

Terms of Reference: Evaluation of effect:hope funded health systems strengthening projects for leprosy in Bangladesh

Introduction

In Bangladesh, the economic and social burdens of leprosy continue to rest primarily on the poorest and most vulnerable populations. Although Bangladesh declared leprosy eliminated in 1999 and reduced the resources available for leprosy services, a significant number of people throughout the country still live with its severely disabling and stigmatizing effects. When leprosy was declared eliminated, funds available from other sources, such as international donors, also decreased. Currently, the government health system has limited capacity to implement necessary leprosy services everywhere they are needed, and the gap is filled by non-governmental organizations, who themselves struggle with lower funding levels because of the decision to declare leprosy eliminated.

effect:hope funds two health systems strengthening (HSS) projects which focus on improving the accessibility, quality, and sustainability of government leprosy services in Bangladesh. There are two project implementers (NGOs) The Leprosy Mission International – Bangladesh is implementing project “Integrated Leprosy Services-Health Systems Strengthening (ILS-HSS)” and Lepra Bangladesh is implementing “Community-Level Health Systems Strengthening” (CLHSS). Both projects are using similar aim and objectives, but not identical models in different geographical areas of Bangladesh. The health systems strengthening activities are working with all levels of government health staff to improve the health system’s ability to deliver needed services to leprosy patients, including referral, monitoring and reporting system.

This TOR encompasses **two final deliverables**:

1. A final program evaluation for the Integrated Leprosy Services – Health Systems Strengthening project;
2. A final program evaluation for the Community-Level Health Systems Strengthening project; and

Deliverable 1 and 2 have separate terms of reference attached to this document for further clarity.

*NOTE: We also ask that the evaluators build **three working days** of their time into the TOR for participation in a new phase development workshop, to be held in August 2018.*

Scope

The scope of these evaluations are the two projects in question and the districts where they have been implemented, taking into consideration feedback from other stakeholders such as the National Leprosy Elimination Program. The goal of doing this work is to distill the learnings of the evaluations of these two programs into recommendations for the next phase of the project, where both TLMI-B and Lepra will employ the same model of activities and outcomes.

Purpose/Objectives/Rationale

Purpose: This evaluation is intended to inform the next phase of planning for effect:hopefunded HSS projects in Bangladesh, and to provide a clear path toward designing a joint logic model between the two projects in order to implement a consistent strategy in all districts.

Objectives:

1. Identify and understand which activities contributed most to achieving the project's intended results, as well as why they were or were not effective;
2. Assess both projects' efficiency/cost-effectiveness;
3. Identify what next steps are needed in order to sustainably achieve the goal of universal access to needed leprosy services in Bangladesh;

Rationale: effect:hope has been funding pilot projects to test different ways to strengthen the leprosy service in the health system in Bangladesh so that people affected by leprosy are able to get timely, adequate services related to their disease condition. Comparing these two approaches to one another will show where each team has found its strongest successes as well as challenges, and use this learning to incorporate the lessons learned into a new, consolidated model for HSS projects for leprosy services in Bangladesh.

Intended Users

The primary users of this report will be the NLEP, district health officials, programs teams at TLMI-B, Lepira, and effect:hope, who will use the results to improve the program design and create a joint approach for a potential next phase of health systems strengthening projects for leprosy in Bangladesh. These teams will be deeply engaged with the evaluation process and will use the process to identify areas of improvement within their own teams as well as the project.

Secondary users will include other stakeholders mainly in Bangladesh, including non-profit sector staff, Ministry of Health officials, researchers, and the end users of these services.

Evaluation Questions

1. What were the key differences in how the ILS-HSS and CL-HSS projects were implemented?
2. Between the ILS-HSS and CL-HSS projects, which approaches to achieve results were *more* effective? Which approaches were *less* effective?
3. What are the key elements of an HSS project for leprosy services in Bangladesh, and what specific implementation approaches are needed to run such a project, based on the experiences of the ILS-HSS and CL-HSS projects since 2016?

Principles and Approach

The key principles of the evaluation are **equity, accountability, and sustainability**. The purpose of the project is to create equitable access to needed health services for leprosy provided by the government health service, and the evaluation should look at the level to which different groups of beneficiaries have access to these services, particularly regarding gender and age.

Accountability for sustainable results is tied to the basic premise of the project – that services provided within Bangladesh's government health care system will be more accessible to a larger population for a longer period of time than services from alternate providers. The sustainability of project successes is a major component of the project's long-term relevance to people affected by leprosy in Bangladesh, and the government's capacity to provide equitable, adequate services must be established to achieve sustainability.

Methodology

We ask interested firms to propose a mixed-methods study that combines qualitative and quantitative data collection, including a proposed sampling methodology for each element of the study. All data must be disaggregated by sex. Possible data sources might include:

- Existing documents and data:
 - Formal policy documents, implementation plans and reports

- Program monitoring data
- Official statistics
- Project records and documentation
- Collecting data from individuals or groups:
 - Key informant interviews with key Ministry of Health and NLP staff
 - Interviews with TLMI-B and partner staff
 - Survey data regarding patient experience and outcomes
 - Questionnaire/survey regarding health worker experience and outcomes, including outcomes at health facility level

Once the evaluator has been selected, they will hold an inception meeting with both teams in order to finalize the study methodology, workplan, budget, and timeline.

Evaluator Qualifications

- Team with experience evaluating health systems projects in Bangladesh
- Lead evaluator – 8-10 years of experience in health system program evaluation
 - Team members with demonstrated quantitative and qualitative data collection and analysis skills
 - Appropriate mix of male and female team members
- Able to cover both projects within evaluation timeframe
- Proficiency in English

Reporting Requirements

Format

- Written report (to be submitted in draft form and revised after consultation with teams) including recommendations
- Oral presentation
- Dissemination materials to include:
 - Summary
 - Presentation materials
- Completed data sets in Excel or SPSS format

Expression of Interest should include

Narrative Proposal

- Evaluation proposal including methodology for quantitative and qualitative data analysis
- Proposed workplan based on start date, estimated May 2018

Financial Proposal

- Budget with budget notes

Others document

- CVs for all team members
- Examples of previous work including survey data and interview data

Timeline and milestones

- Planning with both teams
- Data collection for both projects

- Data analysis
- Reporting

Annexes

- PMFs for both projects

Budget summary:

SN	Budget item	Unit cost	frequency	Total cost
1	Consultants (1)			
	Assistant (1)			
2.	meetings			
3	Travel allowance			
4	Data management			
5	reporting			
6	Post evaluation workshop facilitation			
7	VAT & Tax			

Mode of payments:

1. Condition
2. First part payments
3. Second part payments
4. Final payments

Please see below specific Terms of Reference for the two projects –

Terms of Reference: Evaluation of the Integrated Leprosy Services Health Systems Strengthening project in Bangladesh

Background

The current project runs from July 2016 to December 2018 and is implemented by The Leprosy Mission International – Bangladesh (TLMI-B). Its goal is to improve in the area of health services by strengthening health systems and building capacity for Government of Bangladesh health staff relevant for leprosy, and leprosy related disability and stigma. The ultimate outcome of this project is “Health system strengthening; strong, resilient health system that provides timely, accessible, and affordable care for leprosy.”

TLMI-B is a prime member of the National Leprosy Elimination Program (NLEP) of the Ministry of Health and Family Welfare of the government of Bangladesh. Since 1994 TLMI-B has supported the national leprosy program; currently TLMI-B is implementing 22 projects under 6 programs across 26 districts in 6 divisions of Bangladesh.

Elimination target set by WHO was achieved in 1998, though some sub-national areas still under elimination target. Last year the detected number of leprosy cases was 3976 in Bangladesh. Among those 27% cases were identified from the DLCP project area and 9% from Gaibandha and Jaypurhat. The Leprosy prevalence rate is still higher in Dhaka City (1.01/10,000 pop) and that for districts of Narayangonj, Munshiganj, Brahmanbaria, Comilla and Gazipur (Tongi Urban) in central Bangladesh stand out to be 0.09, 0.06, 0.101, 0.06 and 1.34 per 10,000 population (as per NLEP Report of 2015) respectively. In north in the proposed project area, the leprosy prevalence is high (0.88/10,000 pop) in Gaibandha district and (0.45/10,000 pop) in Jaypurhat district. Child case is 8% in Dhaka and surroundings and 7.25% in GJLCP area. The grade-II disability found among new cases is 3.6% in Dhaka and surroundings and 4.56% for GJLCP areas.

Scope

The scope of this evaluation is to assess this project’s contribution(s) to the health system and its ability to deliver needed services to leprosy patients in all 53 Upazilas of the following districts, including all thana of Dhaka city -

- Dhaka
- Gazipur
- Munshiganj
- Narayangonj
- Brahmanbaria
- Comilla
- Gaibandha
- Jaypurhat

Purpose/Objectives/Rationale

Purpose: This evaluation is intended to inform the next phase of planning for effect: hope-funded HSS projects in Bangladesh, and to provide a clear path toward designing a joint logic model between the two projects in order to implement a consistent strategy in all districts.

Objectives:

4. Identify and understand which activities contributed most to achieving the project's intended results, as well as why they were or were not effective;
5. Assess projects' efficiency/cost-effectiveness;
6. Identify what next steps are needed in order to sustainably achieve the goal of universal access to needed leprosy services in Bangladesh.

Rationale: TLMI-B and effect:hope have been working together to improve access to health services for leprosy patients over the course of many projects. Evaluating the project is not only necessary to gauge progress in program goals, but is also part of a larger strategy to harmonize health systems strengthening efforts for leprosy across all of Bangladesh.

Intended Users

The primary users of this report will be the program teams at TLMI-B and effect:hope, who will use the results to improve the program design and create a joint approach for the next phase of health systems strengthening projects for leprosy in Bangladesh. The team will deeply engage with the evaluation process and will use the process to identify areas of improvement organizationally as well as programmatically.

Secondary users will include other stakeholders mainly in Bangladesh, including non-profit staff, Ministry of Health officials, researchers, and government health staff.

Evaluation Questions

4. Did the ILS-HSS project produce the intended results in its logic model in the short-, medium-, and long-term? If so, for whom, to what extent, and in what circumstances?
5. What positive or negative unintended results did the ILS-HSS intervention produce, and how did these occur?
6. To what extent did the ILS-HSS project represent the best possible use of available resources to achieve results of the greatest possible value to the health system and its beneficiaries?
7. To what extent did the ILS-HSS project contribute to the National Leprosy Programmes' Strategic Goals for 2016-2020?

Principles and Approach

The key principles of the evaluation are **equity, accountability, and sustainability**. The purpose of the project is to create equitable access to needed health services for leprosy provided by the government health service, and the evaluation should look at the level to which different groups of beneficiaries have access to these services, particularly regarding gender and age.

Accountability for sustainable results is tied to the basic premise of the project – that services provided within Bangladesh's government health care system will be more accessible to a larger population for a longer period of time than services from alternate providers. The sustainability of project successes is a major component of the project's long-term relevance to people affected by leprosy in Bangladesh, and the government's capacity to provide equitable, adequate services must be established to achieve sustainability.

Methodology

We ask interested firms to propose a mixed-methods study that combines qualitative and quantitative data collection, including a proposed sampling methodology for each element of the study. All data must be disaggregated by sex. Possible data sources might include:

- Existing documents and data:
 - Formal policy documents, implementation plans and reports

- Program monitoring data
- Official statistics
- Project records and documentation
- Collecting data from individuals or groups:
 - Key informant interviews with key Ministry of Health and NLP staff
 - Interviews with TLMI-B and partner staff
 - Survey data regarding patient experience and outcomes
 - Questionnaire/survey regarding health worker experience and outcomes, including outcomes at health facility level

Once the evaluator has been selected, they will hold an inception workshop with the TLMI-B team in order to finalize the study methodology, workplan, budget, and timeline.

Evaluator Qualifications

- Team with experience evaluating health systems projects in Bangladesh
- Lead evaluator – 8-10 years of experience in health system program evaluation
 - Team members with demonstrated quantitative and qualitative data collection and analysis skills
 - Appropriate mix of male and female team members
- Able to cover both projects within evaluation timeframe
- Proficiency in English

Reporting Requirements

Format

- Written report (to be submitted in draft form and revised after consultation with project staff and stakeholders) including recommendations
- Oral presentation to TLMI-B and other stakeholders
- Dissemination materials to include:
 - Summary
 - Presentation materials
- Completed data sets in Excel or SPSS format

Terms of Reference: Evaluation of the Community-Level Health Systems Strengthening project

Background

The Community Level Health System Strengthening (CLHSS) Project aims to transfer ownership and responsive health care for leprosy control to the government health system at district and sub-district level. Ownership and responsive health care are indicated by access to local support services from government health staff engaged in the leprosy programme; a good monitoring and reporting system; and availability of treatment services at Upazila Health Complexes clinics.

This project has undertaken with and under the leadership of the National Leprosy Programme (NLP) of the Government of Bangladesh through a planning workshop and consultative meetings with NLP participations and leprosy consultants (Ex Deputy Programme Manager and National Professional Officer). The project design also has shared with effect:hope and TLMI-B representatives (Country Director and Programme Support Coordinator) to get their views on this initiative.

The CLHSS Project is the 2nd phase of Health System Strengthening for the period of 36 months. In first phase mainly focused on central level strengthening on leprosy control programme to increase coordination and collaboration with National Leprosy Programme and the member organisations of Leprosy Technical Coordination Committee. In second phase of HSS (CLHSS) project mainly focused at district and sub-district level health system strengthening to improve patient accessibility for leprosy services (diagnosis & treatment), referral system as well as improve monitoring and reporting.

The CLHSS Project has a three-year project period, which started in April 2016 and will be completed in March 2019. It targets eight districts (Dinajpur, Lalmonirhat, Kurigram, Bogra, Sylhet, Sunamganj, Moulvibazar & Habiganj).

Scope

The scope of this evaluation is to assess this project's contribution(s) to the health system and its ability to respond to needed services, including diagnosis and treatment, to leprosy patients in 77 Sub-districts under Bogra, Dinajpur, Lalmonirhat, Kurigram, Hobigonj, Moulvibazar, Sylhet, and Sunamganj districts in Bangladesh with a total population of 22,884,225.

The average case detection rate for these eight districts was 4/100,000 population in 2015 and together they accounted for 1/4th of all new cases detected in the country that year (source: NLP Statistics).

Purpose/Objectives/Rationale

Purpose: This evaluation is intended to inform the next phase of planning for effect:hope-funded HSS projects in Bangladesh, and to provide a clear path toward designing a joint logic model between TLMI-B and Lepra Bangladesh in order to implement a consistent strategy throughout the country.

Objectives:

7. Identify and understand which activities and factors contributed most to achieving the project's intended results, as well as why they were or were not effective;

8. Assess projects' efficiency/cost-effectiveness;
9. Identify what next steps are needed in order to sustainably achieve the goal of universal access to needed leprosy services in Bangladesh.

Rationale: Lepira and effect:hope have been working together to improve access to health services for leprosy patients over the course of several projects. Evaluating the project is not only necessary to gauge progress in program goals, but is also part of a larger strategy to harmonize health systems strengthening efforts for leprosy across all of Bangladesh.

Intended Users

The primary users of this report will be the program teams at Lepira and effect:hope, who will use the results to improve the program design and create a joint approach for the next phase of health systems strengthening projects for leprosy in Bangladesh. The team will deeply engage with the evaluation process and will use the process to identify areas of improvement organizationally as well as programmatically.

Secondary users will include other stakeholders mainly in Bangladesh, including non-profit staff, Ministry of Health officials, researchers, and government health staff.

Evaluation Questions

8. Did the CL-HSS project produce the intended results in its logic model in the short-, medium-, and long-term? If so, for whom, to what extent, and in what circumstances?
9. What positive or negative unintended results did the CL-HSS intervention produce, and how did these occur?
10. To what extent did the CL-HSS project represent the best possible use of available resources to achieve results of the greatest possible value to the health system and its beneficiaries?
11. To what extent did the CL-HSS project contribute to the National Leprosy Programmes' Strategic Goals for 2016-2020?

Principles and Approach

The key principles of the evaluation are **equity**, **accountability**, and **sustainability**. The purpose of the project is to create equitable access to needed health services for leprosy provided by the government health service, and the evaluation should look at the level to which different groups of beneficiaries have access to these services, particularly regarding gender and age.

Accountability for sustainable results is tied to the basic premise of the project – that services provided within Bangladesh's government health care system will be more accessible to a larger population for a longer period of time than services from alternate providers. The sustainability of project successes is a major component of the project's long-term relevance to people affected by leprosy in Bangladesh, and the government's capacity to provide equitable, adequate services must be established to achieve sustainability.

Methodology

We ask interested firms to propose a mixed-methods study that combines qualitative and quantitative data collection, including a proposed sampling methodology for each element of the study. All data must be disaggregated by sex. Possible data sources might include:

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 - Official statistics

- Project records and documentation
- Collecting data from individuals or groups:
 - Key informant interviews with key Ministry of Health and NLP staff
 - Interviews with Lepira and district health staff
 - Survey data regarding patient experience and outcomes
 - Questionnaire/survey regarding health worker experience and outcomes, including outcomes at health facility level

Once the evaluator has been selected, they will hold an inception workshop with the Lepira team in order to finalize the study methodology, workplan, budget, and timeline.

Evaluator Qualifications

- Team with experience evaluating health systems projects in Bangladesh
- Lead evaluator – 8-10 years of experience in health system program evaluation
 - Team members with demonstrated quantitative and qualitative data collection and analysis skills
 - Appropriate mix of male and female team members
- Able to cover both projects within evaluation timeframe of [TBD 2018]
- Proficiency in English

Timeline

- Evaluators must complete and submit final report by July, 2018

Report Requirements

Format

- Written report (to be submitted in draft form and revised after consultation with project staff and stakeholders) including recommendations
- Oral presentation to Lepira Bangladesh and other stakeholders
- Dissemination materials to include:
 - Summary
 - Presentation materials
- Completed data sets in Excel or SPSS format

Budget summary:

SN	Budget item	Unit cost	frequency	Total cost
1	Consultants (1)			
	Assistant (1)			
2.	meetings			
3	Travel allowance			
4	Data management			
5	reporting			

Mode of payments:

5. Condition
6. First part payments
7. Second part payments

8. Final payments