**Terms of Reference**

**Final Project Evaluation: The Access and Delivery Partnership**

1. **SUMMARY**

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| Project title | Accelerating access to and delivery of new health technologies for tuberculosis, malaria and neglected tropical diseases: supporting countries to achieve Universal Health Coverage |
| Post title | Evaluator(s) to support the final project evaluation of the Access and Delivery Partnership project |
| Type of contract | Individual Contract |
| Assignment type | Short-term consultancy |
| Duty station | Home-based |
| Languages required | English |
| Starting date of assignment | 25 April 2022 |
| Duration of Assignment | 6 months |
| Payment arrangements | Lump sum payment |
| Administrative arrangements | The evaluator(s) will report to and work under supervision of the Evaluation Manager of the ADP project. All completed deliverables will require final approval from the Programme Advisor, HIV, Health and Development Team (HHD). |
| Evaluation method | Mixed-method participatory evaluation comprising of:   * Desk review of primary and secondary data sources * Key informant interviews and focus group discussion * Surveys and questionnaires |

1. **BACKGROUND**

The introduction of new and innovative health technologies (broadly defined as medicines, vaccines and diagnostic tools) can place a significant burden on health systems, such as the adoption of new requirements within the regulatory system, implementation of supply and distribution processes, as well as the need to train the health workforce to ensure adequate capacity to implement and operationalize them. In this context, the Access and Delivery Partnership (ADP) project aims at strengthening the relevant human and institutional capacities in LMICs, so that effective introduction and access to new and needed health technologies can be realized.

Led and coordinated by UNDP, the ADP project represents a unique collaboration between UNDP, WHO, the Special Programme for Research and Training in Tropical Diseases at WHO (TDR) and PATH. Working together, the ADP partners leverage the expertise within each organization to implement a range of interventions in LMICs to promote equitable, sustainable and timely access to cost-effective and quality-assured new health technologies for tuberculosis (TB), malaria and neglected tropical diseases (NTDs) and advancing universal health coverage (UHC).

ADP’s integrated approach is centered around three strategic pillars: (1) strengthening policy and regulatory harmonization and coherence; (2) strengthening capacities of national institutions for accelerating health technology introduction and access; and (3) establishing and/or contributing to regional and global platforms for technology preparedness.

The impact of ADP support has contributed to health system efficiency and resilience across its nine focus countries (Bhutan, Burkina Faso, Ghana, India, Indonesia, Malawi, Senegal, United Republic of Tanzania and Thailand), as well as other LMICs that benefited from ADP’s South-South technical exchanges and outreach. These efforts have included the following:

* establishing cross-sectoral and multidisciplinary platforms for integrated planning and decision-making;
* strengthening institutional capacities of national regulatory systems;
* institutionalizing systematic use of evidence-based analysis of health interventions to identify key implementation barriers and inform prioritization, selection and resource allocation;
* enhancing efficiency of procurement and supply chain management of health technologies;
* accelerating digitalization of health systems to improve equitable and timely access to essential health services; and
* promoting South-South learning and cooperation between LMICs and leveraging the experiences and expertise from its network of stakeholders.

ADP is a global project that has been implemented over two phases; the initial phase was implemented from 2013 to 2018, and the ADP scale up phase from 2018 to 2023. The current scale up phase of the ADP project was designed to expand its scope, through extending the range of expertise and technical assistance offering and through expanding the number of focus countries in which the ADP implements a comprehensive range of activities.

1. **EVALUATION PURPOSE, SCOPE AND OBJECTIVES**

**Purpose and objectives**

The overall purpose of the evaluation is to assess the impact of the ADP project, in relation to the project’s stated objectives and approaches. Specifically, the objectives are to:

1. Assess the impact and outcomes
2. Analyse and identify the critical factors for success
3. Document challenges and lessons learned
4. Provide recommendations for future planning and programming for a proposed new phase of ADP, including how the project outputs and outcome can better contribute to UNDP HIV, Health and Development Strategy and the UNDP Strategic Plan 2022-2025.

**Scope of evaluation**

The evaluation will cover the period of the ADP scale up phase (April 2018 – March 2023). In practice, the evaluation will focus on the activities and outcomes of the ADP project from the start of the scale up phase until the present (2022). It is also noted that the evaluation may benefit from information and insights from the project’s initial phase (April 2013- March 2018); as such, all efforts will be made to provide information relating to the initial phase for a complete picture.

In addition, the evaluation will focus on four key areas of the ADP project: relevance, effectiveness, efficiency and sustainability, which are in line with standards and mechanisms for UNDP programming quality. Within this framework, the guiding questions below have been drafted to provide an outline of the evaluation scope. The evaluation team is expected to further refine these questions and the analytical framework.

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| **Guiding evaluation questions** | |
| **Relevance/Coherence**  The objectives and results of the ADP project are consistent with national needs and priorities | * How relevant was the overall approach of the ADP project in contributing to: national health system priorities in focus countries, the HHD Strategic Plan, the UNDP Strategic Plan, and the SDGs? * To what extent has the ADP project been appropriate for responding to national and global development contexts, changes in health priorities and capitalizing on new opportunities, including during COVID-19 pandemic? * What are the key lessons that can inform future project planning and programming? |
| **Effectiveness**  Project design and implementation are informed by relevant knowledge, evaluation and lessons learned, and objectives are met | * What have been the key outcomes resulting from ADP interventions and how have they contributed to meeting national and regional health and development priorities? * How have national capacities and institutions in ADP focus countries been strengthened and enabled in promoting the introduction and scale up of health technologies? * Which areas does the project have the greatest / least achievements? What key factors contributed to the effectiveness or ineffectiveness of ADP in meeting its objectives? * To what extent have ADP efforts to promote triangular and South-South cooperation and knowledge exchange been effective in meeting project objectives? * To what extent has the ADP project outcomes contributed to, or resulted in, positive changes for the affected communities and populations, including the relevant patient populations, women, etc.? |
| **Efficiency**  Project budgets are justifiable and valid, and programming design and implementation includes measures to ensure efficient use of resources | * How efficiently were the human and financial resources used to achieve project outcomes in a timely and cost-effective manner? * To what extent have internal and external communications been strategically leveraged to improve project implementation? * To what extent was the project management structure as outlined in the Project Document efficient in generating the expected outcomes? * To what extent is ADP approach an efficient model for delivering technical assistance to countries? Was the partnership modality conducive to meeting project objectives and country outcomes? |
| **Sustainability**  Assessing and strengthening the capacity and sustainability of national institutions | * To what extent has ADP put in place the mechanisms, capacities and policy frameworks that will ensure the sustainability of project outcomes? * To what extent have ADP-supported interventions been integrated into national systems? * To what extent have national stakeholders been involved in the implementation of project activities? * How have the lessons learned and implementation experience in focus countries been documented and shared for other countries to learn from? * To what extent has ADP strengthened partnerships among national institutions, regional and global institutions and development partners to sustain the project outcomes? |
| **Cross cutting**  Project outcomes need to address gender, disability and human rights issues | * To what extent have ADP outcomes positively contributed to gender equality, the empowerment of women, disability inclusion, and the realization of human rights? |

**Utilization of the evaluation findings**

UNDP will take in consideration all useful findings, conclusions and recommendations from the evaluation, prepare a systematic management response for each recommendation, and implement follow-up actions. The evaluation findings will inform future policy, strategic and programme planning by government stakeholders, development partners and UNDP (country, regional and global level).

1. **PROPOSED METHODOLOGY**

Based on UNDP’s evaluation guidelines, the evaluation methodology should use a mixed-method participatory approach for collecting and analysing qualitative and quantitative data. A range of methodological and analytical approaches aimed at meeting the evaluation objective are proposed below. The evaluation team will be responsible for determining the most appropriate evaluation design and methodology, tools for sampling and analysing data, and triangulating the various data sources to ensure maximum validity, accuracy and reliability of the evaluation. The final methodological approach should be clearly outlined in the inception report and fully discussed and agreed between UNDP, key stakeholders and the evaluators. The methodology may entail:

* + **Desk review of existing documents and reports:**

Existing documentation, including quantitative and descriptive information about the project, its outputs and outcomes, activities report, knowledge products, donor reports and other evidentiary evidence will be provided for review.

* + **Semi-structured key informant interviews**:

Qualitative in-depth interviews with a wide range of stakeholders who have first-hand knowledge of ADP’s operations and context. These stakeholders, including implementing partners, policymakers, government counterparts, donors and UNDP country offices, can provide specific knowledge, reflect on experiences and challenges, recommend solutions and suggestions for future activities. When selecting the respondents, the evaluator should ensure gender balance.

* + **Focus group discussions**

Small group interviews to explore in-depth stakeholder opinions, similar or divergent points of view, or judgements about a development initiative or policy, to collect information around tangible and non-tangible changes resulting from an initiative. Key stakeholders may include participants of capacity building initiatives and other project activities. When selecting the respondents, the evaluator should ensure gender balance.

* + **Surveys and questionnaires**

Standardized approach to obtaining information on a wide range of topics from a large number or diversity of stakeholders to obtain information on their opinions, perceptions, level of satisfaction, etc. concerning ADP. Surveys can be tailored to specific groups of ADP stakeholders.

In the current context of the COVID-19 pandemic, it is envisaged that travel will be kept to a minimum and data collection will be done virtually. The ADP project team will aim to facilitate the online/virtual communications with all relevant parties. All data that is collected will be treated with full confidentiality and specific comments will not be assigned to individuals in the final evaluation report.

1. **KEY ACTIVITIES AND DELIVERABLES**

* **Evaluation inception report** (10-15 pages) is requiredbefore the start of data collection, based on preliminary desk review and discussions with the evaluation reference group. The report should detail the evaluator’s understanding of the assignment, include the data collection methodology, an evaluation matrix (incl. criteria, indicators and questions), a list of deliverables, a detailed workplan and timeline.
* **Regular debriefings to evaluation reference group and other stakeholders** following the submission of the inception report to agree on the evaluation approach, following the data collection phase to provide preliminary findings, and prior to the finalization of the evaluation report to ensure full completion of the assignment.
* **Draft evaluation report** for review and comments by the evaluation reference group and key stakeholders. An audit trail will be required to detail how comments, questions and clarifications have been addressed.

* **Final report** (40 pages) addressing comments, questions and clarifications. The structure and content of the report should meet the requirements of the UNDP Evaluation Guideline.

* **Slide deck** of key findings and recommendations and presentation to the evaluation reference group
* **Repository of source materials**, including all resources, knowledge products and raw data that were used for the evaluation.

1. **SCHEDULE OF PAYMENTS**

The estimated duration of the assignment is **40 professional days from 15 April – 30 November 2022**. The assignment will be home-based without the need for travel. The table below provides a breakdown of the expected date and payment breakdown for the satisfactory completion of each deliverable:

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| **Deliverables** | **Due date** | **Payment** |
| Inception report | 10 May 2022 | 20% |
| Final Report | 1 November 2022 | 60% |
| Slide deck of key findings and recommendations | 30 November 2022 | 20% |

1. **SELECTION OF EVALUATOR**

The evaluation will be carried out by an independent consultant(s) who has not been involved, in any way, in the design, management or implementation of the ADP project. The evaluator(s) is/are expected to possess the following minimum qualifications, experience and competencies:

* **Education**: An advanced tertiary degree in public health, social science or development, preferably with a specialisation in monitoring and evaluation.
* **Professional Experience**:
  + Minimum of 10 years of experience in project or policy design, implementation or evaluation, preferably in relation to health system strengthening, capacity building and knowledge management.
  + Experience in conducting and managing mixed-method research relating to qualitative and quantitative data collection and analysis, and the development of evaluation reports.
  + Demonstrated knowledge on cross-cutting issues relating to gender equality, disability inclusion and the rights-based approach.
  + Experience in providing technical support to government institutions, UN agencies or other multilateral / technical organizations in the Africa and Asia-Pacific regions.
* **Functional / Technical Knowledge**:
  + Ability to work in multi-disciplinary and multi-cultural teams
  + Ability to work under pressure against strict deadlines
  + Ability to present complex issues persuasively and simply
  + Ability to think strategically
  + Computer literacy in data analysis and good report writing skills
  + Strong capacity for written and oral communication in English
  + Displays cultural, gender, nationality and age sensitivity and adaptability
  + Demonstrates a high level of integrity and ethical standards
* **Ethical conduct in evaluation**

This evaluation will be conducted in accordance with the principles outlined in the UNEG ‘Ethical Guidelines for Evaluation’. The consultant must safeguard the rights and confidentiality of information providers, interviewees, and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The consultant must also ensure security of collected information before and after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process must also be solely used for the evaluation and not for other uses with the express authorization of UNDP and partners.Members of the evaluation team must be independent from any organizations that have been involved in designing, executing, or advising any aspect of the intervention that is the subject of the evaluation.

The Consultant is expected to read carefully, understand and sign the ‘Code of Conduct for Evaluators in the UN System’, which may be made available as an attachment to the evaluation report.

1. **IMPLEMENTATION ARRANGEMENTS**

The principal responsibility for managing this evaluation resides with the Programme Advisor, HIV, Health and Development Team (HHD), while the Evaluation Manager (Programme Specialist, HHD) will provide day-to-day operational support for the evaluation process. An Evaluation Reference Group comprising of ADP implementing partners will be established to provide regular technical and strategic guidance on the evaluation design and implementation, as well as review and validation of the evaluation findings and recommendations. The consultant will report to and work under supervision of the Evaluation Manager. All completed deliverables will require final approval from the Programme Advisor.

1. **ANNEX**

* Evaluation guidelines
  + [UNDP Evaluation Guidelines](http://web.undp.org/evaluation/guideline/)
  + [UNEG Ethical Guidelines for Evaluation](http://www.unevaluation.org/document/detail/2866)
* ADP documentation, including website, country workplans, donor reports, results framework, Theory of change, mid-term evaluation, list of key stakeholders and partners, knowledge products, etc. will be provided to the consultant once selected.
* Evaluation matrix is a tool that evaluators create as a map and reference in planning and conducting an evaluation. It also serves as a useful tool for summarizing and visually presenting the evaluation design and methodology for discussions with stakeholders. It details evaluation questions that the evaluation will answer, data sources, data collection and analysis tools or methods appropriate for each data source, and the standard or measure by which each question will be evaluated. Below is a sample evaluation matrix template.



* Outline of the evaluation report format (see Annex 4 of [UNDP Evaluation Guidelines](http://web.undp.org/evaluation/guideline/))
* Dispute and wrongdoing resolution process and contact details (see Annex 3 of [UNDP Evaluation Guidelines](http://web.undp.org/evaluation/guideline/))
* Tentative schedule of tasks, milestones, and deliverables.

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| **Activity** | **Mar** | | **Apr** | | **May** | | **Jun** | | **Jul** | | **Aug** | | **Sep** | | **Oct** | | **Nov** | | **Dec** | |
| 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 1. **Pre-evaluation** | | | | | | | | | | | | | | | | | | | | |
| Conduct pre-evaluation analysis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Establish evaluation reference group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finalisation of evaluation TOR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Recruitment of evaluation team |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Evaluation design** | | | | | | | | | | | | | | | | | | | | |
| Briefing of evaluation team and review of relevant project documents |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inception report drafting, review and finalization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Development of data collection tools |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Data collection** | | | | | | | | | | | | | | | | | | | | |
| Implementation of data collection process |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Debriefing to evaluation reference group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Analysis and report** | | | | | | | | | | | | | | | | | | | | |
| Data analysis and report development |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First draft report review and initial feedback |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Report development |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Second draft report review and final feedback |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Debriefing to evaluation reference group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finalization of report |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Report dissemination |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |