



Christian Social Services Commission (CSSC) USAID Tuwajali Watoto Project

Terms of Reference – for Reviewing USAID Tuwajali Watoto project implementation from February 2023 to September 2024

Submission Deadline: 18th August 2024

1.1 Background

The Christian Social Services Commission (CSSC) is an ecumenical body established in 1992 by the Christian Council of Tanzania (CCT) and Tanzania Episcopal Conference (TEC), to coordinate and strengthen the delivery of health and education services by member churches in Tanzania.

CSSC coordinates a network of more than 900 church-owned health facilities, the majority of which are rural-based and cover nearly 14% of all health facilities in Tanzania. These include 103 (37 council-designated hospitals, 54 voluntary agency hospitals, 10 regional referral hospitals, and 2 zonal referral hospitals), 129 health centers, and 515 dispensaries. In addition, member churches own 54 middle-cadre health training institutions (HTIs), or nearly 40% of the middle-cadre training institutions in the country; In contrast, 2 church universities and 3 constituent colleges contribute to more than 50% of the overall health workforce produced in the country.

Concerning education, CSSC coordinates the services of more than 1000 Church-based education institutions, including 22 universities/constituent colleges, 9 teacher training colleges, 96 vocational training centers, 373 secondary schools, 50 seminaries, 268 primary schools, and 404 registered pre-primary schools. Together, they provide 10% of all education services offered in Tanzania.

1.1 Vision

CSSC envisions a society in which all people have equal access to quality education and health

1.2 Mission

To facilitate the delivery of quality health and education services by member Churches in Tanzania, through advocacy, capacity building, partnerships, and cost-effective interventions, with the compassion and love of Christ.

1. USAID TUWAJALI WATOTO PROJECT

USAID Tuwajali Watoto project is implemented by the Christian Social Services Commission (CSSC) in collaboration with Catholic Relief Services and Afya Plus. The overall goal of the project is to improve the status of pregnant and breastfeeding women, HIV-exposed infants, and C/LHIV in Tanzania through increased access to quality integrated comprehensive child-centered care and services. One of the objectives is to strengthen national policies and systems to enhance linkage and bi-directional referral systems to optimize resources for children and adolescents. This project will provide an independent evaluation specialist to assess the project's effectiveness in achieving its objectives.

1. Overall Objective;

CSSC is seeking an evaluation specialist to support the evaluation of the implementation, outcomes, and impacts of the USAID Tuwajali Watoto project from February 2023 to September 2024 and help in presenting the data & results of the project outcome strategically. The outcome report will serve as the guiding document to achieve and showcase the impact of the project in the provision of technical assistance to the clinical implementing partners named USAID Afya Yangu South, USAID Afya Yangu North, Kizazi Hodari North and Kizazi Hodari South, GoT and one supported health facility (COE). Evaluation specialist will assist CSSC in analyzing & presenting results in a strategic way for the organization to thrive in a competitive environment as one of the credible and strongest local organizations in fulfilling its mandate of serving the community.

Specific Objectives:

- To evaluate how the program's technical assistance has enhanced access to and the quality of health services, leading to improved outcomes for children and adolescents living with HIV and TB.
- To evaluate the impact of the mentorship program on healthcare providers' capacity to deliver quality care.
- To assess the influence of strengthened national policies and systems on improving outcomes for children and adolescents affected by HIV, examining the impact on service delivery and health outcomes.
- To determine the effectiveness of COEs in modeling comprehensive care for children and adolescents living with HIV, in delivering quality integrated comprehensive child-centered care.
- To identify critical lessons learned from program implementation, including challenges faced, successful strategies employed, and areas for improvement in delivering comprehensive child-centered health services.
- To provide recommendations for future programming, focusing on addressing gaps, leveraging successful approaches, and adapting to evolving needs and contexts.
- To assess the project's sustainability plan for ensuring the continuation of interventions after project funding ends.

2. Scope of Work

The evaluator will encompass the following activities across the three key project results;

Result 1: Expanded Access to Quality Services

- Quantitative Analysis:** Analyze trends in HIV testing, viral load coverage, and suppression rates for children in target regions (North/Central vs. South) compared to baseline and post-intervention.
- Quantitative Analysis:** Track changes in PMTCT service uptake (maternal retesting, EID at 2 months, outcome) after facility mentorship.
- Qualitative Analysis:** Conduct interviews with key stakeholders to understand the impact of the mentorship program on service delivery.
 - Assess the impact of PMTCT and Ped ART mentorship training done to the district mentors.
- Client Satisfaction Surveys:** Assess caregiver and adolescent satisfaction with services at Mbeya COE.

Result 2: Strengthened National Policies and Systems

- Policy Analysis:** Assess the project's contribution to national guideline development and adoption.
- Process Evaluation:** Track the development process of the Pediatric HIV Quality of Care standards.
- Capacity Assessment:** Assess healthcare facilities' capacity to implement the new quality-of-care standards.
- Outcome Evaluation:** Compare the quality of care indicators before and after implementing the standards in selected facilities.

Result 3: Quality Care at Pediatric COE (Mbeya)

- Quantitative Analysis:** Analyze trends in HIV testing at Mbeya COE disaggregated by modality.
- Quantitative Analysis:** Compare LTFU rates among RoC enrolled in the OVC program vs. RoC not enrolled in the OVC program.
- Quantitative Analysis:** Analyze the association between adherence counseling and viral load suppression.
- Qualitative Analysis:** Conduct interviews with community case workers and adolescents living with HIV to understand challenges and adherence factors.
- Comparative Analysis:** Compare Mbeya COE's performance data pre-project vs. during the project.
- Case study:** Conduct interviews with the recipient of care at the Mbeya COE to capture outstanding success stories, impact, and changes brought about by the project in the lives of targeted beneficiaries.

3. Expected Deliverables

- A comprehensive report outlining the methodology, results, discussion, and recommendation to improve the provision of quality service in Tanzania.
- Presentation of findings and recommendations to stakeholders (government agencies, implementing partners) to utilize findings for strategic decision-making and program improvements.

4. Evaluation Criteria

The following key questions will guide the Final Evaluation's assessment of the project against the DAC Criteria for Evaluating Development Assistance which should be applied to all project-specific objectives and indicators:

- Relevance:** The extent to which the project was suited to the priorities of the target beneficiary group(s), stakeholders, and the donor.
 - To what extent are the objectives of the project still valid?
 - Was the project relevant to the identified needs?
 - Are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives?
 - Were the inputs and strategies identified, and were they realistic, appropriate, and adequate to achieve the

results?

- To what extent are the project activities and outputs consistent with the intended goal, project objectives, and indicators?
- Effectiveness:** The extent to which the project attained its objectives.
 - To what extent were the goals, objectives/outcomes, and indicators (detailed quantitative and qualitative data for every indicator) achieved or are likely to be achieved by the end of the project period? Why / Why not?
 - What could have been done differently to be more effective? What is to be improved?
 - To what extent have the project interventions contributed to national plans and strategies on health in Tanzania? What could have been done differently?
 - How effective was the project advocacy to improve national frames and guidelines for health? What could have been done differently?
 - How did the project contribute to the achievement of these objectives/outcomes and indicators?
 - Has the Mbeya Center of Excellence (COE) model effectively demonstrated quality comprehensive child-centered care?
- Efficiency:** The extent to which the project used the least costly resources possible to achieve desired results, considering outputs about inputs.
 - Has the collaboration with relevant stakeholders at all levels improved the project efficiency? If yes, how? If not, why? How to improve.
 - Has the collaboration with the districts, regional, and national authorities improved the efficiency of the health impact of the CLHIV in the implemented Regions? If yes, how? If not, why? And how to improve.
 - Did the project face any obstacles (financial, administratively), and to what extent has this affected its efficiency? How to solve, and improve?
 - To what extent did the project collaborate with national and sub-national partners and stakeholders (technical, advocacy, funding, etc.) to achieve results?
- Impact:** The positive and negative changes produced by the project, directly or indirectly, intended or unintended.
 - What changes has the project brought at national and local levels? Consider the lives of the final beneficiaries and policy change. The changes could be directly or indirectly, positive or negative, intended or unintended.
 - Is the project supporting the government to reach its goals? should the project continue, what should be improved? why? and how to improve.
 - How do the staff and beneficiaries of the project evaluate the services they have received? Are they satisfied? Was it good? If yes, what was good and why? If not, what was not good and why? what and how to improve.
- Sustainability:** The extent to which the benefits (outputs, outcomes) of the project are likely to continue after donor funding has been withdrawn.
 - To what extent are the project results likely to be sustained after the project ends?
 - To what extent will the benefits of continuing the interventions after the completion of the project?
 - To what extent are the positive changes of the project likely to continue beyond the end of the project period?
 - How likely will the project's positive changes and impact continue at the national level after the end of donor funding?
 - How effective were the exit strategies and approaches to phase out activities provided by the project, including contributing factors and constraints?

5. Timeline:

A detailed project timeline will be developed outlining the completion dates for all deliverables.

6. Reporting:

Regular progress reports will be submitted to the client. A final report will be submitted at the project's conclusion, summarizing all findings and recommendations.

7. Confidentiality:

All data collected during this project will be kept confidential.

These Terms of Reference are a preliminary document and may be subject to change based on further discussions and project requirements.

8. Profile/Qualifications of Consultant(s)

The evaluation specialist should be legally established, qualified in preparation of SPs, report writing, and data management, and with relevant experience with similar assignments (i.e., must have handled at least three similar engagements with private or government organizations). Specifically, should have

- Qualifications: PhD or master's degree in public health, Corporate Management, Social Sciences, strategic leadership, or a related field.
- Experience: 10+ years of experience in developing strategic plans, and national and international public health evaluation, with expertise in qualitative and quantitative data analysis.
- Strong familiarity with HIV programming and Tanzanian health and education sector priorities, policies, strategic plans, and guidelines.
- Proven track record of working collaboratively and effectively in tasks of a similar nature.
- Proficient in English with excellent command, strong leadership, project management, and communication skills.

9. Application Package and Procedures

Applications for the consultancy must include seven components.

- Cover letter
- Detailed technical proposal demonstrating a thorough understanding of this ToR and including the following:
 - Demonstrated previous experience in coordinating and administering studies of a similar nature;
 - Proposed steps to be taken for enumerator training, translation of tools (if necessary), data collection, spot-checking, data entry, and management (risk mitigation and data quality assurance);
 - A proposed timeframe detailing activities and a schedule/work plan (including a Gantt chart) with the proposed number of enumerators, size of enumerator teams, and the total number of days in the field;
 - Team composition (including sex-disaggregation) and level of effort of each proposed team member, if applicable
- A financial proposal with a detailed breakdown of costs for the assignment:
 - Itemized consultancy fees/costs
 - Itemized field data collection expenses
 - Itemized data transcriptions costs
 - Itemized administrative expenses
- Curriculum Vitae(s) of all proposed staff outlining relevant experience.
- Names and contact information of three references who can be contacted regarding relevant experience.
- A soft copy of previous reports of a similar nature.
- Completed applications should be submitted electronically to: the Christian Social Services Commission using the email address: procurement@cssc.or.tz copying director@cssc.or.tz. With the subject line: 'USAID Tuwajali Watoto project. The closing date for submission of the application package is the end of the business day on 18th August 2024.

Executive Director
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The deadline for the submission is 1600hrs East Africa Time on 18th August 2024.

All proposals should be electronically submitted to procurement@cssc.or.tz copying director@cssc.or.tz

This advert can also be accessed through <https://cssc.or.tz/>