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## Terms of Reference for an Independent Evaluator CwPAMS2 Programme

### **1. Introduction**

#### **THET**

THET is a global health charity working in partnership with governments, health institutions, and international bodies to train health workers and strengthen health systems across 31 countries. We do this through grants management and capacity building, alongside research, convening and advocacy towards the goal of Universal Health Coverage. At the centre of our approach, is the model of Health Partnerships, long-term relationships between UK and LMIC health institutions, which improve health services through the reciprocal exchange of skills, knowledge, and experience. At the heart of our work is vision of a world where everyone has access to healthcare.

Find out more at [www.thet.org](http://www.thet.org)

#### **Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) Programme**

The Commonwealth Partnerships for Antimicrobial Stewardship programme (CwPAMS) is a component of the wider Fleming Fund, a UK aid programme supporting countries across Africa and Asia to tackle antimicrobial resistance. CwPAMS started in 2018, leveraging the expertise of UK health institutions and technical experts to strengthen the capacity of the national health workforce and institutions in sub-Saharan Commonwealth countries, and address the challenges identified in their AMR National Action Plans.

Originally operating in Ghana, Tanzania, Uganda and Zambia, in 2021 the programme expanded to include Kenya, Malawi, Nigeria and Sierra Leone. In total, 26 grants were awarded during the first and extension phases across the eight countries.

CwPAMS 2 is being delivered as a grants programme that funds Health Partnerships projects, as well as workstreams delivered directly by THET and the Commonwealth Pharmacists Association.

Activities to address the significant global health threat of AMR include:

- Improving antimicrobial stewardship, including surveillance
- Building antimicrobial pharmacy expertise and capacity
- Enhancing infection prevention and control
- Improving the use of clinical microbiology and antimicrobial prescribing data to inform clinical decisions
- Enhancing the detection and reporting of substandard and falsified antimicrobial medicines

Grants are provided to health partnerships that implement projects in line with each country's National Action Plans (NAPs) on AMR. The first phase of the programme was delivered from 2018 to June 2022, followed by the current phase which runs until the end of December 2024 (CwPAMS 2), focusing on sustainable AMS practices, capacity building, and bidirectional learning. The evaluation will only be focused on the second phase of the programme, CwPAMS 2.

## Programme Outcomes and Workstreams

THET and CPA work in partnership with 24 Health Partnerships (HPs) across 8 countries to deliver a comprehensive 4.5-million-pound programme to address global antimicrobial resistance. The programme leverages international cooperation between health organisations working across hospital systems to improve the use of and thus conserve the efficacy of the antimicrobials, and strengthen systems of infection prevention and control (IPC), to reduce the frequency that these drugs are used.

The programme's overall intended outcomes are:

1. Antimicrobial consumption data is used to develop relevant stewardship interventions
2. LMICs, regions, institutions and workforce have improved sustained structures, knowledge and practice related to AMS through a One Health approach making progress against AMR National Action Plans
3. NHS institutions benefit through improved knowledge & capabilities of UK volunteers through bidirectional learning

The programme outputs are:

1. AMR workforce technical capacity: Improved capacity of LMIC healthcare workforce in areas of AMS and antimicrobial prescribing practice
2. AMR governance and leadership: Strengthened AMR governance and leadership at LMIC institutions
3. AMR data management and learning: Improved systems and capacity to capture and use AMR data to inform AMS interventions.
4. AMR awareness across One Health sectors: Improved opportunities to raise awareness of AMR and SF medicines amongst One Health groups.

The programme has also been designed around the Fleming Fund strategy, and there are a variety of technical workstreams (**in bold**) across grants that speak to these. THET works in partnership with the Commonwealth Pharmacists Association who provide technical oversight and leadership with regards to these technical workstreams:

- Improving antimicrobial stewardship, including surveillance (**AMS**)
- Building antimicrobial pharmacy expertise and capacity (**pharmacy**)
- Enhancing infection prevention and control (**IPC**)
- Improving the use of clinical microbiology and antimicrobial prescribing data to inform clinical decisions (**microbiology**)
- Enhancing the detection and reporting of substandard and falsified medicines (**SF meds**)

Additional technical workstreams are quality improvement and Point Prevalence Survey.

There is also a behaviour change component to the project and THET has engaged the expertise of the Change Exchange (Manchester University) who have supported some grantees in designing and measuring their activities.

## Grants

Health Partnerships, or grantees, are led by NHS Trusts who work in partnership with in-country health institutions. Most of THET's communication with HPs is through the HP Leads.

Across these 24 partnerships, each has their own specialised project addressing relevant needs in their institutions and aligning with national priorities for antimicrobial stewardship (AMS). Each HP has their own tailored MEL Plan that feeds into THET's overall programme Logframe. There are mandatory indicators for all

HPs, as well as mandatory indicators depending on the technical workstreams being implemented. THET has done some work to collate and code all of its qualitative data from grantees on Atlas.ti.

## **2. Purpose of the Consultancy**

We are seeking the services of an External Evaluation Consultant to perform a mainly desk-based evaluation of secondary data already collected during the programme. The aim is for the Evaluation to assess the effectiveness, efficiency, impact, sustainability, and relevance of the CwPAMS2 programme's activities and outcomes.

The purpose of this consultancy is to conduct an independent external evaluation of the CwPAMS2 programme to:

- Assess the broader impact of the programme across the 8 countries of implementation and the UK.
- Assess the extent to which the programme objectives and expected outcomes in the logframe have been achieved.
- Evaluate the effectiveness and efficiency of the programme's design and implementation, including grant management.
- Collect case studies for each country
- Identify lessons learned, best practices, and areas for improvement.
- Provide actionable recommendations to enhance future programme design and implementation.
- The evaluator(s) will work closely with the THET and CPA teams to navigate existing data and interpret results. The evaluator(s) may want to conduct interviews with THET and CPA and In-Country Consultants to bolster learning gleaned from existing data.

## **3. Scope of Work**

The consultant will be responsible for conducting a comprehensive, largely desk-based evaluation of the CwPAMS2 programme. The evaluation should focus on the following areas:

**Relevance:** Assess the relevance of the programme design and objectives in addressing the AMR challenges in the target countries and in their alignment with the National Action Plans (NAPs) on AMR.

**Effectiveness:** Evaluate the extent to which the programme achieved its objectives, including improvements in AMS practices, workforce capacity, and bidirectional learning for UK and LMIC partners.

**Efficiency:** Analyse the efficiency of the programme's management, including the use of financial and human resources, to achieve the desired outcomes.

**Impact:** Assess the impact of the programme on antimicrobial stewardship and awareness at healthcare institutions in the target countries and the UK.

**Sustainability:** Evaluate the sustainability of the programme's outcomes, particularly in terms of the continuation of AMS practices and partnerships beyond the programme's funding period.

**Lessons Learned and Best Practices:** Identify key lessons learned and best practices that can inform future programmes and partnerships focused on AMR.

**Case studies:** In-depth narratives of the changes, challenges and achievements from selected Health Partnerships (1 per country).

#### **4. Methodology**

The consultant is expected to propose a robust evaluation methodology that includes:

- a) Desk review of programme documents, including project proposals, progress reports, mid-term review, National Action Plans (NAPs). The programme is collecting a large amount of evaluation data which should form the bulk of secondary data for this programmatic evaluation:
  - **MEL portal** (quantitative) - completed by health partnerships for all reporting periods
  - **Narrative reports** (qualitative) - completed by health partnerships for all reporting periods
  - **AMS assessment tool** (qualitative) - completed by health facilities pre- and post-programme
  - **ALF-A Fellowship evaluation** (quantitative and qualitative) - data collected throughout, as well as pre- and post-programme. (surveys, interviews, etc.)
  - **Substandard and Falsified medicines survey** (mostly quantitative) - completed by health professionals pre- and post-programme
  - **NHS volunteering data** (quantitative and qualitative) – surveys and interviews with UK NHS staff and volunteers about professional and institutional development
  - **Observational data** from in-country visits (qualitative)
  - **Hub and Spoke model evaluation** (qualitative) – interviews with In-Country Consultants (ICCs) and THET and CPA teams
  - **Laboratory/microbiology data** (mostly qualitative) – a report compiling observational and survey data
- b) Key informant interviews with THET, CPA and ICCs.
- c) Collation of case-studies of selected health partnerships to provide in-depth analysis of the programme's impact and effectiveness (1 per country).
- d) Triangulation of data to ensure the validity and reliability of findings.

#### **5. Deliverables**

The consultant will be expected to deliver the following:

**Inception Report:** A detailed report outlining the evaluation framework, methodology, data collection tools, and a work plan with timelines.

**Draft Evaluation Report:** A comprehensive report including an executive summary, methodology, findings, conclusions, case studies and actionable recommendations.

**Final Evaluation Report:** A revised report incorporating feedback from key stakeholders.

**Presentation of Findings:** A presentation to key stakeholders to discuss findings, lessons learned, and

recommendations.

## **5. Duration and Timeline**

The consultancy is expected to take place between December and March with a preliminary presentation of findings before the 23rd February 2025 and a first draft of the final report by 2nd March. The final draft must be submitted by 17th March. The indicative timeline is as follows:

- Weeks 1 - 2 : Onboarding and inception phase, document review, and development of any necessary data collection tools. Culminating in an inception report that includes an analysis framework.
- Weeks 3 – 8: Data collection, analysis, collation and presentation of preliminary findings.
- Weeks 9 - 11 : Drafting of report, review and finalisation.

## **6. Person Specification**

<b>Person specification</b>	<b>Essential</b>
<b>Qualifications</b>	Advanced degree in public health, international development, social sciences, or a related field.
<b>Experience</b>	Proven experience in conducting evaluations of complex global health programmes, particularly in LMIC settings.
<b>Knowledge</b>	Knowledge of antimicrobial resistance, antimicrobial stewardship, and health systems strengthening.
<b>Skills</b>	Excellent analytical, writing, and presentation skills.  Ability to work independently and communicate effectively with diverse stakeholders.
<b>Values</b>	Strong commitment to THET’s cause and values.  Highly motivated  Flexible and adaptable.  Intercultural sensitivity and awareness.
<b>Other</b>	The candidate must be willing to work in insecure areas and travel to rural areas.  THET is an equal opportunity employer, and any form of canvassing will lead to

	automatic disqualification.
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**7. Budget and Payment Schedule**

A detailed budget should be submitted as part of the application. Payment will be made in instalments upon the completion of key deliverables as outlined in the contract. The programme has a budget of £20,000 for this desk-based evaluation.

**8. Contractual responsibilities**

The contract will terminate latest March 31st 2025. The Consultant will be remunerated following submission of timely invoices.

Receipts must be kept, where possible, in order to claim for support costs. Consultants will not be expected to use their own funds to cover project-related costs.

**Invoice process:** Invoices must be submitted by the consultant as per the payment schedule in the contract in £ GBP and the [HRMC exchange rate](#) used to calculate any support costs expenses. The monthly exchange rate to be used should match the month the costs were made.

**Reports to:** THET Monitoring Evaluation and Learning Consultant (MEL Lead for CwPAMS2) and the THET Programme Manager for CwPAMS2.

**9. How to apply**

Interested consultants or consultancy teams are requested to submit the following:

- A cover letter detailing relevant experience and qualifications.
- A technical proposal outlining the proposed methodology, work plan, and budget.
- CVs of the consultant(s) involved.
- Two references from previous clients where similar work was undertaken.

To submit an application, please send required documentation to [jobs@thet.org](mailto:jobs@thet.org) by **midnight 30<sup>th</sup> November**.

## ANNEX 1 – TROPICAL HEALTH AND EDUCATION TRUST (THET)

One billion people will never see a qualified health worker in their lives. For over thirty years, THET – [www.thet.org](http://www.thet.org) - has been working to change this, training health workers to build a world where everyone has access to affordable and quality healthcare. We do this by leveraging the expertise and energy of the UK health community, supporting health partnerships between hospitals, colleges and clinics in the UK and those overseas.

From reducing maternal deaths in Uganda to improving the quality of hospital care for injured children in Myanmar, we work to strengthen local health systems and build a healthier future for all. In the past ten years alone, THET has reached over 100,000 health workers across 31 countries in Africa, the Middle East and Asia in partnership with over 130 UK institutions and UK health workers who have contributed over 60,000 days of their time as volunteers. Health partnerships have contributed to more effective and efficient health systems in low- and middle- income countries (LMICs).<sup>1</sup> They also benefit the UK health sector through improved health professional competencies, motivation, health service innovations and global influence.<sup>2</sup>

THET is a fund manager for health partnership grants programmes on behalf of UK government and corporations. [Health partnerships](#) are long-term, institutional relationships between health organisations in the UK and their counterparts in LMICs, and are based on ideas of co-development, reciprocal learning and mutual benefit. Staff from UK health institutions volunteer their time developing and carrying out health systems strengthening activities at their LMIC partner institution, be that training, curriculum development, leadership and governance, etc.

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<sup>1</sup> Tripleline, HPI, *HPS Evaluation Synthesis Report*, 2016: [http://iati.dfid.gov.uk/iati\\_documents/5641071.pdf](http://iati.dfid.gov.uk/iati_documents/5641071.pdf)

<sup>2</sup> THET, *In our mutual interest*, 2016: <http://www.thet.org/resource-library/in-our-mutual-interest>