

Terms of Reference for MEL Framework for Global Health Alliances Consultancy

1. Introduction

The Tropical Health and Education Trust (THET) is a global health organisation that has been managing programmes to strengthen health systems and Human Resources for Health (HRH) for 30 years. THET runs health system and health workforce strengthening programmes in Ethiopia, Myanmar, Tanzania, Uganda, Zambia and Somalia/Somaliland and under the Health Partnership Scheme (HPS), has provided training, advice and support to more than 200 partnerships between UK and Lower- and Middle-Income Country (LMIC) Health institutions across over 30 countries in Africa, Asia and the Middle East. THET's approach supports locally developed and owned solutions to healthcare challenges.

The purpose of this assignment is to develop a MEL framework that can be used to strengthen existing and future Health Alliances. This is expected to take approximately 22 working days.

2. Our Values

Our 4 Core Values at THET are:

1. Partnering through collaboration
1. Partnering with respect
2. Partnering with integrity
3. Partnering through learning

3. Background

Health Alliances are umbrella organisations, based in LMICs, that interface with and coordinate efforts of organisations and partnerships based in the UK who are working in some way to strengthen health systems in that country. They allow a clear alignment of in-country priorities by bringing organisations closer together and fostering a united forum that both encourages in-country collaboration as well as coordination with UK organisations that wish to work in the country towards strengthening the health landscape of the LMICs; and bringing learning back to the NHS. From the government's perspective, having this nexus of organisations allows for cohesive policy planning and programme implementation.

The role of Alliances has been described as:

“Transforming the role of health partnerships within specific countries from being a collection of often only locally impactful philanthropic passion projects to a coordinated strategic exchange of expertise capable of delivering measurable change in the focal country and hence in turn being an increasingly valued part of the UK's global health offer.”

Through a Health Education England (HEE)-funded Service Level Agreement (SLA), THET currently funds two Health Alliances, namely the Myanmar UK Health Alliance (MUKHA) and Uganda UK Health Alliance (UUKHA).

UUKHA was created in 2013 and has almost 70 member organisations. The Alliance is a steering body that was founded with the intention of promoting better collaboration between British and Ugandan organisations working in the health sector.

Over the years, it has acted as an important intermediary for international partnerships who require local knowledge, presence, and influence to carry out their work in a sustainable manner. This also includes generating new partnerships and strengthening existing ones.

The Alliance also describes itself as an interchange of knowledge and opportunities for organisations, including both the governments of Uganda and the UK. Over the years, it has developed a consortia model, which has also encouraged closer collaboration and sharing of best practice among member organisations. UUKHA describes its objectives as:

1. Support the Ugandan Government to implement its plans to increase and develop its health objectives and systems, and to contribute towards achieving the health-related Development Goals
2. Provide opportunities for learning and development for health workers and institutions in both Uganda and the UK
3. Provide a means of better coordinating UK organizations' contribution to joint working in health, within internationally recognized standards of good practice
4. Encourage professional volunteering in both directions, in particular the development of standard models for different categories of volunteers

MUKHA was established in 2017 following a high-level UK delegation visit to Myanmar. It was recognised by both Myanmar and UK partners that the impact of health partnerships could be improved through better coordination. This would reduce duplication and fragmentation of projects as well as ensuring better alignment with Myanmar's Ministry of Health and Sports (MoHS) priorities. Five priority areas were identified and developed as thematic working groups (TWGs) in Nursing, General Practice, Pathology/Laboratory, Medical Education and Health Data/Information Systems. There are also members, for example some of the Burmese diaspora, who are not part of TWGs and still contribute to the Myanmar UK health landscape through MUKHA.

MUKHA's objectives are:

1. To encourage a closer collaboration between the Ministry of Health and Sports and UK Partners
2. To enhance cooperation between the UK participants in helping Myanmar achieve compliance with the International Health Regulations as set by the World Health Organisation, and achievement of the Sustainable Development Goals

3. To engage Myanmar and UK based leaders to help shape the Alliance programme of work and ensure sustainability of the model

Since the military coup of 1st February 2021, MUKHA is going through a period of re-aligning its objectives and priorities as continued formal engagement with the Government in Myanmar has become politically untenable. Developing plans include closer alignment and engagement with ethnic health authorities, charity and private health providers.

The Health Alliance model now finds itself at a crossroads, needing to determine if it is still fit for purpose, how it can be financially self-sustainable, and what the best governance model looks like moving forward, particularly as the model grows into new countries and contexts.

Below is a SWOT Analysis that has been developed internally.

SWOT Analysis of Health Alliances

Strengths	Weaknesses
<ul style="list-style-type: none"> • Collaboration/coordination of effort of disparate organisations and partnerships – potentially increasing scope and effectiveness of interventions. • One-stop local technical entity that provides background information on context/partners/health sector • Priority is given to HRH interventions – allowing Alliances to focus on areas of mutual benefit to LMICs and the UK • Direct link to Ministry of Health - top leadership of ministry involved • Alliance can ensure some continuity in the face of political change • Institutional backing which offers security • In-country secretariats possess clinical expertise and understanding of health; can provide appropriate support to partners • Ability to negotiate on behalf of parties at high level; have set up joint teams between Uganda and the UK • Agenda is aligned with national priorities • Credible platform to support inclusion in international work, for UK/Diaspora staff. • Promoting shared learning and improvement across membership. • Networked to help partners coordinate the development and approval of research. • Can facilitate synergies between partners/members in the development or expansion of research/projects/partnerships. 	<ul style="list-style-type: none"> • Governance and operational structures have been found to need improvement • Tracking activities of all members; communication with members • Consortia model – in some instances that hasn't worked very well. Some organisations don't naturally think about shared activities, not always obvious what work can be collaborative. • Lack of robust evidence on the impact of alliances • No clear consensus on what alliances are and what problems they should be solving • Benefits to members is variable • No strategy to ensure their growth • No cross-alliance framework for sharing learning/experience
Opportunities	Threats

<ul style="list-style-type: none"> • Strengthening UK investment in countries/ developing commercial partnerships • Cross-government support is key for strength and sustainability. • Soft power potential • Build up screening of partners – implement formal Due Diligence process (in particular: ensuring that in-country partners are vetted for organisational strength/quality to improve the quality of partnership work). • Coordination of academic partners • Coordination around research projects • Could maximise the potential of contribution from Diaspora in international work – and facilitate improvements that diaspora can bring to this work, and their work in the UK. • Self-sustainability through inclusion in wider programmes assuming no conflict of interest. 	<ul style="list-style-type: none"> • Financial sustainability • Expansion of model without clear understanding (dilution of purpose) • Political instability/change • Alliance being seen as having particular political affiliations
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4. The Consultancy

The consultancy will review existing documentation and build a comprehensive MEL framework that Alliances can refer to, and to strengthen the measurement of the impact of Alliances. Below is a list of guiding, but not exhaustive questions:

- Based on the available documentation, what are the key objectives of Health Alliances?
- How should we describe the desired outcomes and impact of Health Alliances?
- What data should Alliances be collecting to measure the impact of their activities?
- How should Alliances understand and measure their contribution to the outcomes and impact they are working towards?
- How should Alliances organise themselves to undertake the needed data collection and analysis? What resources will be required?
- How should Alliances share learning across Alliances and on a global scale?
- How should Alliances look to measure the benefits of their work to the NHS and how the UK broadly benefits
- What stakeholders should the MEL framework address, or provide accountability to? E.g. within LMICs – local health system authority, membership of alliance, patient beneficiaries, as well as the UK and NHS.

5. Deliverables

- a) The consultant will prepare an inception report that:

- Details their understanding of Health Alliances based on discussions with THET and a review of the documentation
- Defines suggested deliverables including those listed below, including the methods to be used
- Details the timing for each stage of the process

b) Core deliverables:

- Establish MEL framework which includes:
 - Key Performance and Impact Indicators including Value for Money Key Performance Indicators.
 - Outcomes Indicators.
 - A framework for the contribution assessment of Alliances.
 - Inbuilt feedback or review mechanism.
 - Human and other resources recommended to action the recommended MEL framework.
 - Design of Alliance member surveys to capture needs, feedback, and learning.
 - Inclusion of THET's Gender Equality and Social Inclusion and Innovation Toolkits, and Principles of Partnership. Other suggested toolkits or frameworks.
 - Effective (upward and downward) reporting templates for stakeholders such as governance, trustees and Alliance membership body for reflection across quarters and annually

c) Write a final report and executive summary explaining the deliverables developed including the MEL framework and resources required.

5. Criteria for selecting the consultant

- Senior MEL professional (10+ years) with experience in public health in LMICs and the UK
- Experience of liaising with a range of stakeholders including senior level such as Ministries and NHS senior staff
- Knowledge of Health Alliances desirable
- Knowledge of NHS structure
- Developing MEL frameworks for Complex networks or consortia

6. THET responsibilities:

- Briefing on the Health Alliances described in these ToRs
- Sharing of existing documents
- Access to key individuals within THET
- Linking to external stakeholders where necessary

7. Working arrangements

- Anticipated number of days – 22 working days
- Virtual working – no accommodation or flights expected

8. How to apply

Please submit a proposal outlining a suggested approach and the expertise of the individual or team with CVs to jobs@thet.org by 17th November 2021 with MEL Framework for Global Health Alliances in the subject line. Please send any questions to the same email.