

TERMS OF REFERENCE FOR CONDUCTING AN EXTERNAL EVALUATION IN LAOS AND CAMBODIA

Health Poverty Action is currently accepting bids for an external evaluation of our cross-border malaria programme in Laos and Cambodia. We are accepting bids from:

- Consultants proposing to cover both countries, **or**
- Consultants proposing to cover one country if they are open to remotely collaborating with another consultant proposing to cover the other country. This could be chosen by HPA through the bidding process, or two bidders may apply in consortium.

1. Overview

For the past three years, Health Poverty Action (HPA) has been implementing large scale malaria programmes in the border regions of Laos and Cambodia.

Specifically:

- Cross-border Response for Overlooked, Stigmatized Sub-populations in Laos & Cambodia (CROSS) funded by Comic Relief. The project started in August 2017 and is due to complete in December 2020.
- Reducing the Malaria Burden and Impact of Multi-Drug Resistance (RAI2E) in Laos, funded by the Global Fund RAI2E Country Component grant for Lao PDR. The project started in January 2018 and is due to complete in December 2020.
- *Malaria Elimination Realized through Community-Based Interventions (MERCi) in Laos and Cambodia, funded by the Global Fund RAI2E Regional Component. The project started in January 2018 and is due to complete in December 2020.

*MERCi also covers border areas in Vietnam, however those areas are not subject to the scope of this evaluation. The evaluation will focus on Laos and Cambodia only.

In 2015, 95% of Laos' malaria cases were reported in the 5 southern districts along forest fringe and border areas. In Cambodia, more than 70% of malaria cases occurred in the northeast along the Laos border. Indigenous populations and mobile migrant populations (MMPs) who live and work along the Cambodia-Laos border in remote forests are widely regarded as the single most vulnerable population to both malaria and other febrile diseases.

These projects have worked together to tailor and extend work to ensure that local, indigenous, mobile and migrant people in bordering forest areas get malaria services. They have supported government health workers at district level and malaria workers and volunteers at community levels with focus on communities with very high malaria rates (Strata 3), and will promote cross border collaboration to tackle the spread of malaria. They have shared resources extensively making individual project evaluations impractical and insufficient to capture the scope of achievements.

Therefore, HPA is advertising for a consultant(s) to conduct an evaluation of HPA's malaria programmes in Laos (Attapeu, Champasak, Saravan, Savannakhet and Sekong) and Cambodia (Kratie, Monduliri, Rattanakiri, Preah Vihear and Stung Treng provinces).

2. Health Poverty Action

HPA is a UK based international NGO founded in 1984, originally under the name of Health Unlimited. Our mission is to strengthen poor and marginalized people in their struggle for health. We specialize in communicable disease and maternal health programmes in underserved communities and through cross-border programmes. HPA views health as an issue of social justice, recognizing that the

greatest causes of poor health worldwide are political, social and economic injustices, and we prioritize those missed out by others, making neglected and marginalized populations our highest priority, applying culturally-appropriate methodologies that meet the specific needs of indigenous people (IP), ethnic minorities, migrants and other mobile and marginalized groups. We build strong, lasting relationships in these communities and forge effective collaborations between health staff and communities across national borders. HPA currently implements programmes in 16 countries in Asia, Africa and Latin America. Past and present areas of intervention include: malaria, HIV/AIDS, TB, maternal and child health, health system strengthening, health education/BCC, food security and nutrition, water and sanitation, and gender-based violence. Most of programmes have focused on indigenous populations/ethnic minorities, especially in Cambodia, Laos and Vietnam.

3. Projects

CROSS (Laos and Cambodia): To strengthen the health systems and responses through country-to-country communication and learning to offer a refined and tailored strategy to specifically target overlooked and stigmatized sub-population groups with culturally, linguistically and client- oriented prevention, diagnosis and treatment services appropriate for highly mobile and forest dwelling ethnic minority populations.

- 1) Increased demand for quality malaria, dengue, and other febrile illness services and improved health seeking behaviour of key at risk populations
- 2) Strengthened community health providers outreach to provide target populations with malaria services (Active Case Detection) and increase their access to treatment
- 3) Strengthened district and health facility malaria, dengue, and other febrile services and cross border collaboration in target areas
- 4) Improved district surveillance, management of information system and use of information for planning, monitoring, implementation of activities and reporting

RAI2E (Laos only): To flatten the malaria epidemic and reduce the impact of multi-drug resistance in the target districts in the provinces of Attapeu and Champasak in Laos

- 1) Establish effective program management and coordination at all levels of health system to efficiently deliver a combination of targeted interventions for malaria burden reduction and elimination
- 2) Achieve universal coverage of case management by 2020 to ensure 100% parasitological diagnosis of all suspected cases and prompt and effective treatment of all confirmed cases.
- 3) Implement a comprehensive IEC/BCC approach to ensure that 90% of people seek treatment within 24 hours at an appropriate health facility or with a qualified care provider and at least 90% of populations residing in burden reduction areas utilize an appropriate protection tool by 2020.

MERCI (Laos and Cambodia): To flatten the malaria epidemic and reduce the impact of multi-drug resistance in Attapeu, Champasak, Saravan, Savannakhet and Sekong provinces of Laos targeting the areas that share borders with Kratie, Mondulkiri, Rattanakiri, Preah Vihear and Stung Treng provinces in Cambodia

- 1) To strengthen surveillance systems and evidence base for high risk groups, including MMEVs, to inform targeting of interventions.
- 2) To expand malaria prevention and case management for hard-to-reach populations at risk

4. Objectives of Evaluation

Currently, HPA is hiring the service of consultant(s) for carrying out an evaluation of the program according to the details below.

The overall objectives of the evaluation are to assess:

- A) whether the project-specific outcomes of the malaria program were achieved and
- B) how the program has been implemented.

Key learning areas are:

- 1) What specific elements of the BCC worked/did not work to increase health seeking behaviour among key at risk populations?
- 2) To what extent has the project improved cross-border communication and collaboration to better respond to the target cross-border populations' needs?
- 3) To what extent has the malaria programme improved current service delivery bottlenecks and barriers to increase quality and coverage of targeted malaria / febrile illness services at the primary healthcare level?
- 4) To what extent have malaria posts been implemented effectively in relation to their initial design?

The evaluation will also include an update to a Knowledge, Attitudes and Practices (KAP) Survey using HPA teams to survey local populations on the following points:

- What proportion of the population-at-risk slept under an ITN during the previous night?
- What proportion of the population-at-risk, once had fever in the last 3 months, reached out to the community volunteers and accessed the parasite-based diagnosis?
- What percentage of population-at-risk of malaria living in the targeted villages correctly identify symptoms of malaria (3 or more)?

Updates on other indicators contained in log frames can be obtained through review of project reports, as well as access to national malaria databases which HPA can facilitate.

5. Duties and responsibilities of the consultant

As stated earlier, we are accepting bids from:

- Consultants proposing to cover both countries, **or**
- Consultants proposing to cover one country if they are open to remotely collaborating with another consultant proposing to cover the other country. This could be chosen by HPA through the bidding process, or two bidders may apply in consortium.

The duties and responsibilities are as follows:

- Conduct a desk/document review of currently available documents, including the project proposal, logical framework, narrative reports, available data from national databases (HPA access) and operational research reports.
- Develop and design evaluation tools to capture all necessary information for the learning questions and KAP Survey update
- Liaise and ready HPA data collection teams to establish necessary sample size per province
- Support logistical and operational organization of the evaluation
- Supervise data collection process including data quality checks with appropriate feedback to improve data collection.
- Conduct data cleaning and analysis. All data, qualitative and quantitative, collected through the household survey must be disaggregated by location, age, ethnicity and sex; that is, separately for girls and boys, men and women and disabled.
- Present all raw data and complete database from primary data (all original research instruments with their recorded field data, and copies of all excel files/databases used for data analysis will be delivered to HPA to validate the analyses)
- Present key findings at a validation meeting with HPA
- Prepare and submit the final detailed written evaluation report that includes major components such as executive summary, introduction, methodology, findings and

conclusions/recommendations, including incorporation of feedback from the programme team. The final report will provide clear guidance and recommendations on ways to strengthen on-going monitoring and implementation of the programme to maximise learning and adjust/improve future project design, logic of intervention and monitoring indicators, if necessary.

6. Role of the HPA Evaluation Teams

There will be HPA teams in each country available to support data collection for the evaluation. Each HPA team will have a team leader and district facilitators/field officers, supported by technical staff at central offices.

7. Timeframe and deliverables:

The consultant will be expected to complete the survey and deliver the final report for review by

The consultant will deliver according to the following deadlines:

- Announcement of TOR online: Monday 12 October 2020
- Final date of receipt of EOI: Friday 23 October 2020
- Delivery of the Technical and Financial Proposal: Thursday 29 October 2020 (see section 8 below)
- Evaluation Period: Monday 2 November 2020 to Friday 27 November 2020 (maximum period available)
- Delivery of the final evaluation report: Friday 04 December 2020

8. Application Process

The process will have two stages.

Firstly, consultants interested in this opportunity should submit a short Expression of Interest along with consultant's CV, highlighting relevant past experience, as well as one example of similar work. Candidates will be shortlisted in a rolling basis.

Once shortlisted, the application process moves to the second stage. **The shortlisted candidate will be then invited to discuss projects in greater detail and then asked to develop a costed technical and financial proposal** that will require to include the consultant's understanding of the TOR, proposed sampling methodology and estimated sample size, any methodological needs not addressed by this TOR and a detailed estimated timeline, work plan and budget for the activity.

9. Experience and skills

- Solid methodological, data analysis and research skills
- At least 5 years' experience in conducting evaluation of development/humanitarian work with INGOs on health programmes
- Demonstrated expertise and proven track record in conducting nutrition and food security evaluation surveys
- Technical expertise in the programmatic areas of malaria, public health, disease
- Experience of working in the geographical region
- Fluency in English, Lao and/or Khmer are highly advantageous
- Strong analytical and presentation skills
- Ability to write clearly and concisely in English

The Expression of Interest should be submitted by Friday 23rd October 2020 to:

general@healthpovertyaction.org

In your email, please use the subject title: "CL_MAL_EVAL"

Applications will be reviewed on a rolling basis and so we encourage interested parties to submit as early as possible.