

## **TERMS OF REFERENCE FOR A CONSULTANCY TO CONDUCT END OF PROJECT EVALUATION**

**Project Name:** Open Contracting for the Health (OC4H)

### **1. Project Back Ground**

Each year governments around the world spend vast sums of public funds on health related contracts for everything from medicines to hospitals. Public procurement within healthcare is extremely complex and often opaque. This makes it highly vulnerable to undue influence and misuse, with severe implications for global health and economic development. Effective procurement policies can help ensure that high quality, cost effective products are purchased at the right time, in the correct volume, at the right price and deliver to the health needs of the local population.

Due to the scale of public expenditure and its direct impact on local communities, health is an ideal sector to demonstrate the benefits of open contracting practices in public procurement. The growing consensus among governments, civil society and the private sector on the potential of open contracting has been demonstrated through the commitments made at the 2016 Anti-Corruption Summit in London where countries including Argentina, Malta, Mexico and Nigeria all made specific reference to the health sector in their national action plans. Open contracting also aligns with the commitment made by the African Union, in January 2018, when it recognized corruption as hampering “efforts aimed at promoting democratic governance, socio-economic transformation, peace and security and the enjoyment of human rights in the AU member states”, and declaring 2018 “African anti-corruption year”.

Overall, open contracting has been shown to significantly contribute to the strengthening of health systems, complementing the efforts of governments, international donors and institutions to build efficiencies and better meet the needs of the population. Open contracting can minimize public procurement vulnerabilities, and has the potential to allow health systems to develop the resilience needed to withstand health crises, such as the Ebola outbreak in West Africa, and the recent outbreak of COVID 19. In different contexts (e.g. Colombia and Ukraine), open contracting has also proved to benefit small and medium enterprises (SMEs), by contributing to fairer and more competitive markets that have in turn benefitted the service users.

Based on the above background, in 2018, the Open Contracting for Health (OC4H) project was developed by the Transparency International Health Initiative (TIHI). The project is funded by the UK Government’s Foreign, Commonwealth & Development Office (FCDO). The OC4H initiative aimed at improving healthcare systems through the principle of open contracting in healthcare procurement, building on existing efforts by government, civil society and the private sector (the ‘golden triangle’) to identify opportunities for open contracting in the health sector. OC4H worked with key partners to make procurement more transparent and accountable by making a step towards open contracting as the default process for public healthcare procurement, in order to achieve better functioning health systems and outcomes in Uganda. The project worked with public procurement officials to strengthen open contacting data at a local level. The project also worked to increase

disclosure of contracting information, improve public participation in contracting processes and collaborative engagement between government, civil society and private sector. The project strengthened the capacity of community monitors and civil society to collectively and effectively demand accountability and value for money in public contracting health sector.

## **2. Project Description**

OC4H is a three-year project, which will end on 31/03/2021. The project aimed to improve healthcare systems in a number of countries across Sub-Saharan Africa and Asia, through the principle of open contracting in healthcare procurement. The project aimed to enhance performance of contracts through increasing contract information disclosure and citizen monitoring with a view of addressing challenges that negatively impact on the quality, schedule and cost of contracts in Uganda. The project is been implemented in five districts (local government) of Uganda i.e. Mubende, Masaka, Buliisa, Oyam Lira and Soroti.

## **3. Project Development Outputs, Outcomes and Impact**

The three main outputs for the OC4H project are:

- National health systems have the skills and resources needed to implement open contracting in public procurement
- Supplier diversity in health sector public procurement is facilitated
- Civil society is sustainably engaged in public procurement processes

The outcome of the OC4H project is:

- Public procurement in national health systems is made more transparent
- The expected impact of the OC4H project is:
- Health outcomes in partner countries have improved

The full Logframe can be found in Annex A.

## **4. Stakeholders**

- FCDO - Funder
- Transparency International Health Initiative (TIHI) – Project Lead
- Transparency International Uganda ( TIU) - Implementing organization
- Voluntary Accountability Committee ( These are community members who monitor and report on government projects on voluntary basis) in Mubende, Oyam and Buliisa districts - Beneficiary group
- The procurement and Disposal Units at Soroti, Lira and Masaka district - Local Governments
- PPDA
- Mubende, Oyam and Buliisa District Local Government
- CSOs and Private sector in Lira, Soroti and Masaka district actors
- Private Sector Associations across all districts

## **5. Methodologies used by the project**

- Contract and public infrastructures monitoring (construction and up grading of Health Centres)
- Capacity building for procurement officers, private sector actors and CSOs

- Review / Feedback meetings with all stakeholders
- Formation of associations
- Use of online tool

## **6. Key activities conducted**

- Build alliances between various national stakeholders
- An OC hub designed to build capacity around the production, analysis and use of data
- One-off training for government procurement officials to introduce open contracting standards
- Facilitation of peer-to-peer learning
- Support to civil society to independently and sustainably monitor the use of open contracting standards
- Collection of evidence and data throughout the implementation of the project and the dissemination of learning
- Hosting national and regional / district workshops
- M&E activities

## **7. Purpose and Scope of the Evaluation**

The main goal of this consultancy is to carry out the final evaluation of the TIU project funded by FCDO under the umbrella of Transparency International focusing on the assessment of its impact, effectiveness, and sustainability, while paying attention to context and processes and learnings

## **8. Specific objectives of the evaluation**

- Generate learning and knowledge about the conditions in which the project achieved and may sustain its results in the context of open contracting principle
- Show the results and social return on investment made in the project. This should be done in a credible and transparent way.
- To measure compliance of planned activities versus the Budgets

## **9. Scope of Evaluation**

The scope includes content, geographical and time scopes.

### **a) Content scope**

The content scope for Evaluation is determined using OECD-DAC criteria for evaluation. Relevant criteria are associated with a number of key questions that are to be addressed and explored. The evaluation will also cover the analysis of the process of implementation, the changes that have occurred because of the project's intervention, opportunities and constraints that have been encountered, important lessons that have been learnt and recommendations for future design and implementation for TIHI and TIU.

### **b) Geographical scope**

While for scope, the 6 districts of Mubende, Masaka, Buliisa, Oyam, Soroti and Lira are the districts targeted by the project, as well as the Central government entities as Public Procurement and Disposal of Public Assets Authority (PPDA) and Ministry of Health (MoH), Ministry of Local Government.

**c) Time scope**

The evaluation shall be expected to complete within 30 days, between 1<sup>st</sup> March and 30<sup>th</sup> March 2021.

**10. Evaluation Criteria and Key Questions to Be Addressed In the Evaluation:**

The following provides a guide to the questions to be addressed by this evaluation, under each of the criteria below:

*Long term outcome/Impact*

- a. Did the OC4H project contribute to the intended impact of improved health outcomes within the country?
- b. Did the OC4H project achieve the intended outcome within the country?
- c. What positive or negative unintended outcomes resulted from the project?

*Process*

- a. Have the OC4H projects activities been effective? Have some been more effective than others, e.g. training vs advocacy?
- b. Of the three outputs/target stakeholders which was most effective in contributing to the outcomes? Are there any key lessons relating to these?
- c. How can Procurement Data be better linked to social accountability activities and other decision making, transparency processes such as contract monitoring?
- d. How can Procurement Data be better used by formal accountability institutions such as PPDA, OAG, and IG?
- e. How effective was the program M&E System in contributing towards effective management and quality implementation of the program activities? Is there evidence to show that information emanating from the monitoring system was adequately documented, reviewed, shared and utilized to improve management decision making and quality of program implementation at all levels of the project?
- f. Is there evidence to show that information emanating from the benefiting CSOs and private sector actors was adequately documented, shared and utilized to improve the quality of program implementation?
- g. What key challenges (internal and external) to implementation were encountered and how effectively were these responded to? What can the project learn from these challenges that can help future interventions of TIU?

*Relevance and Appropriateness:*

- a) To what extent was the project aligned to the immediate needs and priorities of the target beneficiaries (including government agencies, other CSOs, private sector, citizens and Local government districts) as well as the priorities of national and local government agencies?
- b) Were agencies such as PPDA, Ministry of health, and other CSO etc. fully involved in the project design and implementation process?
- c) To what extent did the project adequately respond to needs/issues raised by the project beneficiaries (issues concerning public procurement, citizen participation, citizen's feedback and social accountability issues)?
- d) How appropriate were the alternative solutions/changes that was proposed by TIU help to improve the situation in public procurement processes?

- e) What were the influencing strategies put in place by the project to address the issues concerning open contracting that affect service delivery to the citizens?

*Efficiency:*

- a. Where their adequate resources to achieve the desired outputs and outcomes?
- b. Where will the lasting impacts be, what are the major opportunities that were missed, and what other opportunities are there?

*Sustainability*

- a. Does the project have an exit plan?
- b. During the implementation of the project what have the target beneficiaries done as a result of the project and will continue to use even when the project is no more?
- c. To what extent has the program developed local capacities, linkages and plans for ensuring that the effects of the different interventions can be sustained?
- d. How has OC4H embedded itself with national CSO and development networks? Was there any benefit to this, and what potential is there to continue to utilise in-country networks beyond the lifespan of the project?
- e. How has the project been embedded into the health sector in Uganda. Is it possible to demonstrate that the project has impacted on the performance of health services delivery?

*Optional Additional Questions*

These questions are not essential to the evaluation, however if an evaluator feels they can address all the above questions as well as examine the following it would be a welcome addition.

- a. How can health information systems be used to inform procurement plans?
- b. How could verification of stock of health commodities/medicines at the service level be used in conjunction with procurement data and/or contract monitoring in order to further accountability in the health sector?

## **11. Methodology**

It is expected that the evaluation will be carried out in conformity with evaluation best practices. The consultant is expected to use both primary and secondary data. The use of focus group discussions, interviews and Literature reviews will be some of the methods used in data collection.

## **12. Duration**

The estimated duration of the assignment is 4 weeks.

## **13. Reporting requirements/deliverables**

In the course of the assignment the evaluator shall provide the following outputs in English:

- a) Inception report outlining a detailed plan, methodology and timeline of activities to be accomplished by the evaluator under the assignment. This should be submitted in the form of a presentation to the TIU project team.
- b) Interim report, to inform the project team of preliminary results, alternative solutions, and major decisions that need to be made in time.

Final evaluation report that answers the key evaluation questions, outlining persons/institutions interviewed, data collected, lessons learned and recommendations for future projects, consulted and validated with TIU project team. This report will be submitted with time for at least one set of revisions to be made by the TIU/TIHI team.

#### **14. Support**

The consultant will be provided support by both TIHI and TIU to provide additional context about the project as well as identifying and putting into contact with relevant external stakeholders for potential interviews.

#### **15. Application procedure**

All expressions of interest should include:

- a. Letter of interest (maximum one page)
- b. Technical proposal highlighting: brief explanation about the consultant with emphasis on previous experience in this kind of work; profile of the consultant, expression of understanding of the TOR, proposed methodology to accomplish the assignment as well as key contacts for previous work done.
- c. Financial Proposal: the financial proposal should provide cost estimates for services to be rendered including daily profession fees and incidence expenses

#### **20. Qualification and competencies**

To accomplish the objectives of the end line evaluation, the resource person/consultant should have the following key qualifications and competencies.

- a. The evaluator should be a reputable consulting company or an individual that shall be selected on basis of the knowledge and experience in the monitoring and evaluation field.
- b. At least 5 years of professional experience in using evaluation methods of similar projects.
- c. At least 5 years' experience in conducting similar evaluations financed by international financial institutions such as World Bank/USAID, DFID among others.
- d. Lead consultant should have at least relevant Master's degree with bias in Monitoring and Evaluation.
- e. Knowledge on Open Contracting concept and processes is an added advantage
- f. Be familiar with the laws of Uganda especially PPDA Act 2003, Access to information Act 2005 and the Constitution of the Republic of Uganda 1995.
- g. Knowledge of the governance, transparency and accountability programme.
- h. Excellent oral and written English.

#### **How to Apply:**

All suitably qualified and interested consultants should submit expression of interest that includes technical and financial proposal as well as, Curriculum Vita and contact information for three professional referees not later than 23<sup>rd</sup> February 2021 at 5:00pm to [pwandera@tiugnada.org](mailto:pwandera@tiugnada.org) and copied to [info@tuganda.org](mailto:info@tuganda.org) and all the documents should be in PDF format referencing Expression of interest to conduct end line evaluation in the subject line.

**Hard copies should be addressed and delivered to;**

**Executive Director,**

**Transparency International Uganda,  
Plot 3 Martyrs Lane Ntinda,  
P.O. Box 24335 Kampala**

**Annex A – OC4H Log frame**

<b>IMPACT</b>	<b>Impact Indicator 1.1</b>
Health outcomes in 2 partner countries have improved	World Health Organization health surveillance statistics have improved
	<b>Impact Indicator 2.1</b>
	Costs avoided through open contracting are identified, compared to a procurement cost benchmark and reported
<b>OUTCOME</b>	<b>Outcome Indicator 1</b>
Public procurement in national health systems is made more transparent	Open contracting principles are applied in partner country public health systems
	<b>Outcome Indicator 2</b>
	Data generated by Open Contracting can effectively be used to report instances or trends of inefficiencies and vulnerabilities that may reveal trends or instances of corruption
<b>OUTPUT 1 - GOVERNMENT</b>	<b>Output Indicator 1.1</b>
National health systems have the skills and resources needed to implement open contracting in public procurement	The Open Contracting for the Health Sector hub is made available and adapted to the respective context
	<b>Output Indicator 1.2</b>
	Relevant national procurement staff's capacity is improved in relation to open contracting principles
	<b>Output Indicator 1.3</b>
	Government actively publish tender documents to an open and transparent platform
<b>OUTPUT 2 - PRIVATE SECTOR</b>	<b>Output Indicator 2.1</b>
Supplier diversity in health sector public procurement is facilitated	Private sector entities, including SMEs, are regularly engaged with meetings and activities around open contracting and transparency in public sector procurement
	<b>Output Indicator 2.2</b>
	Potential contractors, including SME's, utilize open contracting information for public procurement
	<b>Output Indicator 2.3</b>
	Potential contractors have increased capacity to access and utilize open contracting public procurement information

<b>OUTPUT 3 - CIVIL SOCIETY</b>	<b>Output Indicator 3.1</b>
Civil society is sustainably engaged in public procurement processes	Civil society monitor public procurements in health, using both Open Contracting data as well as physical inspection.
	<b>Output Indicator 3.2</b>
	The Open Contracting for the Health Sector hub is made available to civil society organizations and adapted to the respective context
	<b>Output Indicator 3.3</b>
	Civil society's capacity to advocate for, and use Open Contracting information is increased.