



# ASSOCIATION OF PRIVATE HEALTH FACILITIES IN TANZANIA

END TERM EVALUATION OF FIVE-YEAR STRATEGIC PLAN 2016 – 2020

AND

DEVELOPMENT OF A NEW FIVE-YEAR STRATEGIC PLAN 2021 – 2025

## TERMS OF REFERENCE

### 1 Introduction

APHFTA is an Umbrella Non-State Actor Organization of the Private (Self-sustaining) Health Sector in Tanzania established in 1994. It serves as a public forum for the private health sector and provides a comprehensive array of advocacy, administrative, knowledge-sharing, and networking products and services to the Private Health Care Sector (PHCS). It endeavors to link the PHCS with the community and thereby contribute towards poverty alleviation. Over the years, it has engaged the PHCS in the delivery of public health goods under the Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) by facilitating Public Private Partnership (PPP) between member Private Health Facilities and the Local Government Authorities (LGAs). The Organization aims to contribute towards the national efforts to improve the quality of care in the health sector, to achieve the Sustainable Development Goals (SDGs) and the National Strategy for Poverty Reduction and Economic Growth (MKUKUTA).

APHFTA has over 1,000-member facilities all over Tanzania, which includes hospitals, health centers, dispensaries, clinics, laboratories, pharmacies/Accredited Drug Dispensing Outlets (ADDOs), and maternity homes, among others. It is dedicated to improving the quality of care and services in the PHCS. It does this through implementation of healthcare development projects by involving private and public health facilities. The projects that have been implemented by APHFTA include Malaria, Maternal, Newborn and Child Health (MNCH), Helping Babies Breath (HBB), Family Planning (FP), Non-Communicable Diseases (NCDs), HIV and AIDS, quality improvement, Voluntary Medical Male Circumcision (VMMC),

provision of access to affordable financing to the PHCS and continuous professional development among others. In addition, in 2012 APHFTA incorporated Afya Microfinance Ltd (AMiF) - a subsidiary company (with 99% APHFTA ownership) aiming at improving access to affordable financing to the PHCS.

Over the years, APHFTA has worked successfully with the Government at the National and Sub-national levels and with various local and international Development Partners (DPs). The Association will continue to forge collaborations and Partnerships as it strives to expand the contribution of the private health facilities in the health sector in Tanzania.

The Association operates countrywide through its five Zonal offices. These are: **Lake Zone**, with offices in Mwanza City, **Northern Zone**, with offices in Moshi, **Southern Highland Zone** with offices in Mbeya, **Central Zone**, with offices in Dodoma and **Dar Es Salaam Zone**, with offices in Dar Es Salaam where the headquarter is. In each zone, there is a zonal Leadership comprising of Zonal Chairperson, Zonal Secretary, Two other members. Day-to-day zonal activities are done by Zonal Secretariat under the leadership of a Zonal Co-ordinator.

## **2 The Assignment**

APHFTA has set aside funds in its budget for 2021 for carrying out End-Term Evaluation (ETE) of the just ended five-year Strategic Development Plan (SDP) 2016 – 2020 and for developing a new five-year Strategic Development Plan 2021 – 2025. APHFTA is therefore looking for a qualified Consultant (Individual/firm) to carry out both the ETE for the ended SDP 2016 – 2020 and development of a new SDP 2021 – 2025.

### **2.1 End Term Evaluation of the SDP 2016 - 2020**

The mission of APHFTA’s Strategic Plan for 2016 – 2020 was “*to promote quality healthcare services through the private healthcare sector in Tanzania and beyond*” and its vision was “*A strong private health sector delivering sustainable high-quality healthcare services*”. It was founded on six strategic objectives namely:

- i) To re-organize and sustain APHFTA
- ii) To improve Human Resources for Health in the Private Health Sector
- iii) To Embed use of ICT in the Private Health Sector
- iv) To support delivery of Public Health Goods and Services
- v) To sustain Quality of Healthcare in the Private Health Facilities and
- vi) To strengthen and sustain PHS’s influence at District and National Levels

### **2.2 Objectives of the End Term Evaluation of the SDP 2016 - 2020**

The general objectives of the End Term Evaluation of the ended SDP 2016 – 2020 are to:

- i) Determine the extent to which APHFTA has achieved the Strategic and Operational objectives as stipulated in the SDP 2016 – 2020.
- ii) Assess the appropriateness of the methodologies and approaches used in the implementation of the SDP 2016 – 2020.

- iii) Identify sustainable outcomes of the implementation of the SDP 2016 – 2020.
- iv) Identify lessons learnt from implementation of SDP 2016 – 2020 and how they can be adopted in then implementation of SDP 2021 – 2025.
- v) Provide recommendations to APHFTA Management to inform subsequent strategic planning.

Specific Objectives of the End Term Evaluation include to assess:

### **2.2.1 Relevance:** *Has the SDP 2016-2020 done the right things?*

The ETE will be required to assess the extent to which the objectives of the SDP 2016 – 2020 and its design responded<sup>1</sup> to beneficiaries (i.e., individuals, groups, or organization, whether targeted or not, that benefited directly or indirectly from its implementation), global, national, and partner/institution<sup>2</sup> needs, policies and priorities and possibility of continuity of the responses beyond SDP 2016 – 2020.

The Evaluator shall also look at differences and trade-offs between different priorities or needs. Furthermore, the Evaluator shall analyze and report any changes in the context of the SDP 2016 – 2020 to assess the extent to which the SDP 2016 – 2020 adapted to remain relevant.

### **2.2.2 Coherence:** *How well has the SDP 2016 – 2020 fitted?*

The ETE shall assess the compatibility of the SDP 2016 – 2020 with other interventions in Tanzania, in the health sector. This will involve the extent to which other interventions (particularly polices) supported or undermined implementation of the SDP 2016 – 2020 and vice versa. It will examine both the internal<sup>3</sup> and external<sup>4</sup> coherence.

### **2.2.3 Efficiency:** *How well were resources used?*

The ETE shall assess the extent to which the SDP 2016 – 2020 delivered results in an economic (i.e., the way inputs (funds, expertise, human resources, time, etc.,) were converted into outputs, outcomes, and impacts, in the most cost-effective way possible, as compared t feasible alternatives in the context) and timely manner (i.e., within the intended timeframe, or within the timeframe reasonably adjusted to the demands of the evolved implementation context).

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<sup>1</sup> ‘Responded’ means that the objectives and design of the SDP 2016 – 2020 are sensitive to the economic, environmental, equity, social, political economy, and capacity conditions in which it takes place.

<sup>2</sup> Partner/Institution’ include government at national and sub-national levels, civil society organizations, private entities and international bodies involved in funding, implementing and/or overseeing implementation of the SDP 2016 – 2020.

<sup>3</sup> Internal coherence addresses the consistency of the SDP 2016 – 2020 approaches with international norms and standards to which APHFTA adheres.

<sup>4</sup> External coherence considers the consistency of the SDP 2016 – 2020 with the SDPs of APHFTA peers during the same period. This would include complementarity, harmonization and co-ordination with others, and the extent to which the SDP 2016 - 2020 added value while avoiding duplication of effort.

#### 2.2.4 **Effectiveness:** *Did the SDP 2016 – 2020 achieve its Objectives?*

The ETE shall assess the extent to which the SDP 2016 – 2020 achieved its objectives and its results, including any differential results across the groups. Analysis of effectiveness involves considering the relative importance of the objectives or results.

#### 2.2.5 **Impact:** *What difference did Implementation of SDP 2016 – 2020 make?*

The ETE shall assess the extent to which the SDP 2016 – 2020 generated significant positive or negative, intended, or unintended, higher level effects. In assessing Impact, the ETE shall address the ultimate significance and potentially transformative effects of the SDP 2016 – 2020. It shall identify social, environmental, and economic effects that are longer term or broader in scope than those already captured under the effectiveness. This objective seeks to capture the indirect, secondary, and potential consequences of the implementation of the SDP 2016 – 2020. It involves examining the holistic and enduring changes in systems or norms, and potential effects on people’s well-being, human rights, gender equality, and the environment.

#### 2.2.6 **Sustainability:** *Will the benefits last?*

The ETE shall assess the extent to which the net benefits of the intervention continue or re likely to continue. The ETE shall include an examination of the financial, economic, social, environmental, and institutional capacities or the systems needed to sustain net benefits over time. It shall involve analyses of the resilience, risks, and potential trade-off.

### 2.3 Objectives of Developing SDP 2021 – 2025

The main objective of developing SDP 2021 – 2025 is to have a roadmap of the Association for the next five years determined through participatory involvement of key APHFTA stakeholders into taking objective analysis of the organization’s internal and external business environment. Specific objectives include:

- i) To have the organization’s vision, mission, corporate values validated
- ii) To have the Organization’s internal and external environment scanned
- iii) To have the organization’s strategic objectives for the next five years established
- iv) To have optimal strategies for achieving each set strategic objective determined based on cause-effect logical relationship.
- v) To have relevant activities and sub-activities for carrying out each strategy determined
- vi) To determine inputs (i.e., resources) required for delivery of the identified activities and the overall budget formulated.
- vii) To have Schedule of Activities Prepared
- viii) To have Monitoring, Evaluation and Learning (MEL) Framework and Plan for the SDP 2021 – 2025, including a Logical Framework developed.
- ix) To have Strategic risks and their possible mitigation mechanisms identified

### 3. Methodology

Prospective Consultants shall detail their Methodologies and approaches for delivering both assignments, which may include:

- i) Data Collection for both ETE for SDP 2016 – 2020 and development of SDP 2021 – 2025 through:
  - a) Literature Review
  - b) Interviews, consultations, and discussions with APHFTA Stakeholders (i.e., APHFTA Board of Directors, APHFTA Management, Local and International Development Partners, Private Health Facilities, and beneficiaries.)
  - c) Meetings with partners/stakeholders and key informants
  - d) Field visits to the APHFTA zones and facilities
- ii) Data input, transcribing, cleaning, and triangulation
- iii) Data Analysis
- iv) Drafting ETE Report
- v) Presentation of and/or submission of Draft ETE Report for SDP 2016 – 2020.
- vi) Incorporation of comments and finalization of ETE Report
- vii) Reviewing of Vision, Mission, Values
- viii) Scanning the External Environment (PESTEL Analysis)
- ix) Scanning the Internal Environment (SWOT/C Analysis)
- x) Determine Strategic Objectives, Strategies and Activities
- xi) Analyze required resources and formulate a budget.
- xii) Prepare MEL Framework for SDP 2021 - 2021
- xiii) Develop Strategic Risk Register for SDP 2021 – 2025
- xiv) Draft SDP 2021 – 2025
- xv) Present and/Submit Draft SDP 2021 – 2025
- xvi) Incorporate inputs/comments and finalize SDP 2021 -2025

### 4. Expected Results

#### 4.1 Expected Deliverables for ETE for SDP 2016 – 2020

- i) ETE Inception report submitted to APHFTA.
- ii) A draft ETE report (3 hard copies and 1 soft copy) submitted to the Director of Programs (DOP)
- iii) Presentation of the Draft ETE Report to APHFTA Management
- iv) A final report (hardcopy maximum 50 pages) including executive summary (max 3 pages) and annexes in English submitted to the Director of Programs (DoP).
- v) Database of the raw data collected during ETE and the Analyzed Data Sets in Soft copy.

#### 4.2 Expected Deliverables for SDP 2021 -2025

- i) Inception report on Development of SDP 2021 – 2025 submitted to APHFTA,

- ii) A draft SDP 2021 – 2025 (3 hard copies and 1 soft copy) submitted to the Director of Programs (DOP)
- iii) Presentation of the Draft SDP 2021 - 2025 to APHFTA Management
- iv) A final SDP 2021 - 2025 (hardcopy maximum 50 pages) including executive summary (max 3 pages) and annexes in English submitted to the DOP within one months after submitting the ETE Report.

## 5 DURATION AND PROPOSED WORK PLAN

S/N	ACTIVITY	DELIVERABLE	TIMELINE	RESPONSIBLE
1.	Request for Expression of Interest	Technical and Financial proposal	6 – 21 April 2021	Director of Programs
2.	Selection of Consultant	Consultant in Place	26 April 2021	APHFTA Procurement Committee
3.	Preparation and submission of Inception Report	Inception report	30 April 2021	Consultant
4.	Submission and/Presentation of Draft ETE Report	Draft ETE Report	24 May 2021	Consultant
5.	Submission of Final ETE Report	Final ETE Report	31 May 2021	Consultant
6	Submission of SDP 2021 – 2025 Inception Report	Inception Report for SDP 2021 – 2-25	31 <sup>st</sup> May 2021	Consultant
7	Submission of Draft SDP 2021 - 2025	Draft SDP 2021 - 2025	21 June 2021	Consultant
8	Submission of Final SDP 2021 - 2025	Final SDP 2021 - 2021	28 June 2021	Consultant

## 7. REPORTING AND COORDINATION

The consultant will report to the Director of Programs. APHFTA’s Health Coordinator will be the liaison person between the Consultant and APHFTA. APHFTA will also be responsible for providing relevant information/documents, making appointments with relevant stakeholders on behalf of the consultant and providing any logistical support required by the consultant.

## 8. QUALIFICATIONS OF LEAD CONSULTANT

### Expertise and Experience

- i) Minimum academic qualification of a graduate degree in development or relevant field. Master’s degree in the relevant field is preferred.
- ii) Previous experience in successfully leading at least three (3) Baseline or End Term Evaluation of Strategic Plan(s) and leading development of at least three (3) Strategic Plans/Business Plans of reputable organizations/projects.

- iii) Solid methodological and research skills: Demonstrated experience in applying appropriate research methods with proven ability to organize surveys, data analysis and produce good quality reports.
- iv) Experience in the provision of advisory services to the health sector for at least five (5) years.
- v) At least five years experience in working for/providing advisory services to health development project funded by donors.
- vi) Knowledge of effective monitoring and evaluation
- vii) Expertise in institutional development, change management and organization re-engineering.
- viii) Proven publication record (Attached at least two research samples)
- ix) Ability to write clearly and concisely in English and Swahili.

## **9. REQUIREMENTS FOR SUBMISSION OF EXPRESSION OF INTEREST**

Interested consultant (individuals/firms/institutions) is required to submit a Technical-cum-Financial Expression of Interest with the following components:

### **9.1 Technical Proposal**

This part shall include among other things:

- i) Evidence of at least six (6) similar assignments done by the lead consultant indicating the client, contact of liaison person (tel. number and e-mail address), date of each assignment, the scope of the assignment and the contract amount in TZS.
- ii) Comments on the Terms of Reference.
- iii) A detailed description of the methodology and approach proposed for performing the assignment.
- iv) A clear and comprehensive work plan, outlining the major activities and implementation timeframe aligned with these ToRs.
- v) Details of key consultants proposed for this assignment including their academic and professional qualification, experiences in similar assignments and their respective roles. A detailed (Max. five pages) Lead Consultant's CV should be attached.

### **9.2 Financial Proposal**

This should provide details in costing of the required resources (including professional fee, Daily Subsistence Allowance (DSA), travel, secretarial expenses etc.) to facilitate execution of this assignment. APHFTA and its contractors are required to use the cheapest available means of transport and an economy class air-ticket. The financial proposal shall be accompanied with well cross-referenced explanatory notes to facilitate ease understanding of the budget.

The Expression of Interest should be limited to 10 pages in length (not including attachments), single-spaced, using a 12 - Ariel.

## **10. Evaluation Criteria**

The submitted Expressions of Interest shall be evaluated based on the aggregate score for Technical and Financial proposal. The following criteria shall be used:

S/No.	Criteria	Score (of 100)
1	Academic and Professional Qualification of the Lead Consultant	10
2	Experience in Similar Assignments	15
3	Methodology and Approach	45
4	Alignment of Workplan with Terms of Reference	5
5	Affordability of Cost	25
	<b>Total</b>	<b>100</b>

## 11 Request for Clarification and Deadline for Submission

### 11.1 Request for Clarification

Any questions or need for clarification regarding these ToRs should be directed to the e-mail address [berezy@aphfta.org](mailto:berezy@aphfta.org) latest 4:00 PM April 9, 2021.

### 11.2 Deadline for Submission

To be considered the Expression of Interest must be received by April 30, 2021 **4pm EAT** addressed to: [info@aphfta.org](mailto:info@aphfta.org)

OR (for hard copies)

To the Director of Programs  
 Association of Private Health Facilities in Tanzania,  
 Lumumba/Makamba Street  
 P.O. Box 13234,  
 Dar es salaam

The interested bidders for the consultancy should ensure that bids are delivered timely and to the correct address as indicated above. In case of late submission, that bid will not be considered for evaluation.