



HEALTH & INSURANCE MANAGEMENT SERVICES ORGANIZATION (HIMSO)

Terms of Reference for the End of the Project Evaluation

Funded by:

Bread for the World (BftW)

Project areas:

Mbeya (Rungwe, Mbeya DC, Mbarali, Chunya and Busokelo) and Songwe (Mbozi, Ileje, Momba, Tunduma and Songwe) regions.

Project No.: A-TZA-2021-0356

Project Period:

1st December 2021 to 30th November 2024

Commissioned by:

Health & Insurance Management Services Organization (HIMSO)

1.0 Introduction

1.1 About HIMSO

Health and Insurance Management Services Organization (HIMSO) is a Tanzania NGO dedicated to improving healthcare access and promoting sustainable insurance solutions. Our mission is to ensure equitable and affordable healthcare for all, while empowering individuals and communities to manage their health and insurance needs effectively.

HIMSO was established and registered in 2012 to complement the government's efforts in providing comprehensive quality healthcare coverage to low and middle-income households through innovative solutions, and our vision is bridging the gap in healthcare services and creating a robust insurance framework. Over the 10 years, we have become a trusted partner in the healthcare sector, advocating for inclusive policies and innovative approaches to address the evolving healthcare challenges. HIMSO was formed with the support of CIDR (Centre for International Development and Research), a French based International NGO, which has promoted from 2002 to 2008 Self-Managed Health Insurance Schemes (SMHIS) in Mbozi and Kyela involving Community Health Users Associations (CHuA).

HIMSO is implementing its own micro-health insurance product for emergency transport services (Dharura Fasta) and co-managing the improved Community Health Fund (iCHF) in 10 councils of Mbeya (Mbarali, Mbeya, Busokelo, Chunya and Rungwe) and Songwe regions (Momba, Songwe, Mbozi, Tunduma and Ileje). Also is implementing Early Childhood Development (ECD) – Mtoto Kwanza Project in all councils of Songwe Region.

HIMSO focuses on primary areas including healthcare access, insurance solution and health education. It has also successfully collaborated with various stakeholders, including government agencies, UNICEF, BftW, TECDEN and Dovetail Impact Foundation. These partnerships have allowed HIMSO to leverage resources, expertise, and networks, resulting in improved access to healthcare and expanded insurance coverage for vulnerable populations.

1.2 About the project

The promotion of collaborative Emergency Transport System and Community Health Fund in the context of Universal Health Insurance Tanzania, is the name of project implemented by HIMSO in Songwe and Mbeya regions 10 councils since December 2021, with support from Bread for the World. The project has two components:

i. Improved CHF (iCHF) in Songwe and Mbeya region Implementation.

- Working across 10 councils in Songwe and Mbeya regions to enhance iCHF performance.
- Focus is at the capacity building for district and regional officials through training and technical meetings.

ii. Emergency Transport System (*Dharura Fasta*).

Implemented in the same 10 councils, offering micro-health insurance for emergency evacuation during medical emergencies. This is an alternative means of emergency transport when public ambulances are not available are equally important.

1.2.1 Project Goal, Objective and Indicators

Overall goal

To contribute to the accessibility of quality health care services to the communities in the project area without financial hardship.

Objective

An increasing share of the population in the project area uses insurance products iCHF and Dharura Fasta for health care.

Indicators

- i. At least 8 of 10 established CHuAs manage the insurance scheme- Dharura Fasta and iCHF (co-managed) as agreed in the MoUs.
- ii. At the end of the project, iCHF membership in the project regions Mbeya and Songwe increased by at least 20% and at least 80% of DF users are satisfied with the service (based on the baseline data).
- iii. Regular documentation of iCHF in the project region, including the observed challenges and difficulties as well as possible solutions are transmitted to the Ministry.

2.0 The objectives of Evaluation

The aim of this evaluation is to determine the relevance and fulfillment of the project objective, efficiency, effectiveness, coherence, impact and sustainability. This process will enable to reflect on the assessment of what has been achieved and learned during the period of the project implementation, and to provide important feedback and recommendation on the areas of project to be improved in the future.

This evaluation is expected to provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of the project stakeholders. Thus, it will assess the performance of the project against agreed objectives and indicators, project design, implementation strategies and approaches, hereby identifying changes brought by the project. Generally, this evaluation will enable learning and accountability from the implementation of the project.

Specifically, the evaluation intends to:

- i. Determine the level to which the project goal, objectives and indicators are achieved.
- ii. Identify intended and unintended changes brought by the project.
- iii. Assess the sustainability of the project outcomes and impact.
- iv. Assess how HIMSO is positioned to advocate for improvement of iCHF guideline.
- v. Assess the capacity of CHuA Offices to manage Dharura Fasta and propose areas to improve.
- vi. Assess the improvement of iCHF (Regional and Councils) Offices to manage iCHF and propose areas to improve.
- vii. Draw lessons on the project design, implementation and management, and provide relevant recommendations for future projects, and
- viii. Inform the project holder (HIMSO) and BftW in relation to the future direction of the project.
- ix. Identify the main successes, challenges and opportunities existing for the project.

3.0 Scope of the Evaluation

This evaluation shall be participatory and comprehensive in collecting relevant quantitative and qualitative information. It will involve HIMSO management team, project team, board members, Community Health users Association (CHuA), RAS office Mbeya and Songwe region, female and male who are members and users of Dharura Fasta and improved CHF (iCHF), DEDs, DMOs, iCHF coordinators (regional and districts), Regional iCHF Accountant and IT officers (regional and districts), Ward Executive Officers (WEOs), Village Executive

Officers (VEOs), Health Facilities In-charge, CHWs, Village Chairpersons and Enrolment Officers. It will employ a combination of qualitative and quantitative methods and techniques that will enable to collect relevant data and information to assess the project performance.

3.1. Methodology and the contact sample

Based on the project setting, this evaluation will be conducted at three specific levels namely the NGO's (HIMSO & CHuA) level, Government level (regional and district) and the Community level. The number of respondents will be proposed by the consultant and be approved by the HIMSO.

At NGO (HIMSO) level, the evaluation will reflect on the HIMSO level of interventions, specifically on advocacy, capacity building, and networking and collaboration. The evaluation at this level will also reflect on the project design and its efficiency and effectiveness. Also, the consultant will meet HIMSO management team, project team and board members. It is expected that the consultant will conduct key informants' interview with this group, individually and/or in relevant groupings.

At Government level (regional and district), the evaluation will assess the RAS Office, DEDs 'Office, WEOs, VEOs and village chairperson's engagements in facilitating and promoting iCHF and Dharura Fasta in all 10 Councils of Songwe (Tunduma, Ileje, Songwe, Mbozi and Momba) and Mbeya (Mbarali, Chunya, Mbeya DC, Busokelo and Rungwe) region. The evaluation will establish what Government sees as an added value by participating in project interventions through HIMSO as compared to their own interventions. The evaluation will also assess how their interaction with HIMSO has helped enhance their capacity to manage iCHF and overall improvement of the quality of health services provided. Either, the evaluation will establish the effectiveness and the efficiency of the purchaser provider split, mode of claims payment as it is implemented in iCHF today. Key informant's interviews will be conducted to get in-depth information from selected respondent on their engagement in supporting, facilitating and promoting iCHF and Dharura Fasta.

At Community level, the evaluation intends to assess the functionality of iCHF and Dharura Fasta, assess the capacity of CHuA Offices and EOs, successes and challenges faced during sensitization and promotion of iCHF and Dharura Fasta, enrolment process and service delivery, including service satisfaction of the iCHF and Dharura Fasta members. It will also assess households' access to better essential health services. Respondents will be drawn from CHuA Offices, EOs, Members and beneficiaries of Dharura Fasta and iCHF. At this level, an array of methods, approaches and tools will be applied to collect information on what have been the success of the project, expected and unexpected outcome, impact and challenges from both users and service providers. It will include use of focus group discussion and questionnaires with respondents. Key informants' interviews may also be applied.

Documentary review will be conducted to collect basic and important data regarding the project performance to date. The following project documents shall serve as basis of the review: Baseline Survey Report, Economic Model, mutually binding document (organization documents), agreement of cooperation, progress reports, audited financial accounts.

The consultant will be required to develop a robust methodology that is technically sound and share all tools with HIMSO before field engagement. The tools must be able to collect both quantitative and qualitative data and should be friendly, simple and participatory for administration at the community level. Also, the consultant will be required to develop an analytical plan that specifies each data type/information to be collected, corresponding indicators, and sampling methodology and measurement criteria.

3.2 Evaluation Questions

Broadly, this evaluation will assess the following aspects related to the project performance:

3.2.1 Relevance of project

- To what extent are the project interventions (Dharura Fasta and iCHF) aligned with the needs of the people in regard to access to better essential health services as well as HIMSO's Mission?
- To what extent are the project activities and outputs consistent with the intended goal, objectives', and indicators' outcome and impacts?
- How are the project interventions (Dharura Fasta and iCHF) aligned to the government's short and long-term plans and strategies in regard to health financing?

3.2.2. Effectiveness of the project

- To what extent have the project goals, objectives, and indicators been achieved or are likely to be achieved by the project's conclusion? Explain the reasons behind the achievements or lack thereof.
- To what extent has the project intervention (Dharura Fasta and iCHF) contributed to the health financing strategy in Tanzania? Provide insights into what could have been done differently for better results.
- Are HIMSO's team capacities effective and suitable for offering financial and technical support to Regional and Districts iCHF teams, and CHuA Offices?

3.2.3 Efficiency

- To what extent were the project funds utilized according to the agreed budget?
- How did collaborations with iCHF managers at regional and district levels contribute to project efficiency?

3.2.4 Impact

- How effectively have the implemented strategies (Dharura Fasta and iCHF) contributed to achieving healthcare accessibility and service utilization?
- What is the discernible impact of HIMSO's advocacy efforts on influencing health financing policies at the national level?
- How do regional and district administrations, health providers, and beneficiaries perceive the project's effectiveness and contribution towards achieving universal health care goals?

3.2.5 Sustainability

- To what extent are the positive changes (see kind of change identified under impact) of the project likely to continue at beneficiaries' level beyond the end of the project period?
- How likely will the project positive changes and impact continue at national level after end of donor funding?
- How strong is HIMSO advocacy capacity to ensure continued policy engagement with relevant institutions at local, national, regional and international levels?
- To what extent is HIMSO capable of supporting beneficiaries to continue positive project changes after end of donor funding?
- Is there any structures /systems / processes and capacities at HIMSO (organizational set up and implementation processes) to assure sustainability? is there need for improvement (details required) to continue – with or without external funding?

3.2.6 Coherence of the project

- How well does the intervention fit in the overall internal and external context of HIMSO?
- To what extent is there synergy and linkages between the project and other HIMSO projects and programs?
- To what extent is there synergy and linkage between the project and national priorities?
- Was there complementarity, harmonization, and coordination with others, and to what extent did the project interventions add value to other ongoing processes while avoiding duplication of effort.

4.0 Timelines and Deliverables

4.1 Duration of the evaluation

This assignment will be completed within 21 working days between January 25th, 2024 and February 28th, 2024. The consultant will share the preliminary findings to HIMSO for inputs and comments. The consultant will incorporate the provided inputs and comments to produce a preliminary report that will be presented to a one-day validation meeting that will be organized by HIMSO.

The consultant will review the inputs and comments from the validation meeting and incorporate them to produce and submit to HIMSO draft evaluation report for inputs and comments. HIMSO will share the draft evaluation report to BftW for inputs and comments within two weeks. The consultant will incorporate the inputs and comments from BftW and HIMSO for producing final evaluation report to be submitted to HIMSO.

4.2 Matrix of evaluation timeframe with deliverables

S/N	Activity	Working days	Deliverable	Deliverable date	Responsible
1	Signing of the contract and reviewing of the documents	0.5	Signed Evaluation Contract	25/1/2024	Consultants
2	Preparation of the inception report	1	Inception Report	26/1/2024	Consultants
3	Presentation of the inception	0.5	Presented inception Report.	29/1/2024	Consultants
4	Review and finalization of the evaluation tools	0.5	Approved data collection tools	29/1/2024	HIMSO and Consultants
5	Primary data collection including field work	14	Collected data	30/1/2024 – 16/2/2024	Consultants
6	Validation meeting*	1	Inputs and Comments to the preliminary data and findings	19/2/2024	HIMSO and Consultants

7	Preparation of the report	2	Draft Evaluation Report	20-21/2/2023	Consultants
8	HIMSO and BftW review draft evaluation report within two weeks' time	N/A	Inputs and Comments to the draft evaluation report	22 – 23/2/2021	BftW and HIMSO
9	Incorporating inputs and comments to the draft evaluation report	1	Final evaluation report	26/2/2024	Consultants
10	Submission of the final evaluation report to HIMSO	0.5	Final evaluation report	28/2/2024	Consultants
	Total days	21			

**HIMSO will organize this meeting*

N/A Not Applicable for counted consultants' paid days.

NB: There will be reviews and feedback to the consultant on the different outputs resulting from the phases above, hence timeliness on delivery is a key factor to be considered.

5.0 Reporting

5.1 Evaluation design/methods

The inception report (maximum of 10 main pages) shall provide a feed-back on how the objectives, questions and reports as described in the TOR can be achieved within the evaluation. Suggestions can be made to supplement or restrict the TOR. These suggestions, especially when the modifications concerning objectives of the evaluation and crucial questions, have to be approved by HIMSO in written form as this is an alteration within the original contract.

For the inception report the following structure is suggested:

- i. Key data of the evaluation: Name, number, duration of the project to be evaluated, title of the evaluation, principal of the evaluation (who will commission the evaluation), contractor of the evaluation, date of the report.
- ii. Feed-back/amendment to the TOR: Are all parts of the TOR clear to the evaluation team? Is the focus of the evaluation clearly defined? If any, suggestions for amendments of the ToRs are presented in a form so that the principal can accept or disagree.
- iii. Current status of the preparation: Composition of the evaluation team (qualifications, allocation of tasks, who is team leader/coordinator?), estimated timetable and workdays for the evaluation team. Report about identified problems and risks.
- iv. Evaluation design and methodology: Report about the chosen qualitative and/or quantitative methods and further steps on how to implement them in the evaluation (selection of samples, strategies for analysis and collecting data, further specific evaluation questions, hypothesis on outcomes and impacts, description of the planned contacts and visits with explanation). Measures to be taken to get adequate information for gender analysis.

- v. Tools for data collection and data analysis (e.g. presentation of questionnaires, checklist/guides).

5.2 Final evaluation report

The final report shall be written in English (maximum 40 pages excluding annexes) with the following contents:

- i. Key data of the evaluation: see above (“inception report” in i).
- ii. Executive summary: a tightly drafted, to-the-point, free-standing document (no more than 5 pages), including the key issues of the evaluation, main analytical points, conclusions, lessons learnt and recommendations.
- iii. Introduction: purpose of the evaluation, evaluation scope and key questions. Short description of the project evaluated and relevant frame conditions.
- iv. Evaluation design/methodology.
- v. Key results/findings: regarding the questions pointed out in the TOR/inception report (including project and context analysis), Assessment of the extent to which issues of equity and gender are incorporated in the project.
- vi. Conclusions based on evidence and analysis.
- vii. Recommendations regarding future steps/activities/follow-up – carefully targeted to the appropriate audiences at all levels, relevant and feasible (if possible, for each conclusion a recommendation).
- viii. Recommendations implementation plan (filled by HIMSO).
- ix. Lessons learnt (generalizations of conclusions applicable for wider use).
- x. Annexes (TOR, list of persons/organizations consulted, gender distribution and social representation of the respondents, literature and documentation consulted, evaluation tools, recommendation table etc.).

6.0 Administrative Information

6.1 Tax arrangements

HIMSO will deduct withholding tax from the consultancy fees and remit to the Tanzania Revenue Authority (TRA). This will be in conformity with the prevailing government rates, currently Withholding tax on service is 5% of the professional fee.

6.2 Selection Criteria

The selection criteria shall include relevant experience (30%); professional competence (25%); understanding Terms of Reference (25%); ability to deal with local community (15%); and overall quality of proposal (5%).

6.3 Evaluation management and supervision of the assignment

The contract for this evaluation will be held between the consultant and HIMSO.

The overall supervisor of this assignment will be HIMSO Executive Director. However, the consultants will work on a day-to-day basis under the direct support from Monitoring and Evaluation Unit.

Payment will be made directly to the Consultant by HIMSO, as outlined in the table below. The Consultant shall submit invoices directly to HIMSO. HIMSO will verify the receipt of deliverables and arrange payment accordingly.

Deliverable	% of total fees to be paid
Inception Report	30%
Draft Report	30%
Final Report and dissemination workshops	40%
TOTAL	100%

All payments are subject to receipt, review and acceptance of the above-mentioned deliverables.

8.0 Profile of the evaluation team

The evaluation team must be multidisciplinary and gender balanced. Hence the evaluation team should be comprised at minimum of two people (a woman and a man). Specific qualities that the evaluation team should possess include the following:

- Masters degree in a relevant field (Health Systems, Project Management, Monitoring and Evaluation Financing, or Economics; Public Health or Medical degree with a relevant specialization),
- A minimum of 10 years of work experience in health sector,
- Work experience on health financing reform in several low- and/or middle-income countries, especially in Sub-Saharan Africa,
- Familiarity with the Tanzanian health financing system is a strong asset,
- Excellent analytical skills,
- Excellent report writing skills,
- Ability to translate evidence from the evaluation into actionable lessons learned,
- Experience in quantitative and qualitative research, data collection, analysis and reporting,
- Strong background in monitoring and evaluation,
- Good knowledge and proven experience in evaluation design, implementation of surveys and statistical data analysis is required, and
- Must be ready to comply with HIMSO Safeguarding Policy.

9.0. Mode of Application

Interested parties are requested to send full proposals (all relevant documents in one PDF file) to this email address: info@himso.or.tz and copy to fadhili.mtanga@himso.or.tz with subject line “*Consultant-Final Evaluation.*”

In addition, the proposal should include the following appendices:

- List of three referees who can attest to the firm/evaluator’s experience and expertise as related to this assignment,
- CVs for all proposed team members,
- Two examples of evaluation report recently completed, with at least one report led/authored by the primary consultant proposed for this assignment. All copies will only be used for assessment and internal purposes.

All applications must be received not later than 23.59hrs (EAT) 19th January 2024.