



TIMS

TB in the Mining Sector in Southern Africa

Terms of Reference for Consultancy For

End of Programme Evaluation (EPE) for the Tuberculosis in the Mining
Sector in Southern Africa (TIMS) Programme

BACKGROUND

Tuberculosis in the Mining Sector in Southern Africa (TIMS) is a programme that was initiated to create a regionally coordinated response to TB and related illnesses affecting mineworkers, ex-mineworkers, their families and communities in Southern Africa. The Southern African Development Community (SADC), through the SADC Declaration, provided the statutory commitment to the programme and galvanized the Global Fund to support a regional TB response in the mining sector.

TB has affected mine workers for over a century. Despite it being a treatable illness, prevalence rates are going up and cure rates remain unacceptably low. Southern Africa has some of the highest rates of TB infection in the world, averaging at 591 cases per 100 000 people compared to the global average of 126 cases per 100 000 people. The mining sector in Southern Africa accounts for the highest level of TB infections in the region. Some of the contributing factors to this are: high HIV prevalence, prolonged exposure to silica dust, poor living conditions, and poor access to health care. Mobile populations contribute to a breakdown in continuity of care.

With the goal to significantly decrease the incidence of TB in the mining sector, 10 Southern African countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe) submitted a proposal to the Global Fund in January 2015. In January 2016, a landmark grant was signed to help fulfil this goal. Wits Health Consortium (WHC) was awarded as the Principal Recipient (PR) to implement this important grant with oversight provided by the Regional Coordinating Mechanism (RCM).

TIMS is an innovative multi-stakeholder programme involving representatives from the ten country coordinating mechanisms (CCM), Ministries of Health, Mineral Resources and Labour; Social Development/welfare services; mining companies; current and ex-mineworkers' associations; labour unions; development partners; civil society and research institutions through a Regional Coordinating Mechanism (RCM).

The goals of the TIMS Programme are;

The main goal of the TIMS Grant is ***to contribute towards the reduction of the TB burden in the Mining Sector in Southern African countries***. Underpinning the TIMS Grant are three objectives:

- Increase TB case finding among the key populations in the mining sector in Southern Africa;
- Increase the proportion of key populations on TB treatment that complete their treatment;
- Increase the proportion of key populations with TB that are tested for HIV and enrolled for ART.

OBJECTIVES OF THE EPE

The overall objective of this evaluation is to assess achievements, effectiveness and adequacy of the programme strategies towards reaching expected targets and results; identify lessons; and make recommendations to inform the next phase of the programme.

The specific objectives of the evaluation are:

- a) To assess progress of the programme from the 1st of January 2016 to date against the key outputs/milestones as captured in the TIMS grant making documents;
- b) To assess the effectiveness of strategies and implementation of interventions and provide recommendations to further improve the project
- c) To determine the likelihood of the targets being achieved by the end of the programme given the current implementation rate and challenges.
- d) To assess the strengths and weaknesses of the partnership with implementing countries, especially key ministries, mine worker associations, development partners, CCMs, etc.
- e) To assess programme efficiency focusing on financial, programmatic, planning, implementation, and monitoring and reporting systems and processes
- f) To assess the strengths and weaknesses of the management of the Principal Recipient vis-à-vis Sub-Recipients
- g) To assess the strengths and weaknesses of oversight provided by the RCM to ensure that the regional programme is successful
- h) To identify the opportunities and challenges that might affected the scale and sustainability of the programme
- i) To identify lessons learnt and make recommendations to inform the next phase of the programme

EVALUATION QUESTIONS

The evaluation will apply the relevance, effectiveness, efficiency, impact and sustainability criteria to answer the following questions:

- a) To what extent has the programme added value to countries in combating TB in the mining sector?
To what extent did the programme focus on interventions that are best addressed from a regional perspective?
- b) What is the overall progress and achievements of the Global Fund TB programme against expected results?
- c) What components of the Global Fund TB programme have been most/least effective and what can be done to improve performance in implementation?
- d) How effective are the programme's approaches in the achieving project outcomes?
- e) To what extent has the programme improved and strengthened provision of TB, and TH/HIV services for the targeted populations?
- f) Which project areas need to be improved or adjusted

METHODOLOGICAL APPROACHES

The consultant will be expected to develop a detailed evaluation methodology. The evaluation will methodology will include:

- a) Review of relevant documents which include:
 - a. Concept Note and detailed implementation plans
 - b. Module Revisions
 - c. Performance Framework
 - d. Programme progress update reports
 - e. Reports of the studies and surveys conducted during the programme

In addition, compliance the following documents will be assessed:

- a. Finance Management Manual
 - b. SR Management Manual
 - c. M&E Plan
- b) Review existing data stored at all levels
 - c) Conduct on-site validations, interviews, observations, focus group discussions, workshops with primary project implementers, beneficiaries (target populations) key stakeholders and partners among others. The range of stakeholders include the Regional Coordinating Mechanism (RCM), the Principal Recipient, Sub-Recipients, Sub-sub-recipients, Consultants, Country Coordinating

Mechanisms (CCMs), National TB Managers, National TB Technical Working Groups, Occupational Health departments, Mineworkers, Ex-mineworkers, their families, communities around mines and in labour sending areas, private sector (Chamber of mines and mining companies), labour unions and donor partners, SADC, and other ministries such as labour, minerals and migration.

- d) Conduct validations at the WHC-TIMS PMO office.
- e) The application of the studies conducted to National TB Programmes

LOGISTICAL AND ADMINISTRATIVE SUPPORT

The team shall be supported by the WHC-TIMS Project Management Office (PMO) as necessary.

The consultant is to budget for consulting fees only. All other expenses i.e. travel, per diems, accommodation, car hire, will be covered by the PR in line with the WHC and Global Fund Travel Policies.

TIMELINE

The EPE is expected to commence in October 2017 and completed within 2 months. The proposal must include a budget and work plan taking into account the areas listed below

- Planning, preliminary desk review and inception report
- Field work
- Analysis and report writing and validation

DELIVERABLES

The following deliverables are to be completed:

- i. An inception report detailing methodology and work plan for the evaluation
- ii. Data collection tools
- iii. Draft evaluation report
- iv. Final evaluation report with a minimum of;
 1. Table of contents
 2. Executive summary
 3. Introduction, objectives and methodology
 4. Findings of the review
 5. Lessons learnt
 6. Recommendations
 7. All reference documents annexed
- v. 4 full set of hardcopy reports

- vi. 1 soft copy of report, with all attachments

CONSULTANT'S REQUIREMENTS

The successful consultant(s) should have demonstrated experience in programme evaluation using established research methods, M&E and financial management assessments as well as extensive knowledge of Global Fund programming.

The minimum requirements for the core team for this evaluation include:

- Senior evaluation expert and team leader with at least 10 years of experience
- Public health expert with experience in TB programme management and/or implementation
- Monitoring and evaluation expert with experience in results based M&E
- Financial management expert with experience in financial management capacity assessments and cost-efficiency assessments

The team should be comfortable with travelling to other countries. The team will also be expected to train their own data collectors on data collection methods and instruments (where a need arises).

Application guidelines and timeframe:

Interested consultants are requested to submit a technical and financial proposal indicating their experience and suitability for the assignment; their methodological approach to the assignment; assignment work plan, and team composition including CVs to (Selected Contacts in RCM, RCM Secretariat and PR) by 30 September 2017. Technical and financial proposals should be submitted in separate envelopes.

Note: The financial proposal should be for consulting fees only. Other costs will be covered by the TIMS PR.

EVALUATION CRITERIA

Technical evaluation

TECHNICAL APPROACH		35
QUALIFICATIONS AND EXPERIENCE		20
a. Senior evaluation expert and team leader	8	
b. Public health expert	4	
c. Monitoring and evaluation expert	4	
d. Financial management expert	4	
PAST PERFORMANCE/EXPERIENCE OF TEAM		15
FINANCIAL PROPOSAL		30
TOTAL		100

- Technical approach – 35 points
- Team qualifications and experience – Total 20 points broken down as follows:
 - Senior evaluation expert and team leader – 8 points
 - Public health expert - 4 points
 - Monitoring and evaluation expert – 4 points
 - Financial management expert – 4 points
- Past performance/ experience of the firm – 15 points

Cost/financial proposal evaluation – 30 points