|  |  |  |  |
| --- | --- | --- | --- |
|  **The Presidency** | **Federal Ministry of Health of Nigeria**  | **Federal Ministry of Budget** **and National Planning of Nigeria** | C:\Users\bpedersen\Dropbox\Z\unicef.gif |

**Terms of References**

**Independent Evaluation of the Effectiveness & Impact of the Sustainable Development Goal**

**(SDG 3-Healthy Lives) in Nigeria**

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Abuja, 24 June 2019

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# **Context and Object of the Evaluation**

## Country situation

The achievement of the 2030 Agenda for Sustainable Development so as to “Leave No one is behind”, is an important global commitment for United Nations member states and development partners. Nigeria is the most populous country in Africa – with approximately 198 million people in 2018, as well as the largest economy in Africa – with 2018 Gross Domestic Product (GDP) estimated at N136 trillion. Its governance structure comprises of a Federal Government, 36 state and the Federal Capital Territory and 774 Local Government Areas (LGAs). Nigeria’s Arms of government include the Executive, Legislature and the Judiciary.

Despite Nigeria’s huge economic potentials and demographic advantage, the country is faced with numerous socio-economic and heath related challenges. These include; high incidence of Household poverty and youth unemployment; high under-five mortality rate (about 132 deaths per 1,000 live birth) and high prevalence of stunting, put at 37% according to NDHS, 2018. At least 10.5 million children are reported ‘out of school’ (UNICEF, 2018), and many children are affected by insurgency-induced-violence. The persistent insecurity in North-East and some parts of the North-West and North-Central geo-political zones presents a major threat to economic and social development.

Nevertheless, the stable political environment, strengthened by the conduct of a successful 2019 general elections, provides the much needed enabling environment for economic and social development in Nigeria. Following the 2016 economic recession, caused largely by the sharp fall in global oil prices, Nigeria developed medium-term national development plan, tagged: Economic Recovery and Growth Plan (ERGP) 2017-2020. The ERGP aims to restore growth, invest in people, and build a globally competitive economy.

Specific to the Health Sector, the National Strategic Health Development Plan (NSHDP) 2010-2015 was extended until 2017, and a New NSHDP II (2018-2022) was officially launched in 2019. Both Government and donors are expected to contribute to the attainment of the Plan’s strategic objectives, aligned to SDG-3 on ‘ensuring healthy lives and promoting well-being for all at all ages’. This is to be achieved through the strengthening of primary healthcare and the expansion of secondary healthcare services across the country.

Legal and Policy frameworks for the health sector in Nigeria are stipulated within: i) the 1999 constitution of the Federal Republic, which considered healthy live as constitutional right, ii) the National Health Act (NHAct) 2014, which defines the overall legal framework for the development and implementation of Health iii) the National Health Policy (2016), which specifies Nigeria’s commitment to the attainment of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) as: ‘Promoting the Health of Nigerians to Accelerate Socio-economic Development’. The NHAct (2014) specifies minimum service package for all, through the establishment of the Basic Health Care Provision Fund (BHCPF). An established functional National Council on Health (NCH) plays a critical institutional decision-making role in guiding the Federal Ministry of Health on its leadership responsibility of Coordination of Health.

## Evaluation Objectives

This Independent SDG evaluation will focus on SDG-3, which aims to achieve healthy lives in Nigeria by 2030. During the SDG Evaluation Capacity Building Workshop held in Lagos between February 4th and 8th, 2019, on SDG evaluation capacity building, participants from the OSSAP-SDGs, the MBNP, relevant Ministries, Departments and Agencies (MDAs), United Nations Agencies, development partners, Academia and the CSOs agreed **to prioritize the high level of maternal and under-five mortality as key priority issues related to SDG-3,** for which in-depth evidence should be generated for better learning of what worked in health sector and what didn’t work? Why? and what are the key drivers that Government and development partners can act on to accelerate progress to achieve SDG-3 by 2030 in Nigeria?

Figure 1 shows the current increasing trend of Under-five mortality, which is quite challenging vis-à-vis the universal commitment to reduce Under-five Mortality Rate (U5MR) to 25 deaths per 1,000 birth lives during the next 11 years.

**Figure 1: Current Trend of Under-five Mortality in Nigeria**

|  |
| --- |
|  |

Nigeria implemented a National Strategic Health Development Plan (NSHDP I) for the period 2010-2015, later extended to 2017. An NSHDP II has been developed for the period 2018-2022; this Health Sector Strategic Plan aims to reduce Under-five mortality from 120 deaths per 1,000 live births estimated by MICS 2016-2017 to 64 deaths; and Maternal Mortality Rate from 576 maternal deaths per 100,000 live births estimated by NDHS 2013 to 288 by the year 2022.

**The Focus of the SDG3 evaluation will be to assess the effectiveness and impact of the Health Sector Strategic Plan’s contribution towards achieving SDG3-Healthy Lives in Nigeria and Learn from past experiences and State comparative advantages.**

Overall, six (6) strategic impact/outcomes are considered regarding the Maternal, Neo-natal and Child Health (MNCH) component. The relevant sectoral SDGs have been mainstreamed into the NSHDP II.

1.2.1. Expected Results of the National Strategic Health Development Plan II (2018-2022)

Table 1 summarizes the desired changes (impact and outcomes) and key measurement indicators + targets of NSHDP II (2018-2022).

Table 1: Outcome, Measurement Indicators and Targets of NSHDP II

|  |  |  |
| --- | --- | --- |
| **Strategic Objective** | **Indicators** | **Targets in 2022** |
| **1-Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after child birth** | **Maternal mortality ratio (deaths per 100,000 live births)** | **288** |
| Skilled attendance at delivery | 57 |
| % pregnant women attending 8 ANC visits | 80 |
| % mothers receiving postnatal services within 48hrs of theirdelivery | 50 |
| % PHC providing BEmONC services | 80 |
| % LGAs with health facilities providing CEmONC services | 50 |
| 2-Strengthen prevention, treatment and rehabilitation services for fistula care in Nigeria | % reduction in national incidence of obstetric fistulae | 50 |
| % reduction of treatment backlog of obstetric fistula cases | 30 |
| 3-Promote demand and increase access to sexual and reproductive health services (family planning and post abortion care) | Contraceptive prevalence rate | 43 |
| % reduction in unmet FP need among all females ofreproductive age | 50 |
| % of all health facilities offering post abortion care | 7 |
| **4-Reduce neo-natal and childhood mortality and promote optimal****growth, protection and development of all new-born and children under five years of age** | Neonatal mortality rate (neonatal deaths per 1000 livebirths) | 18 |
| Infant mortality rate (infant deaths per 1000 live births) | 38 |
| **Under-five mortality rate (deaths among children under 5****years per 1000 live births)** | **64** |
| 5-Improve access to adolescenthealth and young peopleinformation and services | % increase in proportion of health facilities offeringcomprehensive adolescent friendly reproductive and sexualhealth services | 50 |
| % increase in utilization of adolescent reproductive healthservices | 50 |
| % reduction in incidence of unplanned pregnancies amongadolescent females | 50 |
| 6-Improve the nutritional status of Nigerians throughout their life cycle with a particular focus on vulnerable groups especially children under five years, adolescents, women of reproductive age and the elderly | % increase in exclusive breastfeeding rate in the first sixmonths of life | 60 |
| Incidence of low birth weight | 10% |
| Prevalence of childhood wasting | 10% |
| Prevalence rate of stunting in under-fives | 20% |
| % reduction in childhood overweight | 50 |
| Prevalence of malnutrition among women of reproductiveAge | 5% |

1.2.2. Theory of Change (ToC) of NSHDP II (2018-2022)

A Theory of Change (ToC) has been developed for NSHDP II (2018-2022) showing clear logical matrix between strategic interventions, outputs, outcomes and impact. This ToC will serve as the basis for the independent evaluation, in addition to the ToC of the Flagship programme mentioned in Section 4 - Scope of the evaluation.

Figure 2: Desired Change

**Desired Change: SDG-3 is achieved -More children have healthy lives: Under-Five Mortality is reduced to 25**



**Problem/Issue: High Under Five Mortality Rate (120 deaths per 1,000 live births as of MICS 2016-2017)**

# **Purpose of the Evaluation**

The Independent Evaluation of SDG-3 on ‘Healthy lives and wellbeing’ was commissioned by government of Nigeria, through the Office of the Senior Special Assistant to the President on SDGs (OSSAP-SDGs) for the purpose of i) learning, ii) accountability and iii) evidence-based Voluntary National Review Report in 2020. Federal and state governments, Development actors and key stakeholders would like to know what is working well and how? What didn’t work and why? Key findings would be used to fast-track and accelerate progress in the next 11 years of the 2030 Agenda for sustainable development and the SDGs.

1. **Learning:**

The independent evaluation will provide in-depth understanding of the key drivers of success and challenges to achieving the health sector strategic objectives during the four years’ implementation of SDGs in Nigeria (2016-2019). This will enable evidence-based policy advocacy and fine-tuning strategies and operational support to accelerate the achievement of SDG-3 targets on maternal and child health by 2030.

1. **Accountability:**

This independent evaluation will provide sound evidence to demonstrate the effectiveness and impact of the NSHDP I + NSHDP II from 2016 to 2019 with regards to the ToC and expected outcomes stated above, in ensuring Nigeria’s progress towards achieving SDG-3 on ‘healthy lives and wellbeing for all’.

1. **SDGs Voluntary National Review 2020:**

The key findings of this independent evaluation will be used to strengthen evidenced-based Nigeria’s SDGs Voluntary National Review Report in 2020. This is expected to enhance credible participation of Nigeria during strategic debate and to influencing global vision at the UN High-Level Political Forum on Sustainable Development in 2020.

**Table 2: Independent Evaluation Users:**

| **Evaluation Users** | **Uses** |
| --- | --- |
| Presidency – Office of the Senior Special Assistant to the President on SDGs (OSSAP-SDGs) | * To inform the President about success and challenges of SDG-3 and their explanations for adequate evidence-based policy decision making (1-page summary);
* Organize National Forum of strategic debate of lessons learned and required corrective measures;
* To integrate findings and lessons learned into Nigeria NVR 2020 and influence global policy advocacy at UN High Level Political Forum in New York.
* To lead on adequate policy decision/responses to conclusions and recommendations of the evaluation through the adoption and operationalization of acceleration strategies & actions;
* To lead on bi-annual follow up Management Responses of Planned Actions.
 |
| Federal Ministry of Health | * To accelerate and improve the implementation of the existing National Strategic Health Development Plan II (NSHDP 2018-2022);
* To introduce more innovative SDG3 high impact interventions as part of implementation strategy.
 |
| Ministry of Budget & National Planning | To ensure adequate evidence-based National Budget Planning for Health Sector; adopt rigorous method of use of Theory of Change for deliberations on budget. |
| Ministry of Finance | Use evidence for adequate budget allocation and expenditures to Health Sector and funding of Health Flagship programmes/project. |
| Parliament | To ensure appropriate budget review/allocation to health Sector and follow up of Nigeria’s progress to meet country’s engagement for SDGs.  |
| Departments and Agencies | To introduce innovative SDG-3 friendly strategies as part of annual operational plans. |
| Other line Ministries | Consider the systematic integration of SDG-3 friendly good practices and lessons learnt into their respective sectoral plans/strategies and operational plans.  |
| State Ministries of Health | * To strengthen the implementation of the existing States Strategic Health Development Plan II (SSHDP 2018-2022); and
* To introduce more innovative SDG-3 friendly interventions as part of implementation strategy.
 |
| Development Partners | Re-alignment of programme support and accountability. |
| Nigerian Association of Evaluator (NAE) | Follow up on evaluation recommendations and advocacy.  |
| CSOs/NGOs | Evidence-based Advocacy and programming. |
| Academia | Learning and further research. |
| Private Healthcare Service Providers | Improvement in service delivery. |
| Private Sector | Programme support, realignment of investment strategies and corporate social responsibilities. |

# **Evaluation Objectives**

The objectives of this independent evaluation are to:

1. Assess the relevance and the coherence of the National Strategic Health Development Plan II (NSHDP II) vis-à-vis SDG-3 targets related to maternal health and child survival, in line with the SDG principles of Universality, Equity, ‘Leaving no one behind’, Human Rights and Sustainability.
2. Determine the Theory of Change (ToC) outcomes (intended and unintended outcomes and impact) in the implementation of health strategic flagship programmes to improve Healthy lives as spelt out in SDG-3 and NSHDP I and II.
3. Analyze how the programme strategies and supporting interventions combine to contribute to the observed changes.
4. Identify key driving factors (explanations) as well as strengths and weaknesses (bottlenecks) in the implementation of selected strategic health programmes, with focus on the three main strategic interventions of the ToC related to Leadership/Governance, Partnerships/Participation/investment used, and the organization/provision of healthcare package services.
5. Draw lessons learnt that could be applicable to Nigeria and other countries in the region regarding the achievement of SDG-3.
6. Generate key recommendations, to be validated by all stakeholders to address the identified challenges/bottlenecks that will help government at all levels and development partners to accelerate progress and achieve SDG-3 on ‘Healthy lives’ in Nigeria.

# **Scope of the Evaluation**

## Thematic scope

This Independent evaluation of SDG-3 on ‘Healthy lives’ is considered a high level national development priority. Thus, it will focus specifically on assessing the merit of the National Strategic Health Development Plan (NSHDP I and II) and to identify the key drivers for accelerating the achievement of SDGs in Nigeria. The evaluation will assess progress made in relation to the NSHDP’s Theory of Change (ToC) as stated below:

1. Efficiency of achieving expected outputs indicators related to:
	* Strengthened primary healthcare system
	* Improved package of essential healthcare services
	* Improved quality of healthcare services
2. Effectiveness of the three (3) outcomes related to:
	* Increased coverage of essential healthcare services
	* Increased utilization of essential healthcare services
	* Reduced out of pocket healthcare expenditure
3. Intended impact in the reduction of: i) Under-five mortality, child mortality & neo-natal mortality, ii) Maternal Mortality iii) Morbidity (communicable diseases) and iv) morbidity related to non-communicable diseases and un-intended impact;
4. Causality Analysis: Bottlenecks/Determinants Analysis of reduction of U5MR or stagnation/slow progress of U5MR: Package of Services Coverage and 10 Determinants Factors.

The Evaluation shall cover the following thematic programmatic areas:

1. Maternal, Newborn and Child Health;
2. Nutrition;
3. Prevention of Mother-to-Child transmission of HIV/AIDs;
4. Supply and access to essential medicines.

This evaluation will equally look at the linkages existing between SDG-3-Health and other related SDGs (e.g. SDGs 1, 2, 6). In line with guiding principles of the SDGs agenda, this evaluation will also assess the dimensions of equity, gender and human rights in relation to the attainment of SDG-3 in Nigeria.

## Geographic scope

The Independent evaluation of the effectiveness and impact of the NSHDP will cover the implementation of the NSHDP in all the states and the FCT. However, primary data collection will take place in selected number of states, indicated in section 6.3 related to the methodology of Quasi Experiment Design (QED), making sure that equity is taken into consideration.

Hard-to-reach groups will be included in respect of equity principle.

## Periodic scope

The Independent evaluation will cover the period from 2016 to 2019 (4 years). However, a long-term (10-year period) will be considered for the trend analysis of impact indicators of Maternal Health and Child Survival since 2010. This 10 years’ retrospective trend analysis of Impact and outcome indicators will contribute to improve better understanding of the predictive probable future of achieving SDG-3.

**Figure 3: Long-term Retrospective Period of SDG-3 Evaluation**

Graph: Long term retrospective period of the SDG3 Evaluation for trend & causal analysis of U5MR

U5MR = 120

What Worked, what didn’t Work and why? To reduce U5MR?

U5MR = 25

SDG Target

2015

2025

2030

VNR 2020

2010

# **Evaluation Criteria and Questions**

## Evaluation Criteria

The evaluation will assess the **Relevance, Impact, Effectiveness, Efficiency and Sustainability** of the 5-Year NSHDP. These criteria are well aligned to the Five (5) universal OECD DAC standard criteria for evaluating development assistance and are defined in Table 3. Five other ‘cross cutting’ criteria linked to SDG Principles are added, namely, Universality, Equity, Human Rights, ‘Leave no one behind’ and Gender sensitivity. For each criterion, the judgement of the merit of the NSHDP in contributing to the achievement of SDG-3 in Nigeria will be undertaken using specific quantitative indicators. This is in addition to qualitative data collection and analysis of beneficiaries and stakeholders. Details of indicators for the measurement of each universal criterion/principles for SDGs evaluation will be provided by the Evaluation Team in the ‘Inception Report’.

## Evaluation Questions per Criteria

This independent evaluation will enable government and stakeholders to get answers to the following questions. It will contribute to the understanding of key drivers and challenges to the achievement of SDG-3 targets related to Maternal mortality and Under-five mortality in a complex context, as in the case of Nigeria, with wide geographical coverage and huge demography.

**Table 3: Evaluation Criteria and Questions**

| **Evaluation Criteria** | **Evaluation Questions** |
| --- | --- |
| Relevance/ Appropriateness | * R1: Are overall Health Sector policies, strategies in coherence with SDG-3? Is SDG-3 well mainstreamed into NSHDP II ?
* R2-What is the added value of SDG-3 for NSHDP?
 |
| Effectiveness | * Ef1: What is the status of SDG-3 in relation to the indicators in Nigeria? What progress have been achieved towards the overall three (3) Outputs and three (3) Outcomes of the NSHDP’s ToC and targets/ indicators of the Result Framework/Log-frame?
* Ef2: What are the key issues that should be addressed in sustainable development policy & strategy?
* Ef3: To what extent were the strategies and tools used in the implementation of the programmes able to achieve expected outcomes?
* Ef4: To what extent did the following Flagship Programmes in the Health Sector achieve overall expected results: i) Save One Million Children, ii) Immunization Programme, iii) Malaria Programme, iv) PMCT Programme, v Nigeria State Health Investment Project?
 |
| Efficiency | * Ec1: What are the mechanisms in place for the achievement of SDG-3 and Targets?
* Ec2: How timely was the mobilization/availability of human and financial resources for the implementation of the strategic programmes?
* Ec3: How timely were procurement and distribution of essential drugs implemented? To what extent has access to essential medicines been scaled up?
* Ec4: What is the Value for Money (Cost effectiveness) of interventions?
 |
| Impact | * I1: To what extent were the expected changes in individual healthy lives achieved (Impact and Outcome)?
	+ the reduction of under-5 mortality rate, per key group in the state
	+ the extent to which Maternal, Newborn and Child health have been improved;
	+ the extent to which progress have been made in preventing Mother to Child transmission of HIV;
* I2: What are unintended impact that happened in communities or institutional system?
* I3: Causality: Are there any challenges in achieving the key strategic objectives? What are the challenges and strengths?
* I4: What are the main driver’s factors of reduction of under-five mortality in the period 2000-2012 for learning; What are the driver factors of stagnation or increasing of U5MR during the recent 7 years period 2012-2018 – Bottlenecks Determinants Analysis.
 |
| Human Rights & ‘leave no one behind’ | * HR1: How are the human rights -based approach and the ‘Leave no one behind’ principles of Agenda 2030 realized in Nigeria in relation to Healthy lives?
* HR2: To what extent has the human rights-based approach integrated into Health Sector Programming within Key Flagship Programme design and implementation?
 |
| Sustainability | S1: To what extend effective systematic participation of all stakeholders (individuals, communities, local institutions, states and federal stakeholders) in design, implementation, financing and M&E of Health Programmes is functioning to sustain the gains made in achieving Impact, Outcomes and Outputs? |
| Gender Equality | GE1: To what extent the National Strategic Health Development Plan (NSHDP) and flagship programmes incorporated considerations of gender equality and the empowerment of women and girls into the design, implementation and monitoring of interventions?  |
| Equity | * Eq1: To what extent did the NSHDP targets the poorest and helped reduce inequalities between the wealthier groups and the poorest groups?
* Eq2: To what extent were the barriers (and their causes) to access basic services in the targeted areas, identified and addressed as part of the overall Programme strategic priorities?
 |
| Universality | Us1: To what extent the child rights for fully integrated universal healthcare package/services are available and benefiting mothers and children?  |

# **Methodology of the Evaluation**

## Overview of the Evaluation Design

The complexity of this first global initiative of evaluating SDGs (high level strategic focus) requires a creative thinking and innovative design that will combine mixed methods and approaches that will enable the generation of credible evidence for objective evaluation of the effectiveness and impact of SDG-3 implementation in Nigeria. The evaluation of SDGs is uncommon compared to the usual evaluation of projects and programmes. The design and methodological approach could be a ‘mix’ of theory-based, quantitative/qualitative, quasi-experimental in relation to the set-out evaluation criteria & questions.

Given the multi-faceted nature of the evaluation questions, the use of mixed-methods is recommended. While the use of quantitative methods (e.g., the conduct of an end-line survey and the analysis of secondary household survey data, such as household surveys conducted by national government and statistics office) will provide an insight on the magnitude of the change attributable to the NSHDP, the use of qualitative methods will enable in-depth understanding of contextual factors that most have influenced the implementation processes and the target populations’ response to the different interventions.

## Recap of available evidence

This independent evaluation will capitalize on existing data, evaluations, studies, researches and monitoring systems from national institutions, development actors and academic institutions. Some of these existing evidences will be used for trend analysis and for the triangulation with primary Household (HH) data to be collected during the evaluation.

Key reference sources of available accurate data and evidence that will be used for assessing trends of impact and outcomes indicators of theory of changes are as follow:

* MICS 2011; MICS 2016-2017; NDHS 2018
* SDGs Baseline Indicators Report 2016; and Nigeria VNR Report 2017
* HIV-AIDS HH Survey 2018
* Nigerian Living Standard Survey (NLSS) 2018-2019
* Geo-Reference Infrastructure and Development Survey (GRID3) (MBNP)
* Health Facilities Assessment Report
* NSHIP (Results-Based Financing) Impact Evaluation 2017 Report in 3 pilot states (plus 3 comparison states – QED)
* Annual Nutrition SMART Surveys
* Joint Annual Review of Health Sector
* Evaluation of NSHDP I 2010-2016
* Health Policies, Strategies and Programme Documents
* Annual Performance Monitoring Progress Report of Flagship programme
* National Health Information System Report (Statistical Year Book on Health)
* Studies and researches completed in Health thematic areas.

Summary synthesis of key relevant studies, researches and evaluations completed for Health Sector during the last 10 years will be undertaken and serve as key evidence support documents to the independent evaluation.

## Quasi Experimental Design

With respect to the impact evaluation questions, a Quasi-Experimental Design (QED) will be used. SDG principles of Universality, Equity, ‘Leave no one behind’ impose to assess geographic inequality in status of child survival by state and to assess why some States are lagging in relation to SDG-3 target of reducing Maternal and U5 Mortality Rates. Based on MICS 2016-2017 findings, geographic disparity of U5MR shows a wide gap - low U5MR in Edo State (U5MR of 16) and very high U5MR in Zamfara State (U5MR of 210). Zamfara’s U5MR is over 4 times the SDG-3 target of 25 by 2030.

The QED approach will consider the assessment of the NSHDP I &II and their flagship programmes in Six (6) carefully selected states, for comparative analysis and diversity:

* **Two (2) ‘High performing’ states in terms of progress towards achieving SDG-3** in Nigeria (i.e. low level U5MR): **Edo State** (UMR of 16 – SDG-3 already achieved) and **Kwara State** (U5MR of 33 deaths for 1,000 live births);
* **Two (2) ‘transiting states’ (from bad to good and vice versa) on SDG-3**: **Anambra State** (U5MR of 57 in South-East) and **Taraba State** (U5MR of 97 in North-East);
* **Two (2) ‘Low performing’ states in terms of progress towards achieving SDG-3** in Nigeria (i.e. high level of U5MR): **Zamfara State** (U5MR of 210) and **Kano State** (U5MR of 199).

The geo-ecologic/climatic, political and economic/public financing context of those three categories of states provide interesting contexts for comparative trend analysis of impact and outcome indicators from HH Surveys and in-depth causal analysis and determinants[[1]](#footnote-1) of drivers of success and shortfalls for better understanding of why the differences between states in the achievement of SDG-3. These will provide useful learning across the states. For example, what makes significant difference between Edo and Kwara states with Zamfara and Kano states vis-à-vis SDG-3, in relation to Maternal and Child survival? Are contextual differences, such as demographic dividend, economic growth, insecurity, public financing (GDP per capita for Health), human capital, governance, social norms and family behavior responsible for this? Or are these variations caused by inequality and availability/access to high impact social services?

Table 4 and figure 5 summarize the overview of inequity in SDG3-U5MR between States that serves as selection criteria of those 6 states for the application of Quasi-Experiment Design approach in assessing the Impact and generating solid evidence and explanations. Four types of quantitative data sources and analysis will be performed:

1. Secondary data analysis of existing Nationwide Household Survey: DHS 2018, MICS 2016-2017 and etc.
2. Completion of primary quantitative data collection through representative **Household Survey in Sampled LGAs, Communities and a total of 1,000 Sampled HH per State** (**total sampling of 6,000 Household for 6 States**); Indicators from HH surveys will focus on impact & outcomes and services coverage of MNCH + Nutrition + WASH indicators for evidence on Impact Evaluation’s Criteria;
3. Analysis of routine administrative data of HMIS, WASH MIS, etc.
4. Monitoring Data: both on Resources and Programme Management.

Figure 4: Four levels of comparative analysis will be conducted for each of the six (6) states with reference to the ToC:

IMPACT

OUTCOMES

OUTPUTS

Bottlenecks/Determinants Analysis: i) Enabling Environment, ii) Supply, iii) Demand, iv) Quality of Services using UNICEF’s Equity Determinants Analysis Framework (MORES); reference to Tanahashi

Figure 5: Below Conceptual Framework of the five groups of proximate determinants on the health dynamics of a population as defined by Mosley & Chen[[2]](#footnote-2) will be helpful to the HH Survey Tools and Causal Analysis.



**Source: Mosley & Chen, 1984**

Detailed Methodology and Sampling method of calculation and selection of the Quantitative Primary Household Data collection will be developed and submitted within the Evaluation Inception Report by the bidders/Consult Firm for review by the Technical Working Group on SDGs Evaluation (TWG-SDGEVAL) and the National Steering Committee.

Flexibility and opened technical discussions will be organized between the TWG-SDGEVAL and the Consult Firmin in building consensus on HOW of feasible adequate methodology to meet expectations in dealing with complexity.

**Table 4: Comparison group of 3 categories of states based on U5MR vis-à-vis SDG-3**

|  |  |  |
| --- | --- | --- |
| **Very High Level of U5MR**  | **Medium Level of U5MR** | **Very Low Level of U5MR** |
| **Worst Situation of States Very Far vis-à-vis SDG3-UM5R Target of 25 in 2030** | **Intermediate Status of States vis-à-vis SDG3-UM5R Target of 25 in 2030** | **Better Status of States very close to achieve SDG3-UM5R Target of 25 in 2030 (Best Model of Performing States /Treatment Group for Learning of WHY/HOW)** |
| **Name of State** | **U5M Rate** | **Name of State** | **U5M Rate** | **Name of State** | **U5M Rate** |
| **Zamfara** | **210** | Taraba | 97 | Enugu | 50 |
| **Kano** | **199** | Yobe | 96 | Ebonyi | 47 |
| Jigawa | 186 | Imo | 94 | **Kwara** | **33** |
| Bauchi | 163 | Plateau | 93 | **Edo** | **16** |
| Kebbi | 157 | Kogi | 93 |   |   |
| Gombe | 146 | Borno | 87 |   |   |
| Katsina | 137 | Abia | 86 |   |   |
| Sokoto | 135 | Osun | 85 |   |   |
| Niger | 129 | Akwa Ibom | 85 |   |   |
| **Nigeria** | **120** | Adamawa | 84 |   |   |
| Nasarawa | 119 | Oyo | 83 |   |   |
| Bayelsa | 104 | Ogun | 82 |   |   |
|   |   | Kaduna | 80 |   |   |
|   |   | Ekiti | 76 |   |   |
|   |   | Benue | 73 |   |   |
|   |   | Rivers | 70 |   |   |
|   |   | Ondo | 68 |   |   |
|   |   | FCT-Abuja | 65 |   |   |
|   |   | Lagos | 65 |   |   |
|   |   | Delta | 63 |   |   |
|   |   | Cross River | 58 |   |   |
|   |   | Anambra | 57 |   |   |

The successful Consultancy Firm will explore the feasibility to consider combining Propensity Score Matching (PSM) with Difference-in Difference (DID) analysis among the 3 group of states using Primary HH Survey Data. Some alternative or complementary innovative techniques could also be used, including Attribution Analysis and Qualitative comparative analysis.

2 States Champion achieved SDG3

2 States in worst situation very far from SDG3 Target of 25 U5MR in 2030

Key References sources of the Quasi Experiment Design and Impact Measurements are as below – Consultants Team will read for better application:

* the UNICEF Impact Evaluation Methodological Brief No. 8 on “Quasi-Experimental Design and Methods” by Howard White and Shagun Sabarwa[[3]](#footnote-3);
* the 2012 DFID Working Paper Series on “Broadening the range of designs and methods for Impact Evaluation”15 by Stern et al; and
* the UNICEF Impact Evaluation Methodological Brief No. 9 on “Comparative Case Studies” by Delwyin Goodrick.

## Qualitative Methods

Qualitative information will be collected through the following methods:

* Programme document review: this would include an in-depth analysis of programmes progress reports, studies, surveys and past evaluation produced for the Health Sector;
* Summary synthesis of key relevant studies, researches and evaluations completed for the Nigerian Health Sector during the last 10 years will be undertaken and serve as key support documents for the independent SDGs evaluation;
* Semi-structured interviews with the staff of institutions and organizational partners of Health Sector (Health Development Partners Group), with the required programme’s institutional memory and who are, for the most part, still available. Partners include, government agencies, NGOs, and the Donors. UNICEF can help provide a list of key informants and institutions, based on research criteria recommended by the Evaluation Team.
* Focus Group Discussions (FGDs) will be undertaken at community level during the HH Survey with key beneficiaries of health services: Mothers, Adolescents, Village Health Workers and Community leaders, as well as religious groups.
* Direct observations: Visits to selected communities will provide more specific evidence and answers to the evaluation questions.

Detailed methodology for sampling of FGDs and targets participants will be developed and submit by the consultant team.

## Other Methodological considerations

Taking into consideration the principle of equity, the design and specific methodology put forward by the Consulting Firm will need to reflect the aspect of equity-focused results. Therefore, next to the measurement of the average effect size of health interventions, some strategies (e.g. equity-based sampling) will need to be included in the suggested methodology so as to capture the impact of the Flagship Policies/Programmes among marginalized households and communities, whose experience and response to the program may not be fully captured by random sampling.

## Data Processing & Analysis

As this evaluation design is using a theory-based approach which implies investigating the programme’s Theory of Change and programme logic, the independent evaluation team will analyze both quantitative and qualitative data at the same time to develop a rich analysis of breadth and depth. Applying ‘Contribution Analysis’[[4]](#footnote-4) provides a structured approach to collecting and reviewing data and developing a ‘contribution story or narrative’. For the collection and analysis of the qualitative data which will require gaining an understanding of changes in knowledge, attitudes and practices, a mixed methods approach is judged as the most appropriate.

### **Quantitative data analysis**

For the quantitative survey we will be using a ‘quasi-experimental approach. The analysis of data gained from the different surveys to assess what has worked, for whom and in what ways will use potentially statistical software to carry out analysis of determinant factors (applying Multi Variate Regression Analysis) to show intervention effects and using SPSS Software for Regression Analysis of determinants factors of U5MR from the HH Surveys or DHS 2018 using the Mosley & Chen (1984) Conceptual Framework presented in previous section:

* The data from the quantitative survey will be reviewed to assess its contribution to the key questions. Scoring and rating tools will be used to highlight specific examples of data;
* Data will be reviewed to draw out the key issues arising and to look for potential patterns, similarities as well as differences and challenges;
* The findings will be reviewed against other similar studies as well as the literature review;
* The findings will also be used to inform the qualitative field assessment.

### **Data Entry, Management and Quality Assurance for the HH Survey**

Field Data collection will be undertaken using new technology (CAPI). The Consulting Firm will apply an electronic data gathering system for the quantitative survey, such that data will be uploaded daily to a ‘secure cloud’, allowing a real-time examination of data quality and daily feedback to the field teams should any problems with the data arise.

Analytical quality assurance will be ensured by the presence of Statistical expert among the evaluation team, who will embed QA throughout the design, collection and analysis phases. The Statistician/Data Analyst Expert will also ensure that when the quantitative results are brought alongside the other parts of the analysis that necessary caveats and any assumptions underpinning the applicability and generalizability of the analysis are clear.

### **Quality Assurance of data collection for field studies**

The evaluation team is structured to ensure a balance of national and international evaluation and health experts. In addition, expertise in gender and social development will be provided by the evaluation team. The field visits will be structured to maximize the opportunities for evaluation team members to gather data and to obtain the perspectives of different stakeholders, especially those who are normally/often overlooked or excluded. All tools will be fully developed prior to field visits and will be tested by the local team.

# **SDGs Evaluation: Governance & Quality Assurance**

The conduct and completion of this independent evaluation of SDG-3 is anchored within the existing institutional governance eco-system of SDGs coordination in Nigeria. The Office of the Senior Special Assistant to the President on SDGs (OSSAP-SDGs) was established at the Presidency to provide leadership and coordinate the planning and implementation of the 2030 Agenda for Sustainable Development and the SDGs in Nigeria. The Senior Special Assistant to the President on SDGs provides overall leadership and guidance at all stages of the SDGs evaluation process, in close coordination with the Ministry of Budget and National Planning, relevant MDAs, and the technical and financial support of the UNICEF Country Representative and Heads of UN Agencies and Development Partners. This high level strategic institutional framework will ensure engagement of line Ministries and partners and lead to the effective utilization of evidence generated by this independent evaluation for adequate policy and strategic measures to accelerate SDGs’ progress in Nigeria.

The Governance eco-system of this Independent SDGs Evaluation in Nigeria is as follows:

## National Steering Committee (NSC) of SDGs Evaluation

The Senior Special Assistant to the President on SDGs (SSAP-SDGs) will set up a National Steering Committee (NSC) on SDG Evaluation. The role of the NSC is to provide strategic leadership and guidance in the conduct and eventual uptake of this independent SDGs evaluation in Nigeria. This includes the provision of political commitment, ownership and high-level technical guidance.

The Main Terms of Reference (ToR) for the National Steering Committee (NSC) on SDGS Evaluation are as follow:

* **Ensure adequate visioning, decision making, engagement and buy-in among Governments and development partners, and the eventual uptake of the Independent SDGs evaluation findings** by the respective MDAs, UN Agencies and Development Partners, Private Sectors to accelerate SDGs progress in Nigeria.
* Review and approve the purpose, scope and the design of the independent evaluation of the three (3) selected SDGs (SDG 1, 3 4) as well as to provide feed-back on the evaluation ToRs.
* Support the selection process for the contracting of the independent evaluation team and their mission in Nigeria, to be managed by UNICEF Nigeria.
* Facilitate all processes of accessing documents and the required agreements for the conduct of the independent SDGs evaluation;
* Review and approve all expected deliverables mentioned in section 8, namely:
	+ The Inception Report of the evaluation of each SDG-1, 3 and 4;
	+ The Draft1 Final Report after review by the Technical Working Group;
	+ The Final High-Quality Copy-edited Report, including Foreword and Photos;
	+ One-page summary paper for the attention of His Excellency, the President of Nigeria and a Policy Brief Paper for Policy Advocacy; and key lessons learned for incorporation into the Nigeria VNR Report - 2020.
* Participate in the key meetings with the evaluation team and the launch dissemination of final printed report;
* Provide feedback that can be formally acted upon by the evaluation team;
* Advise on the Management Response/Actions to the Evaluation.

The NSC on SDGs Evaluation will comprise of the following members:

1. Hon. Minister of Budget and National Planning (Chairman)
2. Hon. Minister of Health
3. Hon. Minister of Education
4. Hon. Minister of Finance
5. Hon. Minister of Women Affairs and Social Development
6. Hon. Minister of Youths and Sports Development
7. Hon. Minister of Labour and Employment
8. Hon. Minister of Agriculture and Rural Development
9. Special Adviser to the President, National Social Investment Programme (NSIP)
10. Senior Special Assistant to the President on SDGs (SSAP-SDGs) (Secretariat)
11. Statistician General of the Federation
12. Chairman National Population Commission (NPoPC)
13. UNICEF Representative in Nigeria
14. UNDP Resident Representative
15. DFID Country Director
16. Director General SMEDAN
17. Private Sector Advisory Group on SDGs (PSAG-SDGs)
18. Civil Society: President of Nigerian Association of Evaluators

## Technical Working Group of SDG Evaluation in Nigeria

In early December 2018, the SSAP-SDGs approved the conduct of an Independent Evaluation of priority SDGs in Nigeria in order to ensure evidence-based SDGs reporting via the National Voluntary Review. Nigeria is due to submit its VNR 2020. Thus, to ensure the smooth conduct of this independent evaluation, the SSAP-SDGs established a Technical Working Group on SDGs Evaluation (TWG-SDGEVAL) in Nigeria, in coordination with the Federal Ministry of Budget and National Planning and UNICEF Nigeria. The TWG-SDGEVAL was able to organize the SDGs Evaluation Capacity Building Workshop held in Lagos between February 4-8, 2019. It involved about 45 participants drawn from relevant MDAs and development partner institutions and aimed to build their capacity on SDGs evaluation and to develop draft Terms of Reference (ToR) for the proposed SDGs evaluation.

The TWG-SDGEVAL has the following ToR[[5]](#footnote-5):

1. To work closely with the NBS during the review and validation of SDGs Indicators as part of the ongoing re-alignment of the National Statistical System with the requirements and indicators of the SDGs.
2. To identify and recommend 1-3 priority SDGs for UNICEF-funded Independent Impact Evaluation that will strengthen Nigeria’s 2020 NVR report.
3. Work with and mobilize other stakeholders and partners in support of evaluation and reporting of the SDGs in Nigeria.

The TWG-SDGEVAL has the following members:

1. Dr. Lawal Zakari - Director, National Monitoring and Evaluation at MBNP, Chair of the TWG-SDGEVAL
2. Dr. Robert Ndamobissi - Evaluation Manager, UNICEF
3. Engr. Ahmad Kawu - Director, Monitoring and Evaluation, OSSAP-SDGs
4. Dr. Bala Yunusa - Senior Technical Advisor, OSSAP-SDGs
5. Dr. Ify Ukaegbu - Education/Special Assistant on Programmes, OSSAP-SDGs
6. Rose Keffas - Special Assistant MDAs, OSSAP-SDGs.
7. Representative of the National Bureau of Statistics (NBS)
8. Director Health Planning Research and Statistics, Federal Ministry of Health.

The Technical Working Group will guarantee adequate design and the coordination of the operationalization of the SDGs evaluation and will play critical role in Quality Assurance of deliverables submitted by the Independent SDGs evaluation team before submission to the National Steering Committee (NSC) for review and approval. The TWG-SDGEVAL will ensure the organization of all meetings, workshops and dissemination.

## Timely Management of the SDGs Evaluation

This independent SDGs evaluation will be managed directly on a daily basis by the UNICEF’s Evaluation Manager, in inter actions with Section Chief of Health at UNICEF and in close liaison with the Office of Senior Special Assistant to the President on SDGs (OSSAP-SDGs), the Director of Monitoring and Evaluation at the Ministry of Budget and National Planning and the Director of Health Planning, Research and Statistics at the Federal Ministry of Health.

Key management actions will include:

* Co-lead with the Office of the Senior Special Assistant to the President on SDGs (OSSAP-SDGs) and the Federal Ministry of Budget of National Planning in collaboration with the Federal Ministry of Health, the coordination of all stages of the independent SDGs evaluation in Nigeria, leveraging partnerships with UN agencies, Development Partners, Academia, Nigeria Evaluation Association, nationally and internationally.
* Ensure adequate guidance and facilitation support to TWG-SDGEVAL and NSC on SDGs evaluation in Nigeria.
* Lead on UNICEF’s internal contracting process for the engagement of Consulting Firm in direct collaboration with UNICEF’s Supply Section/Operations,
* Organize and facilitate the inception and all meetings between the Evaluation Team and the TWG-SDGEVAL and the NSC.
* Organize and facilitate Conference calls with the evaluation team where necessary.
* Be the main Focal Point for all communications with the Evaluation Team and with the NSC.
* Facilitate the communication and coordination between the Evaluation Team and various stakeholders.
* Provide strong technical quality assurance on all evaluation design, tools and documents (including key deliverables and interim products) in order to ensure high quality compliance with universal standards of evaluation, defined by UN Agencies (UNEG and UNICEF) in inter actions with the TWG-SDGEVAL. To play critical role of technical guidance to Evaluation Team and review and feed-back the Evaluation team on Drafts documents for revision/improvement until it meets comfortable level of improved quality in respect of evaluation norms of quality before submission to the NSC.
* Support the dissemination of the evaluation findings and strategic debate and the implementation of the management response.
* Support the development of Policy Brief Paper and the insertion of key conclusions and lessons learned into the Nigeria VNR Report 2020.

## Independent SDGs Evaluation: Consulting Firm Team

The independent evaluation team will be responsible for conducting the SDGs evaluation as described in the Terms of Reference (ToR) and in their detailed proposal. The Evaluation Team Leader, more specifically, will oversee the following:

* Oversight and management of team members.
* Focal Point for all communications with UNICEF Nigeria.
* Orientation and training of team members, and enumerators where applicable.
* Responsible for meeting deadlines and quality of all evaluation products and deliverables.
* Principal author of the Final Report and Policy Brief Paper.

## Oversight Quality Assurance of SDGs Evaluation

In addition to country led responsibility in managing the SDGs evaluation, an oversight Quality Assurance Review system of SDGs Evaluation Design and Report will be implemented systematically using the following external capacities:

* + UNICEF Regional Evaluation Adviser for West and Central African Countries, based in Dakar, Senegal.
	+ Independent credible Institute of Evaluation, based in Canada – Universalia - using the existing Service Contract between UNICEF & Universalia for the Quality Review of Evaluation and Research Papers funded by UNICEF Nigeria.
	+ UNICEF Director of Independent Evaluation Office, based at HQ in New York, for the global review feed-back comments and endorsement of quality of ToRs, Inception Report, and Final Evaluation Report.
	+ DFID Office of Quality Assurance based in UK.

As Nigeria is the first country in the global South to commence the process of an Independent SDGs evaluation (all other countries are learning from Nigeria), the TWG-SDGEVAL in Nigeria will explore opportunities for knowledge sharing and getting contributions from the global International Organization for Cooperation in Evaluation (IOCE). Others include the African Evaluation Association (AfrEA) in the area of oversight and quality assurance of SDG evaluation in Nigeria. This entails building strong country case for replication by other countries and influencing the development of missing global guidance of SDGs evaluation globally.

# **Evaluation Expected Deliverables-Outputs**

The following are the key expected results that will be produced by the Independent Evaluation Team and submitted to UNICEF, OSSAP-SDGs, MBNP and the National Steering Committee (NSC) for review and validation:

1. Summary synthesis of existing studies, researches, Assessments, evaluations on Health sector
2. Evaluation of SDG-3 Health Detailed Inception Report
3. Preliminary Findings – PowerPoint presentation at Stakeholders Workshops.
4. Draft0 Final Analytical Full Report reviewed and commented by the TWG-SDGEVAL.
5. Draft1 Final Analytical Full Report revised and submitted to NSC
6. Draft2 Revised Final Analytical Report submitted to UNICEF & OSSAP-SDGs for approval.
7. PowerPoint presentation to the Official Launch Dissemination Event of the Hard Copy Quality Edited Print Out Report and High Level Policy Strategic Debate; and Minutes of Strategic debate and Actions Points from the Official Dissemination
8. High Quality Copy Edited Policy Brief Paper for Public Advocacy towards Decision Makers + Key messages for insertion into Nigeria VNR Report 2020.

# **Evaluation Work Plan**

**Table 5: SDGs Evaluation Work Plan 2019**

| **Activity** | **Key deliverable** | **Deadline** |
| --- | --- | --- |
| ***Phase 1: Inception***  |
| Activity 1.1: Remotely initial work: Skype Call (Kick-off meeting) & Sharing key documents in Drop Box | Meeting Minutes | Week 1 (1st week of July 2019) |
| Activity 1.2: Country Visit Inception Meeting with Stakeholders | Minutes of Clear High Demand from Stakeholders useful to develop adequate Inception Report | Week 2 (Mid-July 2019) |
| Activity 1.3: Initial Desk Review of existing evidence; finalization of the evaluation matrix, development of methodology and work plan; development of the data collection material; drafting of the inception report  | Summary Synthesis of existing Researches, Studies, evaluations, etc.Draft0 Inception Report submitted to UNICEF, OSSAP-SDGs | Weeks 3-6 (Mid-August)  |
| Activity 1.4: National Steering Committee Meeting in Abuja; Review and approval of the final inception report  | **Final inception report**  | Weeks 8-10 (end August 2019) |
| ***Phase 2: Data collection and analysis***  |
| Activity 2.1: Elaboration and submission of Ethical Protocol to the Ministry of Health Ethics Committee and Finalization of Tools | * Ethical Protocol submitted to Ethics Committee Review/Approval
* Final Tools of Data collection
 | Week 11 (1st week of September) |
| Activity 2.2: Enumerators’ training  | Training Curriculum  | Week 12 (Mid-Sept) |
| Activity 2.3: Data collection and iterative data analysis  | Field Data Collection completedSecondary Data Analysis of existing HH Surveys + Routine Statistics  | Weeks 13-16 (1rst Week of October until Mid-November) |
| Activity 2.4: Debriefing meeting right after the end of the field data collection  | PPT on preliminary debriefing  | Last day of Week 16  |
| Activity 2.5: Data Processing and Data Analysis + Transcription/Analysis of Focus Group Discussions  | Statistical Tables produced, and Trend Analysis completed | Weeks 15-18 (End November 2019) |
| ***Phase 3: Reporting and communication of results***  |
| Activity 3.1: Drafting and submission of the evaluation report, of the summary PowerPoint, of the evaluation key findings/messages  | TWG-SDGEVAL & review and discussions of key findings and recommendationsDraft0 Full Evaluation Report  | Weeks 19-20 (Mid-December 2019) |
| Activity 3.2: National Steering Committee Meeting - Review of the Draft1 SDG3 Evaluation Full Report based on the stakeholders’ feedback and resubmission of the final report  | Week 20-21 (1st week of January 2020)  |
| Activity 3.3: Finalization and Quality-Copy Editing and signature of Foreword of the Final SDG Evaluation Report  | Final Quality Copy Edited Report including photos and Foreword signed jointly by UNICEF, OSSAP-SDGs and MBNP | Week 22-23 (February 2020)  |
| Activity 3.4: Official Launch dissemination Event in Abuja; Presentation of final report findings, conclusions and recommendations  | Meeting of key strategic decision of the official launch | Weeks 24-26 (End March 2020)  |
| **Phase 4: Policy Brief Paper and Public Advocacy** |
| Activity 4.1: Summary key messages for inclusion into VNR | Key messages from SDGs Evaluation included into Nigeria VNR Report 2020 | March 2020 |
| Activity 4.2: Elaboration of Policy Brief Paper | High Quality Copy Edited Policy Brief Paper is published | April, 2020 |
| Activity 4.3: Elaboration of Article for international journal | Article developed and submitted to Evaluation Journal | June, 2020 |

# **Ethical Considerations**

The SDGs evaluation will follow UNICEF guidelines on the ethical participation[[6]](#footnote-6). In addition, all participants in the evaluation will be fully informed about the nature and purpose of the evaluation and their requested involvement. Only participants who have given their written or verbal consent (documented) will be included in the evaluation. All the documents, including data collection, entry and analysis tools, and all the data developed or collected for this evaluation are the intellectual property of the Government of Nigeria and UNICEF.

The Evaluation team members may not publish or disseminate the Evaluation Report, data collection tools, collected data or any other documents produced from this consultancy without the express permission of, and acknowledgement of UNICEF. The bidders are invited to further analyze aspects of methodological and organizational complexity that might affect the evaluation in general and make it difficult to answer some of the questions in particular, and to explain how they will address them.

The evaluation will require an independent ethical review. A particular attention shall be paid to the avoidance of harm and stress to evaluation participants, especially children and other vulnerable populations; obtaining informed consent/verbal assent from them (except from UNICEF staff, who will be directed to participate if needed); absence of benefit or compensation offered to them; protection of their privacy; confidentiality and anonymity of data collected; security matters and protection protocols both for enumerators and key informants; training of enumerators in ethical issues and on enumeration and communication skills.

# **Evaluation Team and Responsibilities**

The evaluation will be carried out by an institution: credible international consortium or academic institution combined with Nigeria Local research Centre, or similar service provider. The number and profile of the evaluation team members will be proposed by the bidders in such a way that the team size, experience, qualifications, references, mix and complementarity of expertise, availability and level of effort are convincing in terms of proposed work plan’s feasibility. The contracted institution will be responsible for recruiting and training of enumerators. The following is suggested as a guidance:

## Evaluation Team Leader

The evaluation team leader should possess the following competencies (experts with multi-skill sets can fill more than one competency):

1. **Required competencies:**
* Strong academic qualifications (a PhD would be desirable) in Public Health development, Policy/Strategy Evaluation, research methodology, international development;
* Demonstrated exceptional technical expertise in high-level and high-quality programme and multi-country evaluations and studies;
* Strong qualifications in statistics and data analysis (both quantitative and qualitative);
* Strong expertise and experience in designing and implementing development programmes in rural areas in Africa;
* In-depth knowledge of the global Health sector and global development context and agenda;
* Excellent writing and language skills in English.
1. **Considered an advantage:**
* Experience in using non-traditional and innovative evaluation methods;
* Good knowledge of UNICEF programming strategies, field work, procedures and organizational culture; note: prior involvement of team members with UNICEF should be declared in the technical proposal in order to work around any possible conflicts of interest;
* Knowledge of additional sectors involved in Child Survival programming (Health, Nutrition, WASH, Education);
1. **Additional considerations:**
* The number and level of effort of the respective senior, intermediate level and junior experts should be appropriate and ensure a high quality and timely evaluation process;
* Track record of collaboration (on a similar or different assignment) will be considered a major advantage;
* A strong commitment to delivering timely and high-quality results, i.e. credible evaluations that are effectively used, is necessary;
* A gender balance in the evaluation team is desirable;
* A copy of a recent evaluation report of which the team has been primary author, should be included as part of the documents of the technical proposal.

## Other Members of the Team

The other members of the team should include at least one national and one international:

* One specialized in Economic Policy for Health Sector;
* One specialized system strengthening - health and nutrition;
* One specialized system strengthening for WASH;
* One Specialized in Quantitative Survey – Statistical Data Analysis.

Regarding academic qualifications, an advanced University degree (Master or PhD) is desirable or long years of experience in relevant work. Solid experience in evaluation is a key advantage.

# **Competitive Contracting Bidding Process**

UNICEF will apply it procedure of competitive bidding process of contracting and results-based management of Consult Firm for delivery of high quality end products in consultations with Government and Governance body of the SDG evaluation mentioned above.

Below criteria for the technical assessment of the technical proposal are defined by UNICEF Evaluation Manager in consultation with the TWG-SDGEVAL. UNICEF Supply Section/Operation will take care of the criteria of financial assessment of offers from bidders.

UNICEF Supply Section will advertise the RFP (Technical and Financial Proposals) at country level and worldwide using all African and international networks. The RFP will be also communicated to the Nigeria Association of Evaluators, the African Evaluation Association of Evaluators and other Asia, European and American Association of Evaluations.

**Criteria for technical review of proposals submitted by institutional consult firm**

|  |  |  |
| --- | --- | --- |
| **Technical Criteria** | **Technical sub-criteria** | **Maximum Points** |
| **Overall Response** | Quality analytical understanding of conceptual & policy framework of SDG and presentation of the Purpose & Expectations of evaluating the National Strategic Health Development Plan for SDG3 Acceleration  | 5 |
| **Standard Strategy/ Methodology for Evaluation** | Design, Methodological Approaches & Analysis Framework are very solid to generate credible evidence and answers to Evaluation Questions, Objectives & Ethics | 35 |
| **Consult Firm proposed Team dedicated to this evaluation** | Team Leader, Team Members, Expertise & Professional experience & knowledge of key strategic areas of the evaluation’s objectives & criteria | 20 |
| **Trusted Organization for high level political complex Evaluation** | Evidence of concrete experience of Evaluations completed for high level policy decision makers: evaluation of National Policies, National Development Plan or Strategy, Sector Strategic Plan and familiarity with Africa/Nigeria | 20 |
| **Total Maximum Points** |  | **80** |

# **Annexes**

## A1. Evaluation Framework: link between Criteria, Questions and Data Sources

| **Evaluation Criteria** | **Evaluation Questions** | **Data Sources** | **Comments** |
| --- | --- | --- | --- |
| Relevance/ Appropriateness | * Are overall Health Sector policies, strategies consistent with SDG3? Is the SDG well mainstreamed into National Strategic Health Development Plan (NSHDP)?
* What is the added value of SDG-3 for Health Sector Strategic Plan?
 | * Review of exiting Strategic Planning Documents, VNR 2017 Report; OSSAP-SDGs Report;
* KII with national level stakeholders (FMoH, FMBNP, FMoF, FMWR, UN agencies and development partners);
* KII with State Ministries of Budget/Planning, Finances, Health, Water Resources.
* KII with States MBNP, MoH, LGA Department Coordinators
 | * Secondary data analysis of programme documents, government strategies, policies (Country and State)
 |
| Effectiveness | * What is the state of SDG3 in Nigeria in the light of indicators? What and How much progress have been made towards achieving the overall 3 Outputs and 3 Outcomes of the programme (ToC) and targets of indicators of the Result Framework/Log-frame?
* What are the key issues that should be addressed in sustainable way.

development policy & strategy?* To what extent were the strategies and tools used in the implementation of the programmes able to achieve expected outcomes?
* To what extent did following Flagship Programmes of Health Sector achieve overall expected results: programme of Save One Million Children, Immunization Programme, Malaria Programme, PMCT Programme, etc.?
 | * Trend Secondary Data Analysis of Routine Administrative Data from Line Ministries MIS of Health-Nutrition including diseases surveillance, MIS of WASH, Education, etc.
* Monitoring Progress Reports: Health Joint Annual Review, Specific Programme Annual Progress Report, UN/Donors Annual Reports;
* KII with Health & WASH Officials at Federal, State, LGA, Nutrition departments and Primary Healthcare Facilities at community
* Key messages from Focus Group
 | * Secondary data analysis of programme documents, government strategies, policies (Country and State)
 |
| Efficiency | * What are the Means in place of roll out of SDG3 & Targets?
* How timely was the mobilization/availability of human and financial resources for the implementation of the strategic programme?
* How timely were procurement and distribution of essential drugs implemented? to what extent has access to essential medicines been scaled up?
* What are Value For Money (Cost effectiveness) of interventions?
 | * Monitoring Progress Reports: Health Joint Annual Review, Specific Programme Annual Progress Report, UN/Donors Annual Reports;
* MBNP & MoH Annual Report on Budget Allocation and Financial expenditures for health Sector and key Government Flagship Programmes;
* Routine Administrative Data on Number of beneficiaries/users different health services;
* KII and FGD with stakeholders
 | * Report on Supply Management System;
* Cost Effective Analysis
 |
| Impact | * To what extent were the expected changes in individual healthy lives achieved (Impact and Outcome)?
	+ the reduction of under-5 mortality per key group of state
	+ the extent to which Maternal, Newborn and Child health have been improved;
	+ the extent to which progress have been made in preventing mother to child transmission of HIV;
* What are unintended impact that happened in communities or institutional system?
* Causality: Are there any challenges in achieving the key strategic objectives? What are the challenges and strengths? What are the main driver factors of reduction or stagnation of U5MR – Bottlenecks Determinants Analysis.
 | * Household Survey Primary Data collection in 6 States (3 categories of state comparison group);
* Trend Secondary Data Analysis of existing nationwide HH Surveys (MICS, DHS, Nutrition Survey, HIV-AIDS HH survey, Health Facilities Assessment, etc.)
* Trend Secondary Data Analysis of Routine Administrative Data from Line Ministries MIS of Health-Nutrition including diseases surveillance, MIS of WASH, Education, etc.
* Causal Analysis/Determinants Analysis using information from Monitoring Progress Reports: Health Joint Annual Review, Specific Programme Annual Progress Report, UN/Donors Annual Reports;
* Summary Synthesis of existing Evaluations, Researches, Studies;
* KII with Health & WASH Officials at Federal, State, LGA, Nutrition departments and Primary Healthcare Facilities at community
* Key messages from Focus Group Discussions at community level;
 | * Solid Statistical data analysis;
* Analytical statement of judgement of merit or shortfalls against targets;
* Multi variate statistical Causal Analysis
* Transcription and synthesis of key messages/citations of recorded discussions;
* Triangulation of all information
 |
| Human Rights & No One is Left Behind | * How are the human rights -based approach and the “Leave No One Behind” thinking of Agenda 2030 realized in Nigeria for Healthy Lives
* To what extent was the human rights-based approach integrated into Health Sector Programming within Key Flagship Programme design and implementation?
 | * Review of exiting Strategic Planning Documents
* KII with national level stakeholders (FMoH, FMBNP, FMFinances, FMWR, UN agencies and development partners)
* KII with State Ministries of Budget/Planning, Finances, Health, Water Resources.
* KII with States MBNP, MoH, LGA Department Coordinators
 |  |
| Sustainability | To what extend effective systematic Participation of all stakeholders (individuals, communities, Local institutions, States and federal stakeholders) in design, implementation, financing and M&E of Health Programmes is functioning to sustain the gains made in achieving Impact, Outcomes and Outputs? | * Summary Synthesis of existing Evaluations, Researches, Studies;
* KII with Health & WASH Officials at Federal, State, LGA, Nutrition departments and Primary Healthcare Facilities at community
* Key messages from Focus Group Discussions at community level
 |  |
| Gender Equality | To what extent National Strategic Health Development Plan and flagship programmes incorporated considerations of gender equality and the empowerment of women and girls into the design, implementation and monitoring of interventions?  | * Household Survey Primary Data collection in 6 States (3 categories of state comparison group);
* Trend Secondary Data Analysis of existing nationwide HH Surveys (MICS, DHS, Nutrition Survey, HIV-AIDS HH survey, Health Facilities Assessment, etc.)
* Trend Secondary Data Analysis of Routine Administrative Data from Line Ministries MIS of Health-Nutrition including diseases surveillance, MIS of WASH, Education, etc.
* Causal Analysis/Determinants Analysis using information from Monitoring Progress Reports: Health Joint Annual Review, Specific Programme Annual Progress Report, UN/Donors Annual Reports;
 |  |
| Equity | * To what extent did the programme target the poorest and helped reduce inequalities between the wealthier groups and the poorest groups?
* To what extent were the barriers (and their causes) to access basic services in Health in the targeted LGAs, identified and addressed as part of the overall Programme strategy priorities?
 | * Household Survey Primary Data collection in 6 States (3 categories of state comparison group);
* Trend Secondary Data Analysis of existing nationwide HH Surveys (MICS, DHS, Nutrition Survey, HIV-AIDS HH survey, Health Facilities Assessment, etc.)
* Trend Secondary Data Analysis of Routine Administrative Data from Line Ministries MIS of Health-Nutrition including diseases surveillance, MIS of WASH, Education, etc.
* Causal Analysis/Determinants Analysis using information from Monitoring Progress Reports: Health Joint Annual Review, Specific Programme Annual Progress Report, UN/Donors Annual Reports;
 |  |
| Universality | To what extent all child rights for full integrated universal health package of services are available and benefiting to children and mothers?  | * Trend Secondary Data Analysis of existing nationwide HH Surveys (MICS, DHS, Nutrition Survey, HIV-AIDS HH survey, Health Facilities Assessment, etc.)
* Trend Secondary Data Analysis of Routine Administrative Data from Line Ministries MIS of Health-Nutrition including diseases surveillance, MIS of WASH, Education, etc.
* KII with Health & WASH Officials at Federal, State, LGA, Nutrition departments and Primary Healthcare Facilities at community
* Key messages from Focus Group Discussions at community level
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## A2. References & Bibliographies

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