



## **THE ASSOCIATION OF PRIVATE HEALTH FACILITIES IN TANZANIA (APHFTA)**

P.O. BOX 13234, Dar es Salaam, Tanzania

TEL/FAX: +255 22 2184508/2184667

E-mail: [info@aphfta.org](mailto:info@aphfta.org)

### **Terms of Reference**

## **END-TERM EVALUATION OF MALARIA PROJECT IN GEITA REGION**

### **1. INTRODUCTION**

#### **1.1. Background information on Malaria**

Malaria Continues to be a global health problem. 219 million malaria Cases occurred in the world in 2017, with 92% of all cases (200 million) coming from the African region (WMR 2018). In Tanzania, Malaria remains a major cause of mortality and morbidity. However, significant progress has been seen in the last decade, with malaria prevalence dropping to 10% in 2012 from 18% in 2008. In a recent study of 1,005 Tanzanian children with fever, only 9% had malaria. More than 40% of children are seeking care in public health facilities, and 27% in private facilities and other facilities (Including ADDOs). While malaria prevalence has declined significantly, from 18% in the (2007-08 THMIS) to 7% in the (2017 TMIS) still Malaria prevalence is much higher in rural areas than in urban areas, and among zones where the prevalence is high is Lake and Western zones, led by 24% Kigoma, 17% Geita , 15% Kagera and 11% Mara. The National Malaria Control program (NMCP) in its Supplementary Malaria Midterm Strategic Plan (SMMSP 2018-2020) has set a target of 1% leading to elimination of malaria by 2030. One of the re-orientation strategies being stratification of malaria burden and control measures. Geita region being the one with the highest prevalence of malaria, this led to APHFTA Malaria project to gear an initiative toward unlocking the causes of high prevalence of Malaria in Geita.

Furthermore, under-five mortality has dropped by 40%; from 112 deaths per 1,000 live births in 2004 to 67 deaths per 1,000 live births in 2016 (TDHS, 2015/2016). Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years has increased from 30% in 2007 to 35% 2016. However this is less progress that was expected.

Tanzania's National Malaria Strategic Plan (MSP) 2014-2020 aims to provide universal access to appropriate, quality and timely malaria diagnosis to at least 80% of people with signs and symptoms of malaria by 2020. The project observes different challenges in Geita region in accessing quality health care services and these are related to accessibility of health facilities, availability of commodities that include diagnostics and drugs, limited skilled human resources for health and affordability of the services. With a population of nearly 1.8 Million, the region has 155 health facilities including both private and public health facilities (Tanzania health facility registry) and more than 400 ADDOs. The health facilities are not sufficient to cater for the

population. Furthermore, the number of people who receive satisfactory services is low (MTR HSSP III- Geita region field report 2015).

Access to quality diagnostic and treatment services among vulnerable groups still remains a challenge. This is due to limited access to health facilities, cost of accessing malaria diagnostic services and ACTs, stock-outs of ACTs, IPTp, RDTs and other essential medicines, lack of knowledge among community members and health care workers on the recommended diagnosis, treatment and adherence to treatment as per national guidelines, lack of guidelines in the facilities/ADDOS, and limited skilled human resources to provide the services.

## **1.2. The Malaria project in Geita**

APHFTA in partnership with Afya Micro-Finance Company (AMIF) through the financial support of Comic Relief and GSK is implementing a Malaria project with the title *“Harnessing on the Private Health Sectors Potential in the Fight Against Malaria”* in Geita Region since January 2017 to March 2021. The project’s goal is to contribute to the reduction on Malaria prevalence in Geita region. The project will specifically create awareness and demand for quality malaria services, build the capacity of both public and private health facilities to provide quality malaria services, provide access to loans for purchase of needed medicines and health commodities and improve the collection of health data and help planners analyze and use it for decision-making.

The project is implemented in close collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children through the National Malaria Control Program, and the President’s Office Regional Administration and Local Government authorities to ensure successful attainment of the Project objectives at the Regional and Council Levels.

## **2. PROJECT GOAL AND EXPECTED OUTCOMES**

### **2.1. Project Goal**

To contribute to the reduction of Malaria prevalence by at least 10% in Geita region

### **2.2. Projected Expected outcomes**

1. Improved quality of malaria services provided to the targeted population
2. Increased awareness, access and demand for quality malaria services
3. Improved data gathering, analysis and use for decision making at council, regional and national level
4. Increased access to affordable financing for the private health sector

## **3. TARGET GROUPS AND BENEFICIARIES**

### **3.1. People benefiting directly**

- i. 120,000 Pregnant women at ANC clinics receiving IPTn and other malaria prevention services in targeted facilities
- ii. 384,000 Children <5 years at outpatient, postnatal clinics and ADDOS accessing malaria services

- iii. 80,000 School Children receiving malaria prevention education sessions in targeted schools

### **3.2. Frontline workers**

- i. 300 Health care providers
- ii. 432 ADDO owners
- iii. 18 District School Health Coordinators and District Education Officers
- iv. 24 Trained MSDQI Cascade teams
- v. 20 ADDO Leaders
- vi. 6 District Malaria Focal persons
- vii. 565 CORPS (Head Teachers, Teachers and ward leaders)
- viii. 6 Wholesale drug suppliers

### **3.3. Other People Benefiting from the project**

- i. 160,000 Parents of the school children (Will be reached by school children and during semi-annual schools sensitization session)
- ii. 42 RHMTs and CHMTs
- iii. 456 General patients (Men, women and youth) who receive outpatient malaria services in targeted facilities). This excludes pregnant women and children under 5 years
- iv. 300,000 Parents/guardians of children under 5 years who escorted their children to health facilities to receive malaria services

## **4. PURPOSE OF THE ASSIGNMENT**

### **4.1. Main objectives of the evaluation**

- i. Determine the extent to which the Malaria Project objectives as defined in the Proposal and Project Start Up Form 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

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

#### **A. Relevance**

Assess the Malaria project 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, and other malaria 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
- 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).

## 5. 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. Field test the End Term Evaluation tools
- v. Implement and supervise field data collection and entry
- vi. Analyze and synthesize data; and prepare report
- vii. Submit data analysis and draft report for feedback
- viii. Incorporate, compile and submit final report
- ix. Present the final report to the stakeholders meeting for dissemination

## 6. DURATION AND PROPOSED WORK PLAN

The End-Term Evaluation is expected to start on 14<sup>th</sup> January 2021 to the 15<sup>th</sup> March 2021. 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	14 <sup>th</sup> -20 <sup>th</sup> January 2021	Health Coordinator
2.	Selection of Consultant	Consultant in Place	22 <sup>nd</sup> January 2021	Procurement Committee
3.	Preparation of Inception report	Inception report	5 <sup>th</sup> February 2021	Consultant

4.	Data Collection and Analysis	1 <sup>st</sup> draft of ETE report	12 <sup>th</sup> - 26 <sup>th</sup> February 2021	Consultant
5.	Report writing	2 <sup>nd</sup> Draft of ETE report	5 <sup>th</sup> March 2021	Consultant
6	Stakeholders/ Project exit meeting for Dissemination of ETE findings	Final Draft of ETE	15 <sup>th</sup> March 2021	Health Coordinator

## 7. EXPECTED RESULTS

### Deliverables

- i. Inception report submitted to APHFTA one week after signing of the contract
- ii. A draft report (3 hard copy and 1 soft copy) submitted to the Director of Programs/Operations (APHFTA)
- iii. An oral debriefing of the Malaria Project's end-line evaluation findings
- 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/Operations and CEO within one month after end of evaluation
- v. List of tools prepared

## 8. REPORTING AND COORDINATION

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

## 9. 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

## 10. PROPOSAL SUBMISSION REQUIREMENTS

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

a) **Technical Proposal**

Shall include the following 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 a 12- Arial

*To be considered the Expression of Interest must be received by January 20<sup>th</sup>, 2021 4pm EAT addressed to: [info@aphfta.org](mailto:info@aphfta.org)*

OR (for sealed hard copies)

*To the  
Chief Executive Officer,  
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.