

**Action for the reinforcement of the health system through Performance-Based Financing in seven (7) countries (Rwanda, Zambia, Burundi, Tanzania, Democratic Republic of Congo, Cameroon and Central African Republic) between 2010-2012**

**MID-TERM EVALUATION OF IMPLEMENTATION**  
**Terms of reference**

## **I. INTRODUCTION**

### **1.1. General Background**

In many low-income countries strongly affected by diseases, health systems are not able to meet the population's needs. This is, among other things, due to the lack of human resources and the low level of equipment and technologies. This results in bad coverage of and difficult access to quality health services for the population concerned.

Cordaid's objective is to improve access and quality of health services for the people living in low-income countries, by putting emphasis on the most destitute people. Reducing poverty is also changing power relations, empowering health services' users and improving the performance of the employees involved in this sector: these are two prerequisites for sustainable development in the area of accessibility to and quality of healthcare.

Cordaid's fundamental strategy is to support partner organisations by reinforcing their capacities. When local partners are not available, for instance in countries in a conflict or post-conflict situation, Cordaid also implements programmes itself. The Organisation adopted a Programme-Based Approach, and intervenes at three levels: direct poverty reduction, civil society strengthening and lobbying.

Cordaid assists in the development of innovating approaches in order to achieve its objectives. Performance-Based Financing (PFB) is one of these new approaches, established to contribute to the development of the health sector. Within the framework of PBF, healthcare is financed based on measurable results as agreed upon in advance in contracts. This approach is different from many financing modalities existing in decentralized health services, which are based on central planning and input financing. For the moment, PBF seems to have several advantages compared with these traditional financing and planning systems: increase in utilisation of services, improvement of the quality of healthcare and improvement of staff's motivation.

However, PBF is also criticized at international level because it might have a number of risks. For instance, health staff's intrinsic motivation might be reduced. A PBF programme, therefore, should be supported by a monitoring and evaluation system.

## 1.2. The Seven-Country Project

The Multi-country programme is financed by the European Union (75%) and Cordaid. Cordaid's partners in the 7 countries concerned are experimenting a PBF Approach in more than 20 different health districts, with funding from several sources (World Bank, EU, Dutch Government, Global Fund, USAID, earmarked funds, etc.). However, each project is autonomously implemented. Working tools and training modules are usually not shared. Even though bilateral exchange visits are organised from time to time, partners and countries do not sufficiently take advantage of lessons learned elsewhere. This is the main reason for this Seven-Country Project. In the Project Document, the objectives and the results to be achieved were described as follows:

### Project's overall objective:

Improve the health sector functioning through active sharing of different experiences from the PBF Approach in the seven (7) countries (Rwanda, Zambia, Burundi, Tanzania, DRC, Cameroon and Central African Republic (CAR)).

### Specific objectives:

1. Establish an international exchange network among the seven (7) countries;
2. Learn through action-research some specific activities: community health PBF; harmonisation of vertical financing and of horizontal one; collaboration between the State and religious denominations; institutional support for Purchasing Agencies; research on the effect of PBF on human resource management; sharing of lessons learnt;
3. Reinforce the capacities of Cordaid's partners and other key actors (local administration and health authorities) to be able to manage a PBF programme;
4. Promote community participation as regards both financing systems (PBF and mutual health insurance schemes) and experiment synergic activities.

### Expected results:

1. An inter-country experience sharing network is operational;
2. The PBF Approach is harmonised between the Church and the State in Cameroon, Tanzania and Zambia;
3. AASS are local structures, which are legally recognised;
4. Community PBF and the integration of a horizontal approach (PBF) and of a vertical approach (HIV/AIDS) are experimented and results disseminated;
5. The effects of a PBF programme on human resource management are known;
6. In each country, there is a partner capable of independently promoting and expanding PBF experience;
7. The customer's voice is reinforced.

The Project is implemented by two Cordaid Offices (Burundi and DRC) and Cordaid partners:

- ◆ In Rwanda: Health, Development and Performance (HDP);
- ◆ In Zambia: Christian Health Association of Zambia (CHAZ);
- ◆ In Burundi: Cordaid Burundi and Counsel for Education and Development (COPEDE);
- ◆ In Tanzania: Christian Social Service Committee (CSSC) and Kilimandjaro Christian Medical College (KCMC);
- ◆ In DRC : Cordaid Kinshasa and BDOM of Boma;



- ◆ In Cameroon: Batouri Diocesan Coordination of Socio-Charitable Activities (CODASC);
- ◆ In CAR: Association of Church Medical Health Programs in the Central African Republic (ASSOMESCA).

Cordaid, The Hague, is in charge of the administrative coordination of the Project and HDP Rwanda of the technical coordination. Besides the Rwanda programme-related specific activities, HDP implements activities pertaining to the networking of all stakeholders.

## II. OBJECTIVES OF THE EVALUATION

The mid-term evaluation is planned within the agreed logframe of the contract between the EU and Cordaid. The objective of this mid-term evaluation is to enable Cordaid and its partners to assess the level of the achievement of the results expected and see how to adapt ongoing activities, if the need arises, in order to achieve all the results expected. This is somehow self-evaluation by a joint team of people from inside (Cordaid Project and HDP Coordinator) and outside (independent Consultants) as well as local coordinators from partners involved in the implementation.

### Specific objectives:

1. Assess the activities implemented per partner within the framework of the project;
2. Assess the activities related to the coordination of the entire Project (HDP and Cordaid);
3. Assess the functioning of the international network;
4. Assess the level of achievement of intermediate results and identify factors that positively or negatively influence smooth implementation of the Project;
5. Comment on each partner's Draft Action Plan 2012 given the MTR findings and the expected results;
6. Formulate recommendations intended for the Project Coordination and partners to improve Project implementation.
7. Assess the relevance and logic of the design.

## III. METHODOLOGY

The methodology to be used by the evaluation team encompasses the elements below:

- documentary review
- interviews
- field visit
- Participatory methods of data analysis and collection
- Short restitution and discussion seminar on provisional observations and the recommendations from the mission of evaluation (in each country?) yes, but maybe we should not call it a seminar
- Thorough restitution at the end of the mission in Rwanda during a Project Piloting Committee meeting.

Regarding the documentary review, the following are, inter alia, the most relevant documents:

- Project Document, Budget and Logical Framework of the entire project and of each partner
- Correspondence with EU regarding the Project implementation and budget readjustments and the results to be achieved



- Activities programmes, budgets and achievements per partner
- Proceedings of the Monitoring Committee meeting and different workshops.
- Draft Action Plan 2012 per partner.

Concerning interviews, those conducting the evaluation will interview the following:

- Project staff (Coordinator and the Project team) ;
- The partner's legal representative ;
- Representatives of the Ministry of Health and the Health Region /Province/Prefecture ;
- Representatives of local stakeholders.

#### **IV. EVALUATION TEAM**

The evaluation will be conducted in two groups, each made up of an international Consultant, one of the Project Coordinators (HDP / Cordaid) and the National Coordinator from each partner. In order to reinforce the idea of the network, these teams will be complemented by a National Coordinator from another country (peer evaluation). More specifically, teams will be formed as follows:

1. Christian Habineza and Peter Bob Peerenboom will form the core Team 1. They will do the MTR in CAR, DRC and Cameroon; For the MTR in the CAR they will be joined by the Coordinator of Cameroon; in the DRC by the Coordinator CAR; and in Cameroon by the Coordinator RDC.
2. Ernest Schoffelen and Maria Paalman form Team 2: They will do the MTR in Tanzania, Zambia, Burundi and Rwanda; For the MTR in Zambia they will be joined by the Coordinator Tanzania; in Tanzania by the Coordinator Zambia; in Burundi by the Coordinator Rwandai; and in Rwanda by the Coordinator Burundi.

The two external evaluators and country coordinators will evaluate the coordination function of HDP and Cordaid.

#### **V. DURATION OF THE MISSION AND ORGANISATIONAL MODALITIES**

Team 1 will work for the period from 26 September to 11 October, and it will follow the itinerary below:<sup>1</sup>

27-29 September: CAR

30 September – 4 October: Cameroon

5-11 October: DRC

20-25 November: Rwanda (coordination)

That is a total of 27 working days, among which five (5) travel days and four (4) reporting days.

Team 2 will work for the period from (to be determined), and it will follow the itinerary below:

6-11 November Zambia

12-15 November Tanzania

16-19 November Burundi

20-26 November Rwanda (coordination)

That is a total of 27 working days, among which 17 field days six (6) travel days and four (4) reporting days.

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<sup>1</sup> The provisional itinerary will have to be specified according to partners and possibilities of flights.



Cordaid Head Office is in charge of the coordination of the evaluation and of the recruitment of international consultants together with their contracts. It manages the budget and authorises expenditure.

The external consultants will be the team leaders.

Each partner is responsible for facilitating work for the evaluation team. S/he will put at the disposal of the team means they need for their mission, among which vehicles and drivers, office, documentation, etc. S/he will schedule field visits and appointments with third parties.

Each partner's Project Coordinator will guide the team when it comes to meeting partners and conducting field missions. S/he will provide consultants with any documentation they will need. S/he will be in charge of the organisation of field visits, evaluation-related restitution meetings.

The mission timeframe will be refined by the Consultants at the beginning of their mission, in consultation with partners concerned.

## **VI. PRODUCTS EXPECTED FROM THE EVALUATION**

The evaluation will provide three types of products:

1. A summary report in French and English
2. An evaluation report per partner, in French or English as the case may be.
3. A PowerPoint presentation (in French or English as the case may be) with results, conclusions and recommendations per partner.

The final version of the report per partner of the evaluation mission should be submitted in electronic format (MS Word) to Cordaid for comment at the latest in two (2) weeks following the field visit.

The summary report will be drafted by external Consultants.

## **Annex. Indicative structure of the summary report**

### Contents

#### Acronyms and terminology

1. Summary: method, observations of the mission and main conclusions and recommendations included.

#### 2. Evaluation

- Purpose of the evaluation
- Main elements dealt with
- Methodology used
- Structure of the evaluation

#### 3. Observations of the mission regarding the Project implementation

- Relevance /quality of the Project design
- Starting up of the Project
- Problems to be tackled by the Project
- Status of the achievement of the Project's objectives
- Analysis of main actors and their commitment
- Expected results
- Problems and weaknesses met
- Ownership by the country and partners
- Project management and implementation approach
- Monitoring and evaluation system
- Participation in national network
- Action Plan 2012
- International coordination of the Project

#### 4. Results, lessons learnt and recommendations

- Achievement of the objective and results (assessment and performance justification included)
- Contribution to partners' reinforcement
- Corrective measures regarding activities as well as Project monitoring and evaluation
- Proposals for future orientations highlighting main objectives

#### Possible Annexes

- ToRs
- Itinerary
- List of respondents
- Summary of field visits
- List of documents consulted
- Questionnaire/s used and summary of results
- Any other relevant support made use of.