### East African Community

**Terms of Reference (ToR) for Midterm Evaluation**

<table>
<thead>
<tr>
<th>Programme Title</th>
<th>EAC-Sida Integrated Health Programme (EIHP): 2016–2020</th>
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<tbody>
<tr>
<td>Country:</td>
<td>The United Republic of Tanzania</td>
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<tr>
<td>Contribution ID Number</td>
<td>51040086</td>
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<tr>
<td>Name of implementing Organisation</td>
<td>East African Community Secretariat</td>
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<tr>
<td>Expected Places of Travel:</td>
<td>Countries within the East African Community Region</td>
</tr>
<tr>
<td>Expected Start Date:</td>
<td>1st June 2019</td>
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<td>Expected End Date:</td>
<td>30th August 2019</td>
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1. **Introduction/Background**

The East African Community (EAC) is a regional inter-governmental organization comprised of the Republics of Burundi, Kenya, Rwanda, Uganda, and United Republic of Tanzania. It has an average population of 145.5 million people, land area of 1.82 million km square and combined GDP of $147.5 billion and GDP per Capita of $1014. The 17th Ordinary Summit of the Heads of State held in March 2016, admitted the Republic of South Sudan into the EAC. The Republic of South Sudan is expected to conclude the ratification process before the end of 2016.

The EAC was established under article 2 of the Treaty for the Establishment of the East African Community ("the Treaty") that entered into force in July 2000. The objectives of the EAC are to develop policies and programmes for widening and deepening co-operation among the Partner States in political, economic, social and cultural fields, research and technology, security, legal and judicial affairs for their mutual benefit. The EAC envisages accelerated, harmonious and balanced development and sustained expansion of economic activities. The treaty further provides for regional cooperation on health, cooperation for international partners and non-state actors, management of refugees and internally displaced populations, and gender empowerment and rights of the child among others.
1.2 The EAC Integrated Health Programme (EIHP)

The EAC Integrated Health Programme builds on actions, results and lessons of recent and current EAC Health Programmes particularly those focusing on regional cooperation on SRHR/RMNCAH and HIV&AIDS. Achievements of these initiatives included development of Policies, Strategies and Frameworks for regional cooperation on health.

i. Spearheaded harmonized programming for mobile, vulnerable and key populations along the EAC transport corridors where health services are minimal and scattered; documented existing Health and HIV and AIDS services along the major transport corridor in the region;

ii. Developed a Strategy for scaling up integrated Health, HIV and AIDS programming along the major transport corridors in East Africa and a regional minimum package of Health, HIV and AIDS and other services for key and vulnerable populations along the corridors in the EAC region;

iii. Contributed to the improvement in the legal and policy environment for HIV programming in the region, including the enactment of the EAC HIV and AIDS Prevention and Management Act 2012;

iv. Contributed to regionally generated evidence for programming on HIV and AIDS among mobile populations (migrant plantation workers, fishing communities and university students); and

v. Instituted structures to spearhead specific specialised agenda under the programme including the Expert Working Groups on transport corridor programming, sustainable financing and knowledge management

Further, the reproductive maternal and child health unit:

i. Developed the EAC Regional RMNCAH Score Card and National Scorecards used to monitor compliance and implementation of various EAC regional Health policies, laws and regulation by the EAC Partner States.

ii. reviewed and documented current status of policies on Reproductive Health Commodity Security Conducted & Final report& Policy Brief presented to the 5th EAC Regional Inter-Parliamentary Forum-HPD

iii. Successfully implemented Technical Knowledge Exchange Programmes on maternal and perinatal death surveillance, performance based financing and resource tracking under the EAC Open Health Initiative; and

iv. Developed a regional RMNCAH a data warehouse that is connected to all Partner States’ DHIS2 (http://hmis.eac.int/portal/) and website (http://ohi.eac.int/);

The EIHP seeks to consolidate and maintain already achieved milestones, address identified gaps and to follow up with implementation of key interventions including the initiative to establish sustainable financing initiatives for Universal health and HIV coverage, strengthening knowledge management through active sharing, documentation, application, institutionalization and scale up of good/best and innovative practices, among others.

The EAC Secretariat has received support for the regional HIV and AIDS programme from 2008 to September 2016, when the programme funding stream ended and was redirected under the EIHP.
The EAC Secretariat has also received technical and financial support from other partners including USAID KEA, UNDP, UNAIDS, Irish AID, among other.

1.3 Goal, Objectives
The Goal of the EIHP is to contribute to elimination of preventable maternal, new-born and child deaths, AIDS and improvement of wellbeing among women, children, adolescents and families in the East African Community. The Purpose is to strengthen regional cooperation in SRHR/RMNCAH and HIV/AIDS, adoption of innovative health policies and approaches.

The objectives are to:

i. Harmonize and integrate SRHR/RMNCAH and HIV/AIDS Service Packages, Standards and Guidelines in the East African Community;
ii. Strengthen SRHR/RMNCAH and HIV and AIDS Research, Innovations and Knowledge Management in the EAC;
iii. Strengthen SRHR/RMNCAH and HIV and AIDS Leadership, Governance and Accountability in the EAC,
iv. Strengthen the EAC Regional and National Health Systems towards universal coverage of SRHR/RMNCAH and HIV and AIDS services; and
v. Strengthen the capacity of EAC Secretariat and Partner States to coordinate and implement the project and related global and Africa regional Initiatives

1.4 Expected results
Overall Attain stronger regional cooperation in health among partner states as envisaged in article 118, specifically in relation to the Sustainable Development Goal (SDG) 3 that relate to SRHR and HIV and AIDS.

The following intermediated outcomes will contribute to the attainment of the aforementioned development objective/aim:

i. Harmonized and integrated EAC SRHR/RMNCAH and HIV/AIDS Service Packages, Standards and Guidelines developed
ii. An Effective, integrated EAC SRHR/RMNCAH and HIV and AIDS knowledge management platform
iii. Strengthening of SRHR/RMNCAH and HIV and AIDS leadership, governance and accountability effectively supported through regional actions
iv. Regionally developed interventions accelerate the attainment of Universal Health Coverage in EAC
v. Effective coordination of global and regional SRHR/RMNCAH and HIV/AIDS interventions in the EAC

1.5 Programme Actors: beneficiaries, roles of key stakeholders, governance and coordination
Relevant National Ministries and Agencies Responsible for Reproductive Maternal New-born Child and Adolescent Health/SRHR and HIV/AIDS, STI and Tuberculosis, Gender, Immigration, Refugees and Disaster Preparedness Programmes in the EAC Partner States are the primary beneficiaries of the EAC Integrated Health Programme.
Secondary beneficiaries of the Programme include CSOs with whom EAC works closely through identified networks such as the East African Health Platform (EAHP) and East African National AIDS Service Organisations (EANNASO) as well as the private Sector while the ultimate beneficiary is the population of EAC. The following key stakeholders will be actively engaged in implementation of the EAC Integrated Health Programme.

i. Partner State’s Ministries, responsible for EAC affairs, Health, Gender, women and community development; Finance and economic development, Departments and Agencies and National Parliaments and Senates;

ii. EAC Organs e.g. Sectoral council of ministers of health and EAC Institutions

iii. Development Partners;

iv. Academic and research institutions;

v. Civil Society Organizations (CSO) and implementing partners;

vi. Private sector;

vii. Local communities.

2. Purpose

The Mid-Term Review (MTR) will assess the progress of the programme against stated outputs as of October 2016, as well as identify issues and recommend course corrections. It will also highlight issues and challenges affecting effective and efficient implementation of outputs and their contribution to project outcomes and impact and recommend whether results obtained thus far warrant an extension of the project. Furthermore, the MTR will

The review is being undertaken at the midpoint of project implementation and will pave the way for improved project delivery for the remaining project duration and propose amendments (if any) required in project design, implementation arrangements and/or institutional linkages in order to effectively and sustainably contribute to the livelihood improvement in the target areas.

3. Objective

The main objective of the evaluation is to assess and present results (output, outcome), conclusions, lessons learnt and recommendations.

i. Review the performance of the EIH Programme against the Strategic Plan 2016-2020;

ii. Provide recommendations and way forward for informing improvement of the programme;

iii. Provide assurance to donors regarding the progress of implementation

iv. Compare the key qualitative and quantitative accomplishments with the pre-established budgets and work plans.

v. Identify the specific challenges that need to be addressed in the near future

Under the relevant evaluation criteria (relevance, impact, effectiveness, efficiency and sustainability) the consultant evaluation will analyse the following:
a) the design and coherence of the programme including the design of the log frame matrix/programme theory and present the underlying theory of change and its assumptions.

b) the extent to which the project/programme has already achieved its objectives and results or is likely to achieve them, including the extent to which the lives of the project/programme beneficiaries (women, men, girls, boys) has already been improved and the extent that Sexual and Reproductive Health and Rights has been improved in Partner States.

c) the extent to which cross-cutting issues (gender and environment mainstreaming) were applied.

d) whether the EIHP programme is efficient and cost-effective

**Relevance**

i. Assess the relevance of the programme to the Swedish Government’s Regional SRHR strategy

ii. Assess the relevance of the programme’s focus and activities during the review period in relation to its ability to have impact on improved RMNCAH and SRHR among EAC partner states.

**Effectiveness**

i. Review whether the project has accomplished its outputs.

ii. Assess the performance of the project so far with particular reference to qualitative and quantitative achievements of outputs and targets as defined in the project documents and work-plans.

iii. Assess the effectiveness of the programme (in terms of impact of SRHR and RMNCAH as well as cost-effectiveness)

iv. Based on the progress so far and ground situations, suggest / recommend to improve the programme.

v. Assess whether EIHP has successfully been able to lift SRHR and RMNCAH among Partner States.

**Efficiency**

vi. Assess whether the project has utilized project funding as per the agreed work plan to achieve the projected targets.

vii. Analyse the role of the Project Steering Committee (PSC) and whether this forum is optimally being used for decision making.

viii. Assess the timeline and quality of the reporting followed by the project

ix. Assess the qualitative and quantitative aspects of management and other inputs (such as equipment, monitoring and review and other technical assistance and budgetary inputs) provided by the project vis-à-vis achievement of outputs and targets.

x. Identify factors and constraints which have affected project implementation including technical, managerial, organizational, institutional and socio-economic policy issues in addition to other external factors unforeseen during the project design.

xi. Assess whether the programme follows Sida’s rules on procurement and travel

xii. Assess whether the programme represents good value for money (in terms of costs in relation to impact).
**Sustainability and Impact**

xiii. Assess preliminary indications of the degree to which the project results are likely to be sustainable beyond the project’s lifetime (both at the community and government level), and provide recommendations for strengthening sustainability.

xiv. Assess the likelihood that EIHP will mobilise sufficient resources to achieve impact

xv. Assess sustainability of EIHP once Sida support is phased out.

xvi. Assess the sustainability of the project interventions in terms of their effect on environment

**Lessons learnt/ Conclusions**

xvii. Analyse areas for improved programme planning, especially with respect to setting targets, relevance and capacity of institutions for project decision making and delivery.

xviii. Identify significant lessons or conclusions which can be drawn from the programme in terms of effectiveness, efficiency, sustainability and networking. Particularly in relation to RMNCAH and SRHR.

4. **Scope of work**

The evaluation will cover the implementation and results of the programme during the period October 2016 to 30th May 2019. The evaluation will be conducted at the regional and national levels, covering the 6 Partner States forming the EAC.

5. **Evaluation methodology and approach**

This is a qualitative evaluation. Data will be gathered through desk review of work plans, reports and related documents and interviews with key informants. Evidence gathered through interviews will be triangulated with data from desk review. Measures will be taken to ascertain data quality, validity and credibility. The findings will be substantiated by valid evidence on record.

5.1 **Desk Review**

A list of documents to be reviewed will be prepared by EAC secretariat EIHP programme in coordination with the partner states. The documents will be shared electronically with the evaluator. The documents to be reviewed include, but not limited to, results based framework, work plans, annual progress reports, and minutes from steering committee meetings, and documentation of major activities, financial reports, and various syntheses/reports from countries. Desk review will be conducted prior to interviews with key informants.

5.2 **Key Informant Interviews**

Key informant interviews will be conducted by the evaluator / consultant. Interviews will be conducted with different stakeholder in relevance to each of the evaluation question.

- EAC Secretariat, EIHP, representatives of partner states,
- EALA
- Health focal points in partner states
- Civil society organisations (regional and country level) including EANNASO, KANCO and EAHP
- Sida (the Regional SRHR Team), donors and development partners including USAID KEA,
- Other Regional Economic Communities (SADC Secretariat) and the African Union (AU)
- UNFPA (including Regional office in Johannesburg)
- UNDP (including Health and Development Team, Istanbul, Turkey)

6. Dissemination phase
In preparation of the Midterm evaluation report, the consultant will present the findings to the Joint technical working group on RMNCAH & HIV and AIDS, Sida, and other stakeholders in a one day workshop. The workshop will be aimed at further synthesising and contextualising the findings through inputs from diverse group. The final report will be shared with the EAC secretariat for final adoption.

7. Expected products
The evaluation products are the following:
   i. Inception report (10-15 pages without annexes);
   ii. final draft evaluation report (about 25-30 pages without annexes), including a draft executive summary;
   iii. PowerPoint presentation of preliminary findings at the workshop;
   iv. Pre-final Evaluation report; and
   v. Final evaluation report (25-30 pages without annexes), with a final executive summary (in word and PDF format).

All reports need to be written in English. The executive summary should summarize key findings and recommendations (three to five pages) and needs to be submitted as part of the final draft report.

The findings and recommendations of the draft final report and final report have to be structured according to the evaluation questions. An outline of the report’s structure will be agreed upon during the inception phase.

8. Expected Profile of the Consultant
The consultant should have proven and demonstrated consultancy experience of at least six (6) years.
   i. Master’s degree in public health, social sciences or a similar relevant field with proven and demonstrated consultancy experience of not less than seven (7) years,
   ii. Previous experience in conducting similar evaluation assignments, monitoring and evaluation of projects and programmes, and developing health sector Strategic plans;
   iii. Technical understanding integration in the health sector, specifically RMNCAH and HIV and AIDS and sexual and reproductive health and rights landscape in the Region
   iv. Excellent analytical and writing skills in English; and
   v. Good interpersonal skills and experience of working in a multicultural environment
   vi. Previous experience working with EAC, UN Agencies, donors mainly Sida, Civil Society Organizations and other stakeholders.
9. **Duration of the assignment**

The maximum number of days allowable for this consultancy shall not exceed forty (40) consultancy days that will be spread in two months, however, the consultant shall be paid for a period of thirty-five (35) days. The Assignment must be finalized on or before 15th August 2019. The consultant must be ready to start work immediately upon appointment.

Specifically the following mile stones are important and will be followed:

i) Desk review

ii) Inception report: one week from signing of the contract

iii) Data collection including field visits 1 – 3 weeks

iv) First draft report: three weeks from submitting the inception report

v) Validation work shop: one week after submitting the draft report

vi) Two rounds of comments

vii) Final report: one week after the validation workshop

10. **Expression of Interest**

Interested individuals may express their Interest by providing the following information in the EOI:-

Interested individuals may Express their Interest and provide the following information in the EOI. Qualification, general and specific experience in the field of the assignment over the last 10 years provide a detailed list of similar consultancies previously done in the past five (5) years; provide evidence of at least three previous copies of contracts / orders of similar assignments.

Interested consultancy individuals may obtain further information at the address below during office hours 08:00hrs – 16:00hrs (East African Time). No liability will be accepted for loss or late delivery and late submissions will be rejected.

Expressions of interest (EOI) must be delivered to the address below by **30th May, 2019 at 11:00hrs** labelled “Expression of Interest for the CONSULTANCY TO CONDUCT A MIDTERM REVIEW OF THE EAC INTEGRATED HEALTH PROGRAMME.

**Attn: Secretary, Procurement Committee**
East African Community (EAC) Headquarters,
Afrika Mashariki Rd. / EAC Close,
P. O. Box 1096, Arusha, Tanzania
Tel: +255-27-2162100
Facsimile (fax): +255-27-2162199 role
E-mail: eacprocurement@eachq.org

For more information or clarification, please contact us on the address above or through e-mail: eacprocurement@eachq.org and eac@eachq.org. E-mail submissions will be accepted.

Any changes or modifications AND progress will be communicated on the EAC Website: **www.eac.int.**
Annex 2: Structure of the Report

i. The outline of the report should be as follows:

ii. Executive summary: Summary of the evaluation, with emphasis on main findings, conclusions, lessons learned and recommendations.

iii. Introduction: Brief description of the programme, and its purpose, logic, history, organisation and stakeholders

iv. Methodology of the evaluation: Presentation of the evaluation’s purpose and methodology (criteria, questions, evaluation matrix (data collection and analysis), stakeholders’ participation to the evaluation process etc.)

v. Main findings: Factual and validated evidence (results) relevant to the questions asked by the evaluation and interpretations of such evidence

vi. Conclusions/Lessons learned: Specific conclusions for use by EAC Secretariat - EIHP

vii. Recommendations: Actionable proposals regarding programme improvements addressed to the EAC Secretariat - EIHP or other intended users/stakeholders. Recommendations shall include what can be scaled up, done differently and discontinued.

viii. Annexes: Terms of reference, data collection tools, list of interviewees, references, etc.

ix. The maximum number of pages is 40.