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Call for Applications and Terms of Reference
Evaluation of a medico/BMZ (German Federal Ministry for Economic Cooperation and Development) co-funded programme in South Africa –
"Enhancing the development of a grassroots health movement" **(P 5872)**

medico international (www.medico.de) and its programme partners in South Africa seek an independent consultant or team to evaluate the impact of their South Africa progressive health networking programme.

Evaluation programme period	August 2021 – July 2024
Programme title	Enhancing the development of a grassroots health movement in South Africa in order to strengthen health (policy) interests of marginalized populations with the aim of improving their health care
Programme period	1 August 2021 to 31 July 2024 (extension request to 31 December 2024)
Programme partners	Khanya College People's Health Movement South Africa (PHM-SA) SINANI – KZN Programme for Survivors of Violence

Programme background and goals

Not least the Corona pandemic, which hit South Africa hard, has highlighted the need for a strong grassroots health movement committed to ensuring that the needs and problems of marginalized communities are seen and adequately addressed, and to advocate for a health system that provides equitable and just access to health prevention and care, and that monitors accountability and decision-making.

This programme is based on the cooperation of three partner organizations working with community health activists (CHAs) and community health workers (CHWs) in different provinces to create synergies and achieve national impact.
In addition to the different regional anchoring, the partner organisations bring in different complementary focal points and expertise: Sinani (KwaZulu-Natal, expertise in training, mentoring and psychosocial support of self-organisations at the community level); Khanya College (Gauteng, Mpumalanga, North-West, expertise in organising, political education and democracy development); PHM-SA (Western Cape, Eastern Cape, Northern Cape, Free State, expertise in technical advice and advocacy on health policy and reforms, health policy education of CHWs and health activists).

The overall programme goal is to organise and network community-based structures of health activists in 20 districts who are able to influence health conditions, health care and health reforms. The specific outcomes and indicators are shown in Appendix 1 attached.

Purpose of the evaluation

This evaluation consultancy seeks to address the following key questions and focus areas, with gathered evidence which has been independently reviewed:

1. Programme
    a. To what extent did the programme achieve its intended goal and outcomes?
    b. What are additional unintended outcomes?
    c. What are the core common health priorities emerging from the community engagement undertaken in the programme, the document review and evaluation fieldwork?
    d. What have been the key successes and strengths and what are considered to be the key challenges and gaps of the programme?
    e. What are the different methodologies and approaches utilised in the programme, looking for best practise examples that we can build on in future?
    f. What is the role of psychosocial support in building leadership and activists?
    g. How successful has the networking and engagement been (amongst and between the NGOs, CHWs and CHAs) and what is recommended in future in this regard, also with regards to their role in relation to self-organised structures?
2. Networking
    a. Review the development of the network, the collaboration between partners, synergies, knowledge transfer, communication and information sharing, relationships (including the role of medico and the Local Coordinator)
    b. Review the systems and relationship building and social fabric being built through the programme
3. Follow up
        a. Review sustainability considerations to help us identify common and feasible health advocacy goals and strategies for the future, of the health forums and community engagement strategies (learning from some of the more successful forums and outcomes):
        b. Are there other key stakeholders involved in this networking or recommended for future engagement?
        c. What are the recommendations to build on the establishment of these health activist forums and the networking which has been taking place, to strengthen a progressive health movement?

Assessment – DeGEval Standards and DAC evaluation criteria

The evaluation shall be conducted in line with the DeGEval Evaluation Standards: Utility, Feasibility, Propriety and Accuracy. The evaluation should include an assessment based on the latest OECD-DAC criteria and provide feedback on lessons learned and recommendations for future programming to assess the following areas: relevance, effectiveness, efficiency, impact, sustainability and coherence. The criteria are further elaborated in the attached Appendix 2.

Lessons learned from the programme implementation shall be used to meaningfully inform and improve the development of future programming, networking and strategy.

Proposed methods and process

It is expected that participatory qualitative and quantitative methods will be used to gather, summarise and review data to specifically address the indicators and key evaluation questions described above.

Meaningful use should be made of the rich prior documentation and reflections gathered and generated during the programme. This is important to avoid repeating inquiry and to process this data collectively, despite the different methods used to gather the information. This comprehensive desk review should be undertaken prior to developing the inception report, developing tools and conducting additional fieldwork to address the gaps. The provisional list of documents to be reviewed will be provided, including:

- The external evaluation of the previous programme which led to the development of this programme
- The original programme proposal
- The narrative reports produced annually by each programme partner, along with the collated annual interim narrative reports (available for 2022 and 2023)
- The various situational analyses, community and household surveys and all documents gathered in the initial community engagement phase of this programme
- The publications, materials and policy submissions produced by programme partners during this phase of the programme
- The minutes and communications of the networking engagements amongst the various participants of this programme.

Furthermore, it is required that an additional independent search of documentation be done to find:

- Relevant recent academic publications, policy developments and reports on the current status of community public health in South Africa (with a particular focus on primary health care and social determinants of health)
- A scoping and review of media exposure and publications, policy and programme review on CHW in South Africa

Aside from the desk review, it is recommended that the evaluation methods be quite focused to address the identified gaps, rather than broad and inclusive. It is proposed that travel to the programme partners and communities will be required. Recommended provinces include Gauteng, Western Cape and KwaZulu-Natal, plus maybe Eastern Cape. Key informant interviews should be conducted with representatives from programme partners, CHA and CHW forums and select sector experts.

The provisional results of the evaluation should be shared with partners (in-person or online) and the draft evaluation report circulated to all partners for further engagement.

Time frames and deliverables

It is suggested that approximately 25-30 days be allocated to this consultancy programme, with the following (non-negotiable) time frames and deliverables:

Deadline or Time Period	Suggested Days Allocated	Process or Deliverable
8 April 2024		Application submitted
1 May 2024		Consultant appointed, evaluation programme starting date Consultation interview with evaluation working group
May 2024	5days	In-depth desk review, with desk review report (summary of findings) Proposed methods and tools for further data collection submitted in the form of an inception report Online meeting to present and engage with the proposed evaluation methods

3 – 14 June 2024	12 days	Fieldwork, further data collection (including travel) (Alternative date is 6 – 17 May 2024)
15 June – 15 July	8 days	Data analysis and reporting
15 - 19 July 2024		Draft report and initial feedback meeting
5 August 2024		Final report
August 2024		Presentation of results to network partners (in-person or online)

Consultancy requirements (expertise)

The consultant(s) who is likely to be successful in this application will:

- Have relevant experience in programme evaluations in the development sector (including OECD-DAC criteria)
- Show sensitivity to and relevant personal experience with the processes of community mobilising and participation
- Have sector experience with regard to public and primary health care systems (especially social determinants of health), community activism and CHWs
- Be independent from the direct partners in this programme
- Be able to complete the programme within the specified time frames and adhere to the specific fieldwork dates outlined.

It is envisaged that two consultants will be appointed, one a South African with in-depth contextual knowledge of the public health system and community-based activism. A second consultant will be appointed who should be familiar and experienced with BMZ external evaluation requirements. The consultants may choose to apply as a team or may apply individually, to be selected to work together by the evaluation working group.

Application process

Applications for this short-term consultancy should be submitted by Monday 8 April 2024. The following should be provided with the application:

- Covering letter expressing reasons for interest in this consultancy programme and key qualifications and experience recommending the consultant for this work. Specific mention should be made personal experience with health activism and movement building and the consultancy requirements listed above.
- Curriculum vitae (CV) of the proposed consultant(s)
- Relevant examples of recent work accomplished (or links to these examples if online)
- Proposed daily rate and total budget for the consultancy programme (per consultant). Accommodation and evaluators' travel budget (local and international) should be included in their budget. The travel and catering costs of participants and partners involved in fieldwork need not be included in the budget. Translation may be done by partners and participants amongst themselves, unless the consultants prefer to cost external translators in their budget.
- Proposed methodology and approach: this does not need to be detailed at this stage of the application, however please include a description of preference and experience.
- Proposed timeframes: a strict adherence to the advertised time frames is required as a contractual obligation of this consultancy.

Applications and queries should be addressed to Berenice Meintjes (Local Coordinator of the programme) at berenicemeintjes@gmail.com or 082 465 1514.

Appendix 1: Specific Outcomes and indicators of the medico SA Progressive Health Networking Programme

Overall objective (impact): A contribution is made to improve health prevention and care (basic health care) for at least 700.000 people from marginalised communities in 20 health districts in 8 provinces.		
Programme objective (Outcome)	**Indicators** (possibly plus quantity structure)	
	Initial value (quantitative & qualitative)	Target value (quantitative & qualitative)
Community-based structures of health activists in 20 districts are informed, organised and networked and targeted influence health conditions, health care and health reforms.	There are 6282 CHWs in 8 provinces organized in forums advocating for the interests of CHWs (see evaluation report).	1000 health activists in 20 districts are organized in community health forums with 10 000 health workers and community members. The responsiveness and reactiveness of local health care systems to health forum concerns has improved. The availability of primary health care resources has increased.

Subgoals (output)	**Indicators** (possibly plus quantity structure)	
	Initial value (quantitative & qualitative)	Target value (quantitative & qualitative)
B. Meso-level: health activists and health forums		
B 1. Health forums have organised themselves locally and are committed to local health issues	There are Community Health Worker (CHW) forums in 8 provinces, but only one to two known community-based participatory health forums in districts to date, where CHWs work with health committees, civil society networks such as the C19 Coalition, or local development forums to / and advocate for local health issues.	In at least 2/3 of the 20 programme districts, CHWs organise themselves together with other health activists, health committees, civil society networks, etc. in local health forums. These health forums meet regularly and actively advocate for local health issues with health system providers.
B 2. Knowledge about social determinants of health and the role of health activists in a primary health care system is strengthened.	At least 80 health workers know the different actors in a primary health care system and their own role, but do not articulate a strong systemic understanding of primary health care.	At least 60% of the 1000 health activists understand the relevant health issues in their districts and know their role and possibilities of influence in a basic health system.

B 3. Self-governance of CHW and health activist organisations is strengthened	CHW organisations need external advice and support, e.g. from supportive NGOs in the self-management of their organisations.	CHW organisations become increasingly independent of external advice, making their own activity plans and managing budgets. Health activists in local health forums begin to plan and manage activities and budgets on their own.
C. Macro level: health policy, general public		
C 3. Local health activists and health forums have networked beyond their districts and address overarching health (system) issues.	Overarching health (system) issues (e.g. covid /TB/HIV prevention, women's health, NHI, etc.) are often addressed without the active involvement of local health activists and health forums and implemented in programmes that do not contribute to improving health care. Protection and care for health workers, especially CHWs (e.g. in terms of occupational safety, contractual recognition and institutional integration, and psychosocial stress), is not sufficiently addressed.	Through exchange and networking of local health forums, cross-cutting prevention and health care issues are actively addressed by community-based health activists in at least 4 provinces, and accountability is demanded towards governmental and private structures. There are improvements in the protection and care of health workers, especially CHWs (in terms of working conditions, occupational safety, psychosocial counselling services).
C 4. Health activists discuss and document local health issues and use them for advocacy and public relations.	Knowledge about health issues and strategies for primary health care are often produced by experts who have little access to and understanding of local dynamics and resources.	Through participatory analysis and documentation, the perspectives of marginalized communities on health issues, care problems and health reforms become public in at least 5 relevant health topics (e.g. pandemic control, women's health, NHI, access equity med. care, nutrition and sanitation). They are used for advocacy work towards government, academia and civil society.

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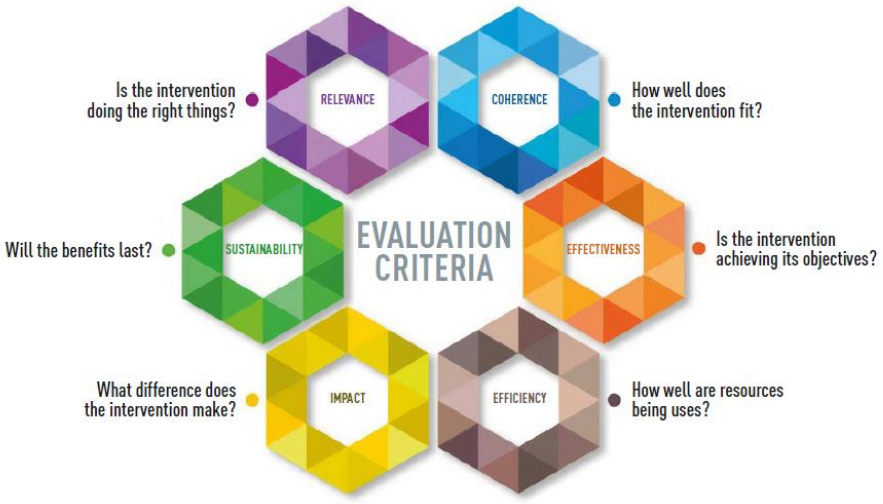
Appendix 2: Assessment – DeGEval Standards and DAC evaluation criteria

The evaluation shall be conducted in line with the DeGEval Evaluation Standards: Utility (usefulness), feasibility, fairness, independence, integrity, accuracy (including scientific rigour, and comprehensibility) and comparability. The evaluation should include an assessment based on the latest OECD-DAC criteria and provide feedback on lessons learned and recommendations for future programming to assess the following areas: relevance, effectiveness, efficiency, impact, sustainability and coherence.



Source: OECD DAC 2019. For the application of the criteria in German bilateral cooperation see BMZ 2021b.

Relevance: The extent to which the approach and activities are suited to the priorities and policies of the target group, recipient and donor:

- To what extent are the objectives of the programme still valid, especially in response to the changing context?
- Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the programme consistent with the intended impacts and effects?
- What can or should change for the programme to stay relevant in the future?

Effectiveness: The extent to which the approach and activities attain its objectives:

- To what extent were the objectives and positive changes achieved?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- What are recommendations for further efficacy?

Efficiency: of the programme's outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted:

- Were activities cost-efficient?
- Were objectives achieved on time?
- Was the programme or programme implemented in the most efficient way compared to alternatives?

Impact: The positive and negative changes produced by this development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators. The examination should be concerned with both intended and unintended results and must also include the positive and negative impact of external factors, such as changes in terms of financial conditions:

- What has happened as a result of the programme or programme?
- What real difference has the activity made to the beneficiaries?
- How many people have been affected?

Sustainability: is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Programmes need to be environmentally as well as financially sustainable:

- To what extent did the benefits of a programme or programme continue after donor funding ceased?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or programme?
- What are the recommendations for sustaining any impact gains going forward?

Coherence: To what extent is the programme compatible with other programmes in the country, sector, or institution?

- To what extent do other stakeholders and programmes and/or policies support or undermine the approach, and vice versa?
- Where and between whom are key points of connectedness which could be further developed to leverage impact in future?
- To which other potential stakeholders and programmes should this network connect with in future?

Lessons learned from the programme implementation shall be used to inform and improve the development of future programming, networking and strategy.

The full paper ‘Evaluating German Development Cooperation’ by the BMZ Evaluation Policy is available by the evaluation working group and is recommended for further reading.