Terms of Reference for an End of Programme Evaluative Learning Exercise (ELE) for Two Trachoma Initiatives - Africa

Background
In 1998, the World Health Assembly adopted a resolution to eliminate blinding trachoma as a public-health concern by the year 2020. In 2014, the Queen Elizabeth Diamond Jubilee Trust (the Trust) and DFID designed collaboratively two, five year (2014-19) ambitious programmes for the adoption and scale-up of the SAFE strategy across nine countries in Africa, with a total budget of £80.5 million. Partnership between the two funders and more broadly, within the Trachoma community has been a goal right from the onset of the programmes and continues to drive the core principles of the initiatives.

Adopting the World Health Organisation-endorsed SAFE strategy, the Trust’s Trachoma Initiative is funding: Surgery; the distribution of Antibiotics donated by Pfizer to treat and prevent active infection; activities to encourage Facial cleanliness to prevent disease transmission; and Environmental improvements to increase access to clean water sources and sanitation.

Established in 2004, the International Coalition for Trachoma Control (ICTC) is a stakeholder membership of non-governmental, donor, private sector and academic organizations working together to support the WHO Alliance for the Global Elimination of Trachoma by 2020 (GET2020 Alliance).

In 2011, ICTC published The end in sight: 2020 INSight, a roadmap that set out the actions that needed to be taken to achieve the global elimination of trachoma as a public health problem by the year 2020. The roadmap provided a plan for how to collaborate and invest through large scale partnerships with The Queen Elizabeth Diamond Jubilee Trust Trachoma Initiative and the DFID SAFE Trachoma Program, and was a significant boost to existing trachoma control programs.

Together with the International Coalition for Trachoma Control (ICTC) and its appointed grant manager, Sightsavers (Charity no. 207544), the Trust now aims to reach elimination thresholds in four African countries (Uganda, Zambia, Mozambique and Malawi) by supporting from start up through to the surveillance stage, and making significant progress towards the elimination of trachoma in Tanzania, Kenya and Nigeria.

The UK Department for International Development (DFID) is also working with the ICTC and Sightsavers UK to implement the SAFE strategy in Chad, Ethiopia, Sudan, Tanzania, Zambia and Nigeria.
The Trust and DfID work together in the spirit of partnership and efficiency to drive the joint programmes, and share a common aim to have an impact on three levels:

1. **On the Ground Achievements:** scaling up the SAFE approach successfully ensuring quality and efficiency; embedding the use of preferred practices and generated learning
2. **Health System Strengthening:** strengthening the health systems involved in delivery of the programmes in order that achievement, and subsequent maintenance of elimination status is ensured after the programmes have finished.
3. **Influencing Others:** the programmes also seek to influence and provide the wider trachoma community with updated/new approaches, guidelines and data for management decisions and resource mobilisation.

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**Programme Information**

**The Queen Elizabeth Diamond Jubilee Trust Initiative Africa**

Programme dates: April 2014 – March 2019

Total budget: £40.6m

**DFID Trachoma SAFE Implementation Programme**

Programme dates: July 2014 – June 2019

Total budget: £39.4m

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<th>Funder</th>
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<th>ICTC Coordinating partner</th>
<th>Interventions Funded</th>
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<td>The Trust</td>
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The Evaluative Learning Exercise

A joint End of Programme Evaluative Learning Exercise (ELE) will be commissioned by Sightsavers UK with the full involvement of the Trust, DFID and ICTC through an ELE steering group (SG) \(^1\).

These terms of reference outline the review required. Further details will be discussed and agreed with the successful consultant team.

The Trust and DFID have agreed to conduct a learning exercise at the end of the programmes instead of a conventional end of term evaluation. An output focused performance review is not expected as this is being completed by the grant manager as part of the end of programme reporting. However, based on the available performance data, a broad understanding of the relationship between performance and the areas to be explored will be required. The overall intention is to generate strategic learning that will contribute to the body of evidence available internationally about Trachoma elimination, NTD strategy and programming, and the broader health sector.

This learning exercise will particularly seek to advance understanding in areas where there are gaps in knowledge and the opportunity to inform strategies and approaches beyond the WHO Alliance for the Global Elimination of Trachoma (GET2020). To achieve this the ELE will:

1. Explore and document examples of good practice
2. Identify what worked well and what could have been done differently

The above will be applied to the following programmatic areas:

1. Health system strengthening approaches and outcomes
2. Balance between vertical programming and integration with other NTD /eye health programmes
3. Adoption of preferred practices and evidence in decision making and programme implementation
4. Stages of the programme cycle – start up, scale up, scale down, transition
5. Integration, transition and sustainability
6. Equity and value for money
7. Collaboration and partnerships for policy, strategy and implementation, at international, regional and country level

The learning exercise will take place prior to the end of the programmes in order to provide useful insight for the next meeting of the WHO Alliance for GET2020 in April 2019.

\(^1\) The purpose of the Steering Group is to coordinate the ELE process, provide technical support and guidance for decision-making, and to make key decisions on key activities within the ELE process.
The main audience of the learning exercise is intended to be the implementing partners and funders, potential future implementers and funders, the global trachoma community, and global public health and eye health policy makers. The ELE should provide the opportunity for reflection and action by global stakeholders, particularly in relation to NTD and eye health programming, and contribute to global policy discussions and strategic level decision-making.

Scope and Approach

The learning exercise will be carried out by a team of expert reviewers and knowledge management facilitators who will be sourced through an open tender process by the Evaluations Team at Sightsavers (See specific team requirements section below).

The successful consultants will have considerable and demonstrable expertise in undertaking strategic learning reviews of a similar scale in the public/eye health or NTD sector. Consultants should have strong knowledge management, report writing, and oral presentation skills. A good understanding of global and African health systems and policy is also required.

The exercise will consider both Trust and DfID SAFE Trachoma programmes together and report jointly on the combined learning arising from both programmes. The period the review will cover is April 2014- December 2018.

Stage 1 – Preparation for the fieldwork through a desk review of programme documentation and literature, including available performance data. Refine the approach and plan for the fieldwork.

Stage 2 – A series of interviews, visits, workshops and discussions will be carried out with programme stakeholders and partners (including Ministries of Health) to facilitate reflection on the programme and to systematically explore and capture and lessons relevant to the exercise.

Stage 3 – Analyse, refine and validate findings and learnings, including any follow up and further desk-based research. Organise, document and present learning in appropriate formats and learning products for agreed audiences. Present a summary of the learning to the Steering Group. Distil from the findings a ‘lessons transferable to the wider global public health community’ paper.

The approach to gathering and recording information, its organisation and analysis is expected to include a combination of different participatory methods and tools, such as interviews, focus group discussions, surveys/questionnaires, observations, workshops and case studies etc. The approach will be developed by the consultants and outlined in the inception report for feedback before finalisation.
It is expected that the consultants will comply with Sightsavers’ ethical guidelines and Sightsavers’ child Safeguarding Policy. It is also a requirement that all consultants engaged for the contract have completed the online UNICEF ethics training, or equivalent before embarking on the exercise.

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<th>Phase</th>
<th>Activity</th>
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<td>Phase I – Inception phase: Review of secondary documentation, development of approach and tools (approx. 5 weeks)</td>
<td>Desk research /literature and data review; may include skype meetings with programme teams for further details and clarifications about the programmes Inception Report Revision of collection methods and tools based on inception report comments</td>
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<td>Phase II: Information gathering (approx. 3-4 weeks)</td>
<td>Field visits &amp; further information collection</td>
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<td>Phase III – Analysis and production of learning outputs (approx. 10 weeks)</td>
<td>Analysis and preparation of draft report Presentation at stakeholder meeting Draft and share products for review Finalise products based on feedback Prepare a public-facing summary document or related output Prepare a draft paper/article, in collaboration with Steering Group, with the potential for publication in a journal.</td>
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Various sources of information will be made available to the consultant team. These will include relevant programme documents such as:
- Proposal documents
- Budget
- Implementation plan
- Performance reports (Narrative and financial)
- Performance data
- Reports of meetings with partners, trip reports
- Associated pieces of research (as relevant)
- Case studies

Timeframe and budget
It is expected that the consultant team will be contracted by the beginning of October, with work to commence immediately. A meeting between the consultants and the Steering Group
is preliminarily scheduled for the 9th October. The final inception report should be submitted by the w/c 12 November 2018 and the fieldwork will be expected to take place between w/c 19th November and w/c 10 December.

Analysis of the findings and main report production will take place during the month of January 2019, and the final, reviewed main report is to be submitted and signed off no later than the last week of March 2019.

The available budget for this assignment is £85,000 (inclusive of VAT). This includes all expenses incurred by the consultant team.

Outputs

Inception report
The report should describe the conceptual framework the consultants will use in undertaking the exercise and should contain the methodology, information gathering methods and learning enquiry tools, work plan etc. The report should reflect the team’s review of literature and the gaps that the fieldwork will fill. This report should also outline a detailed communication and dissemination plan, to outline and identify the key stakeholders and how the findings from the report will be shared with them. Fieldwork will only commence once this report has been reviewed and agreed with the steering group.

Summary Findings and Key Learning
Approximately a week after the end of the fieldwork stage, and before the draft main report is submitted, the consultants should produce a summary of learnings from each of the key areas and present this to the Steering Group for feedback (preferably in PowerPoint or similar).

Main report
A draft report should be submitted to Sightsavers as per the agreed timeline. Sightsavers and the steering group will provide feedback on the draft versions to the consultants. The final report should be a detailed report of not more than 40 pages (excluding annexes), written in English.

Transferable Lessons
The Consultants will produce a separate short output eliciting learnings that are transferable to the wider NTD community and eye health sector.

Related learning products
The consultants will be expected to contribute to adaptations of the report appropriate for various audiences, for example, infographics for stakeholders, publications in journals, papers for GET2020 meeting (or other relevant stakeholder meetings). The requirements/expectations for this will be discussed with the contracted party.
Data Sets
The consultants will be expected to retain complete data sets (in Excel/Word) of any quantitative data as well as any formally documented qualitative data gathered during the exercise. These data sets should be provided on request.

Reporting Format
Detailed guidelines on how to structure the final products will be provided to the consultants prior to commencement of the activity.

Evaluative learning exercise team requirements
The Evaluative Learning Exercise requires an experienced team consisting of suitably-qualified and experienced individuals, who can provide the following:

- Public health specialist with experience of large scale programme analysis
- Knowledge and experience of Health Systems Strengthening in African countries
- Thematic expertise/comprehensive understanding of preferred practices and policy issues at global and regional level in health/NTDs/trachoma
- Knowledge management expertise with experience of carrying out learning exercises of an appropriate scale
- Ability to produce concise, readable and analytical reports
- Ability to produce learning products in a variety of formats appropriate for various audiences
- Excellent communication skills in written and spoken English
- Prior experience in the African region is essential

The deadline for Expressions of Interest is 9am GMT, Monday 17th September 2018.