related to TB control (Please provide the list of evaluation studies completed in the last 10 years with a short description of the key objectives and the links to the available reports);
* Proven experience in evaluating multi-country projects funded by international donors (Please provide the list of evaluation studies completed in the last 10 years with a short description of the key objectives and the links to the available reports);
1. Key personnel, professional experience (30 points):
* Qualified staff with general experience in project/programme evaluation
* Minimum 2 key experts (public health, social sciences) to be assigned for the required assignment;
* Proven experience of the assigned personnel in conducting at least three similar assignments in the EECA region;
* Availability of the personnel to conduct the work in the specified region;
* Excellent spoken and written English skills, decent command of the Russian language is considered an asset
1. **Duration of the assignment**

The mid-term review is scheduled to start in January 2018 and to be completed by April 10, 2018[[1]](#footnote-1).

1. **Expected results**

The consultant is expected to produce the following deliverables:

* **Inception report (two weeks after contract signing)**

Based on the TOR and initial meetings/calls with the PAS Centre and WHO Europe TB-REP team, the review team should prepare a Inception Report that will operationalize mid-term assessment. The Inception Report shall include a mid-term review work plan which describes how the assessment is to be carried out, bringing specificity and elaboration to the assessment criteria, approach, and methodology presented in the TOR. The inception report should include all data collection tools, as well as proposed assessment tool to calculate project efficiency impact on national TB programs. The Inception Report will be approved by the PAS Centre and serve as the work plan for the mid-term review.

* **Draft Mid-term Review Report (January 30, 2018)**

On completion on the mid-term review, the consultants will prepare a draft mid-term review report containing details of the methodology and process, review findings proven by evidence, lessons learned, conclusions and recommendations for further advancing the project objectives. At the end of the field visits, the review team will present its preliminary findings in a debriefing with the local stakeholders and take into account their feed-back in preparing the mid-term review report. A presentation of preliminary findings will also be delivered to the PAS Center and WHO EURO through relevant debriefings after the field missions and other milestones, as well as a general debriefing upon completion of the assessment.

* **Final mid-term review report (March 10, 2018)**

The draft report will be delivered to PAS Center and shared by them with TB-REP partners, the Oversight Committee, key stakeholders associated with the project for factual validation and comments in January, 2018. Any comments or feedback on any errors of fact to the draft report provided by the stakeholders will be transmitted to the project review team who will be advised of any necessary revisions. Taking into consideration the comments received as well as preliminary project quantitative indicators for 2017, the review team will prepare the final version of the mid-term review report and deliver it by March 10, 2018.; The mid-term review report shall be written in English and delivered in electronic and 3 hard copies, A4, type size: 11, spacing 1, 5. The report will include as well relevant diagrams and tables, relevant disaggregated data if possible and follow the following outline.

Executive summary

Mid-term review objectives, methodology and process

Countries and project background

Project performance

Conclusions and summary of perceived project implementation success

Lessons learned

Recommendations

Annexes

**PowerPoint presentations on interim and final versions of the report used for debriefs.** All final deliverables shall be submitted in electronic version and shall include: all documents developed as part of the review: inception report, developed data collection tools, assessment tool to calculate project efficiency impact on national TB programs, mid-term review report, debrief documents and power point presentations.

1. Preliminary report is expected by end of February, 2018. Annual project reporting of quantitative indicators for year 2017 is due February 15, 2018, thus final report is to be submitted by start of April 10, 2018. [↑](#footnote-ref-1)