**Terms of Reference for Summative Evaluation**

**Prepared for Practice in Somaliland**

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| Project Title | Prepared for Practice |
| Programme | Strategic Partnerships for Higher Education Innovation and Reform (SPHEIR) |
| Funder | Foreign, Commonwealth and Development Office (FCDO) |
| Fund Manager | British Council, PWC and Universities UK |
| Partners | King’s Somaliland Partnership (KSP), Tropical Health Education Trust (THET), MedicineAfrica (MA), Amoud University College of Health Sciences (AU), University of Hargeisa College of Medicine and Health Science (UOH) Edna Adan University (EAU) |
| Location | Hargeisa and Boroma, Somaliland |
| Timeframe | January 2021 – October 2021 |

**Summary**

King’s Global Health Partnerships is seeking a consultant(s) (or consultancy team or firm) with relevant experience in health and education to conduct a summative evaluation of Prepared for Practice in Somaliland. The Prepared for Practice project is a five-year initiative (2016 – 2021) supported by the Foreign, Commonwealth and Development Office (FCDO) under the Strategic Partnerships for Higher Education (SPHEIR) Programme.

The project aims to address Somaliland’s health workforce crisis by transforming health education and putting practice-orientated learning, teaching and assessment at its centre. By the end of the project, there will be a new generation of graduates who are prepared-for-practice and are able to contribute to improving Somaliland’s health outcomes.

The summative evaluation will assess impact, outcomes and lessons learned. The evaluation should take a participatory and utilization focused approach and use both quantitative and qualitative methods to gather primary data from project participants, government, regulators, partners, project staff and other key informants.

This terms of reference sets out the scope and details of the work to be undertaken.

**Background**

**King’s Global Health Partnership**

King’s Global Health Partnerships works to strengthen health systems and improve the quality of care in four countries: Somaliland, Sierra Leone, the Democratic Republic of Congo and Zambia. We bring together health, academic and international development expertise from King’s College London, the UK’s National Health Service (NHS) and our international partners to educate, train and support healthcare workers, strengthen healthcare and training institutions and enhance national health policies and systems.

We work through a volunteering model that enables health workers from the UK National Health Service and education specialists from UK universities to exchange knowledge, skills and experience with health systems in low- and middle-income countries. UK volunteers provide teaching, training, mentoring and technical advice to health partners. Our partnerships are jointly led, recognising that our African partners have deep understanding of the context in which our partnerships operate, of culture, politics and society. They also have different ways of solving complex health problems in low-resource settings, as well as low-cost solutions from which the UK can learn.

**King’s Somaliland Partnership**

King’s Global Health Partnerships (KGHP) has been supporting partners in Somaliland to strengthen the health system for over 20 years. Our work focuses on improving the quality of higher education for health subjects, strengthening the quality of care delivered in health facilities and ensuring that policy making and practice is based on evidence and learning. We are supported by a network of over 150 practicing UK experts – educators, researchers, health professionals, regulators, managers and health sector leaders – who design and deliver our work. Prepared for Practice (PfP), that is the subject for this evaluation, is our flagship health education project.

**Strategic Partnerships for Higher Education, Innovation and Reform (SPHEIR)**

The Strategic Partnerships for Higher Education Innovation and Reform (SPHEIR) programme is funded by the UK Foreign, Commonwealth & Development Office (FCDO). It is designed to catalyse innovative partnerships in low-income countries to improve the performance, governance and influence of higher education systems and institutions.

SPHEIR partnerships seek to transform the quality, relevance, access and affordability of higher education to achieve sustainable change in higher education systems. The SPHEIR fund supports a

diverse portfolio of eight large-scale partnerships being implemented in Sub-Saharan Africa, Asia and the Middle East. Each partnership brings together universities, higher education institutions, private sector organisations, and NGOs to transform higher education through pedagogical and curricula reform, quality assurance, and facilitating access to education.

By nurturing innovation and scaling up effective solutions, SPHEIR is delivering strategic and transformative change in higher education systems, enabling them to meet labour market needs and generate the job-ready graduates needed to accelerate development, build inclusive societies and promote strong economic growth. For more information visit www.spheir.org.uk.

**Subject of the Evaluation: Prepared for Practice**

*Context*

Somaliland is a self-declared but internationally unrecognised state in the Horn of Africa. A conflict with the Somali Democratic Republic, ending in 1991, destroyed much of Somaliland’s infrastructure and displaced many of its people. Prior to the conflict, Somaliland had no higher education institutions. Individuals wishing to pursue higher education would have to study in Mogadishu, 1,500km from Somaliland’s capital, Hargeisa.

Somaliland has since emerged as a democracy, holding successive free elections, established key national institutions and remained peaceful and stable in an otherwise tumultuous region. The first university was established in 1998 and Somaliland’s first medical cohort graduated in 2007.

Despite this progress, Somaliland has some of the worst health indicators in the world, driven in part by a severe shortage of well-trained health workers. In 2015 a health workforce survey estimated that 197 doctors, 1,256 nurses and 344 midwives were serving the population of around 3.5 million, falling far short of the WHO-recommended minimum threshold of 23 health workers per 10,000 population.

Whilst systemic challenges across the health system contribute to poor health outcomes, Somaliland’s health workforce crisis is rooted in challenges in the tertiary education sector. The country’s first university was not established until 1998, and whilst several health schools have since been set up, they are in their early years of graduating medical students. Critical gaps exist in the curricula and for many core health subjects, there is currently insufficient expertise within universities to design and deliver courses. Many academics have had no formal pedagogical training; their teaching practices focus on passive, didactic learning and students lack opportunities to develop their skills in clinical settings. At national level, the many stakeholders involved in producing health workers operate in silos and there is little national regulation and oversight of the institutions producing health workers.

As a result, teaching institutions are unable to produce graduates who can apply their education to real world practice as health workers. Graduates lack the knowledge, skills, behaviours and practical experience they need to practice safe and quality healthcare.

*Project approach*

Prepared for Practice (PfP) is a 5-year project (October 2016 – October 2021) that aims to reform the quality of undergraduate teaching and assessment and put clinical practice at the centre of medical and nursing education in Somaliland.

Our goal is that medical, nursing and midwifery students from partner universities are prepared for clinical practice when they graduate and can contribute to improving Somaliland’s health outcomes. The project is structured around three mutually reinforcing workstreams that work at undergraduate level, faculty level and policy level. Under these streams we deliver an extensive programme of capacity building activities for students, faculty, examiners, clinical supervisors, university administrators and health system regulators. Programme activities – from the development and delivery of courses, to curriculum development and technical assistance – are delivered by a network of over 100 volunteers who take time out of their work at the NHS and UK university sector. By October 2021, UK volunteers will have donated an estimated 24,000 hours, contributing time worth over £2 million

The projects four outputs are:

* More effective teaching, learning and assessment models for nursing and medical students
* Enhanced capacity of higher education personnel in health faculties
* Improvements to management of higher education institutions
* Improvements to governance, management and standards in medical higher education at the national level

It is expected that the delivery of these outputs will lead to the achievements of the outcomes of:

* Sustained quality teaching and assessment in target higher education institutions
* An enabling institutional environment for practice-oriented learning
* An enabling policy environment for practice-oriented learning

For the projects theory of change see Annex 1.

**Objectives of the consultancy**

**Evaluation Purpose**

The purpose of the Summative Evaluation is to provide a rigorous and independent evaluation of the project. The Evaluation is intended to assess the project’s progress in achieving its core outcomes; to test the assumptions underpinning the project’s Theory of Change and clearly articulate how and why change happens and for whom.

The specific objectives of the evaluation are to:

* Facilitate a review of the project Theory of Change (separate to the evaluation)
* Assess the extent to which the project has achieved its intended outcomes based on the project Theory of Change and the indicators in the project results framework and SPHEIR logframe.
* Evaluate the Prepared for Practice project against selected OECD-DAC criteria (relevance, efficiency, effectiveness, impact and sustainability)
* Document lessons learned and best practices and make recommendations for improvements to partners involved in the project
* Engage and involve project participants and partners throughout the evaluation process to strengthen ownership of findings and recommendations

**Intended Users**

The evaluation is intended to take a participatory and utilisation focussed approach. The findings of the evaluation will be used by:

* **The PfP Partnership** to inform partnership working and contribute to project advocacy in its final year, and to encourage national take up and sustainability of project innovations.
* **Somaliland project partners** to continue to strengthen the quality of health professions education when the project ends, to learn from each other, to communicate their impact and leverage future financial support for their work, to conduct advocacy with ministries and policy makers.
* **UK project partners** to support learning with a view to improving the quality of their future work on health education. To communicate its impact and leverage additional resources from existing and new partners and identify areas for further research.
* **Somaliland government, regulators and higher education institutions** to inform their own work, to find internal and external funding to support findings and support on educating health professionals when the project ends.
* **Fund Manager** to feed into the programme level External Evaluation and to demonstrate accountability for funding received from FCDO and UK tax payers.
* **Other donors, health partnerships and academic institutions** to inform policy and programming on faculty workforce development in higher education and health workforce training and education

**Learning Questions**

The evaluation questions have been developed collaboratively by the Partnership, but there will be an opportunity for them to be further refined during the inception phase of the evaluation.

The evaluation should seek to answer the following topline questions:

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| **Criteria** | **Evaluation Questions** |
| Relevance | * To what extent was the project design and theory of change relevant and did the project respond to the priorities and policies of intended target groups[[1]](#footnote-2)? And to what extent did the project remain responsive to the needs, priorities and policies of these groups as circumstances changed? * To what extent has the project addressed inequities and issues of exclusion, and where has it failed? * Do our partnership approach and ways of working allow for equitable partnerships and actively challenge deep rooted imbalances of power? |
| Efficiency | * To what extent does the project and its interventions represent good value for money? |
| Effectiveness | * To what extent were the projects’ intended outcomes and results achieved, how did results differ across partners? * What were the main drivers or barriers influencing the achievement or non-achievement of the outcomes and results (institutional, contextual, logistical etc.)? |
| Impact | * To what extent has the project generated or contributed to the generation of significant higher-level impacts at the individual, organizational and systemic levels, including positive or negative, intended or unintended? |
| Sustainability | * To what extent will the benefits of the project continue in the longer term? * To what extent was the project successful in building a sustainable enabling environment for change at institutional and policy level? |

Project learning questions identifying key areas of investigation for the evaluator are listed below:

* To what extent has the Health Professions Education course created widespread, sustainable changes to pedagogical practices in higher education institutions?
* To what extent has the project contributed to students, doctors, nurses and midwives becoming prepared for practice? Where has the project failed in this regard?
* What is the impact of achievements made in the policy workstream and to what extent will these changes be sustained when the project ends?
* What is the value of professional volunteering for volunteers and the NHS?
* What have been the pathways to change and have these been in line with the ToC?
* What have been the enabling and disabling factors to improving the quality of undergraduate education and what have been the most effective strategies for preparing students for practice?
* How effective is the online learning component at enabling students to learn essential topics and improve clinical reasoning skills?
* What lessons and recommendations are there for continuing and expanding upon this work?

These questions help define the scope and focus of the project evaluation. The contracted evaluator will be expected to work with the Evaluation Steering Group (see below) to review and revise these questions as appropriate during the inception period.

**Availability of Data**

The evaluation should make use of existing MEL data collected since the start of the project including analysis reports, survey data, focus group discussions and interview transcripts collected by partners and SPHEIR external evaluators, and the Coordination Unit.

**Data sources and study participants**

Data sources may include:

* Internal MEL conducted since the start of the project (analysis reports, stories, interview transcripts, focus group notes, case studies, monitoring documentation, Medicine Africa analysis and data pulled from Collaborate and Moodle)
* Partner university annual results records
* Partner university student and faculty demographic data
* Examination results data from partner and non-partner universities, including Objective Structure Clinical Examinations (OSCE) and written papers
* Hospital staff demographic data (where available)
* University and hospital documentation on clinical supervision system
* Ministry of Health Development and Ministry of Education records, including Strategies, Annual Plans and Budgets, Policies, and external communications
* Questionnaires
* Publicly available research
* Research conducted by King’s

Study participants may include:

* Past and present students at partner universities
  + Past and present intern graduate doctors
  + Past and present graduate nurses and midwives
* Students, doctors and nurses educated at non-partner universities
* Past and present faculty members at partner universities
* Faculty members at non-partner universities
* University senior management and leadership
* Clinical Coordinators, Faculty Coordinators and Undergraduate Online Coordinators
* Clinical Supervisors
* Student Representatives
* UK volunteers and Volunteer Leads
* Senior Management at Hargiesa Hospital, Boroma Regional Hospital, Edna Adan Maternity Hospital and University Hospital
* Ministry of Health Development representatives
* Ministry of Education, representatives
  + National Health Professions Commission
  + National Higher Education Commission
* Members of National Medical Education Taskforce
* Members of Curriculum Technical Committee
* Members of Curriculum Development Small Working Groups
* Curriculum Implementation focal points at universities
* King’s Coordination Unit,
* Project staff at THET and Medicine Africa

The absence of a comprehensive baseline is the most significant data gap in this project. In order to address this gap additional baseline data collection may be required during the evaluation. For example, it may be necessary to request historical data collected and stored by Somaliland HEIs and health centres where relevant and available.

In order to compare the factual with the counterfactual, the possible use of student and faculty control groups should be explored with partner universities and discussed with the Evaluation Steering Group. To a lesser extent the possible use of control groups at non-partner HEIs should also be explored.

**Methodology and Approach**

The following section does not aim to provide a definitive methodology for the evaluation but is intended as a starting point for the applicants to build on and propose innovative, participatory and utilization focused methods that respond to the terms of reference.

King’s Global Health Partnerships believes that the process of carrying out any kind of research, including for an evaluation, is just as important as the outcome produced. For this reason, the methodology developed for this evaluation must take into account the following:

**Do no harm**

* King’s works on the assumption that ethics comes before evidence, in line with the principles of ‘Do No Harm’. It is essential that any interactions and work carried out as part of this evaluation do not in any way negatively impact the individuals or partners involved. It is critical that, during data collection, the psychological impact of the research on participants is considered, as well as their physical security.

**Informed consent**

* It is crucial that participants share information willingly and with informed consent, not because they have been chosen by peers, authorities or others, or because the researcher is aiming to include a certain number or profile of participants. The purpose of collecting the information must be made clear to all participants prior to any interviews or Focus Group Discussions (FGDs).
* Participants must not be under the impression that they are required to participate in the study and should be aware of their entitlement to refuse to participate and/or withdraw their information at any moment for any reason.
* Consent must be explicitly sought for all elements of participation – eg. to participate in FGDs or interviews, to be quoted directly, to be photographed. It is acceptable for consent to be given for some things and withheld for others.

**Participation**

* The process and methodologies used for the evaluation must be empowering and participatory. This means that anybody interviewed or engaged in any way in the evaluation should find the process positive and not purely extractive.
* The evaluation team should consist of consultants from Somaliland as well as international consultants.
* King’s recognises that participation can come in many forms, and the extent to which the evaluation is participatory will be discussed and decided between the Evaluation Team and Evaluation Steering Group (eg. the possibility of participants taking part in some evaluation activities).
* The methodology used should attempt to capture a wide range of perspectives on the work carried out.

**Learning**

* While evaluations are necessary to ensure accountability, we consider that lesson learning is equally important. We want the evaluation to be a learning process, directly embedding lessons throughout the consultation process with partners and feeding findings back to the partner

**Rigour**

* Findings and conclusions made must be thoroughly and clearly based on quantitative and qualitative evidence and any assumptions must be made explicit.
* Limitations in the research must also be made explicit – for instance if certain groups are not reached, it is not possible to travel to certain regions or there are constraining factors to how openly or freely participants share their opinions and perspectives.

**Record keeping**

* The consultants must have an organised system for storing all raw data from field research. Information on those consulted must be disaggregated by gender, age, university, cohort and appropriate equality markers.
* The consultants must store all data from field research in an organised system. The personal data of participants (their names, gender, age, origin and other relevant categories) must be recorded and securely stored. This information must not be shared and must only be used for the purposes of this research.
* The dates of all consultations (interviews, FGDs etc.) must be recorded.

We expect this evaluation to use both quantitative and qualitative methods to collect data. The evaluator will also need to draw on desk research of project documents and research that will be provided during the inception period.

We envision that international consultants will travel to Somaliland and conduct primary data collection and interviews alongside local consultants (Evaluation Team described below in ‘Management Responsibilities’), with the study participants listed above. Given the global Covid-19 pandemic we would like prospective consultants to share different scenario-based options for how this could be approached depending on whether international travel is possible.

Due to the importance of the perspectives of participants and project partners in this evaluation, we expect that the consultants involve them throughout the evaluation process where appropriate, with the aim of increasing ownership of the approach, findings and recommendations.

In addition, the ESG and consultant should discuss ways in which the evaluation can build research/evaluation capacity in Somaliland.

One of the consultant’s objectives is to facilitate a review of the project Theory of Change. This should be considered largely separate to the evaluation, but this requirement is one of the reasons that an evaluator is being hired earlier in the year.

**Ethics**

*Policies*

KGHP has zero tolerance for any attitudes or behaviours that put children or vulnerable adults at risk. All staff, volunteers, affiliates, consultants and others associated with King’s are required to comply with the King’s Safeguarding Policy and Code of Conduct.

The consultant will also read and comply with King’s Global Health Partnerships’ Anti-Bribery Policy and Whistleblowing Policy.

It is King’s policy that all UK based consultants obtain full DBS clearance.

*Standards*

The consultant will ensure that the evaluation meets the DAC *quality standards* for development evaluation.

The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest.

The consultant will comply with the American Evaluation Association’s updated guiding principles for evaluators and the African Evaluation Guidelines from 2002, in order to meet *ethical standards.*

The consultant will ensure that they are familiar with the American Evaluation Association’s Statement on Cultural Competence in Evaluation and will use its concepts as guidance at all stages of the evaluation, where relevant for the African context.

All of these can be shared on request and will be shared on hiring the consultant.

**Expected Deliverables**

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| Deliverable | Indicative Timeline |
| **1-2 Sessions on the project Theory of Change –** although this has recently been updated, all stakeholders have not yet been included in the development of the ToC. 1-2 Facilitated workshops to review the ToC with external stakeholders, and recommendations for further refining. | By beginning of March 2021 |
| **1 x Inception Report** - detailing the proposed evaluation design, methodology, sampling approach, and a detailed work plan with tasks, milestones, key dates, quality assurance measures, safeguarding protocols, risk management and mitigation, as well as a breakdown of the budget. | By end of March 2021 |
| **Data collection tools** – possibly including questionnaires, interview guides, analysis frameworks and focus group guides. | By end of April 2021 |
| **Draft Report** – once the first draft of the evaluation is submitted, the Evaluation Steering Group will provide comments for clarification or to signal gaps in the report. This is a quality assurance measure and the evaluation team is required to address these comments before the final report is published. | By end of July 2021 |
| **Validation workshops** on the evaluation findings with the key participants and relevant stakeholders | By end of August 2021 |
| **1 x Final Evaluation Report** for the primary use of the Partnership, the Fund Manager and FCDO | By end of September 2021 |
| **1-3 additional outputs,** the format and focus of which will be agreed during the evaluation, for the primary use of project partners | By end of September 2021 |

**Governance and Coordination**

**Management Responsibilities**

The selected consultant(s) will be contracted by and report to King’s Global Health Partnerships (KGHP) and the project’s MEL Advisor will be the primary focal point for regular communication between all stakeholders.

An Evaluation Steering Group (ESG) has been established as a mechanism to enable all project partners to participate in the design and oversight of the evaluation. By bringing partners together to oversee this project output, we aim to harness the diverse expertise across the partnership and ensure that the evaluation generates evidence and learning that is of value to all partners. Please see Annex 2 for the ESG ToR.

The consultant(s) is responsible for hiring a team of additional consultants to make up the evaluation team so that the relevant requirements in skills are met. They will also be responsible for hiring enumerators as part of the team. The consultant will manage the evaluation team and train the enumerators in the tools and approaches taken.

It is important that the evaluation team consists of representatives from Somaliland and that there is genuine leadership from Somaliland professionals, academics and consultants who are part of the evaluation. This will ensure that the approach, methodology and tools are contextually appropriate and the lessons communicated in a way that ensures maximum uptake.

Support provided by project:

* Provide proposal, logframe, result framework, Theory of Change, MEL reports and other documents
* Provide overview of the project, including list of partner and non-partner universities, courses and lists of target groups disaggregated
* Provide contact list of key project stakeholders
* Hold an introductory briefing(s) and regular check ins with the consultant(s);
* Logistical support to arrange visas and book accommodation;
* Provide logistical support in setting up introductory meetings with relevant stakeholders
* Security briefings in advance of any travel and on arrival in country;
* Security support throughout travel in Somaliland;

Responsibility of the External Consultant(s)

* Share a list of personnel that will be involved in the Evaluation Team
* Outline the proposed evaluation approach, drawing on the theory of change, project logframe, SPHEIR results framework, MEL reports and available MEL data
* Work with the Evaluation Steering Group to agree on final evaluation questions
* Identify data collection methodologies and tools for the agreed evaluation questions
* Design tools, in consultation with the MEL Advisor (tools will be approved by the ESG)
* Attend ESG meetings as agreed with the MEL Advisor to update on the evaluation progress
* Report any safeguarding concerns as soon as possible and within 24 hours to KGHP safeguarding focal points
* Perform safeguarding checks on all staff involved in evaluation activities, including any contracted staff or organisations
* Facilitate a process to review and update the project’s theory of change, ensuring it clearly articulates change pathways and assumptions and is used to refine learning questions
* Submit regular progress reports to the MEL Advisor, summarizing activities completed and flagging any issues which need to be addressed
* Conduct a desk review, including of MEL data collected via the project
* Provide any training needed to enumerators or data collectors
* Conduct primary data collection and conduct data analysis
* Develop and agree a structure for reporting and output/dissemination materials

**Timeframe and Indicative Budget**

We are contracting a consultant to work with us in the final 10 months of the project (which ends in September 2021). The aim of engaging the evaluator at this stage is to work with the partnership on refining the theory of change and to develop a participatory and inclusive methodology that meets the requirements of the ESG.

An indicative budget for this evaluation is £50,000 - £65,000.

**Qualifications and experience of the evaluation team**

We are seeking proposals from individuals or teams with the following skills and experience:

* The Team Leader should have at least 10 years professional experience in programme evaluation in education, global health or international development
* The team should bring together relevant thematic expertise on the subject matters being evaluated such as faculty development, higher education for health professionals, education technology, clinical teaching, pedagogy, regulation and health/education policy development
* Knowledge and experience of volunteering models and/or global health partnerships
* Extensive professional experience in conducting evaluations in sub-Saharan Africa)
* Experience working with ministries in similar settings
* Strong research capacity including rigorous qualitative and quantitative data collection, analysis and data visualization skills
* Experience of conducting data collection using participatory methods and inclusive approaches
* Acknowledged similar consultancies with recognized organisations
* Strong analytical and writing skills
* Fluency in written and spoken English in the core team is essential. The evaluation team should also have the appropriate language skills to conduct qualitative research in Somali
* Experience of evaluating programmes or projects delivered in partnership or consortium
* Experience working across cultures and continents
* Excellent communication, people and team management skills
* A gender balanced team of international and national experts is desired

**How to apply for this consultancy**

We invite interested individuals, groups and firms to submit the following documents to [scarlett.kassimatis@kcl.ac.uk](mailto:scarlett.kassimatis@kcl.ac.uk), cc’ing [hannah.burrows@kcl.ac.uk](mailto:hannah.burrows@kcl.ac.uk) **by the 3rd January 2021**. You can get in touch with Hannah and Scarlett if you have any questions throughout the application process.

* **Cover letter:** A (max.2 page) letter addressing the evaluation criteria and indicating availability during the proposed evaluation time frame.
* **CVs:** Copy of CV for the consultant(s) who will undertake the evaluation, detailing relevant experience (max 4 sides of A4 each).
* **Technical proposal:** Max 4,000 words, that addresses the attached ToR, this should include the consultant’s (or consultants’) understanding of the TOR and its objectives; the proposed methodology and analytical framework (linked to the evaluation questions); work plan/schedule, main risks and how these will be mitigated. In the context of COVID-19, proposals should outline strategies for adapting ways of working where necessary.
* **Financial proposal:** including consultant(s) itemised daily consultancy costs, data collection and other associated costs, as deemed appropriate. Proposals should be in GBP.
* Two examples of similar evaluation reports written by the applicant. If these were co-authored then please include a description of the role of the name consultant)

It is King’s policy that all British consultants complete a DBS check prior to starting work.

1. Target groups refers to: ministries of health and education, regulators, partner universities, faculty members and students [↑](#footnote-ref-2)