



THE ASSOCIATION OF PRIVATE HEALTH FACILITIES IN TANZANIA (APHFTA)

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Terms of Reference

END-TERM EVALUATION OF NATIONAL DIABETES PRIMARY PREVENTION PROGRAM IN LAKE ZONE

1. Background

Non Communicable Diseases (NCDs) including diabetes is an emerging challenge to Tanzania as a country. The World Health Organization (WHO) estimates that Tanzania has 492.95 diabetes cases in 1000s, with the prevalence of 2.81% (Diabetes Atlas, 2012). Therefore the Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) has increased its commitment to address NCDs in the country. This is done through the implementation of the Tanzania National Strategy and Action Plan for the prevention and control of NCDs, 2010-2015 and 2016-2020, which both mention the Association of Private Health Facilities in Tanzania (APHFTA) as a key stakeholder in NCDs prevention and control. APHFTA is a Non-Governmental Organization (NGO) that exists to serve as a public forum for the private health sector and provide a comprehensive array of advocacy, administrative, knowledge-sharing and networking products and services to the private health sector, and it endeavors to link with the community and thereby contribute towards poverty alleviation.

APHFTA had for the past six years (2007-2012) been implementing diabetes projects that focused on increasing access to diabetes care and treatment. Since 2013 APHFTA through the financial support of the World Diabetes Foundation (WDF) leads the implementation of a National Diabetes Primary Prevention Program in the Lake zone while working in close collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children, (MOHCDGEC), Ministry of Education, Science and Technology (MoEST), President's Office Regional Administration and Local Government (PoRALG), and Tanzania Diabetes Association (TDA) with the aim of strengthening the implementation of the School Health Program. The program was implemented in the 6 regions of the Lake zone namely: Mara; Mwanza; Shinyanga; Simiyu; Kagera, and; Geita.

2. Project Goal and Objectives

2.1. Goal:

To increase access to Diabetes Primary Prevention and detection services by strengthening the National School Health Program in Tanzania

2.2. Objectives:

1. To strengthen the implementation of the school health program within the Ministries of Health and Education
2. To prevent diabetes and other NCDs among the youth in schools and the general population
3. To build the capacity of primary healthcare facilities to link with the National School Health Program

3. Target Groups and Beneficiaries

3.1. Target Groups

The project also had the following key target groups

- i. 30 Regional and District Executives (from health & education departments)
- ii. 48 District School Health Coordinators (from health & education departments)
- iii. 240 School teachers (120 head teachers and 120 health teachers)
- iv. 150 Health workers (Clinicians, nurses and laboratory staff) from 50 health facilities

3.2. Beneficiaries

The project beneficiaries were the following:-

- i. 100,000 school children in the project area reached with NCD/diabetes prevention messages in three year of program implementation i.e. an average of 100 students per class in each school (120 schools) 8 classes will have undergone the education sessions during the project period which will translate to approximately 100,000 school children.
- ii. 200,000 people from the community attended/reached by the pupils/students, it is expected that each student will reach out to at-least 2 people in the family.

4. Intended Project Results

4.1. Enhanced implementation of the national school health policy guideline

- ✓ Bi-annual review meetings are done at national and regional level
- ✓ Annual meeting with Tanzania Institute of Education and National Examination council advocating the incorporation of NCD topics in the training curriculum
- ✓ 12 Regional and 24 District Executive Directors sensitized
- ✓ 12 Regional and 48 District School Health Coordinators trained on the program
- ✓ 120 school teachers and 120 head teachers sensitized on the school health program
- ✓ 48 Trainer of trainers (TOT's) trained on the school health program
- ✓ Quarterly supportive supervision done at the regions and districts

4.2. Increased knowledge of diabetes prevention in schools and communities

- ✓ 120 primary schools reached with diabetes prevention program
- ✓ 240 teachers trained in diabetes/NCDs prevention.
- ✓ 480 food vendors trained on health diets and its preparation
- ✓ 360 audio visual materials and 3,600 posters produced and distributed to schools
- ✓ 100,000 school children in the project area reached with NCD/diabetes prevention messages in three year of program implementation i.e. an average of 100 students per

class in each school (120 schools) in total 8 classes will have undergone the education sessions during the project period, which translates to approximately 100,000 school children.

- ✓ 200,000 people from the community attended/reached by the pupils/students, it is expected that each student will reach out to at-least 2 people in the family.

4.3. Improved capacity of primary health care facilities in primary diabetes prevention through school health program

- ✓ 50 healthcare facilities supported to scale up diabetes services
- ✓ 150 healthcare workers trained in basic diabetes management and establish linkages with schools and communities within the project area

5. PURPOSE OF THE ASSIGNMENT

5.1. Main objectives of the evaluation:

- i. Determine the extent to which the National Diabetes Primary Prevention Project (NDPPP) objectives as defined in the Proposal and Project Participation Agreement (PPA) have been met by indicators, targets and identify the challenges
- ii. Identify Project implementers' institutional strengths and weaknesses
- iii. Assess appropriateness of selected methodologies and approaches
- iv. Define steps forward to prepare the scale up of the Project interventions to the entire country

The End Term Evaluation will take in consideration the Project interventions' continued relevance, feasibility, efficiency, effectiveness and sustainability. In this context, the evaluation will examine the following aspects:

A. Relevance: Assess National Diabetes Primary Prevention Project (NDPPP) design and focus

The ETE should respond to the following questions:

- i. To what extent did the Project achieve its overall objectives
- ii. What and how much progress has been made towards achieving the overall outputs and outcomes of the Project (including contributing factors and constraints)
- iii. To what extent were the results (impacts, outcomes and outputs) achieved
- iv. What were the inputs and strategies identified, and were they realistic, appropriate and adequate to achieve the results
- v. Was the Project relevant to the identified needs

B. Feasibility:

a)- Feasibility of the Project technical design (background analysis and Monitoring & Evaluation framework).

Review issues:

- i. Were the stakeholders/beneficiaries analysis and the derived objectives of the Project, which serve as rationale for the Monitoring framework achieved?

- ii. Was the intervention logic of the Project as outlined in the Monitoring Framework achieved?
- iii. Was the chosen technical design of the project producing the expected synergies?
- iv. Was the scope of the Project feasible?
- v. Were the annual action plans appropriate?
- vi. Did the Project document and Monitoring framework convey a consistent understanding of the Project objectives, results, actions and other technical concepts for proper guidance of implementation?

C. Efficiency:

- i. Were resources/inputs (funds, expertise, time) economically converted into Project results??
- ii. Factor analysis: Which were the main factors in operational implementation, management and steering that facilitated or impeded the efficiency of the Project in achieving the intended outputs/actions, results and objectives.
- iii. How efficiently were results achieved in relation to the expended efforts?
- iv. Were there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs?
- v. Could a different approach have produced better results?
- vi. How efficient were the management and accountability structures of APHFTA?
- vii. What are the strengths, weaknesses, opportunities and threats of the Project's implementation processes

D. Effectiveness- Describe the Project management processes and their appropriateness in supporting delivery

- i. Was the Project effective in delivering desired/planned results?
- ii. To what extent did the Project M&E mechanism contribute in meeting project results?
- iii. How effective were the strategies and tools used in the implementation of the Project?
- iv. How effective has the Project been in responding to the needs of the beneficiaries, and what results were achieved?
- v. What are the future intervention strategies and issues?

In details:-

Progress

- i. How does the achieved output compare to what was expected?
- ii. Have there been any unplanned effects?
- iii. Has the Project generated any results that could indicate that the project has had an impact on the operation's target beneficiaries?

Ownership

- i. Did the President's office Regional Administration and Local government, Ministry of Education Science and Technology, Ministry of Health Community Development, Gender, Elderly and Children and other stakeholders lead in implementing the various Project /Monitoring framework outputs/actions?
- ii. How was the degree of active involvement and collaboration between APHFTA President's office Regional Administration and Local government, Ministry of Education Science and Technology, Ministry of Health Community Development, Gender, Elderly and Children, Tanzania Diabetes Association and other NCD stakeholders
- iii. To what extent the partners fulfilled their roles?

Technical quality of implementation

- i. Are technical inputs (consultancies, baseline survey, capacity building activities etc;) sufficient in quality and adequately used for Project's strategic-orientation for the different objectives/goals
- ii. Are Project's methods and approaches appropriate?

Quality of Project implementation (steering, coordination, communication and financial requirements)

- i. Does the Project Management and decision making process function appropriately? Are problems identified in time and are practical and feasible solutions proposed and applied effectively by implementing parties, by supporting units, by Project Steering Committee?
- ii. How strong/weak is communication among partners in decentralised management of the project? Among stakeholders?
- iii. Are costs schedules (allocated resources, annual budgets) and financial reports appropriate to drive implementation and fulfill monitoring, reporting and planning requirements of the Project?
- iv. Is the existing reporting structure adequate? Do regular official reports meet the reporting requirements of the Project?
- v. Is the M&E appropriate in terms of capacity of staff to periodically collect necessary data and information on indicators?
- vi. Is the M&E system appropriate to support project management and steering decisions?

E. Sustainability:

- i. What is likelihood that the achievements in the various outputs/results are being sustained?
- ii. What are the main issues related to the sustainability of the Project interventions?
- iii. Which factors that may determine sustainability should be strengthened (e.g. leadership, ownership, strategy, policy environment, staffing, technical capacity, financial resources.)?
- iv. Will APHFTA and the involved Ministries (MOEST, MOHCDGEC & PORALG) be capable to mobilize necessary resources to continue implementing activities or invest in expansion of new approaches and methodologies?
- v. Describe key factors that will require attention in order to improve prospects of sustainability of the outcomes and the potential for replication of the approach?
- vi. How were capacities strengthened at the individual and organizational level (including contributing factors and constraints)?
- vii. Describe the main lessons that have emerged?
- viii. What are the recommendations for the scale up of the project interventions?

(Nb. The recommendations should provide comprehensive proposals for future interventions based on the current evaluation findings).

6. SCOPE OF WORK

The Lead Consultant will coordinate the team members to conduct the End-Term evaluation and conclude it to the required standard.

In general, the major responsibilities of the consultant include the following:

- i. Developing an inception report comprising the consultant understanding of the TOR inclusive of the desk review findings, evaluation questions, data collection instruments,

sampling strategy, limitations and evaluation matrix summarizing the evaluation methodology.

- ii. Take a lead role in developing various qualitative and quantitative data collection tools to be used for the baseline as per the agreed methodology
- iii. A time-schedule for the assignment based on the expected scope
- iv. A detailed financial offer
- v. Field test the End Term Evaluation tools
- vi. Implement and supervise field data collection and entry
- vii. Analyze and synthesize data; and prepare report
- viii. Submit data analysis and draft report for feedback
- ix. Incorporate, compile and submit final report
- x. Present the final report to the stakeholders meeting for dissemination

7. DURATION AND PROPOSED WORK PLAN

The End-Term Evaluation is expected to start on 20th of March 2018 to the 17th of May 2018. This includes days required for designing, extensive field interaction, and report writing.

S/N	ACTIVITY	DELIVERABLE	TIMELINE	RESPONSIBLE
1.	Request for Expression of Interest	Technical and Financial proposal	20 th -28 th March 2018	Health Coordinator
2.	Selection of Consultant	Consultant in Place	4 th April 2018	National Steering Committee
3.	Preparation of Inception report	Inception report	12 th April 2018	Consultant
4.	Data Collection and Analysis	1 st draft of ETE report	16 th - 27 th 2018	Consultant
5.	Report writing	2 nd Draft of ETE report	4 th May 2018	Consultant
6	Stakeholders/ Project exit meeting for Dissemination of ETE findings	Final Draft of ETE	14 th May 2018	National Steering Committee
7	National Project Steering Committee Meeting	Final Project End term Report	17 th May 2018	Health Coordinator

8. EXPECTED RESULTS

Deliverables

- i. Inception report submitted to APHFTA three days after signing of the contract
- ii. A draft report (3 hard copy and 1 soft copy) submitted to the Director of Programs (APHFTA)
- iii. An oral debriefing of the NDPP Project's end-line evaluation
- iv. A comprehensive End-line evaluation report submitted in both electronic version and signed hard copy including executive summary (max 3 pages) and annexes in English will be submitted to the Director of Programs and CEO within one month after end of evaluation
- v. List of tools prepared

9. REPORTING AND COORDINATION

The consultant, during the course of this assignment, will report to the Director of Programs and the process will be coordinated by the Health Coordinator.

10. QUALIFICATIONS- 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 undertaking Project/Program Evaluation
- 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. Proven publication record (Attached at least two research samples)
- v. Ability to write clearly and concisely in English and Swahili

11.0. PROPOSAL SUBMISSION REQUIREMENTS

Interested consultant (individuals/firms/institutions) is required to submit an Expression of Interest with the following components:

a) Technical component that shall include among other things:

- i. A detailed description of the methodology to be used for performing the assignment;
- ii. A clear and comprehensive work plan, outlining the major activities and implementation time schedule, and including activity scheduling giving details of commencement and completion of different activities;
- iii. A clear demonstration of capabilities and expertise in carrying out the consultancy as detailed in these ToRs; Including CV of the Lead Consultant
- iv. Any comments or suggestions on the ToRs.

b) A financial proposal

This should provide details in costing of the required resources to perform this assignment with Itemized budgets in Tanzania Shillings and explanatory notes.

The proposal should be limited to 10 page in length (not including attachments), single-spaced, using a12- Arial

To be considered the Expression of Interest must be received by March 30th, 2018 4pm
addressed to: info@aphfta.org

OR (for hard copies)

To the Health Coordinator
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.