

FUNDACIÓN  
**anesvad**

**Terms of Reference**

**Evaluation of the contribution of Fundación Anesvad  
to the World Health Organization "road map for neglected tropical diseases 2021-2030".**

**(02/07/2024)**

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## 1. INTRODUCTION

This document contains the Terms of Reference (hereafter “ToR”) for a consultancy to support Fundación Anesvad in the evaluation of the Foundation's contribution to the World Health Organization's (hereafter “WHO”) “Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030” (hereafter “the road map”)

In 2023, the Foundation's activity focused on 73 projects (many of them initiated in previous years) that ultimately aim to improve the quality of life of the population affected by Skin-related Neglected Tropical Diseases (hereafter referred to as “Skin-NTDs”), as well as the elimination, control and eradication of these diseases.

The projects supported by Fundación Anesvad are implemented through Governments, Research Centres, Social Enterprises, Civil Society Organisations, Affected Population Organisations and International Organisations. In total, the Foundation's activities are concentrated in 18 countries in Sub-Saharan Africa, mainly in West Africa.

Therefore, the **general objective** of this consultancy is to analyse how and to what extent Fundación Anesvad contributes to the WHO's road map through its projects<sup>1</sup>, in relation to the Skin-NTDs on which Fundación Anesvad's work is focused.

The evidence and results obtained from this evaluation will be used, internally, to improve management and informed decision-making and, externally, to communicate the contribution of the Fundación Anesvad to the Skin-NTD sector based on the standardised indicators and the theory of change proposed by the road map.

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<sup>1</sup> The 73 projects will not be evaluated for this purpose. Fundación Anesvad has identified around 30 projects that will be subject to this evaluation.

## 2. BACKGROUND AND CONTEXT

### 1. Fundación Anesvad

Fundación Anesvad is an independent and non-denominational foundation with more than 50 years of experience in the field of international development cooperation.

In 2015, Fundación Anesvad redefined its identity, decided to concentrate its action geographically and to promote the specialisation of its activity in Skin-NTDs, as well as the human rights-based approach and the cross-cutting perspectives of gender, disability, interculturality and environmental sustainability. All this was reflected in its Mission, Vision and organisational values.

In December 2022, Fundación Anesvad approved its Strategic Plan 2023-2026 for the next four years. The intention of the Foundation in this strategic cycle is to enhance the positive impact on people, families and communities affected by Skin-NTD in the countries where the Foundation operates. To this end, we are refining our Theory of Change which will allow us to outline the strategic guidelines and the basis for building a system for measuring and managing impact.

#### **Mission**

Our purpose as an organisation, the reason for our existence and our permanent what for is to *improve the quality of life of people and communities affected by Skin-NTDs.*

To this end, our mission is to *fight against Skin-NTDs in Sub-Saharan Africa by strengthening public health systems from a human rights approach.*

Fundación Anesvad's interventions will focus on contributing to the control, elimination and, where feasible, eradication of the Skin-NTDs that have a decisive impact on the living conditions of vulnerable populations in Sub-Saharan Africa. The deployment of the intervention strategy shall contribute to the improvement of the general level of health of the prioritised populations.

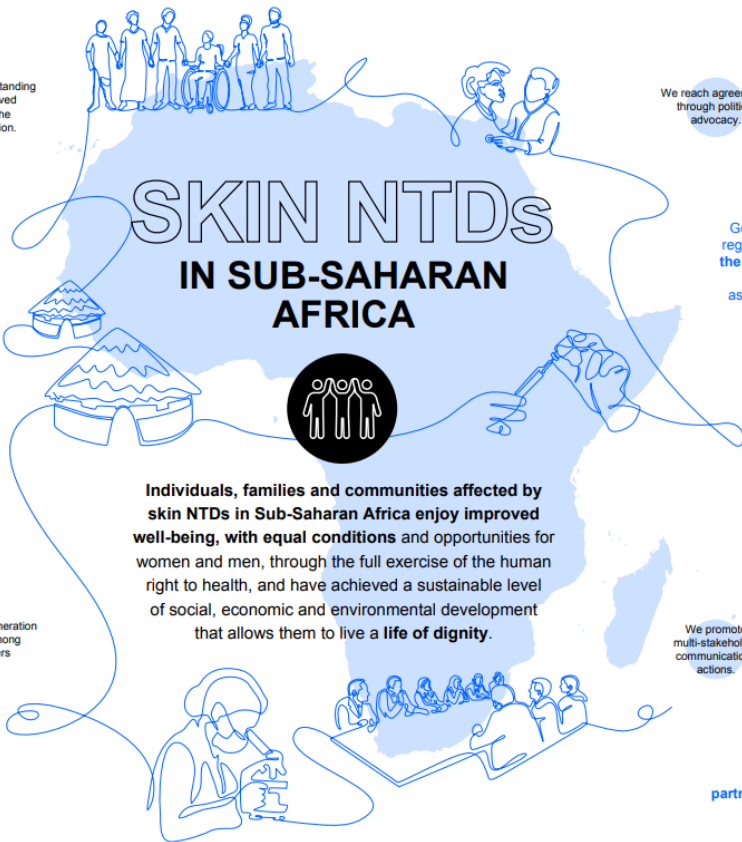
Anesvad will promote, encourage, accompany and, where appropriate, lead transformation processes that contribute to the effective fight against Skin-NTDs in Sub-Saharan Africa and, in general, to the effective exercise of the right to health of populations in situations of vulnerability, facilitating the necessary involvement and coordination of multiple actors, especially States through their governments, and promoting that people and communities are the main protagonists of these processes.

Fundación Anesvad is committed to making it easier for people in vulnerable situations to exercise their right to health through their own means, both public and community based.

The Foundation's priority area of action is international development cooperation, including education for social transformation as a complementary area of work.

#### **Vision**

Our vision is of *a world in which Skin-NTDs are not neglected and people have the possibility to enjoy good health, and with it, more opportunities to live a life of dignity.*



# SKIN NTDs IN SUB-SAHARAN AFRICA

Individuals, families and communities affected by skin NTDs in Sub-Saharan Africa enjoy improved well-being, with equal conditions and opportunities for women and men, through the full exercise of the human right to health, and have achieved a sustainable level of social, economic and environmental development that allows them to live a life of dignity.



## affected population

Individuals, families and communities affected by skin NTDs must be **actively involved in actions taken to address these diseases**, paying special attention to the most vulnerable groups.

We promote their economic development.

We strengthen their capacities.

We focus on the affected population.

We increase understanding as regards the lived experience of the affected population.



## governments

Governments must assume their obligations regarding actions in the area of skin NTDs and the **universal enjoyment of the Human Right to Health and women's rights**, as well as striving to do away with the discrimination arising from these diseases.

We reach agreements through political advocacy.

We strengthen the capacities of National Health Programmes.

We advocate for gender mainstreaming.

We ensure there is a greater results-based focus.



## civil society

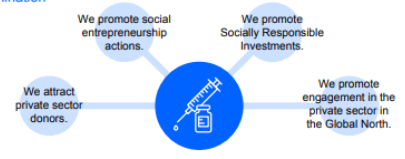
Civil society must be organised and coordinate actions with other public and private stakeholders, giving prominence to the affected population.

We attract public and private donors.

We bring civil society organisations on board.

We promote education actions by civil society in the Global North.

We strengthen their capacities.



## private sector

The private sector needs to mobilise resources for actions aimed at tackling skin NTDs related to the fulfilment of the Human Right to Health.

We attract private sector donors.

We promote social entrepreneurship actions.

We promote Socially Responsible Investments.

We promote engagement in the private sector in the Global North.



## knowledge

Knowledge must be generated and shared among stakeholders in order to improve prevention, diagnosis, treatment and rehabilitation for people affected by skin NTDs and to better understand the mechanisms that generate health inequalities.

We contribute to training and knowledge transfer.

We seek to influence the global health agenda.

We disseminate the knowledge we have acquired.

We generate our own knowledge based on our experiences.

We promote the generation of knowledge among the stakeholders involved.



## partnerships

Institutions and organisations involved in tackling skin NTDs need to develop partnerships and coordinated actions in order to help improve the lives of people affected or potentially affected.

We promote multi-stakeholder communications actions.

We promote coordinated action between stakeholders.

We coordinate the mobilisation of financial and non-financial resources.

We foster partnerships with the media.

● GOAL  
● REQUIREMENTS  
● CONTRIBUTIONS

anesvad  
FOUNDATION

## 2. The WHO Road map

The “Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030” is WHO's second plan to prevent, control and, where possible, eliminate and eradicate neglected tropical diseases. It aims to support different stakeholders - including people in endemic countries, international organisations and non-state actors - to achieve the road map targets by 2030 through a cross-cutting "One Health" approach.

The 2021-2030 road map sets global targets and milestones to prevent, control, eliminate or eradicate 20 neglected tropical diseases and disease clusters, as well as cross-cutting targets aligned with the Sustainable Development Goals. Of these diseases, 9 have cutaneous manifestations (the Skin-NTDs), which are the focus of Fundación Anesvad's work.

Of the **core quantitative indicators** foreseen in the road map, 24 are applicable in the case of Fundación Anesvad:

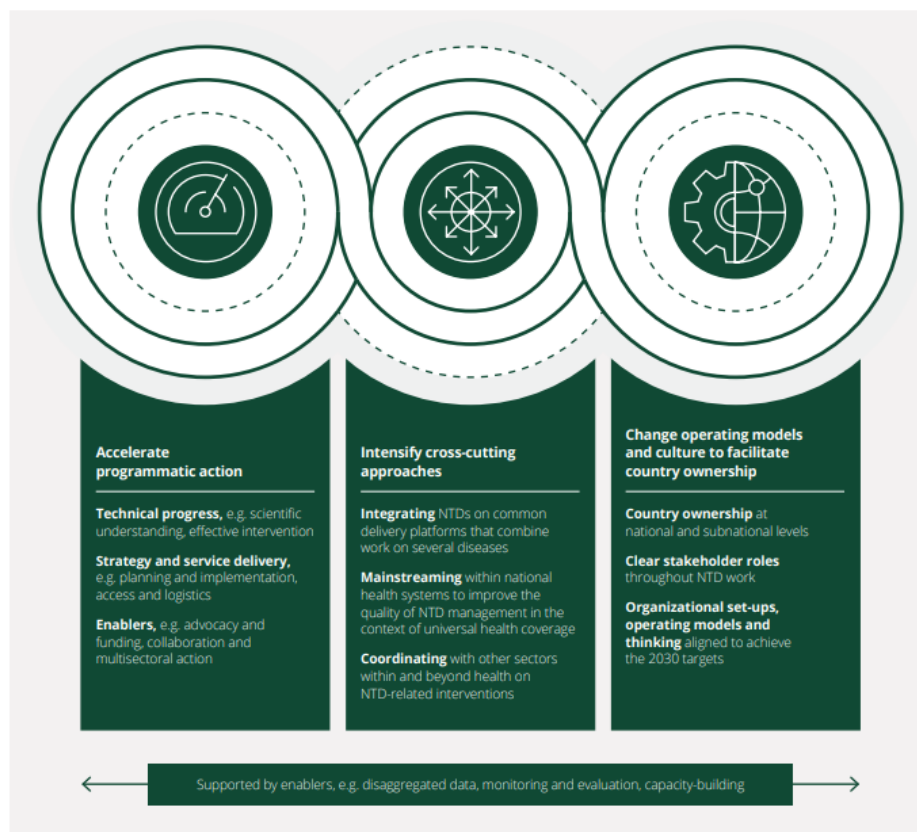
- 4 overarching indicators
- 10 cross-cutting indicators
- 20 disease-specific indicators

The Road map states that, in addition to these indicators, disease-specific programme surveillance, monitoring and evaluation should also be tracked.

Three **strategic pillars** will support global efforts to achieve the goals:

- Accelerating programmatic action (Pillar 1)
- Strengthening cross-cutting approaches (Pillar 2)
- Change operating models and culture to facilitate national ownership (Pillar 3).

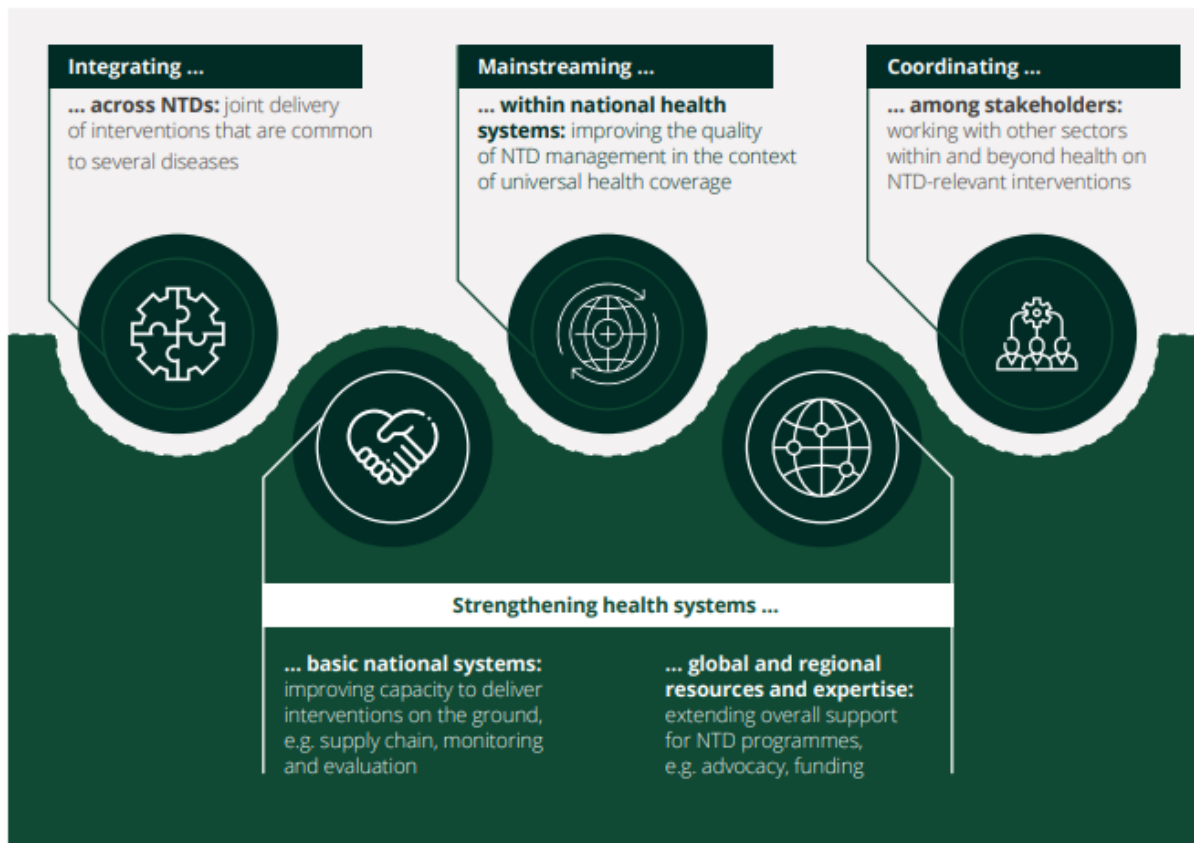
Fig. 5. Areas that require concerted action



In relation to cross-cutting approaches (Pillar 2), the road map considers strategic:

- Integrating across NTDs
- Mainstreaming within national health systems
- Coordinating among stakeholders

Fig. 13. Four categories of cross-cutting themes

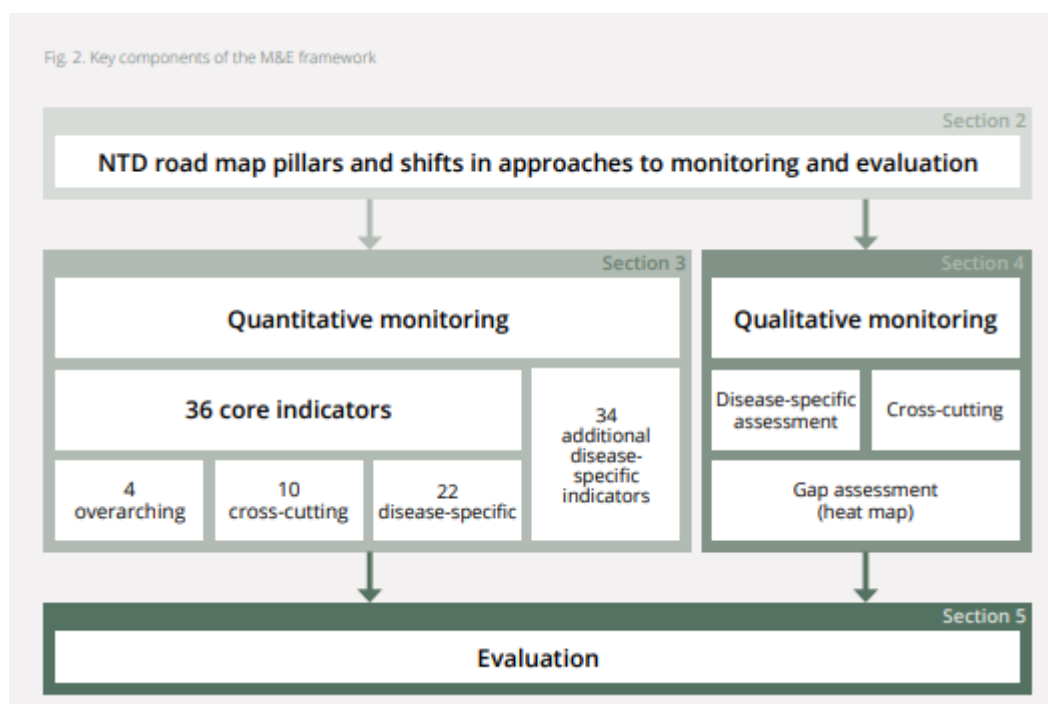


The road map organises the Pillars, implementation approaches and indicators outlined in a Theory of Change into *input*, *process*, *output*, *outcome* and *impact* levels, allowing progress in different dimensions to be analysed in an interrelated manner and under a common purpose: the control, elimination and eradication of the diseases.





The road map also proposes a general monitoring and evaluation scheme based on a quantitative and qualitative approach.



### 3. OBJECTIVES OF THE EVALUATION

The **overall objective** of this evaluation is to analyse the contribution of Fundación Anesvad to the WHO road map, in relation to the Skin-NTDs. The general questions guiding this evaluation are how and to what extent does Fundación Anesvad contribute to the road map?

The evaluation will be limited to Foundation's action in four countries: Ghana, Togo, Benin and Côte d'Ivoire, between 2017 and 2024. The projects identified by Anesvad Foundation team that will be the subject of this study are around *30 projects*<sup>2</sup> deployed in these countries, in this period, through Governments (Skin-NTDs National Programmes), Research Centres, Civil Society Organisations, Social Enterprises and the WHO.

The **specific objectives** of this evaluation are as follows:

**OBJECTIVE 1:** To identify the Theory of Change and indicators of the road map, as well as the Theories of Change and indicators of the Anesvad Foundation's projects. This will be followed by an analysis of their convergence.

- 1.1. Identify the road map Theory of Change and indicators (input, process, output, outcome and impact), which are applicable to the Skin-NTD. A total of 34 core indicators (4 global, 10 cross-cutting and 20 specific) according to Anesvad Foundation's analysis. In addition to these indicators, the action framework of the three Strategic Pillars must be considered.

<sup>2</sup> This figure is indicative, as it may increase or decrease depending on needs identified at a later stage. The list of projects should be updated at the beginning of the evaluation.

- 1.2. Identify the Theories of Change and indicators (input, process, output, outcome and impact) of the 30 projects identified by Fundación Anesvad. It should be noted that not all projects identified will be subject to a full analysis. This is because not all project activities are related to the dimensions envisaged in the road map. For the purposes of this assessment, we are only interested in those dimensions that are in line with the road map.
- 1.3. Analysis of the convergence between the theories of change and the indicators of the WHO road map and the Anesvad projects.
- 1.4. Visualization of this convergence on a chart or diagram.

**OBJECTIVE 2:** To collect quantitative data and qualitative information on the indicators and dimensions identified in Specific Objective 1 and to analyse the Fundación Anesvad's contribution to the WHO Road map based on this information.

- 2.1. Collect data on the quantitative core indicators of the road map and disease-specific indicators of the National Programmes<sup>3</sup>.  
For the collection of these data, triangulation of various sources (e.g. DHIS2, project monitoring reports and others WHO sources) will be carried out and a comparative analysis of the data will be made, thus identifying possible similarities and differences depending on the source.
- 2.2. Collect data on the rest of the indicators established in the Anesvad projects.  
Project monitoring reports will be used to collect this data, and if they are not available, insufficient or contradictory, written requests and/or interviews will be conducted with the Anesvad team and/or other local actors who can provide such data. If contact with local actors is necessary, it will be facilitated by the Anesvad team.  
In any case, it is not expected that there will be any travel to collect information to carry out this assessment. Therefore, any interviews will be conducted remotely.
- 2.3. Collect qualitative information from Anesvad projects regarding the fulfilment of the Strategic Pillars and other dimensions of the road map theory of change identified in Specific Objective 1.  
The data collection shall proceed in the same way as in point 2.2.
- 2.4. Analyse Fundación Anesvad's contribution to the WHO's road map based on the data and information obtained.
- 2.5. Construction of a database with the information and preparation of a report with the analysis carried out.

**OBJECTIVE 3:** Analyse difficulties or obstacles encountered in implementing the road map framework and make recommendations for corrective action.

- 3.1. Identify difficulties encountered throughout the evaluation, especially when trying to apply the theory of change and the indicators of the road map (e.g. lack of methodological developments or inconsistencies in the road map). Be as specific as possible and refer to

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<sup>3</sup> The projects funded by Anesvad with Skin-NTDs National Programmes in these countries are part of the 30 projects identified.

specific cases where difficulties have been encountered.

Among the difficulties, analyse those related to data collection, and the quality of the available data, especially in relation to the road map indicators and indicators of the Skin-NTD National Programmes. This will include an assessment of reporting systems as HMIS, mechanisms and tools established by WHO such as DHIS2. The roadmap itself specifies the sources to be used depending on the indicator.

- 3.2. After analysing the contribution of Fundación Anesvad to the data collection and reporting process (as part of Specific Objective 2) (e.g. training activities on monitoring and evaluation, or coordination of community actors or laboratories carrying out case detection with governments), it is worth analysing here the difficulties that may have been identified in this process.
- 3.3. Make recommendations for corrective action, which can be addressed both to WHO and governments (e.g. Objective 3.1) and to the Anesvad Foundation (e.g. Objective 3.3).
- 3.4. As part of the evaluation process, propose new internal organisational processes for decision-making and for communicating results to the sector.

#### **4. Inputs for the consulting team**

Once the consultancy is awarded and the contract is signed, the following deliverables will be available to the consultancy team:

1. Details of the projects to be included in the evaluation of this consultancy (around 30 projects), prioritised by the Anesvad team, in accordance with the theory of change, the indicators and the strategic pillars of the road map.
2. Formulation documents and interim and final monitoring reports for all projects to be evaluated.
3. Previous evaluations of projects and programmes and reports on the Foundation's performance that may be relevant to this evaluation.
4. WHO road map 2021-2030 and other WHO related documents.
5. The Anesvad team's reflections on the road map and its links to the projects to be evaluated, which can help the evaluation team to achieve its objectives.
6. An initial identification of key quantitative indicators (overarching, cross-cutting and disease-specific) that apply to the Anesvad intervention.
7. Contact details of the Anesvad Foundation team who can provide additional information or answer any questions about the projects being evaluated. The suitability of conducting interviews with local persons from the implementing stakeholders will be assessed internally.

## 5. Deliverables / Final services to be provided

The consulting team performing the consultancy shall deliver the following products/services during the implementation process:

1. Work **schedule** and **methodology** adjusted at the beginning of the consultancy.
2. First deliverable: first draft of the **Contribution Report** and **Database** (advance with 50% of the data collected) including convergence **Chart** between theories of change. In relation to Specific Objectives 1 and 2.
3. Second deliverable: second draft of the **Contribution Report** and **Database** (advance with 100% of the data collected) including improved convergence **Chart** between theories of change. In relation to Specific Objectives 1 and 2.
4. Third deliverable: first draft of the **Difficulties Report**. In relation to Specific Objective 3.
5. Fourth and final deliverable: final versions of the **Contribution Report, Chart, Database** and **Difficulties Report**, incorporating the improvements suggested by the Anesvad team during the previous deliveries.

In between the phases, once the drafts have been delivered, there will be reviews by the Anesvad team and feedback will be given to the evaluation team to improve the deliverables. There will also be fortnightly one-hour follow-up meetings, which will be held remotely and may be more frequent if deemed necessary.

In total, six **products will be** delivered during the evaluation:

- Work schedule
- Methodology
- Database
- Contribution Report
- Chart or diagram
- Difficulties Report

All products must be written in **English** or **Spanish**.

Regarding the **structure and presentation** of the reports, they should follow the following guidelines:

1. The Contribution Report shall be no less than 50 pages and no more than 80 pages in size 11 font. The Difficulties Report shall be no less than 25 pages and no more than 50 pages in size 11 font.
2. Both reports shall contain an Executive Summary page.
3. Both reports may contain annexes with additional tables and graphs.
6. Both reports must include a methodological section detailing the data collection process and the tools used. If this section is longer than 2 pages, the annexes can be used for more detail. A proposal detailing the data collection process would be most appreciated.
7. The conditions and limitations of the consultancy in data collection and analysis may be mentioned in both reports where appropriate but will be detailed and explained in the Difficulties Report. Suggestions for new procedures to be carried out by the Anesvad Foundation will also be made in this report.

8. In the case of interviews, the interview scripts and main results will be entered as Annexes.
9. The Contribution Report will be delivered with the Database. This DB must be delivered "clean", i.e. ready for further analysis. A document describing the categories used in the DB and their definitions will be attached.

## 6. METHODOLOGY AND WORK PLAN

### METHODOLOGY

The consultancy or evaluation team shall propose in the technical proposal, in as much detail as possible, the consultancy methodology to be used to achieve the proposed objectives. This methodology must make it possible to reasonably achieve the specific objectives set out in these ToR.

Suggest methods for gathering information to assess which best suits Fundación Anesvad's needs and capacities, as well as the feasibility of the project (limited by time and availability of data from official sources).

### WORK PLAN

The consultancy team will clearly describe in its proposal the work plan it will follow during its work, the interrelation with the person responsible for following up this work on behalf of Anesvad, the role of the rest of the team in each objective, the tasks/actions to be developed, the products it will present and their delivery dates.

It will also draw up a timetable detailing the duration of each phase of the consultancy.

## 7. TEAM CONSULTANT

The number of members of the consultant team will be proposed by the consulting entity (attach CVs of the proposed team). The consultant/team must meet the following requirements:

- ✓ Experience in impact monitoring and evaluation and data systems/sources at national and international level, demonstrable through work experience, collaborations, etc.
- ✓ Experience in monitoring and evaluation of the WHO road map, demonstrable through work experience, collaborations, etc.
- ✓ Experience in Public Health, specifically in reporting information through Ministries of Health / Governments to WHO and specifically in the sector of Neglected Tropical Diseases.
- ✓ Have worked with the data reporting systems and tools set out by WHO (e.g. HMIS-DHIS2)
- ✓ Skills in three languages: Spanish, English and French. Oral and written communication in English OR Spanish. Reading skills in the three languages<sup>4</sup>.
- ✓ Ability to use technology to work collaboratively with the Anesvad team. Access to Microsoft collaborative tools (e.g. Teams) is valued.

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<sup>4</sup> The proposal and consultancy may be developed in English OR Spanish. Regarding the three languages, only reading comprehension is requested because there may be project information provided in these languages.

In addition, the following will be considered:

- ✓ Experience in consultancy in the NGO sector, International Cooperation and Human Development in general.
- ✓ Have a background in Public Health
- ✓ Experience in consultancies, data collection and/or evaluations in Sub-Saharan Africa

The evaluation team, if applicable, will appoint a coordinator (Team Leader) who will be ultimately responsible for the work and the contact person with Anesvad.

## 8. PREMISES OF CONSULTANCY, AUTHORSHIP AND PUBLICATION

Anesvad considers it essential that the evaluation team maintains a professional and ethical behaviour that respects the following premises:

- ✓ **Anonymity and confidentiality.** Respect the right of individuals to provide information while ensuring their anonymity and confidentiality during the assessment.
- ✓ **Respect for the people** with whom I interact in the process regardless of their age, race, ethnicity, sex, sexual orientation and gender identity, religion, political opinion, nationality, social origin or disability.
- ✓ **Responsibility.** Mention in the report any disagreements or differences of opinion on the findings and/or recommendations, both among team members and within the Board of Trustees.
- ✓ **Comprehensiveness.** Highlight issues necessary for a more complete analysis of the Strategic Plan, even if they are not specifically mentioned in the ToR.
- ✓ **Independence.** No link with the management or elements that make up the Strategic Plan.
- ✓ **Validation of information (veracity).** The evaluation team guarantees the veracity of the information collected and will be responsible for the information reflected in the evaluation report.
- ✓ **Incidents.** Any problems that appear during the evaluation must be reported immediately to Anesvad. Otherwise, such problems cannot be used to justify the failure to achieve the results set out in these ToR.
- ✓ **Copyright and disclosure.** All copyright rests with the entity contracting the evaluation. Disclosure of the final products and information collected is the prerogative of Anesvad. In case of publication of the products, the evaluation team will be mentioned as the author of the product.

To ensure that the following premises are met, the consultant team will be asked to include in the proposal that it accepts the Code of Conduct of Fundación Anesvad, published together with these Terms of Reference.

**9. DEADLINES AND PAYMENTS FOR THE IMPLEMENTATION OF THE CONSULTANCY**

The timetable for the entire consultancy process is as follows:

**Administrative phase prior to consultancy:**

Activities	Dates
Publication of proposals	28 June 2024
Question periods	2 to 10 July 2024 5 to 9 August 2024
Receipt of bids for the consultancy	Until 16 August 2024
Assessment of proposals	19 to 23 August 2024
Publication of results and contact with consultant/selected team	26 August 2024
Signing of the contract and the consultancy between Anesvad and the consultancy team. A non-disclosure agreement (NDA) will be signed.	26 to 30 August 2024

**Consultancy Execution Phase:**

Activities	Dates
Kick-off meeting	02 September 2024
Work schedule and methodology adjusted	09 September 2024
Follow-up meetings with the Anesvad team	Dates to be determined at kick off
First delivery (with 50% of the data). Specific Objectives 1 and 2	30 September 2024
Second delivery (with 100% of the data). Specific Objectives 1 and 2	31 October 2024
Third delivery. Specific Objectives 3	15 November
Fourth and final delivery. Specific Objectives 1, 2 and 3	09 December 2024
Accompaniment: resolution of doubts (on request)	Until 15 March 2025

**Accompaniment**

After the delivery of the DB and final reports, the consulting team will accompany the Anesvad Foundation team in the doubts that may arise during the following months to achieve the best treatment of the information and that this leads to the most correct conclusions. The doubts can be resolved by email or, if necessary, through weekly one-hour meetings.

Notes:

- ✓ The contract will have an estimated duration of 3 to 4 months between the signature of the contract and the approval of the final report.
- ✓ These deadlines may vary slightly, depending on what has been negotiated with the contracted consultancy team, and are stipulated in the contract.

**Payments** will be made according to the following schedule, after delivery of the associated products and the corresponding invoice.

Deliverable	Payment rate
Work schedule and methodology adjusted at the beginning	30%
First delivery (with 50% of the data). Specific Objectives 1 and 2	
Second delivery (with 100% of the data). Specific Objectives 1 and 2	30%

Third delivery. Specific Objectives 3	
Fourth and final delivery. Specific Objectives 1, 2 and 3	35%
Accompaniment: resolution of doubts (on request)	5%

The supplier shall make provisions to cover all expenses related to the performance of the service. This includes, but is not limited to, the following:

Secretarial/office costs which may include communications (telephone, fax, telecommunications, mail, photocopying, courier, etc.), production of reports and secretarial services both at the supplier's headquarters and/or the consultant's office and at the place of performance of the service are deemed to be included in the supplier's financial bid. No additional costs of this nature may be charged.

No travel or on-site data collection will be required. It is envisaged that the consultancy will be carried out entirely remotely.

#### 10. PRESENTATION OF THE TECHNICAL AND FINANCIAL OFFER AND EVALUATION CRITERIA

The deadline for submission of the consultancy bid is **16 August 2024** inclusive. It must be submitted by e-mail:

- for the attention of Iñigo Lasa (inigolasa@anesvad.org) and Alba Linares (albalinares@anesvad.org)
- indicating as subject: REF: WHO road map evaluation

Tenders shall contain the following items and shall be evaluated as shown in the following table:

SECTIONS TO BE ASSESSED	DESCRIPTION OF CONTENTS	SCORE
<b>Methodological proposal</b>	<ul style="list-style-type: none"> <li>• Detail the working methodology.</li> <li>• Detailed timetable based on the minimum deadlines provided.</li> <li>• Detail the deliverables, indicating the information proposed to be included in each one.</li> </ul>	50% of the total
<b>Profile of the members of the consultancy team</b>	Specific team profile and CV of each member (according to the requirements set out in paragraph 8)	30% of the total
<b>Financial offer</b>	Evaluation of the budget submitted based on the technical offer	20% of the total
<b>FINAL SCORE</b>		<b>100</b>

For the follow-up of the evaluation, Anesvad will form an Evaluation Commission composed of the technical staff at headquarters and the evaluation team, whose main function will be to ensure the smooth running of the evaluation process. To this end, communication channels will be established between all the components to enable the sharing of information and decision-making.

Yours sincerely,

Alba Linares Quero, Director of Impact Analysis