



## **Terms of Reference**

### **Consultancy for Third Party Monitor for the Aga Khan Development Network Health Action Plan for Afghanistan (HAPA)**

#### **I. Purpose and Objectives of the Assignment**

Aga Khan Foundation Canada (AKFC) is seeking services of a Third Party Monitor(s) to provide ongoing assessment of the performance of the five-year health initiative, Health Action Plan for Afghanistan (HAPA). The Consultant(s) will provide independent verification of progress towards the established HAPA results as well as identify problem areas, gather lessons learned and support improvement of overall program performance. Analysis of information gathered through this independent monitoring will be used to adjust the implementation of activities through a flexible and iterative approach designed to maximize results and respond to changes in context. The Consultant will submit six monthly reports and work plans to the Steering Committee and work closely with AKFC, HAPA implementing agencies, and in consultation with HAPA donors. Specific objectives include:

1. To conduct performance audit of the project progress reported to donors, including analysis of facilitating and obstructing factors;
2. To assess the effectiveness of the HAPA M&E system and advise the project stakeholders for improvement; and
3. To help partners manage risks and recommend corrective adjustments as needed.

Through another consultancy, an initial assessment of the current project M&E system, capacities, indicators, strengths and areas of improvement has been conducted and an improvement plan is underway that will build the foundation for the work of this consultancy. The successful consultant(s) will be expected to improve upon, and build, on this foundation work.

#### **II. Background and Context**

HAPA aims to improve the health status of men and women in selected provinces of Afghanistan, particularly women of reproductive age and children under five. Targeting selected districts in Badakhshan, Bamyan and Baghlan provinces, and also seeking to achieve national impact through capacity building and collaboration with national institutions including the Ministry of Public Health (MoPH), HAPA aims to directly benefit 1,264,022 people, including 495,598 women, 525,732 men, 123,773 girls and 118,919 boys (below five years of age) over a five-year period (2015-2020). Global Affairs Canada (GAC), Agence française de développement (AFD) and AKFC have allocated an initial envelope of CAD \$75.2 million to fund priority activities within

HAPA.

Implemented by Aga Khan Foundation Canada (AKFC) in collaboration with the Government of Afghanistan, Aga Khan Foundation Afghanistan (AKF-A), Aga Khan Health Service (AKHS), Aga Khan University (AKU) and Aga Khan Planning and Building Services (AKPBS), HAPA aims to:

- 1) *Improve the quality and expand the range of health services in targeted remote and rural areas of Afghanistan* by complementing the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS), expanding and improving the quality of government health and nutrition services, increasing the use of eHealth services, i.e., primarily tele-consultations and eLearning sessions, and enhancing health infrastructure;
- 2) *Strengthen availability and quality of health human resources* through selected educational institutions, providing support to medical, nursing and midwifery education programs, educating new nurses, midwives and specialist physicians, and strengthening planning and management skills of officials in provincial and national health departments;
- 3) *Improve health practices and enhance civil society engagement and capacity to support effective health practices, especially in the area of nutrition* by increasing communities' participation in health governance and accountability, improving community health knowledge and practices, expanding access to nutritious foods, and enhancing food security.

HAPA has been implementing a comprehensive M&E Plan, inclusive of a detailed Performance Measurement Framework (PMF), baseline and endline study, and routine data collection and analysis. This M&E Plan will be enhanced through the third party monitor who will verify progress against the M&E Plan and enable generation of new knowledge that can inform governments and partners to design and implement effective policy and practices. One of the purposes of the third party monitor is to both assess and verify progress against the HAPA M&E plan as well as provide externally valid advice on the feasibility and effectiveness of the approaches under HAPA. HAPA's logic model is annexed to this terms of reference.

In 2017, through another consultancy an initial assessment of the current project M&E system, capacities, indicators, strengths and areas of improvement has been conducted and an improvement plan is underway. As aforementioned, the successful consultant(s) would be expected to develop and improve upon this work.

### **III. Assignment Scope**

The scope of this assignment will cover the entirety of the HAPA from start date of project until 31 December 2020. The consultant will be responsible for the following:

#### **1. Responsibilities:**

HAPA third party monitor will be responsible for the following core tasks:

1. Review all project documentation, including agreements, PIP, PMF and monitoring plans, annual work plans and reports, as well as previous Third Party Monitor Assessments to develop a comprehensive understanding
2. Assess and validate progress against annual work plans and explore reasons for facilitating and

- obstructing factors, and as well as uptake of previous Third Party Monitor recommendations
3. Assess performance against outcome indicators and explore reasons for variances.
  4. Assess the functionality and operationalization of the M&E system in the context, as planned and advise the project stakeholders for improvement; and
  5. Identify problems and constraints hampering the effective implementation of HAPA and provide practical recommendations for improvement;
  6. Participate in meetings (Steering Committee Meetings, Technical Committee Meetings, etc.) and make presentations as required to disseminate monitoring results and provide advice and recommendation on how to improve HAPA delivery;
  7. Keep abreast of the context and security situation within which HAPA is being implemented within Afghanistan and the region, including trends and best practices in global health, and keeping the Steering Committee abreast of actual and potential changes in the context;
  8. Monitor HAPA against the risk register and propose updates as required;
  9. Monitor and assess the integration of HAPA crosscutting themes (environment, gender equality (GIAP), governance), provide recommendations and report to Steering Committee on its progress, challenges and new opportunities
  10. Regularly communicate with implementation partners, including at least one trip to Afghanistan per year.

## 2. Deliverables:

<b>Deliverable<sup>1</sup></b>	<b>Tentative Date</b>
Detailed Inception Plan, including Annual Work Plan, for the duration of assignment by year	One month after signing the contract
Updated Work Plans for subsequent years, including a Gantt Chart	By 15 <sup>th</sup> of December each year
Monitoring mission ToR and Plan	At least one month before the mission
Monitoring mission report	Within 15 days after end of each mission
Semi-annual monitoring report, including risk analysis, lessons learned, report on Gender Integration Action Plan, and recommendations for improvement (see the outline)	By 31 <sup>st</sup> July and 31 <sup>st</sup> January each year
Presentation slides and briefing material for the HAPA governance meetings	Semi-Annually
Ad hoc reports as requested by AKFC or Steering Committee	Need based
Final assignment report	30 November 2020

## 3. Reporting

The Consultant will submit semi-annual reports to the Steering Committee. All findings are to be fully supported by the evidence linked to reliable information sources that help monitor HAPA progress based on the agreed set of quantitative and qualitative indicators set out in the PMF. The consultant will report to AKFC HAPA Program Manager on behalf of the Steering Committee.

AKFC will provide the outline for semi-annual reports, but it expected to include the following

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<sup>1</sup> AKFC will provide reporting outlines and relevant documents to the successful candidate

sections:

- Executive Summary
- Introduction
- Scope
- Methodology (e.g. what reports were reviewed, what interviews were conducted, etc.)
- Monitor Findings (by area – programmatic, operational, M&E systems, etc.)
- Lesson Learned
- Project Management Issues
- Recommendations

A final report will be required at the close of HAPA which covers progress achieved, lessons learned, and recommendations over the life of HAPA. An outline for this report will also be provided to successful contractors.

#### **4. Level of effort**

The estimated level of effort for this assignment is 200 days over the lifespan of HAPA.

#### **5. Travel**

The contractor will conduct up to two field missions to project sites in Afghanistan every year, based on need and budget. To the extent possible, missions will be completed jointly with Donors, Government and AKDN representatives.

#### **Mission Plans**

Mission plans are to be submitted at minimum one month before each mission, and will describe the Consultant's mission plan, including schedule, monitoring objectives, expected monitoring deliverables, monitoring issues to be addressed and budget for the mission.

#### **Mission Reports**

The mission reports, to be submitted no later than two weeks after each mission, will describe monitoring findings, results achieved, monitoring conclusions, monitoring recommendations (including management issues, operational issues, monitoring and evaluation issues, project issues, communication issues, and donor issues), and notes on country program visits when applicable.

#### **6. Location of the Work**

All work is to be conducted at the contractor's desk-base, except for work related to field missions.

### **IV. Methodology**

A mixed approach will be used. Methods will combine review of secondary data, interviews among key informants, group interviews and meetings with implementing partners, and observations of health services. Primary data collection will be limited to the latter three as it is beyond the scope of a monitoring mandate to collect data from ultimate or most intermediate outcome level respondents.

#### **1. Secondary Document and Data Review**

Key secondary documents to be reviewed include HAPA Project Implementation Plan, Annual Work Plans, Annual and Semi-Annual Progress Reports, Gender Integration Action Plan, PMF, and other national and provincial studies and data that should be used for triangulation. It is expected that a data quality audit will also be conducted validating project data collected based on a sample of indicators.

## 2. Primary data

- a. **Key informant interviews** with stakeholders, implementing partners and for selected beneficiaries based on the monitoring plan will be used to conduct semi-structured interviews.
- b. **Participative meetings** to review projects' progress, lessons and success factors and to validate and discuss any findings. Such participative methods help to ground monitoring in reality, are an important step in validation and gain the buy in of implementers and stakeholders for recommendations. However, it is also important to maintain objectivity. To accomplish this all meetings and the annual events will be based upon clear agendas developed by reviewing other data gathered to date and approved by Steering Committee as part of annual plan.
- c. **Observations** and field visits of project activities, interview field staff, triangulate other findings and provide additional topics for discussions with project staff.

## V. Qualifications

Applications are open to both individuals and firms. Potential consultant(s) should hold, at minimum, the following:

- At least five years of experience in a lead role with mandates that are similar to the one for this ToR, particularly related to monitoring of large scale projects, third party monitor and validation of projects performance;
- Expertise in the assessment of multi-sectoral health programs, including a sound understanding of WASH, food security/rural development
- Demonstrated experience in gender equality and gender analysis
- A sound understanding of the context of Afghanistan is mandatory and experience in Afghanistan is preferred, including partnerships with Afghan organizations if an international firm.
- Relevant experience in measurement and analysis of health outcomes through a range of methods (quantitative and qualitative), including gender analysis
- Demonstrated experience in carry out data quality audits;
- Master degree (minimum) in a field related to international development, public health, global health, health policy and management or M&E;
- An additional degree in epidemiology would be considered an asset;
- Excellent oral and written English communication skills, with experience writing research papers and descriptive reports for diverse audience; Dari language skills are considered a strong asset; and
- Ability to facilitate communication between various levels of management and work independently in order to meet deadlines.

Preference will be given for proposals that meet the qualifications above submitted by a

consortium/ partnership between an Afghanistan and strong international organization and include a clear capacity building component with well-defined learning objectives.

## VI. The Proposal

Qualified and interested parties are asked to submit the following:

1. Detailed **technical proposal** of not more than **5 pages** (without annexes) clearly demonstrating a thorough understanding of this request for proposals and including the following:
  - a. Proposed approach
  - b. Team composition and level of effort of each proposed team member
  - c. A proposed timeframe detailing activities and a schedule/work plan
  - d. Curriculum Vitae(s) of all proposed team members outlining relevant experience (annexed to technical proposal)
  - e. Two samples of work produced under similar mandates and an assessment of the effects of this work e.g. with respect to program improvements, decision making, policy uptake.
  - f. Contractors should also submit evidence of the following policies and strategies, or details on consultant’s approach in regards to:
    - Duty of Care
    - Environmental Sustainability
    - Protection of children and vulnerable people
    - Sexual harassment and gender equality
    - Data protection and management
    - Anti-corruption and counter-fraud
  - g. The names and contact information of two previous clients who can be contacted regarding relevant experience.
  - h. Clear statement of any possible conflicts of interest, or confirmation that no such conflicts exist
  - i. A Consulting Firm profile (if applicable)
2. A **financial proposal** with a detailed breakdown of costs for the study
  - a. Itemized consultancy fees/costs
  - b. Itemized field data collection expenses
  - c. Itemized administrative expenses

## VII. Evaluation Criteria

Qualified proposals will be assessed based on the following criteria:

<b>Technical Component</b>	<b>Weight</b>
Demonstrated experience in similar mandates	20
Technical expertise of team in health, nutrition, WASH and relevant sectors	20
Proposed methodology and approach	20
Gender analysis experience	10
<b>Financial Component</b>	
Realistic costs for proposed work	15
All relevant costs included for proposed work	15

Proposals will be evaluated only if the complete package as outlined above is received.

### **VIII. Submission**

Complete applications should be submitted electronically to:  
AKFC, c/o AKFC Program Manager, Health at [info@akfc.ca](mailto:info@akfc.ca) with the subject line of ‘**HAPA Third Party Monitor Application.**’

*Closing date for submission of the application package is end of business day EST on Thursday 28 June, 2018.*

*AKFC welcomes and encourages applications from people with disabilities. Accommodations are available on request for candidates taking part in all aspects of the selection process.*

### **IX. Management and reporting**

The successful candidate(s) will work closely with AKF Afghanistan located in Kabul, Afghanistan, and relevant stakeholders. The consultant will be directly accountable to AKF Canada on all matters related to the contract.

### **X. Disclosure of information**

It is understood and agreed that the consultant(s) will, during and after the effective period of the contract, treat as confidential and not divulge, unless authorized in writing by AKF, an information obtained in the course of the performance of the Contract. Information will be made available for the consultants on a need-to-know basis. Any necessary field visits will be facilitated by AKF. The selected consultant will commit to respect AKF policies.

## Annex A: HAPA Logic Model

ULTIMATE OUTCOME		
Improved health status for men and women in selected provinces of Afghanistan, particularly for women of reproductive age and children under five.		
INTERMEDIATE OUTCOME		
1: Improved quality and expanded range of health services in targeted areas of Afghanistan.	2: Strengthened availability and quality of health human resources, with a focus on nursing and midwifery.	3: Enhanced civil society engagement and capacity to support good health practices, with specific attention to gender and nutrition.
IMMEDIATE OUTCOMES		
<p>1.1: Upgraded and expanded health services at selected primary, secondary and tertiary facilities, with a particular focus on maternal and neonatal services.</p> <p>1.2: Strengthened health infrastructure in Bamyan, Badakhshan and Baghlan provinces.</p> <p>1.3: Improved access to quality health care through the expansion of eHealth services.</p> <p>1.4: Strengthened and expanded routine immunization services.</p>	<p>2.1: Strengthened nursing and midwifery education programs.</p> <p>2.2: Increased availability of necessary health human resources essential for quality maternal and child care, including midwives, nurses and medical specialists.</p> <p>2.3: Increased knowledge and skills of health professionals, allied health workers, and health system managers to support the delivery of quality, gender-responsive health services, with a focus on MNCH.</p>	<p>3.1: Improved, gender-equitable, health knowledge, practices and participation in health governance in Badakhshan, Bamyan and Baghlan, with emphasis on nutrition, hygiene and sanitation for women and children under five.</p> <p>3.2: Increased consumption of nutritious foods at the community, district and national level.</p>
OUTPUTS		
<p>1.1.1: BPHS services enhanced and supplemented to improve quality and promote MNCH best practices, including gender responsiveness.</p> <p>1.1.2: EPHS services enhanced and supplemented to improve quality and promote MNCH best practices, including gender responsiveness.</p> <p>1.1.3: Knowledge management</p>	<p>2.1.1: Capacity of Kabul Medical University to offer high quality nursing and midwifery education programs improved.</p> <p>2.1.2: Capacity of GIHS and Badakhshan IHS to offer high-quality nursing and midwifery education and safeguard education standards supported.</p> <p>2.2.1: Community health</p>	<p>3.1.1: Gender-responsive health, hygiene and sanitation awareness campaigns to enable good health practices established and implemented.</p> <p>3.1.2: Small-scale community initiatives to improve water and sanitation infrastructure supported.</p> <p>3.1.3: Community-based drug demand reduction program</p>



<p>and mobilisation for improved health service design and delivery supported.</p> <p>1.2.1: Phase II of Bamyan Hospital constructed.</p> <p>1.2.2: Health infrastructure in Badakhshan enhanced.</p> <p>1.2.3: FMIC infrastructure upgraded and expanded.</p> <p>1.3.1: Telemedicine and teleconsultation systems expanded.</p> <p>1.3.2: Provision of eLearning strengthened and expanded.</p> <p>1.3.3: mHealth strategies piloted and expanded in select districts.</p> <p>1.4.1: Mobile teams, outreach services, and capacity building for routine immunization expanded.</p>	<p>nurses trained and supported in their placements.</p> <p>2.2.2: Community midwives trained and supported in their placements.</p> <p>2.2.3: Post graduate medical education program established and improved.</p> <p>2.2.4: Afghan-based tertiary education programs for nutrition and family medicine established.</p> <p>2.3.1: FMIC's capacity to provide health professional development augmented.</p> <p>2.3.2: Institutional, managerial and technical capacity of MoPH supported.</p>	<p>strengthened and implemented.</p> <p>3.1.4: Community organisations supported to play an oversight role in government health service delivery.</p> <p>3.1.5: Relevant community actors trained in the use of community participatory monitoring and social audits.</p> <p>3.2.1: Household and community level initiatives addressing food insecurity expanded.</p> <p>3.2.2: National food fortification program established</p>
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