

Terms of Reference (TOR) for NorCross Strategic Evaluation/Meta-study on: "Community Health Promotion"

1. Summary

Purpose: NorCross seeks to identify and analyse which community health promotion activities are likely to contribute to reduced excess morbidity and mortality in humanitarian contexts in countries in conflict or protracted crisis, and to identify key lessons and recommendations to provide direction to future interventions in Community Health.

Audience: NorCross, PNS and IFRC.

Commissioners: This study is being commissioned by NorCross International department, section on Strategy and Evaluation”

Reports to: Identify who the evaluator/s or consultant will directly report to (i.e. the evaluation manager).

Duration: Maximum 60 working days, not including the overall management of the evaluation.

Timeframe: September to November 2018

Methodology summary: Primarily desk study of relevant documentation, combined with semi-structured interviews with individuals in institutions with a high degree of insight and competency in Community Health Promotion in countries with conflicts and protracted crisis

Location: Desk-study combined with visits/interviews/workshops with leading expert communities in Community Health Promotion in Africa and Asia

Application requirements: Broad experience from Community Health Promotion interventions in countries in conflict and protracted crisis including volunteers, and advanced research and evaluations skills required.

2. Background

Norwegian Red Cross as part of the wider RCM aims at reducing excess morbidity and mortality in priority humanitarian contexts.

To achieve this the RCM often combine health service deliveries with community health promotion, the latter aiming at improving knowledge and practices. NorCross supports Community Health Promotion in 10-11 PNS countries: Burundi, South-Sudan, Lebanon, Palestine, Iraq, Afghanistan, Nepal, Pakistan, Colombia, El Salvador, Honduras and Guatemala. The Outcome for this is that “Vulnerable people have improved knowledge and practices related to health, incl. WASH”. Indicators for the outcome include safe practices related to drinking water, improved practices related to sanitation, documented behaviour change (KAP) in relevant areas for NorCross, and training of staff/volunteers in CHBFA, First aid and Epidemic control. These are mostly supported through the MFA 2016-2019 grant cycle.

This has two main origins: the inability of health authorities to provide health coverage to the entire population and the inability of health authorities to access certain conflict affected areas. While there are clear standards for health service provision, community health programs are often shaped by methodologies and approaches rather than technical standards.

While there is a broad agreement for the importance of community health, and interventions often improve knowledge, they struggle to systematically demonstrate changes in practice which ultimately lead to better health and a reduction in excess morbidity and mortality. Since such interventions often involve RCM volunteers, it is also unclear to what extent and how these contribute to the results.

With this background, tasked by the Strategic Management Team April 2018, Norwegian Red Cross will prioritize to gather a better understanding of best practices and define technical standards for community health interventions

including the involvement of volunteers in this work. This would aim to increase objective fulfilment of community health interventions.

This evaluation of community health interventions is part of a learning process that will include collaborative work amongst technical experts during June 2018 – June 2019, which again will inform program designs during 2019 onwards.

The evaluation will take place in the context of the Universal Health Coverage Agenda and the role of community health workers therein.

3. Evaluation Purpose & Scope

Purpose (overall objective)

The evaluation will identify from existing literature, expert opinion and operations which approaches to community health promotion activities are likely to contribute to reduced excess morbidity and mortality in humanitarian contexts in countries in conflict or protracted crisis. In other words, NorCross wants to find out who has been able to achieve lasting change through community health promotion and how. In addition, the evaluation will contribute to standards relevant for RCM community health interventions.

The audience for the study are the Norwegian Red Cross and RCM partners. They will use the insight from the evaluation for learning to inform strategic policy and planning, and ultimately to improve future approaches and results from community health programming and further develop technical competencies in this field.

Scope

The scope of the study is defined by the following delimitations

- **Geographic scope:** Should include documentation on community health promotion activities in Burundi, South-Sudan and Somalia in Africa, Afghanistan and Pakistan in Asia, and similar countries on these two continents.
- **Thematic scope:** The focus of community health promotion support of Norcross are safe practices related to drinking water, improved practices related to sanitation, documented behaviour change (KAP) in relevant areas for NorCross, and training of staff/volunteers in CHBFA, First aid and Epidemic control.
- **Time-span:** Studies and evaluations from the last 5-7 years are deemed relevant.
- **Organisational scope:** Documentation of experiences and expert assessments from within and outside the RCM movement are relevant.

4. Evaluation Criteria – Objectives - Questions

The principal criteria for this strategic evaluation/ study are:

- **Value for money** - Value for Money is defined as the optimal use of resources, given restrictions and constraints, to achieve the intended outcomes. Definition of optimal: The most desirable possible given expressed or implied restrictions or constraints (see UK National Audit Office cited in British Red Cross Value for Money Workshop, GVA April 2016). Value for Money is comprised of two core elements:
 - **Effectiveness:** what are the intended outcomes
 - **Efficiency:** how to achieve the intended outcomes

Main objectives and corresponding key questions to be answered by this study are:

Objective 1: International standards of successful Community Health interventions are identified

- 1) What accepted standards exist for community health interventions for reducing excess morbidity and mortality in areas of conflict and protracted crisis?
- 2) What are the main lessons from existing interventions that could be the foundation/starting point that can inform standards?
- 3) What are the critical factors of effective community health interventions for RCM in countries of conflict and protracted crisis?

- 4) What is the cost-effectiveness of different models of community health-interventions, including models which entail a minimum curative role?
- 5) What, if any, are effective ways of involving local volunteers in community health promotion?
- 6) How does cooperation with national health authorities influence the effectiveness of community health interventions?

Objective 2: NorCross experiences with Community Health are mapped and analysed

- 7) What model for Community Health has been practiced in NorCross supported interventions?
- 8) What approaches were tried and how did they work? (Pros and cons)
- 9) To what extent have community health interventions supported by NorCross been implemented according to best practice standard?
- 10) What has been the role of volunteers in NorCross supported community health activities?
- 11) What are the planned and unplanned effects of community health interventions supported by NorCross in (selected) countries of conflict and protracted crisis?

Objective 3: Implications for improved performance for NorCross supported Community Health interventions are defined.

- 12) What are the most effective interventions in community health that NorCross should aim to support in areas of conflict and protracted crisis?
- 13) What types of skills-sets and training are necessary for volunteers of RCM to make a significant contribution to community health interventions in countries of conflict and protracted crisis?
- 14) What are the criteria for successful community health interventions of NorCross in countries of conflict and protracted crisis?
- 15) What changes must NorCross do to be able to fulfil the requirements of the new criteria?
- 16) What concrete actions should NorCross take to fulfil the requirements (skillsets, standards, organisation etc)?

5. Evaluation Methodology

This strategic evaluation is a meta-study of relevant international experiences in Community Health Promotion in countries in conflict or protracted crisis. The resources and time available for this study does not provide the opportunity to conduct traditional program/project evaluations or more evidence-based evaluations. Its objective requires a broader approach to data collection to collect lessons learned from a variety of relevant program and projects.

Key data sources

Secondary data will be the main data sources for this study, and will include evaluations, reviews and studies on Community Health Promotion within the defined scope. This means much of this study will be a desk-review of:

- NorCross projects in Community Health Promotion, with focus on M&E-data (baseline study, midterm evaluations, regular monitoring reports, etc)
- Evaluations, reviews, assessments, reports and studies on Community Health Promotion conducted by or for other RCRC PNS, IFRC, ICRC, peer institutions, academics or governments.

Data sources are also expected to include interviews with individuals in institutions with a high degree of insight and expertise in the focus areas of the study. In addition to NorCross itself, this may include academics, RCM members, IFRC, and peer organisations (such as Norwegian Church Aid and Doctors without Borders). It is expected that this will be further defined and justified in an Inception Report.

6. Deliverables (or Outputs)

- ***Inception report*** with a detailed description of methodology to be used, a data collection plan, information sources and solutions to identified challenges.
- ***Draft report*** in English including background, findings, conclusions, lessons learned and recommendations

- **Lessons Learnt workshop** in Oslo to present and discuss the initial findings, conclusions, and recommendations from the draft report before revision and final approval of the final report.
- **Final report** in English of max 30 pages (excl. Executive Summary and Annexes) within 24 November 2018 including:
 - Executive summary – max 3 pages
 - Background
 - Evaluation methods and limitations
 - Findings
 - Conclusions
 - Lessons learned
 - Recommendations
 - Appropriate appendixes

7. Proposed Timeline (or Schedule)

Time Schedule	Activities	Deliverables
Week 1 By Sept. 14	1. Desktop study: review intervention documentation, and related primary/secondary resources for the evaluation. 2. Development of detailed inception report, or data collection/analysis plan and schedule, draft methodology, and data collection tools.	1. Inception report, data collection/analysis plan and schedule, draft methodology, and data collection tools. To be approved by NorCross.
Week 2-5	1. Data collection in target groups according to data collection schedule.	1. Communities completed according to data collection plan.
Week 6 By Nov. 17	1. Prepare draft evaluation report.	1. Draft version of evaluation report.
Week 7 By Nov. 24	1. Present Lessons Learnt Workshop of initial findings, conclusions, and recommendations before revision and final approval of the final report. 2. Address feedback with revisions in report where appropriate.	1. Lessons Learnt Workshop.
Week 8 By Nov 31	1. Revise and submit final evaluation report.	1. Final version of evaluation report.

8. Evaluation Quality & Ethical Standards

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and specific, applicable process outlined in the [IFRC Framework for Evaluation](#). The **IFRC Evaluation Standards** are:

1. **Utility:** Evaluations must be useful and used.
2. **Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
3. **Ethics & Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
4. **Impartiality & Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
5. **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.

6. **Accuracy:** Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
7. **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
8. **Collaboration:** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the seven **Fundamental Principles of the Red Cross and Red Crescent**: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these principles at:

www.ifrc.org/what/values/principles/index.asp”

9. Evaluators Combined Qualifications

- Broad experience with Community Health inside and outside the Red Cross Red Crescent Movement.
- Minimum qualification of a PhD in health sciences or a Masters with equivalent combination of education and relevant work experience.
- Advanced Expertise from Community Health project implementation, preferably in combination with WASH, from countries in conflict or protracted crisis in Africa and/or Asia.
- Experience with volunteer involvement in Community Health Promotion.
- Minimum of 7 years of monitoring and evaluation experience required.
- Proven track record of conducting qualitative research including the development of interview schedules, qualitative data analysis strategic evaluations and meta-studies required.

10. Application Procedures

Proposals will be ranked according to how they fulfil the three following requirements:

- Team qualifications (50%)
- Methodological approach (25%)
- Price (25%)

Interested candidates should submit their application material by August 12 to:

- Øivind Hetland ovind.hetland@redcross.no with copy to
- Lars-Andrè Skari Lars.Skari@redcross.no

Application materials should include (*Note evaluations do not always require each of these items – this is only a list of examples to consider.*):

1. **Curricula Vitae** (CV) for all members of the team applying for consideration.
2. **Cover letter** clearly summarizing your experience as it pertains to this assignment, your daily rate, and three professional references.
3. A brief **description of your firm** or institution (for applicants other than individual contractors).
4. **Technical proposal** not exceeding five pages expressing an understanding and interpretation of the TOR, the proposed methodology, and a time and activity schedule.
5. **Financial proposal** itemizing estimated costs for services rendered (daily consultancy fees), accommodation and living costs, transport costs and any other related supplies or services required for the assignment.
6. At least one example of a strategic **evaluation report** most similar to that described in this TOR by the proposed team members.

Application material are non-returnable, and we thank you in advance for understanding that only short-listed candidates will be contacted for the next step in the application process.