



EAST, CENTRAL & SOUTHERN AFRICA HEALTH COMMUNITY

End-term Review for the TB in the Mining Sector in Southern Africa (TIMS) Project (MCTIMS)

Terms of Reference for consultancy

1. Background

In response to the high incidence of TB amongst mineworkers, ex-mineworkers, their families and communities around mines as well as in labour-sending areas, SADC Ministers of Health adopted a Declaration on TB in the mining sector as a high-level political commitment to guide regional collaborative efforts on tackling TB in the sector. The Global Fund allocated USD30 million for phase I (2016-2017); USD22.5million for phase II (2018-2020) and an additional USD10.5 million for phase III (July2021- June 2024) of TB in the Mining Sector in Southern Africa. While phase I of the project focused on developing infrastructure, processes and systems, as part of a regional approach to address the TB burden, phase II used the findings from studies carried out during phase I, and programme results, to institutionalize some of the systems developed; improve the quality-of-service delivery and ultimately integrate them into country systems.

Phase III focuses on strengthening coordination across the region while promoting sustainability through country grants and other funding mechanisms. Since phase III of the grant shifted focus to the Global Fund supporting the RCM in strengthening coordination across the SADC region, it was prudent that all sixteen (16) SADC Member States are included implementation of Phase III.

With the inclusion of all SADC Member States, differentiated and multi-phased approaches were adopted, appreciating that countries had different needs and were at different stages in responding to the call from the SADC Heads of State to eliminate TB and other occupational lung diseases related to mining. This resolution was informed by the fact that all the 16 SADC Member States are implementing the SADC End-TB strategy 2020-2024.

The grant is spearheaded by the Regional Coordinating Mechanism (RCM), whose mandate is coordination of the TB in the Mining Sector (TIMS) in Southern Africa. The grant is aimed at Strengthening Coordination of TB care and Prevention in the mining sector in Southern Africa while promoting sustainability through country grants and other funding mechanisms through other donors, governments, additional Global Fund grants.

With the award of the grant to support Phase III implementation, the RCM appointed the East Central and Southern Africa Health Community (ECSA-HC) to be the Principal Recipient (PR) of the grant. The role of the PR is to manage the grant to maximize Regional-led efforts to address the high incidence of TB amongst mineworkers, ex-mineworkers, their families and communities around mines as well as in labour-sending areas in line with SADC Ministers of Health Declaration on TB in the mining sector.

1.1 About the East, Central and Southern Africa Health Community (ECSA-HC)

ECSA-HC is a regional Inter-governmental health organization, established in 1974 to foster and promote regional cooperation in health in the region. ECSA-HC supports 27 countries in Africa to improve health outcomes through capacity building and other regional health initiatives such as the TIMS project.

Under the TIMS project, as a PR, ECSA-HC Plays the following roles:

1. Grant Management
2. Support National TB programmes and other country and regional stakeholders to implement the TIMS project as outlined in the grant agreement and
3. Monitor and report progress to the Global Fund as well as the RCM

2. Grant architecture and Objectives

The project Modules and interventions were prioritized through extensive stakeholder consultations, analysis of lessons learnt, achievements and challenges from regional programmes including GF and analysis of relevant data. Through this illustration, the grant modules were then as outlined below:

1. **Module 1:** Health sector governance and planning: Supporting strengthening and sustaining the coordination of TB in the mines through multi-country and multisector coordination structure within the SADC governance system and development of an operational plan for implementation of the “Declaration on TB in the Mining Sector.
2. **Module 2:** TB care and prevention: Supporting mitigating the determinants of TB in the mining sector emanating from working conditions and living conditions of mineworkers, mobility of mineworkers, interaction with communities around the mine and exposure to HIV infection among others.
3. **Module 3:** Health Management Information Systems and M&E: provision of data to support coordination, planning and accountability
4. **Module 4:** Removing Human Rights and Gender Barriers to TB Services: supporting to identify human rights and gender barriers to accessing TB and OH health services by

key populations; advocate and engage SADC countries through the regional coordination mechanism and at country level to re-orient TB and OH programmes to address the barriers.

5. **Module 5:** Community Systems Strengthening: strengthening community-based monitoring and the use of data collected from these processes to promote accountability and inform the development of a sustainable human rights violations reporting systems that can be driven by these key populations.
6. **Module 6:** Program Management: Grant management of all interventions in this funding request.

3. Objectives of the End-term Review

a. Broad objective

This End Term Review (ETR) will focus on the period 1st July 2021 to 31st November 2024 implementation period. The ETR is forward looking and will assess the relevance, effectiveness, efficiency and networking/linkages of the TIMS interventions as well as capture the lessons learnt, best practices and provide information on the extent, impact and potential of sustainability of the project interventions.

b. Broad objective

The following are the specific objectives:

- a) Assess the effectiveness of strategies and implementation of interventions and provide recommendations for future project designs
- b) Assess the relevance, effectiveness, efficiency, of TIMS strategies/approaches in achieving project outcomes and provide recommendations for future project designs
- c) To assess the extent of project implementation against stated outcome and outputs of the project to date, based on the modules as listed above;
- d) To assess progress in implementing recommendations from previous MTR,
- e) To assess progress made MS in implementing the SADC Declaration on TB in the mines;
- f) To assess the extent of interstate collaborations in ending TB in the mines
- g) To scope sustainability of the project and outline funding possibilities for the interventions by the respective governments and partners.
- h) Evaluate institutional performance of PR and oversight entities i.e. RCM (including the secretariat and the various committees), the LFA and the donor (Global fund) in the success of the project implementation
- i) To make recommendations based on the findings of the evaluation

4. Scope of work

The consultant(s) is/are expected to take into consideration the baseline assessments conducted within the project period as well as the end-term reviews of Phase I & II to understand progress and achievement since the inception of the initial project phase. The ETR shall take into consideration Global Fund, ECSA-HC and SADC requirements and procedures. It is necessary that the successful Candidate for this ETR has in-depth knowledge of both ECSA-HC and Global Fund requirements and proven experience in conducting MTR/ETR and surveys. The ETR consultancy shall conduct a comprehensive review of the project to complete all objectives. This will include but not limited to;

- a) A desk review of any relevant documents and reports, including mainly the SADC End-TB strategy 2020-2024 and the SADC Declaration on TB in the mines
- b) Review existing data including the project dashboards, project reports for various activities and
- c) Review studies conducted under the project phases (Baseline assessments, surveys etc)
- d) Conduct on-site validations and interviews in randomly sampled implementing countries
- e) Conduct on-site validations and interviews at the ECSA-HC secretariat, the RCM Secretariat, with consideration of the different organs within the RCM secretariat, SADC secretariat, LFA, Global fund and RCM members
- f) Conduct interviews with partners
- g) An institutional capacity assessment to measure progress in implementation of the SADC declaration on TB in the mines

The areas of focus shall be on;

- a) Relevance
- b) Effectiveness/impact
- c) Efficiency
- d) Network/linkages
- e) Lessons learnt, recommendations and conclusions
- f) Sustainability

5. Evaluation Questions

The evaluation should address the following questions, in addition to other questions which the consultant will capture in the inception report based on the objectives as well as others as may be identified to be critical by the ETR team;

- a) What is the overall progress and achievements of the Global Fund TIMS project against expected results?
- b) To what extent have previous MTR recommendations been implemented
- c) What components of the Global Fund TIMS project have been most/least effective and what can be done to improve performance in project implementation?
- d) How effective are the project's approaches in achieving project outcomes?
- e) To what extent has the project improved and strengthened ending TB in the mines in the region?
- f) To what extent have the TIMS governance mechanisms been effective in supporting the implementation of the project
- g) To what extent has the GF TIMS project improved interstate collaboration?
- h) What needs to be done to ensure sustainability of the project beyond GF funding?

6. Composition of the ETR team

The consultant(s), must have proven experience in conducting projects evaluations and reviews, with proven expertise in TB and be comfortable with travelling to other countries. The consultant(s) may propose anytime an alternative team structure which they can justify. The consultant(s) will also be expected to train their own data collectors on data collection methods and instruments (where a need arises). The Consultant(s) work closely with the ECSA Knowledge Management Monitoring and Evaluation team and the TIMS coordinator, supported by the TIMS Technical and Financial teams.

7. Timeline

The ETR is scheduled to take place between September 2024 and November 2024 and a tentative timeline will be provided, which can be reviewed by the PMU with prior consultations with RCM.

8. Outputs

The following deliverables are to be submitted to ECSA-HC;

- i. An inception report with a clear methodology
- ii. ETR data collection tools
- iii. Debriefing
- iv. Draft ETR report
- v. Detailed Final report with a minimum of;
 1. Table of contents
 2. Executive summary
 3. Introduction, objectives and methodology
 4. Process of conducting the ETR
 5. Findings of the review
 6. Recommendations and conclusions
 7. All reference documents annexed

- vi. 3 full set of hardcopy reports
- vii. 1 soft copy of report, with all attachments (datasets etc)
- viii. A presentation to the RCM and Oversight committee

9. Skills/knowledge

- a. Demonstrated experience in TB Control at both country and regional levels.
- b. Experience in working with national stakeholders on different thematic areas.
- c. Demonstrated excellent writing skills
- d. Demonstrated record of evaluation multinational projects
- e. Demonstrated ability in coordination of multinational stakeholders.
- f. Demonstrated interpersonal skills with the ability to promote consensus, communicate progress and results, and proactively resolve issues, while ensuring effective work practices and ethics.
- g. Excellent communication and presentation skills with the ability to write clearly and concisely and give technical advice.
- h. Excellent interpersonal and networking skills, including the ability to liaise effectively at senior levels.
- i. Specific technical knowledge and expertise in TB programming, occupational health , monitoring, evaluation, and research. Reviewing and synthesizing scientific evidence as well as formulating recommendations and excellent report writing and presentation skills.

10. Qualifications

The lead consultant or members of the consulting team must have the following qualifications.

- a. A degree in the following areas, social science, or medical sciences
- b. A Masters' Degree in public health or related fields
- c. A PhD in health related sciences/field will be an added advantage

11. Experience

- a. The lead consultant must have at least 10 years experience working with multinational organisations
- b. Minimum 7 years of professional experience in consultancy
- c. Experience in undertaking similar assignments (the firm to share sample reports)

12. General terms and conditions

The consultant/s: They should submit all company profiles, curriculum vitae(s) and certified education certificates of the consultants to be involved, sample reports from previous similar assignments and a copy of VAT registration certificate.

Further to these documents, consultants should also submit separately their financial proposal which will be opened upon once the technical proposal is satisfactory.

The work: the consultant(s) shall complete the work on schedule as per the contract. The work shall be of good quality and performed according to appropriate and accepted standards. No poor work or performance will be accepted by ECSA-HC.

Relationship of consultant to ECSA-HC: The consulting individuals are not employees of ECSA-HC, thus not entitled to receive benefits usually afforded to ECSA-HC employees. Consultant(s) shall pay all taxes and fees related to the work, except those expected to be paid by ECSA-HC. Nothing in this agreement shall create employer/employee relationships or partnerships.

Ownership and confidentiality of the work: No other party except ECSA-HC shall have privy to any documents pertaining to this ETR. Consultant(s) may be requested to sign consent that ECSA-HC is the owner of the data generated by this ETR and under no conditions they (consultants) shall share information with any other person or organization. All obligations extend beyond the expiration or termination of contract. All confidential knowledge that is obtained during the consultancy should not be shared with anyone out the ECSA TIMS PMU.

13. Contact person

Once the contract is signed, the contact person at ECSA-HC for the ETR is Dr. Patrick Lungu, whose email is patricklungu@ecsahc.org. Kindly copy Dr. Martin Matu, the Director of Programs at mmatu@ecsach.org and the Director of Operations and Institutional Development whose email is s_sibandze@ecsahc.org. Ms. Nomsa Mulima may be kept in Copy of emails at nomsam@ecsahc.org.

14. Deadline for submission of applications

Proposals should be submitted to the ECSA-HC secretariat no later than **27th August 2024**.

15. Background documents

- Project proposals submitted the Global fund for phase III
- End-Term evaluation reports Phase I&II
- Project Performance framework (phase III)
- PR agreement under phase III
- M&E Plan
- Financial Reports
- PUDRs/PUs
- Quarterly reports/Annual reports
- Mission Reports
- Baseline assessment reports
- Survey reports
- MoUs