

Evaluation Terms of Reference

USAID Program for Accelerated Control of TB in Karamoja (PACT Karamoja)

August 2024

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Affirmation

Except as acknowledged by the references and persons in this TOR, to other authors, and publications, the evaluation TOR described and information contained herein consists of PACT Karamoja own work. This is the direction to be undertaken purposely to guide activities of an end-line evaluation to advance learning as part of requirements of Activity Monitoring, Evaluation and Learning Plan (AMELP).

Therefore, primary qualitative and quantitative data collected throughout the evaluation process will remain the property of the institutions and communities who will participate during the evaluation processes. Information should only be accessed with prior consent of these institutions and communities.

Abbreviations

AMELP	Activity Monitoring, Evaluation and Learning Plan
CBO	Community Based Organization
CLF	Community Linkage Facilitator
CORP	Community Owned Resource Person
CUAMM	Doctors with Africa
CV	Curriculum Vitae
DHIS2	District Health Information System Version 2
DHT	District Health Team
DR-TB	Drug Resistant TB
FOM	Finance and Operations Manager
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IDI	Infectious Diseases Institute
LON	Local Organization Network
MARP	Most At Risk Population
NGO	Non-Governmental Organization
NTP	National TB and Leprosy Program
PACT K	Program for Accelerated Control of Tuberculosis in Karamoja
PBC	Pulmonary Bacteriological Confirmation
PD	Project Director
PLHIV	People leaving with HIV
PY	Project Year
SMELA	Senior Monitoring, Evaluation and Learning Advisor
STA	Senior Technical Advisor
TB	Tuberculosis
TOC	Theory Of Change
TOR	Terms of Reference
TPT	TB Preventive Therapy
TSR	Treatment Success Rate
UGX	Uganda Shillings
USAID	United States Agency for International Development
USD	United States Dollars
USG	United States Government
VHT	Village Health Team
WSF	Warrior Squad Foundation

I. Introduction

Infectious Diseases Institute (IDI) in consortium with Doctors with Africa (CUAMM) collaborated with Warrior Squad Foundation (WSF), Ministry of Health-National TB and Leprosy Program (NTLP) and other implementing partners to strengthen healthcare system to effectively and sustainably achieve the End TB targets by 2025 in Karamoja region. This was to be achieved through implementing the USAID Program for Accelerated Control of TB in Karamoja (PACT Karamoja).

PACT Karamoja, throughout implementation period (Jan 2020 to Jan 2025) applied the following overarching strategies to achieve objectives.

- Creating an enabling environment for engaging district leadership in appreciating local challenges and co-designing and supporting locally led interventions for the entire continuum of TB services.
- Using differentiated implementation models that optimize service delivery by tailoring solutions to key-targeted populations.
- Harnessing the power of digital technology to overcome major barriers to detection, linkage into care, retention, treatment success, and targeted programming in unique conditions of the Karamoja region.

The baseline study conducted in March 2020 was aimed at assessing the then status of TB case notification and treatment outcomes in the operational districts of Abim, Amudat, Kaabong, Karenga, Kotido, Moroto, Nabilatuk, Nakapiripirit and Napak. This baseline data/information was used initially to set appropriate targets for various Activity performance indicators.

The Activity therefore seeks to conduct an end-line evaluation with an aim of informing stakeholders about the impact on the TB screening and diagnosis (Case detection) and patient management (Treatment Success (TSR) and cure rate). In addition, the end-line evaluation will highlight the relevance and validity of the strategies used, effectiveness, efficiencies of the interventions applied to reach the set goal and outcomes. Additionally, the evaluation will assess the potential for ownership, sustainability of interventions; as well as new knowledge and best practices learned by key stakeholders for improved planning and scale-up.

I.1 Evaluation summary

Activity name	USAID Program for Accelerated Control of TB in Karamoja (PACT Karamoja)
Activity Start Date and End Date	January 13 th , 2020, to January 13 th , 2025
Evaluation Type	End-line evaluation
Evaluation Purpose	To systematically and objectively assess the performance, impact, appropriateness, sustainability and relevance of the activity that will generate practical recommendations for policy formation and potential application for partners.
Primary Methodologies	A combination of both quantitative and qualitative data collection methods will be used.
Evaluation Start and End Dates	TBD
Anticipated Evaluation Report Release Date	TBD

1.2 Description of PACT Karamoja

Operation period	January 2020, to January 2025
Source of funding	United States Agency for International Development (USAID) worth USD 7.5m
Implementing mechanism	Prime: Infectious Diseases Institute (IDI), Sub awardees: CUAMM and WSF
Beneficiary population (UBOS est. 2024)	1,525,000 (Males ≥ 6 years old – 739,100, Females ≥ 6 years old – 785,900, Boys ≤ 5 years old – 141,600, Girls ≤ 5 years old – 145,540)

The Activity has worked with 95 health facilities which are implementing TB control activities in the 9 districts of Karamoja region, Community Owned Resource Persons (CORPs) and Community Linkage Facilitators (CLFs). The entire population of Karamoja region (about 1.5 million) directly benefited from the Activity, especially the TB patients and their close and household contacts. On the other hand, health workers, community resource groups and VHTs, have also benefited directly from this Activity through improving their skills and exercising their potential to serve their communities.

2. Activity rationale

PACT Karamoja was a Tuberculosis Local Organizations Network (LON), a key component of the USAID global accelerator to end TB. Karamoja region specifically was because of mobility of the population which affects health service delivery since majority of the health interventions are planned around health facilities and stable communities. The region is also affected by other major socio-economic drivers of the TB epidemic that include high poverty levels that expose patients to catastrophic costs coupled with high malnutrition levels as well as congregate settlements. In addition, there was non-homogeneous TB response that led to large disparities in performance across key NTLP indicators (NTLP annual report, 2019); Piecemeal implementation of the national TB guidelines; weak support health systems that didn't meet the demand for quality health services; limited use of data in target setting, progress monitoring and learning.

2.1 Activity goal, outcomes and outputs

OBJECTIVES	OBJECTIVE STATEMENT	INDICATORS
USAID PACT-Karamoja goal	To scale up evidence based and high impact interventions to contribute towards achievement of End TB strategy targets of 85% treatment coverage and 90% treatment success	1)Case detection rate 2)Treatment success rate 3)Cure rate
Outcome I	Improved access to high-quality, person-centered TB, DR-TB, and TB/HIV services through differentiated service delivery	1)Bacteriological diagnosis coverage rate –Pulmonary TB. 2)Drug Resistant TB notifications. 3)Number of laboratory-confirmed or clinically diagnosed DR-TB patients enrolled on appropriate



OBJECTIVES	OBJECTIVE STATEMENT	INDICATORS
		treatment for DR-TB during the reporting period 4)Childhood TB notification. 5)Private Sector TB notification. 6)Drug Resistant TB Treatment Success Rate. 7)Percentage of new and relapse TB patients with documented HIV status.
Output 1.1	Integrated TB screening at all health facility care points and community conducted	
Output 1.2	Onsite mentorship sessions on TB care cascade, laboratory, and TB logistics conducted	
Output 1.3	MARPs and hot spot screening conducted	
Output 1.4	TB specimen referral and testing facilitated	
Output 1.5	Quality improvement activities both at health facility and community conducted	
Outcome 2	Strong health systems and TB delivery platforms	1)Percentage of patients started on TB treatment, diagnosed because of community activities. 2)Completeness of HMIS 105 reporting. 3)Timeliness of HMIS 105 reporting.
Output 2.1	Capacity of health workers to screen, diagnose and manage TB patients strengthened	
Output 2.2	Laboratory and TB commodity supply chain strengthened	
Output 2.3	Data recording and reporting improved	

OBJECTIVES	OBJECTIVE STATEMENT	INDICATORS
Output 2.4	Regional and district TB control teams strengthened	
Output 2.5	Advocacy for increased TB financing at local government level conducted	
Outcome 3	Strong TB prevention platforms	1) Contact Investigation coverage. 2) TB preventive Treatment (TPT) enrolment among <5 years close and household contacts. 3) TPT enrolment among 5+ years close and household contacts. 4) TPT enrolment among PLHIV.
Output 3.1	Community dialogues and outreaches implemented	
Output 3.2	Contact tracing among all Pulmonary Bacteriologically Confirmed TB patients conducted (PBCs)	
Output 3.3	TB Preventive Therapy (TPT) scaled up	
Output 3.4	TB treatment interrupters followed and returned to care	
Outcome 4	Research and innovation to identify new tools and increase impact of program's interventions	1) Number of peer-reviewed scientific publications resulting from USG support to research and implementation programs.
Output 4.1	Research and studies to inform strategies and interventions conducted	
Output 4.2	Manuscripts, abstracts, successes and lessons written and subjected to peer review groups	

2.2 Evaluation target audience (i.e., For whom is the evaluation intended?)

The end-line evaluation will be carried out both as an important practice to aiding learning across the USAID partnership, stakeholders and to provide accountability to the donors and the beneficiary community on Activity's accomplishments since inception. It will fulfil the design AMELP for future programming for other projects. The target audiences are as mentioned in table below.

Group	Partner concern that should be considered in the evaluation	What should be considered in the report for the different partners
National TB and Leprosy Program (NTLP)	<p>How well did the Activity address and achieve the End TB strategy in the Karamoja context?</p> <p>Quality and impact of Activity interventions implemented?</p> <p>How well did the Karamoja regional performance in TB notification and treatment outcomes impact on the national performance?</p>	<p>What are NTLP focal persons' assessment of the PACT K overall performance?</p> <p>Relationship between the findings and existing data in DHIS2</p> <p>Relationship between PY5 data and the baseline values at regional level</p>
Regional, local government and community levels	<p>How well were the local governance structures involved in Activity planning, monitoring and evaluation?</p> <p>How well were the interventions designed to meet district level context given that there was diversity in cultural norms and practices among beneficiaries which could have affected the outcomes?</p> <p>Were resources (financial, human, and materials) deployment efficiently and effectively to meet the person-centered service delivery approach?</p> <p>What was the contribution of other partners in the region?</p>	<p>District level relationship between the findings and existing data in DHIS2, including the voices of some DHT members.</p> <p>District level relationship between PY5 data and the baseline values at regional level.</p> <p>The evaluation report should adequately assess results based on goal and outcome levels.</p> <p>Drawing lessons learned to generate knowledge for advocacy and guide decisions regarding future project designs in the region</p> <p>The evaluation report should focus on Activity logic, this is, the 'Activity effect'. What was the effect? What has been the outcome and impact?</p>

2.3 Evaluation type and purpose

This is an end-line evaluation scheduled as a partnership between USAID and PACT Karamoja, covering a five-year implementation period (Jan 2020- Sep 2024) and will assess the appropriateness, relevance, and effectiveness of Theory of Change (TOC) and assumptions in achieving the intended goal. The results of the evaluation are intended to be used as a learning and an accountability tool to USAID and beneficiaries. The evaluation report will further be used as a platform to guide decision making for future programming in a rural-nomadic setting.

Evaluation objectives

	Objective	Key questions
1.	Assess the appropriateness of the activity design	What were the key components of the Activity design, how appropriate and relevant was the design in targeting beneficiaries?
		How appropriate was the Activity to the Karamoja context? How did the design respond to the needs of the people; women, children and youths including the marginalized sub-groups?
		Was the Activity in line with district priorities, targeting the right areas and people with the right interventions?
2.	Examine the achievements of the Activity against set objectives	Have the planned outputs led to the achievement of the outcomes?
		Were there any unexpected outcomes, positive and negative?
		What contributed to the achievement of the outcomes?
		How did the Activity integrate cross cutting themes while implementing? Themes include expanded TB control services to MARPs, Gender-transformative TB response, youth-friendly approaches, local capacity development and sustainability
		Did the Activity contribute to observable changes in the regional TB burden?
3.	Whether the Activity was efficient in terms of the use of resources versus outputs	Has the Activity built the capacity of at least one CBO and other community groups?
		What is the unit cost for each TB case in the Karamoja and how does it compare at beginning and end of Activity?
4.	Assess the potentials for interventions sustainability	To what extent can the observed results be attributed the Activity's interventions?
		Which of the Activity interventions, achievements are likely to be sustained by the district health system? And why?
		Provide recommendations for interventions that cannot be sustained by the district health system.
5.	Assess the Activity's structures and coordination	Were the operational structures sufficient to support the Activity interventions?
		How were the coordination and accountability platforms utilized to achieve Activity results?

	Objective	Key questions
		Were the technical guidelines from MoH/NTLTP adhered to? What were their impact on the Activity implementation?
6.	Assess the Activity's knowledge management practices	How well were the Activity's learnings captured and disseminated? What lessons from the Activity interventions can be drawn and used in a similar setting?

3. Evaluation methodology

The evaluation will require a robust selection of both quantitative and qualitative methods of data collection and analysis. The consultant is expected to outline details of the proposed methodology and data collection tools in the inception report.

3.1 Scope of evaluation

The evaluation shall cover PACT Karamoja interventions in the supported health facilities and communities of Karamoja region. The samples of the various target key informants to be interviewed in the region will vary depending on the kind of information required and levels of engagement at district, health facility and community. The process may cover district health teams, health facility staff and community resource groups as will be advised by the consultant.

3.2 Authority and responsibility

Evaluation stage	Position	Main functions/roles
Planning	Senior Monitoring, Evaluation and Learning (SMELA) Advisor	Draft and respond to questions concerning TORs Provide data/documents and information which will facilitate the evaluation. Review the inception and final evaluation Reports
	Project Director (PD)	Review and adjust the TOR Secure USAID and IDI approvals Facilitate the hiring of the evaluation consultant Review the inception and final evaluation report
	AOR and IDI HSS leadership	Provide technical oversight and guidance to TOR development, consultant engagement and review of final report.
	Senior Technical Advisor (STA)	Review and adjust the TOR Provide key information on the Activity implementation and its context. Review the inception and final evaluation report

Evaluation stage	Position	Main functions/roles
	Finance and Operations manager (FOM)	Facilitate the procurement processes Review the financial proposal
Data collection and report writing	Consultant	Write inception report Guarantee the quality of the information gathering process. Lead the data gathering and analysis process. Design appropriate tools and conduct data collection Analyze and interpret data Write final report
Post-evaluation exercise	SMELA, PD and STA	Summarize findings for easy uptake by different stakeholders. Divulge the findings to the stakeholders

3.3 Ethical considerations

As the consultant will be working on behalf of USAID PACT Karamoja, He/she will be required to adhere to the ethical guidelines on how to handle different beneficiaries like children, women, youth and disabled (**if applicable**). The consultant will receive an orientation on the use of institutional documents and logos. However, ethical safeguards must be considered during all stages of data collection and analysis, avoiding causing miscommunications. Participants should be assured of no harm confidentiality during interactions especially with women and children and their families (**if applicable**) as well as during the storing, sharing and analyzing data.

The consultant should provide a statement within inception reports on how they will address ethical considerations in the process of data collection, analysis and presentation. This should include consideration of any risks related to the evaluation and how these will be mitigated.

3.4 Budget

Financial proposal (in UGX) should be inclusive of all data collection, analysis and report writing activities, transport to and within the field as well as the cost of accommodation during the data collection. Payments will be made upon the satisfactory completion and delivery of each output:

1st payment: 40% of total contract will be paid upon submission and acceptance of the inception report.

2nd payment: 40% of total contract will be paid upon completion and the acceptance of the draft evaluation report.

3rd payment: The final payment of 20% of total contract will be paid upon completion and the acceptance of the final evaluation report.

4. How to apply

Your bid(s) should be addressed to the undersigned at the address below;

Shadia Namaganda
Procurement Manager

Infectious Diseases Institute — Knowledge Centre Building, Makerere University Main Campus P.O.
Box 22418 | Kampala | Uganda
Mobile: +256- (0)782240608.
Email: snamaganda@idi.co.ug

The deadline for submission of proposals is **1st September 2024** not later than 5.00pm

USAID PACT Karamoja in consultation with IDI procurement department, will hire a consultant. The consultant and his/her team will be paid consultancy fees inclusive of their meals and accommodation for the entire exercise. Details of the allowable costs will be spelt out in the contract. The whole logistic and administrative costs for the evaluation will be charged from the budget allocated for the Activity's end-line evaluation, while travel cost of staff shall be charged from the respective budget lines of each staff.

4.1 Required qualifications of the consultant

- Has extensive and demonstrated experience in leading and coordinating a multi-disciplinary team during project evaluation processes in the sphere of family health with focus on TB and TB/HIV prevention, care and treatment;
- Has demonstrated experience in the use of qualitative and as well as quantitative evaluation methods, analytical skill and interpretation of results; have published relevant work.
- The team should consist of people with at least MA/MSC in public health, development, social studies and a specialist in health economics;

4.2 Proposal contents and criteria

The consultant will submit the following documents as part of their proposal:

- Technical proposal - the technical proposal should reflect how the consultant will undertake all of the tasks in the TOR, and demonstrate clearly the evaluation methodology.
- Financial budget (with explanation of line items)
- Appendices
- Summarized CVs and brief profiles of lead consultant and any key personnel
- 2-3-page capability statement
- Provide brief outline of 3 previous engagements undertaken that are similar to this one – outline how the assignment was similar and what the outcomes were. Include one contactable reference for each example.

4.3 Products

The consultant shall deliver the following: -

1. A comprehensive and clearly structured report (in simple English).
2. A list of people interviewed or met, the summary records and dates of the meetings held.
3. A soft copy of raw data, photographs

The reports and any other correspondences shall be submitted to SMELA (aetwom@idi.co.ug) with PD (bpicho@idi.co.ug) in copy not later than the dates agreed upon. The final evaluation report may be presented in the following format:



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- i) Table of Contents
- ii) Acknowledgements
- iii) Abbreviations
- iv) Executive summary
- v) Background
- vi) Methodology
- vii) Findings
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- ix) Lessons Learned from the Evaluation Process
- x) Appendices