Terms of Reference for 2018 India Health Systems Strengthening Evaluation (Baseline and Midline) - GAVI

# PURPOSE

This evaluation will assess the **results achieved,** and the **sustainability of achieved results,** through Gavi’s HSS support to India, as well as the **catalytic impact** of this support.

The results from the evaluation are intended to provide lessons learnedand to inform actionable recommendations forthe Government of India and the Gavi Alliance to improve the implementation and catalytic impact of HSS support in India, and elsewhere, and to inform the transition of activities to the relevant States in India, post Gavi support.

# OBJECTIVES AND SCOPE OF THE EVALUATION

## Objectives

The objectives of the evaluation, and the intended use of the results, are as follows:

* **Inform planning and implementation:** To establish / independently validate baseline and inform the methodology and key questions for the mid line evaluation;
* **Accountability**: To provide independent verification and assessment of the of activities supported by Gavi under HSS;
* **Documentation of results**: To summarise the key observed and reported results of HSS support to India;
* **Documentation of challenges faced**: To summarise the challenges faced during implementation;
* **Documentation of lessons learned**: To provide comprehensive documentation of lessons learned from HSS support to India, particularly highlighting lessons learned from more innovative interventions; and
* **Provision of recommendations**: To provide actionable recommendations for any course correction / measures that should be taken to improve results and catalytic impact for the remaining period of HSS2 implementation.

## Scope

There will be two phases to the evaluation of Gavi’s HSS2 grant:

* First, an initial (baseline evaluation) conducted at the outset of HSS2 implementation to establish / independently validate baselines, respond to certain evaluation questions and to inform the methodology and key questions for the second phase;
* A follow up (midline) evaluation to be conducted at a later stage to independently assess progress, implementation, results and challenges/lessons learned.

Considering some activities are an extension of those supported under HSS1, certain aspects of data collection and assessment should cover both HSS1 and HSS2 activities (see Annex 1 for details of specific / priority activities and interventions supported through HSS).

The evaluation should consider and build upon both the ongoing techno-economic eVIN evaluation, and the ANMOL feasibility assessment and any other relevant studies and evaluations.

# EVALUATION QUESTIONS

The evaluation of Gavi’s HSS2 grant (including the baseline and midline evaluation) should seek to respond to the following key questions.

**DESIGN AND RESULTS**

* To what extent have the activities (per Annex 1) been implemented as planned?
  + What are the main reasons explaining any deviance in implementation?
* To what extent were changes made to the design and implementation of activities for HSS2, compared to the design and implementation of the same activities for HSS1?
  + To what extent were these changes based on evidence?
* To what extent have these activities been implemented in an effective and efficient way?
* To what extent has HSS2 support achieved or is on track to achieve its objectives (outcomes/results and impact) as planned?
  + What are the factors explaining these results?
  + To what extent are reported results valid?
* To what extent did HSS1 support contribute to,and is HSS2 on track to contribute to, improvements in coverage and equity?
* What have been the lessons learned from HSS1, and how have these been applied with the intent to improve results for HSS2?
  + Specific consideration should be made to coverage and equity goals

**SUSTAINABILITY**

* To what extent are HSS supported activities likely to be sustained (programmatically and financially), and scaled up, post Gavi transition?
  + To what extent are the results sustainable?
* What can already be quantified with respect to HSS1 or HSS2 supported activities that have already been transitioned to or are cost-shared with the central/state governments, as an indication of sustainability?

**CATALYTIC IMPACT**

* To what extent was HSS1 support to India catalytic? What have been the lessons learned?
* To what extent is HSS2 support on track to be catalytic?
* What HSS1 lessons learned were applied to improve implementation of catalytic support for HSS2?

**LESSONS LEARNED**

* What are the key lessons learned that can inform improvements to remaining HSS implementation in India, and elsewhere?
  + - What are the major strengths and weaknesses of Gavi’s HSS support to India?
    - What have been the unintended (positive and negative) consequences of HSS support for GoI, Alliance partners, Gavi Secretariat?

# METHODOLOGY

In order to respond to the above questions and provide a high-quality report, we recommend the development of an evaluation framework with fit-for-purpose indicators, methods and approaches. The evaluation approach should take into consideration baseline, midline and end

The methodology should include, at a minimum:

* A comprehensive desk review that analyses and builds upon the following:
  + Both HSS1 and HSS2 grant proposal documents;
  + The mid-term review of India’s HSS1 grant;
  + The end-term review of India’s HSS1 grant;
  + Quarterly reporting provided to the Gavi Secretariat;
  + Reporting on agreed results metrics through the grant performance framework (GPF);
  + Related evaluations / studies (for example, work led by UNICEF to draw lessons on SBCC activities, study on ANMOL looking at health workforce burden, eVIN evaluation, ANMOL feasibility assessment);
  + Other relevant immunisation and health monitoring data (for example, data and reporting available through WHO NPSP, Immunisation dashboard, surveys etc.).
* A series of field observations to independently validate and assess the quality of implementation of highlighted interventions. The final selections of districts to be visited should be discussed and agreed upon by the evaluation steering committee, and should be selected from selected States where most HSS interventions are concentrated, for example
* Uttar Pradesh;
* Bihar;
* Madhya Pradesh;
* Rajasthan.

*(The geographical scope needs to be defined; it should be more than 1 district/1 state as done in the HSS1 MTR)*

# Annex 1 – Suggested key activities for evaluation (for discussion)

Table 1. HSS 2 Key Activities (continuation from HSS1 versus new)

|  |  |  |
| --- | --- | --- |
|  | **Activity category** *(Lead implementer)* | |
| **Objective** | **Continued from HSS1** | **New for HSS 2** |
| 1: To Strengthen and maintain robust data systems and improve evidence-based decision making | 1:1: Sustaining routine immunisation monitoring to improve the quality of immunisation services *(WHO)* | 1:3: Introduction of **ANMOL** as way to improve data collection and management to improve service delivery *(UNICEF)* |
| 2: To improve service delivery through improved capacity of human resources |  | 2:3: Development of a tribal strategy for Immunization program *(UNICEF)* |
|  | 2:4: Enhancing routine immunization quality and coverage, and addressing inequities in urban areas *(WHO)* |
| 3: To strengthen cold chain and vaccine logistics systems | 3:4: Strengthening of Institutions, cold chain infrastructure and equipment *(UNICEF)* |  |
| 3:5: To strengthen vaccine logistics management through electronic vaccine intelligence network **(eVIN)** *(UNDP)* |  |
| 4: To improve demand generation for immunisation services to improve coverage and address inequities | 4:1: Capacity development of FLWs /providers on SBCC and IPC through training of master trainers *(UNICEF)* |  |
| 4:2: Communication planning linked with micro planning to reach high-risk/underserved through SBCC cells *(UNICEF)* |  |