

Evaluation of the Commonwealth Partnerships for Antimicrobial Stewardship Terms of Reference

BACKGROUND

The Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme is a project within the Fleming Fund, a £265 million programme funded by The Department of Health and Social Care of the UK Government. The Fleming Fund's aim is to support countries in collecting high quality data relevant to antimicrobial resistance (AMR) that will then be shared nationally and globally. By supporting the collection of AMR surveillance data, and other relevant data, the theory of change expects we will collectively be better able to understand the scale and scope of the problem related to AMR in order to more effectively tackle them. Its ultimate aim is to see an increase in the rational use of antibiotics, and ultimately a reduction in morbidity and mortality associated with AMR. The Fleming Fund will achieve these objectives through funding a number of projects with a diverse range of delivery partners, each focusing on a specific set of objectives and outputs.

THE COMMONWEALTH PARTNERSHIPS FOR ANTIMICROBIAL STEWARDSHIP PROGRAMME

Fleming Fund objectives:

1. Supporting the development of National Action Plans for AMR.
2. Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use.
3. Building laboratory capacity for diagnosis.
4. Collecting drug resistance data.
5. Enabling the sharing of drug resistance data locally, regionally, and internationally.
6. Collating and analysing data on the sale and use of antimicrobial medicines.
7. Advocating for the application of data to promote the rational use of antimicrobials.
8. Shaping a sustainable system for AMR surveillance and data sharing.
9. Supporting fellowships to provide strong national leadership in addressing AMR.

CwPAMS contributes to achieving objectives 2, 6 and 7 of the Fleming Fund:

- Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use.
- Collating and analysing data on the sale and use of antimicrobial medicines.
- Advocating for the application of data to promote the rational use of antimicrobials.

This will be achieved by leveraging the expertise of UK health institutions and technical experts in AMR through working with national healthcare institutions in four Commonwealth countries: Ghana; Tanzania, Uganda and Zambia, to address AMR challenges identified in AMR National Action Plans which have already been drawn up/ are being drawn up with the support of the Fleming Fund. CwPAMS is also expected to galvanise action amongst and between Commonwealth actors on AMR, building on existing Commonwealth partnerships and networks.

Twelve health partnership projects (partnerships between UK health institutions and their peers in LMICs) have been funded to achieve these objectives, where NHS health workers volunteer their time to co-develop strategies and share skills and knowledge to address issues related to: antimicrobial stewardship (AMS), including surveillance; antimicrobial pharmacy expertise and capacity; and, if contextually appropriate, infection prevention control (IPC). Key stakeholders include the Department of Health and Social Care, the respective Ministries of Health in Ghana, Tanzania, Uganda and Zambia, other Fleming Fund implementing

partners and the successful health partnerships and the organisations that constitute them. Projects have been running from February 2019 and are expected to end in April 2020.

CwPAMS is a collaborative initiative between THET and the Commonwealth Pharmacists Association (CPA).

The logical framework structure:

OUTCOME 1

LMIC healthcare Institutions and LMIC health workforce demonstrate improved practice related to AMS and prescribing practice.

OUTCOME 2

AMS strategies, guidelines and tools in place in each LMIC healthcare institution.

OUTCOME 3

NHS staff demonstrate improved leadership skills and understanding of the global context of AMR in their work (COMPULSORY).

OUTPUT 1

Strengthened capacity of the LMIC healthcare workforce in areas of AMS and antimicrobial prescribing practice.

OUTPUT 2

LMIC healthcare institutes develop/implement AMS policies and protocols in line with international or national guidelines/frameworks.

OUTPUT 3

NHS volunteers demonstrate improved knowledge and understanding of AMS in LMIC contexts (COMPULSORY).

AUDIENCE OF THE EVALUATION

- Department of Health and Social Care
- Health partners LMIC/UK
- NHS England and Improvement
- WHO
- Africa CDC
- Ministries of Health in Ghana, Tanzania, Uganda and Zambia
- The Commonwealth Health Ministers and Secretariat
- Fleming Fund implementing partners in the four countries
- Wider dissemination through appropriate peer review publications

OBJECTIVES OF THE EVALUATION

The objectives of the evaluation are to:

- Provide an objective assessment of the achievement and results, weaknesses and strengths of the programme, as well as an analysis of its performance in terms of progress and process, relevance, sustainability, and the extent to which the project is contributing to enabling the desired impact.
- Determine the extent to which the 12 CwPAMS health partnership projects contributed to achieving stated objectives of the Fleming Fund.
- Generate lessons learned and good practices from the project's work under each of the three Fleming Fund objectives.
- Provide clear and forward-looking recommendations that can guide the DHSC in developing strategies for similar projects.

EVALUATION APPROACH AND METHODS

The evaluation will take a summative approach, reviewing and discussing how and to what extent CwPAMS realized its expected results with a focus on the “higher” levels of the logical framework. However, there will also be a formative element in that the evaluation will document important lessons learned for DHSC, THET/CPA and external audiences among health partnerships.

The evaluation will apply the OECD DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability. The discussion of the criteria may be integrated in the discussion of evaluation questions, but the relevant criteria should be indicated or a short summary per criterion should be included in the report.

The evaluation will be carried out as a **desk study** of all relevant documentation including partner reports and data collected by the CPA, complemented by **interviews** with relevant LMIC and UK institution staff and UK volunteers. The consultant will explore the feasibility of participating in a learning event in Ghana on the 21st of April, the cost of which will be included in the overall budget.

SCOPE OF WORK AND EVALUATION QUESTIONS

The evaluation will seek to answer the following specific questions focused on programme outcomes:

- To what extent have LMIC healthcare Institutions and the LMIC health workforce demonstrated improved practice related to AMS and prescribing practice?
- Are AMS strategies, guidelines and tools in place and being used in each LMIC healthcare institution? How useful are they?
- Have NHS staff demonstrated improved leadership skills and understanding of the global context of AMR in their work?

It will be guided by three overarching evaluation questions:

1. “Proof-of-concept”
 - a. To what extent has the CwPAMS programme improved antimicrobial stewardship in LMIC partner healthcare institutions?
 - b. Does the **health partnership approach** improve antimicrobial stewardship in LMIC partner healthcare institutions and staff?
2. What is the value to the NHS of its volunteers participating in the CwPAMS project, in particular how are skills and experiences absorbed within the UK healthcare institution, and is there evidence of a “skills exchange” between UK volunteers and their counterparts in the LMIC?
3. What is the potential for scaling up AMS in National AMR Action Plans?

The evaluation will also consider the following OECD-DAC Criteria:

- **Relevance**
 - How relevant was the support of CPA? THET? in terms of enabling LMIC/UK institutions to achieve the project goals?
- **Effectiveness**
 - To what extent were the objectives achieved?
 - What were the major factors influencing the achievement or non-achievement of the objectives?
 - Were the initial objectives realistic?
- **Efficiency**
 - Was progress achieved at reasonable costs?
 - Was the actual timeline of development and implementation realistic? Were the objectives achieved on time?

- Was the project implemented in an economically justifiable way under the given circumstances?
- **Impact**
 - What is the programme impact on the pharmacy workforce (upskilling, roles created, inclusion in/leading of AMS teams, policy groups etc.)?
 - How many and which health care workers (LMIC/UK) were reached?
 - Which factors contributed to the changes that were generated?
 - To what extent has CwPAMS generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects?
 - What is the benefit of CwPAMS to the NHS?
- **Sustainability**
 - To what extent has CwPAMS influenced AMS policy?
 - What systems have been put in place as a result that will influence sustainability?

TASKS AND RESPONSIBILITIES

Consultant's responsibilities

1. Preparatory work:
 - a. Establish a good understanding of CwPAMS through discussions with THET Grants and the CPA management teams and review of key background documents, reports, data and publications.
 - b. Identify information gaps and propose strategies for gathering critical additional information.
2. Evaluation design and implementation
 - a. Refine evaluation questions, design evaluation methodology, tools, plan for analysis.
 - b. Develop a list of informants and a detailed workplan in dialogue with THET/CPA team.
 - c. Write up inception report.
 - a. Conduct evaluation
 - b. Document, synthesise and analyse findings drawn from the document/data analysis, consultations, interviews.
 - c. Draft complete report of findings, analysis and recommendations.
 - d. Finalise report integrating comments from DHSC, THET/CPA.

THET/CPA responsibility (including country directors)

1. Share with the consultant information and data (Global Prevalent Point Survey, Anti-Microbial Stewardship, and VS analysis) which form part of what is to be analysed, essential background documents and other relevant reading. Provide and explain lists of documents, stakeholders and other information as needed.
2. Orient the consultant and be available for regular meetings to discuss details.
3. Review, comment and approve the inception report.
4. Support the consultant to implement agreed activities.
5. Comment on initial findings and the full draft report.
6. Draft a management response after the completion of the evaluation.

DELIVERABLES

The consultant will produce the following deliverables. All written materials must be in English submitted electronically in accessible formats.

1. Inception report with refined evaluation framework, detailed methodology including for analysis, work plan and draft report outline.
2. Draft of the full evaluation responding to the objective and scope of work in this TOR, maximum 25 pages long not including annexes
3. Final evaluation report incorporating THET/CPA comments and suggestions with a stand-alone ‘communicable’ executive summary that is no more than three pages long for sharing with donors and stakeholders.

PROPOSED TIMEFRAME AND BUDGET

The consultant is expected to carry out the evaluation and produce the deliverables between March and June 2020. All work must be completed, and final reports accepted no later than 19th June 2020. The evaluation will last no more than 25 working days. The Consultant will be expected to participate in one or two country learning events using them as opportunities for learning and data collection. Country visit dates and feasibility of visit will be discussed and agreed during the inception phase.

Suggested deadline for deliverables

Deliverable	Timeframe
Inception report	By 15 th April 2020
Full draft evaluation report	By 30 th May 2020
Final evaluation report	By 19 th June

The total budget for all consultant fees, international and local travel and accommodation in LMICs should not exceed GBP 15,000.

CALL FOR EXPRESSIONS OF INTEREST

THET is inviting expressions of interest from individual consultants or a team of consultants to carry out the evaluation of CwPAMS. In case of a team, the team leader will be responsible for coordinating the team and for all deliverables and their quality in accordance with the terms of reference. The team leader should be based in the UK but it is recommended that team members include colleagues from LMIC, have substantial experience working in or understanding of LMIC context.

Consultant selection will be based on the following criteria:

Sectoral understanding

- Excellent track record in the fields of health/health partnership evaluation, including knowledge of the geographic and institutional context
- Some understanding of tackling AMR
- Strong understanding of LMIC context

Evaluation expertise

- A clear, credible, and structured proposed methodology.
- Familiarity with relevant evaluation methodologies.
- Excellent ability to communicate in and write concise, readable and analytical reports in English,
- For the lead consultant if part of a team: strong credibility in the field, proven ability to manage the evaluation process, including recruiting and managing other team members as necessary.

- Availability during the required period.
- Be able and willing to engage/collaborate

Expressions of Interest should include:

- A one-page statement of capability introducing the evaluator(s) and their organisation, if relevant, and how the skills and competencies described above are met.
- A maximum four-page outline of the proposed evaluation process including:
 - The consultant's understanding of the assignment with initial comments to the terms of reference;
 - An outline of the proposed evaluation methodology;
 - Management arrangements; if a team is proposed, details should be provided on the specific role and contribution of each consultant.
 - A current CV for each consultant, preferably in short form.
 - An outline work plan with budget showing the major costs of the evaluation.
 - Confirmation of availability to complete the evaluation between March and June 2020.
- Any potential conflict of interest should be mentioned and shown how it will be overcome.

Deadline for submission of expressions of interest: **14th February 2020**

