



## SUPPORT FOR TROPICAL INITIATIVES IN POVERTY ALLEVIATION

### END-TERM EVALUATION FOR COMMUNITY BASED HEALTH FINANCING (CBHF) PROJECT Project No: A-KEN-2018-0169 TERMS OF REFERENCE (TOR)

#### 1.0 INTRODUCTION

##### 1.1. About Support for Tropical Initiatives in Poverty Alleviation

Support for Tropical Initiatives in Poverty Alleviation (STIPA) is a national non-governmental, non-profit making organization registered under section 10 of the NGO Co-ordination Act of Kenya on 25<sup>th</sup> September 1997.

STIPA operates in six counties in Western Kenya (Bungoma, Busia, Homa Bay, Kisumu, Siaya and Vihiga) where it directly implements programs on access to health-care, health financing, social justice, and livelihoods, including economic empowerment. STIPA also works in the fields of Gender and Human Rights, Peace, HIV/AIDS, and Water & Sanitation. STIPA furthermore builds the capacities of other organizations in participatory methodologies across the Eastern, Horn and Central Africa regions.

##### Vision Statement

Healthy communities

##### Mission Statement

Working with communities and organizations to be in control

##### STIPA's Funded Projects:

- Community Based Health Financing Project
- Western Kenya Peace Initiatives Project
- Tunza Punda Inua Jamii Project
- Sauti Yangu Project
- Dissemination of Improved KALRO Bean Varieties Project

##### 1.2. Background of Community Based Health Financing Project

Community Based Health Financing (CBHF) is a non-profit making micro health insurance concept targeting low-income earners especially from the informal sector. It is an innovative concept that provides an alternative mechanism for promoting equitable access to affordable quality health care formed on the principles of voluntarism, social solidarity and mutual aid in which members participate fully in its financing and management.

STIPA has been promoting the CBHF concept since its inception in 1999. However, its initial role was facilitation of the process through the implementing organizations by then; being Anglican Development Services (ADS), Western Region Christian Community Services (WRCCS) and Eldoret Region Company (ELRECO).

The project phases are described below:

#### **Initial Phase: CBHF Western Region ... 2005 – 2006**

In 2005, STIPA was one of the initiating organizations of CBHF initiatives in Western Kenya. STIPA hosted the region's Secretariat where its major role was coordination and capacity building to the then implementing organisations who included, ACK Development Services (ADS) [formerly Inter Diocesan Christian Community Services], ACK Western Region Christian Community Services (WRCCS) and ACK Eldoret Region Company (ELRECO).

#### **Phase I: October 2006 – March 2010**

The first phase of STIPA CBHF project started in October 2006 and ended in March 2010. During this period, five active schemes were formed with 936 beneficiaries. Generally, there was increased awareness and internalization of the CBHF concept to communities and stakeholders in Kisumu District.

#### **Phase II: April 2010 – March 2012**

The second phase was a two-year project implemented between 2010 and 2012. The project extensively incorporated the recommendations of the first phase and expanded its area of operation to three counties in Nyanza province namely Kisumu, Homa Bay and Kisii counties. The project membership was transitioned from individuals to household membership of averagely five family members. STIPA established nine operational schemes across the region with about 1,000 members and 4,000 beneficiaries.

#### **Phase III: April 2012 – March 2015**

The third phase of the STIPA CBHF project was a three-year project which was a continuation of the previous two phases described above, incorporating the recommendations of Phase II End Term Evaluation. In this phase, the project continued to expand and was active in four counties (Kisumu, Homa Bay, Kisii and Siaya) in Nyanza region with spill over effects being extended to two other counties of Nyamira and Migori. There are several components that were integrated into the project being, Microfinance and the Preventive Health component. In addition, a pilot study on setting up a CBHF scheme for People Living with HIV/AIDS (PLWHAs) was carried out.

#### **Phase IV: April 2015 – March 2018**

The fourth phase of the STIPA CBHF was a continuation of the previous phases described above. The project incorporated the recommendations of the third phase and expanded to five counties in Western Kenya (Kisumu, Homa Bay, Kisii, Siaya and Vihiga).

The phase was an integrated project that focused on Livelihoods and access to health care,

integrated with Microfinance and Preventive Health components. It also focused on social protection for the indigents. STIPA established 22 operational schemes with a total of 2,400 households brought on board.

#### **Phase V: August 2018 – July 2021**

This fifth phase of the STIPA CBHF project is a three-year project that builds on the previous phases. The project has incorporated the recommendations of the fourth phase with the geographical scope narrowed down to three counties in Western Kenya (Kisumu, Homa Bay and Siaya) and having spill over effect to Vihiga and Busia counties.

CBHF project strengthened its approach to developing Village Peer Groups (VPGs) which are clustered to form Schemes that are governed by the umbrella body of Boresha Maisha CBO Network to strengthen the coverage.

The integrated project focuses on Livelihoods and access to health care, integrated with Village Savings and Loaning (VSL) and Preventive Health and Promotion (general health promotion, safe motherhood and adolescents' sexual reproductive health) components. The project also strengthens household economic capacity with an aim of graduating the mature households to National Health Insurance Fund (NHIF) and Universal Health Coverage (UHC) provided by the National Government that is more comprehensive.

#### **Development Goal:**

Contribution to enhanced access to qualified and sustainable health care services for marginalized population in Nyanza.

#### **Project Objectives:**

Strengthened self-help engagement of qualified 60SHG (Village Peer Group, VPG) has improved the living conditions of the marginalized population in three counties in Nyanza by 2021.

Household organized in the CBHF schemes have sustainable access to qualified health care services.

#### **Indicators of the Objectives**

##### Ad 1: Improved Livelihood

- At least 3,360 households (80% of the targeted 4,200 households) are practicing VSL  
Baseline: 994 households
- At least 3,360 households, organized in SHGs (80% of the targeted 4,200 households) have increased their household income of 5,000 Kes by 2,000 Kes. (40%)  
Baseline: 1,500 households have income higher than 5,000Ksh

##### Ad 2: Access to qualified health care

- At least 3 formal agreements with county governments on social protection have been reviewed.  
Baseline: 0 MOU

- At least 1,700 expecting mothers have access to skilled services in health facilities for expecting mothers  
Baseline: 431 expecting mothers
- At least 2,000 of the 4,200 households organized in CBHF Schemes matured to members of NHIF

## **2.0. PURPOSE OF THE ASSIGNMENT**

The Purpose of the Assignment is to carry out an End-term evaluation near the end of completion of the fifth phase of STIPA's Community-Based Health Financing (CBHF) project. The three-year CBHF Project has been implemented from August 2018 to July 2021. This evaluation therefore shall serve as a reference document to inform project implementation and sustainability for the next phase. As such recommendations from the evaluation will help in defining and improving the future CBHF's interventions in the region and the general development of the programme.

## **3.0. RATIONALE/JUSTIFICATION OF THE ASSIGNMENT**

Near the end of completion of the fifth phase of the CBHF project, a comprehensive evaluation is needed to draw crucial challenges, lessons learnt and good practices that will serve as a basis for future projects of STIPA in the four component areas of the project (Community Based Health Insurance, Village Savings and Loaning, Agricultural, Safe Motherhood, Adolescent Sexual Reproductive Health, General Health Promotion).

The purpose of the evaluation is also to provide Bread for The World as a funding partner, STIPA and other implementing partners including Government of Kenya / County Ministries (MoH,MoA), Health and Livelihood Actors and the communities with an external feedback about project progress so far. This would be achieved by assessing whether long-term strategic project/policy/organization results were achieved effectively, efficiently and sustainably for both accountability and learning purposes.

## **4.0. SPECIFIC EVALUATION OBJECTIVES**

- To ascertain the effectiveness, efficiency, relevance sustainability and impact of the STIPA CBHF project.
- To provide STIPA with realistic recommendations based on the findings/conclusions found on the ground with respect to expansion of the project or right policies to be employed for the sustainability purposes.
- To give a detailed report which will be of benefit to all of STIPA's key stakeholders inclusive of Government officials, donors/partners and beneficiaries.
- To measure project strengths and weaknesses and document lessons learnt and best practices during project.

## **5.0. SCOPE OF WORK**

The Consultant will be expected to undertake the following tasks and answer the following **Expected Results/Questions in accordance with the OECD-DAC criteria for evaluations.**

**(a) Relevance of the project**

- To what extent is the project relevant to the needs and problems of the beneficiaries - the low-income earners (the poor) especially those in the informal sector in terms of addressing their health challenge?
- How far can the project be qualified to allow the contracted Health Providers to deliver better quality of care? Has the project reached the objective of raising more revenues for the contracted health facilities?
- To which extent is the project in line with the Government's strategy of developing social protection in health? How is the strategy blending with NHIF strategy?
- What are the criteria of selecting target groups/ locations?
- Which tangible changes or improvements in access to health care services among the beneficiaries have been realized? Is there change in lives in general?
- To which extent has the integration of components Community Based Health Insurance, Village Savings and Loaning, Agricultural, Safe Motherhood, Adolescent Sexual Reproductive Health, General Health Promotion) added value to the project? How is the blending?
- How is the project design and the actually implemented project complementary to and coherent with related activities undertaken by other development agencies?
- How is the involvement of the government and other partners?

**(b) Efficiency**

- Personnel and financial management: - Are the resources and systems in place appropriate for handling the project budgets (Human Resources, technical infrastructure, budget planning)
- Budget: - Was the budget adequate?
- Costs and value: - Are the costs of the project justified by the benefits that they generated?
- Time and results: - Is time needed for results achievement justified by the results that they have generated?
- Technical assistant provided by STIPA to the communities/groups: - How often do monitoring visits of STIPA staff to beneficiaries take place? - How well did these visits help provide appropriate solutions and develop local capacities to cope with related challenges of management?
- Has the overall management of the project been efficient?

**(c) Effectiveness**

- All projects components shall be assessed based on the planned results and quantitative and qualitative indicators as outlined in the Logical Framework. Facts and figures on the state of art shall be provided. Particular attention shall be paid to the following questions.
- What difference did/does the project make in practice?
- Do tangible differences show up from one scheme to the other – how come?
- To which extent has unforeseen external factors intervene? If so, how did the project management respond to them in order to ensure results and purpose achievement?
- How well is the project management hereby supported by the key stakeholders (STIPA, Government and Donors)
- Is the significance of this project clear to all persons involved (beneficiaries; Health providers and

- governmental authorities, STIPA executives)?
- How well has the project raised the beneficiaries understanding of the concept of Community Based Health Financing? To which extent do they acknowledge the capacity building measures offered to them by the project?
  - Do they /to what extent do they apply the knowledge and ideas gained in the trainings? Did the project generate any change in behaviour with respect to livelihoods, access to health care and Savings and Loan culture?
    - Are there any unplanned results observed?
    - Has the overall management of the project been effective?

**(d) Impact**

- How far can the anticipated changes be linked the project implementation? Show tangible impacts in relation to the different components (Preventive health, Livelihoods and Micro finance)?
- How is the response of those who are not directly involved in the project implementation? (Government and other authorities)
- Are there any outcomes from the project for other community members apart from those directly involved in the project?
- To which extent is the project owned by the beneficiaries?

**(e) Sustainability**

- It is hoped that schemes will be able to continue with their livelihood activities and pre-payment schemes long after the project period. Can this assumption be realistic?
- What sustainability measures are put in the following lines;
  - Financial sustainability.
  - Scheme management.
  - Conceptualization of the concept by both the scheme members and the health providers?
  - Networking and collaboration with other stake holders.
- Coordinate, Supervise and participate in data collection, analysis and interpretation.
- Develop, present and submit an End Term Evaluation report.
- Develop a Powerpoint presentation summarizing the process, findings and recommendations from the Evaluation

Participatory methodologies shall be used to understand the respective outcomes, participation of the different actors, and the critical opportunities and constraints that facilitate or limit growth of CBHF project. Evaluation methodology shall adopt the OECD-DAC evaluation criteria to assess the changes, if any, that have been occasioned by the project, both at individual and community levels.

The evaluation exercise shall adopt a descriptive cross-sectional participatory review involving both quantitative and qualitative methodologies to gather conclusive empirical data.

The key stakeholders that will be involved in the valuation process will be the Local Administration, Community Health Strategy, County and Sub County Officials from different Line Ministries, Network(s) and Partners. To support secondary literature review, relevant project documents will be

availed for reference.

## **6.0. EXPECTED DELIVERABLES**

- Evaluation report highlighting status of outcome/impact indicators based on the methodologies applied and objectives outlined above.
- The evaluation report is expected to include demand for findings on gender equality, inclusion of persons with disabilities, environmental impact and other relevant crosscutting issues.
- The evaluation is expected to identify the challenges and lessons learnt from the project.
- The consultant should deliver a report with specific recommendations on how to improve and maximize impact, promote best practice, innovation & learning, enhance organizational capacity & growth and improve partnership and relationship between STIPA and donors/partners in any future work.
- Inception report outlining the interpretation of TORs and methodology to be applied and resources needed.
- Draft end term evaluation report for comments from and debriefing of STIPA and partners. The report should be comprehensive and provide detailed specific results, conclusions and recommendations.
- Final end term evaluation report to be delivered to STIPA in hard bound and soft copies.
- Original recordings and transcripts of qualitative and raw quantitative data if any.
- A Power point presentation of the main findings and recommendations of the evaluation must be submitted to STIPA in order to facilitate dissemination of the results of the evaluation to stakeholders.
- A separate table summarizing the main findings and the lessons learned from the main project regions.

## **7.0. CONSULTANT'S REQUIREMENTS**

The Consultant will be an evaluation expert with the following profile: -

- University Degree (at least Master Level) in the areas of Public Health, Health System Development, Health Economics, Community Development (with focus on Health) or similar, PhD in Public Health or similar field would be an asset
- Should have extensive knowledge and experience (minimum 5 years) in the implementation of Community Based Health Insurance, Agriculture, Public Health and Village Savings and Loaning Programs in Kenya.
- Strong knowledge of and demonstrated practical experience M&E methodology (particularly appropriate quantitative and qualitative/participatory research methods), data analysis and report writing.
- Have experience in the use of participatory approaches and methodologies
- Proven experience in conducting research and evaluations using quantitative and qualitative methods in low-income countries.
- Excellent communication (written and oral), writing and presentation skills to a wide variety of stakeholders.
- Experience in usage of ODK-based digital data collection software (e.g. CommCare,

- SurveyCTO, ODK, iFormBuilder, Kobo, etc.)
- Proficiency in ICT (MS-Word, MS-Excel, Powerpoint)
- Excellent analytical skills and detail oriented.

## **8.0. ROLES AND RESPONSIBILITIES:**

**STIPA's role** within the assignment will include but is not limited to the following:

- (a) Support / cooperate with the consultant/s at all levels i.e., to organize for the STIPA staff interviews, the field visits and visits to health providers and other stakeholders, such as GoK representatives
- (b) Provide project documents necessary for the evaluation
- (c) Mobilize schemes through the Village Peer Groups
- (d) Provide agreed upon logistics for ease of process
- (e) Accompany the consultant/s throughout the evaluation process where applicable
- (f) Cater for accommodation, travel and airport transfers.
- (g) Provide ground transportation between the hotel, office and to the project sites.

## **9.0. SPECIFICATION ABOUT THE RESPONSE**

The Consultant is expected to submit a detailed response inclusive of the following:

### **a) Technical Proposal**

- Understanding and interpretation of the TOR.
- Methodology and approach to be used in undertaking the assignment and justification on the relevance of the methodology and approach.
- Work plan with timelines.
- Evidence of relevant hands-on practical experience related to the assignment in the recent past.
- Contacts of two organizations previously worked for on a similar assignment.
- Three-page curriculum vitae of each key personnel.

### **b) Financial Proposal**

The financial proposal should include complete cost estimate that includes Consultant's daily rate in Kenya shillings inclusive of Withholding Tax.

STIPA on the other hand shall cater for ancillary costs which include the following:

- Transportation that includes round trip on economy class and airport transfer (where applicable)
- Accommodation
- Workshop cost during Debriefing Meeting.

## **10.0. REPORTING AND TIMING**

The Consultant will report to the Programmes Manager who will work together with the Evaluation Steering Team consisting of the Project Co-ordinator (CBHF Project), Monitoring and Evaluation

Officer and the whole project team during the exercise.

The first report is the Inception Report which will be prepared by the Consultant and includes a presentation of the assignment concept, the evaluation methods, a time frame, any limitations and difficulties expected, potential restrictions, support regarding necessary documents and any support regarding transport, logistics e.t.c. The report shall be delivered at the beginning of the exercise and will signify if the assignment has been well understood by the evaluator.

The second report is the first draft of the main report that shall be delivered during by the end of the data collection and analysis phase. The report shall capture the provisional results and conclusions for discussion. The report should be presented in Word Version and PowerPoint presentation. The final report is expected both in electronic (Adobe version) and printed versions two days thereafter. **The Inception Report and Final Report Structure shall be shared upon awarding of the contract to the successful bidder.**

The evaluation exercise is proposed take a total of **ten (10) days** including two (2) days for travelling. The scheduled dates for the evaluation exercise are therefore from **31<sup>st</sup> January 2021 to 9<sup>th</sup> February 2021.**

<b>Activity description</b>	<b>Dates</b>	<b>No. of days</b>
Travelling (Arrival day)	31 <sup>st</sup> January 2021	1 day
Inception Meeting and development of detailed implementation plan and desk review, planning and team meeting		
Writing of Inception Report	1 <sup>st</sup> February 2021	1 day
Field visits for data collection	2 <sup>nd</sup> – 4 <sup>th</sup> February 2021	3 days
Report drafting	5 <sup>th</sup> – 6 <sup>th</sup> February 2021	2 days
Debriefing Meeting (sharing of the draft report)	7 <sup>th</sup> February 2021	1 day
Report finalization and submission of final draft	8 <sup>th</sup> February 2021	1 days
Travelling (Return)	9 <sup>th</sup> February 2021	1 day

Arrival to Kisumu is proposed for **31<sup>st</sup> January 2021** and departure on **9<sup>th</sup> February 2021.**

#### **11.0. DUTY STATION / LOCATION:**

The Consultant/s will be based in Kisumu and carry out their assessment in three counties of Western Kenya (Homa Bay, Kisumu and Siaya) with spill over to Vihiga County.

## **12.0. APPLICATION / REQUIREMENTS:**

Interested applicants are requested to submit signed and dated technical and financial proposal including Curriculum Vitae and relevant certificates to Support for Tropical Initiatives in Poverty Alleviation (STIPA), P O Box 6736, Kondele 40103, Kisumu, Kenya. The submission can be made through surface mail using the above address details or through electronic medium to [procurement@stipakenya.org](mailto:procurement@stipakenya.org) with subject titled END TERM EVALUATION OF PROJECT NO. A-KEN-2018-0169.

Deadline for applications is **Friday, 22<sup>nd</sup> January 2021** by **4.00 pm**. Proposals received after the stipulated timeframe shall automatically be disqualified.

## **13.0. EVALUATION AND AWARD OF CONSULTANCY**

STIPA shall evaluate the proposals and award the assignment based on technical and financial feasibility. STIPA reserves the right to accept or reject any proposal received without giving reasons for its decisions.

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