REQUEST FOR EXPRESSIONS OF INTEREST
CONSULTING SERVICES

Selection # as assigned by e-Tool: BK-A1729-000-P001
Selection Method: Full Competitive Selection
Country: Regional (State of Chiapas (Mexico), Guatemala, El Salvador, Belize, Honduras, Nicaragua, Costa Rica, and Panama)
Sector: Social, Health and Social Protection Division
Funding #: BK-A1729-000
TC name: Salud Mesoamerica Initiative (SMI)
Description of Services: THIRD VERIFICATION AND FINAL SUMMATIVE EVALUATION OF THE SALUD MESOAMERICA INITIATIVE (SMI)

The Inter-American Development Bank (IDB) is executing the above-mentioned operation. For this operation, the IDB intends to contract consulting services described in this Request for Expressions of Interest. Expressions of interest must be delivered using the IDB Portal for Bank Executed Operations (http://beo-procurement.iadb.org/home) by August 26, 2021, 5:00 P.M. (Washington D.C. Time).

The consulting services ("the Services") includes: (i) perform Household and health facility surveys to assess changes in coverage and quality of health interventions in the Initiative's strategic areas of immunization, nutrition, reproductive, maternal and neonatal health; and (ii) Perform a qualitative measurement to inform the SMI Final Evaluation, complemented by previous data and reports, including questions to evaluate the role of the IDB as a change agent enabling performance of health systems and health providers and questions to explain the health system and organizational level changes driven by SMI. These activities should be performed between September 2021 and September 2022.

Estimated budget: USD 3,407,865.00

Eligible consulting firms will be selected in accordance with the procedures set out in the Inter-American Development Bank: *Policy for the Selection and Contracting of Consulting firms for Bank-executed Operational Work* - GN-2765-4. All eligible consulting firms, as defined in the Policy may express an interest. If the Consulting Firm is presented in a Consortium, it will designate one of them as a representative, and the latter will be responsible for the communications, the registration in the portal and for submitting the corresponding documents.

The IDB now invites eligible consulting firms to indicate their interest in providing the services described above in the draft summary of the intended Terms of Reference for the assignment. Interested consulting firms must provide information establishing that they are qualified to perform the Services (brochures, description of similar assignments, experience in similar conditions, availability of appropriate skills among staff, etc.) per the criteria described into the draft summary of the terms of reference. Eligible consulting firms may associate in a form of a Joint Venture or a sub-consultancy agreement to enhance their qualifications. Such association or Joint Venture shall appoint one of the firms as the representative.

Interested eligible consulting firms may obtain further information during office hours, 09:00 AM to 05:00

PM, (Washington D.C. Time) by sending an email to: emmai@iadb.org, *rperezcalvo@iadb.org and diegori@iadb.org*

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DRAFT SUMMARY OF TERMS OF REFERENCE

THIRD VERIFICATION AND FINAL SUMMATIVE EVALUATION OF THE SALUD MESOAMERICA INITIATIVE

I. BACKGROUND

The countries of the Mesoamerican region have been world leaders in the provision of public health services as early adopters of universal vaccination programs, elimination of measles and polio and other health interventions. Despite the progress in the health sector in the region, the poor continue to fare substantially worse and gain less from basic health care than individuals who are better-off in the sub-region. These socio-economic inequalities are demonstrated by uneven patterns of disease, injuries and health behaviors across socio-economic groups. They represent needless human suffering and lost productivity; they also have significant consequences for the economy. Inequities in health status are driven in part by inequities in access to basic public health interventions. Further, new problems such as dengue and influenza A, and older ones such as maternal mortality and soil-transmitted helminthes remain prevalent and represent a substantial component of the burden of disease, with implications for broader development goals.

The Salud Mesoamerica Initiative (SMI) is a public-private partnership between the Bill & Melinda Gates Foundation, the Carlos Slim Foundation, the Government of Canada, the Inter-American Development Bank (IDB), the countries of Central America and the state of Chiapas in Mexico. SMI aims to reduce maternal and child health inequalities through a result-based financing model (RBF). At the start of the program, the IDB and each country agree to a set of process, coverage, quality and impact indicators and targets that are externally verified by a third party. Agreed upon indicators and targets are summarized in each country's Performance Framework. Each country receives a donation amount that is matched by country funds to implement evidence-based interventions in the poorest areas. Interventions are implemented in the areas representing the 20% poorest populations in each country. If the country meets the previously agreed Performance Framework targets, half of the country funds initially invested are reimbursed for unrestricted use within the health sector. Even when only a few indicators and targets are incentive in Performance Frameworks, results are expected along the continuum of maternal and childcare and in multiple areas of the health system.

The goals of the program are not limited to reducing health inequities and improving health of those living in the poorest areas. Goals also include generating knowledge about healthcare provision for the poor, increasing national financing and strengthening health systems, and providing evidence to support the design of pro-poor national and international programs and policies. Given the innovate nature of the

program, SMI provides an opportunity to disentangle and explain the complexity of the program to understand what worked and what did not work, why and how it happened, contributing to the broader evidence base of development aid, public health programs and interventions.

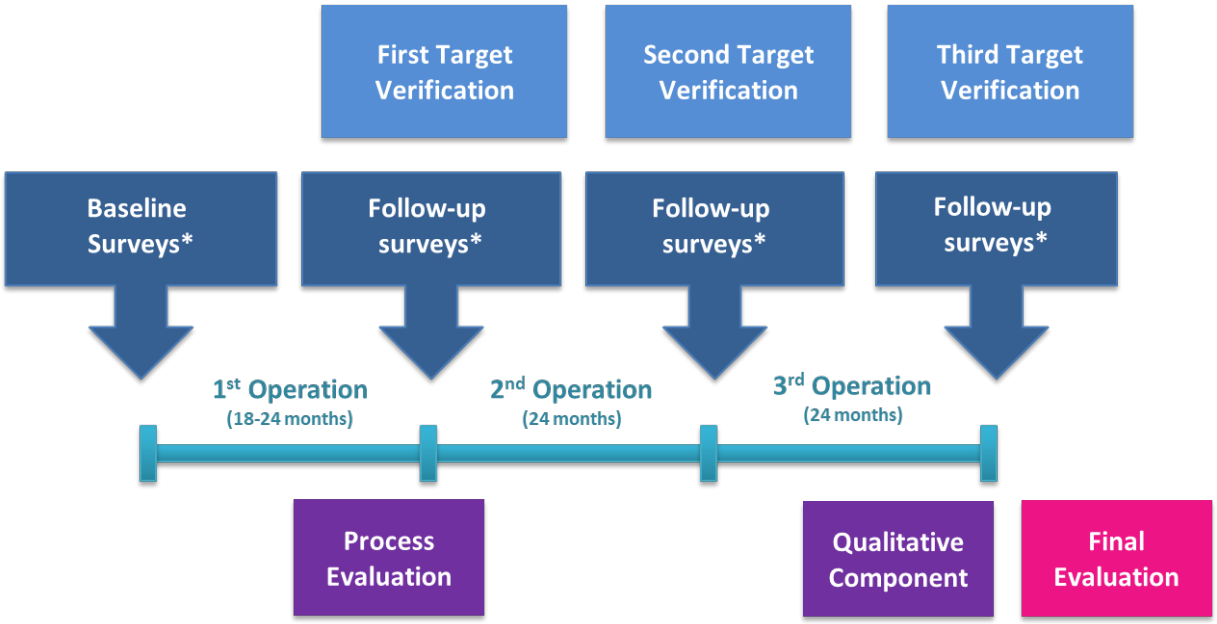
The Initiative's RBF model is also accompanied by several components that strengthen the institutional capacity of the health sector. SMI has a strong component of policy dialogue, technical assistance: managerial assistance for planning, procurement processes, and lower-level supervision, delivery of services, learning and continuously improving cycles. The SMI developed a theory of change that has been adapted during the main implementation of the program. Each country operation was designed in two or three phases, and one of the purposes was assess the progress after each operation for improving the program. At the beginning of the whole program a general framework of indicators of around 50 indicators were developed which that were as comparable as possible between countries. The formula for constructing the indicators were also described in indicators manuals already agreed with countries.

A baseline, a first follow up and second follow up were already collected to measure those indicators, but also to evaluate the impact the SMI after the second operation. The information was collected through household and facility surveys in the intervention areas but also in comparison areas that were designed based on the General framework indicators. Those household and facility surveys were as comparable as possible between countries and comparable between round in order to assess the change in the indicator

A midterm evaluation (after the second follow-up) was already done in countries where data on comparison groups were already collected. Also, a qualitative evaluation was conducted with General information about countries but with special focus in Chiapas. Several peer review publications have been done, as result of baseline and follow up measurement. A midterm evaluation is expected to be published for 2022.

The Initiative's evaluation component includes quantitative and qualitative evaluations for health interventions and implementation processes. Evaluations were designed to take advantage of data collection processes by exploiting shared information needs. Therefore, studies and data collection processes are interrelated while at the same time they achieve objectives of their own. They are deliberately and systematically aligned to provide inputs to evaluate the impact of the Initiative from a mixed methods perspective (see Figure 1).

Figure 1: SMI Operations, Timeline and Evaluation



* Population and health facility surveys

The potential contract will have two components: 1) to conduct verification measurements for the third operations in Belize, El Salvador, Nicaragua, and Honduras, through population and health facility surveys, and 2) to conduct the mixed-methods Final Evaluation for Salud Mesoamerica Initiative, including a final qualitative component and data analysis of all SMI phases.

THIRD VERIFICATION IN BELIZE, EL SALVADOR, HONDURAS, AND NICARAGUA

The objectives of the surveys are to perform third operation target verification measurements for SMI's RBF model, to provide inputs for impact evaluation studies, and to assess health system provision and maternal and child health in each country measured. Indicators may include: i) social determinants of health; ii) general health indicators; iii) utilization and quality of health services in target areas; iv) process indicators for health interventions based on health survey instruments; and v) population-based measures of crude and effective coverage.

Household and health facility surveys assess changes in coverage and quality of health interventions in the Initiative's strategic areas of immunization, nutrition, reproductive, maternal, and neonatal health. The household survey also includes a household module to capture a socioeconomic condition. The surveys use standardized questionnaires - supplemented by data from health facilities and health information systems as appropriate - carried out in targeted populations in each participating country. This process also includes medical record reviews, administrative data reviews and observation.

Most SMI member countries achieved substantial progress in improving the coverage and quality of maternal and child health services by the end of the second operation in targeted areas. The third and final phase of SMI is expected to end in 2021 in the four remaining countries (Belize, El Salvador, Honduras, and Nicaragua). Baseline and target verification measurements for the first and second phases were conducted by the Institute for Health Metrics and Evaluation (IHME) of the University of Washington. The final verification measurements are pending in Belize, El Salvador, Honduras, and Nicaragua.

SMI FINAL MIXED-METHODS EVALUATION

The Final Evaluation will include reviewing SMI's current Program Theory to establish a theoretical framework to be used as the basis for evaluation, collecting data for the final qualitative component of the evaluation, analyzing survey data for all rounds of data collection individually by country and at the aggregate level, conducting impact evaluations for the two countries with comparison groups, evaluating the role of

the IDB as a change agent, and performing the summative mixed-methods evaluation of SMI. As required by the SMI Donors Committee, the design and implementation of the Final Evaluation will be reviewed by an independent Steering Committee, which will oversee key moments of this consultancy.

Some of the evaluation questions that might be considered are:
What was the magnitude of change on maternal, neonatal and child health outcomes in SMI target areas?
How did SMI influence changes in the coverage, quality of care and effective coverage indicators and in health systems performance?
What was the contribution of SMI in the performance of health systems in the region? What are the prospects for sustainability of SMI interventions and results?
What components of SMI influenced whether outcomes were achieved or not according to stakeholders?
What was the effect of COVID-19 on coverage and quality of the MNCH services in the poorest regions? (Including aspects of system resilience and performance)
How does the SMI model compare to other financing or intervention models?
What was the role of the IDB as a change agent supporting health systems and health service provision improvements?

As part of verification measurements, IHME collected data in comparison groups in four countries (Honduras, Guatemala, Nicaragua, and the State of Chiapas in Mexico). Impact evaluations were conducted by the IDB in these four countries for the midterm evaluation using difference-in-difference analysis. Preliminary findings of the SMI impact evaluation in Honduras showed wide improvements in coverage and quality indicators attributed to the Initiative. For instance, SMI increased antenatal care within the first trimester by 9 percentage points (PP), institutional delivery by a qualified provider by 12 PP, management of obstetric and neonatal complications by over 22 PP, and complete vaccination for age by 14 PP. Improvements were observed in the indicators incentivized by the performance-based financing mechanism, as well as those that were not incentivized.

Related to question 2, further, the analysis showed that effects are not related to changes in personnel or infrastructure. Although some effects can be attributed to improvements in equipment and supplies, most effects are likely related to better coordination and management in health facilities. However, it is not possible to establish specific entities driving improvements. Therefore, if SMI is seen as a health system strengthening or organizational-level intervention, the question is what the causal chain between health system performance and population health is. In other words, opening the “black box” that describes how changes in outcomes occurred (Nielsen and Randall 2013).

Munar, Wahid & Curry (2018) described the causal mechanisms through which SMI may lead to health system improvement and accelerated gains in maternal and child health at an organizational and health system level. They suggested that external verification of performance together with high level incentives and ongoing policy dialogue guided changes in micro- and macro-level mechanisms, influenced by the ministry of health and health system context, that led to improved health system performance (observed as changes in systems, structures, and management practices). Then, improved performance led to health outcomes (maternal, neonatal and child survival).

Burke & Lewin (1992) also describe two abstractions of the model to explain how change affects the performance of an organization: transformational factors, which have the biggest impact on an organization’s performance and change; and transactional factors, which have to do with the day-to-day operation of the organization and can be fine-tuned to improve performance. The Organizational Performance and Change model uncovers new areas of research not previously considered. Two major questions become apparent: how does the SMI national level incentive and RBF model move from top to down to encourage performance improvement in the health system? What factors and how did were health providers able to produce health care quality and coverage?

As part of the evolving conceptualization of SMI, the IDB has put together SMI's program theory. The program theory seeks to portray jointly the mechanisms through which the health system delivers results and how SMI influences those mechanisms to accelerate improvements in maternal and child health. The current approximation of SMI's program theory uncovers the "black box" on how health system performance delivers quality of care. In the specific case of SMI, the results-based financing model, external measurements and its technical assistance approach are seen as catalysts for improvement, influencing health systems and ministries of health at the individual and interpersonal level and at the collective and inter-organizational level. Furthermore, results are first observed in the performance of the health system, including outcomes such as integrating new service delivery practices, adopting pro-poor policies for primary health improvement, among others, and translated into finally resulting improvements in healthcare quality, coverage, and population health. The program theory seeks to provide a theoretical framework for SMI's evaluation.

II. OBJECTIVES

The main objectives for the components of this consultancy are:

Measurements to verify targets for the third operation in Belize, El Salvador, Honduras, and Nicaragua:

- Carry out the household and health facility surveys to verify targets for the third operation in Belize, El Salvador, Honduras, and Nicaragua, including:
    a. Calculate comparable baseline values for performance indicators (included in each country's performance framework)
    b. Review the methodology to be used for measurement including sample sizes, data sources and questionnaires. Sample size is important because Indicators measured through surveys are subject to sampling errors and, hence, the decision cannot be based on the estimated score alone. Since the sample does not include all members of the population, statistics on the sample generally differ from parameters on the entire population. The confidence interval shows the estimated range of values that is likely to include the true parameter. Given the large samples considered for SM2015 surveys, estimates are subject to relatively small confidence intervals, which were calculated at a 95% confidence level. Compliance with targets is considered acceptable when the Z test is not significant. One-tailed Z tests were conducted to determine whether the result was significantly lower than the target.
    c. Collect high-quality follow-up data, including household and health facility samples in intervention areas and comparison areas for impact evaluation studies in four countries.
    d. Certify the quality of the data collected.
    e. Conduct data analysis and develop reports.
    f. Report and describe the changes in the indicators between the baseline and follow-up with their respective confidence intervals
    g. Analyze key findings of the surveys in treatment and comparison areas

  SMI will provide household and health facility instruments prepared by IHME for the baseline, first-operation, and second-operation follow-up surveys. It is expected that these instruments, with improvements or minor changes, would be used for follow-up surveys. In addition, other instruments may have to be developed, as deemed necessary. Additional questions will be important to capture the impact of covid-19 on health services and health outcomes.

SMI Final mixed-methods evaluation:

- Perform a qualitative measurement to inform the SMI Final Evaluation, complemented by previous data and reports, including questions to evaluate the role of the IDB as a change agent enabling

performance of health systems and health providers and questions to explain the health system and organizational level changes driven by SMI.

- Conduct a summative mixed-methods summative evaluation, based on a deeply thought theoretical framework considering SMI's Program Theory, using quantitative data from all available sources, to understand what results were achieved or not achieved by SMI and why, how were results achieved, what were the mechanisms through which results were achieved, and what lessons and recommendations have been learn for other health (and development programs)?
    - Country impact evaluations by country and at the aggregate level: Quantitative analysis of data available from household and health facility surveys collected by SMI to evaluate the effects of the Initiative throughout its implementation. The main question to answer would be: what was the effect of SMI on health service performance, reproductive, maternal, neonatal, child and adolescent healthcare coverage, quality, and maternal and child health? The evaluation would include before-and-after effects analysis for countries without comparison groups.
    - Mixed-methods evaluation: Using data from SMI surveys, previous studies, and qualitative sources, the mixed-methods evaluation would seek to understand how and what components of SMI (RBF model, external measurements, technical assistance, etc.), and through which mechanisms, guided changes on the performance of health systems. In other words, how did SMI influence changes in health systems performance? In addition, what results, and to what extent, are expected to be sustainable once the initiative ends?
    - Institutional or organizational evaluation of the change agent: An underlying question, in line with the previous, is what was the role of the IDB as a change agent to enable high performing health systems and health providers?

III. TIMEFRAME

It is expected to grant the contract by August 31st, 2021, and to implemented during September 2021 and September 2022

IV. CONTRACTUAL'S PROFILE

The contractual organization, or group of organizations, is expected to have a demonstrated long-standing reputation, expertise and international recognition in the fields of public health and program evaluation. The contractual will be expected to demonstrate the following profile:

- **Experience with simultaneous large-scale data collection in multiple countries:** The organization should demonstrate the ability, capacity, and experience to design and adapt questionnaires, subcontract coordinate and supervise data collection firms, obtain quality data, analyze data, and present results in at least three countries simultaneously in a short timeframe.

- **Health sector Latin America experience:** The organization should have experience working and collecting health data in Latin America, preferably in countries of Mesoamerica. This includes a team comprised of fluent speakers of Spanish and English with sufficient capacity and expertise to review technical documents and present findings to in-country stakeholders.

- **Impact evaluations and quantitative methods:** The evaluation team should include experts in quantitative research methods, preferably with impact evaluation experience, with a proven record of publications in internationally recognized public health, health economics or similar journals. The evaluation team should have proven experience performing large-scale quantitative health evaluations and evaluating the effects of healthcare programs on population health. Experience

evaluating health systems management and measuring performance of health care organizations would be a strong asset.

- **Mixed methods evaluations and qualitative methods:** Proven experience and outstanding reputation performing large-scale mixed-methods evaluations, preferably in healthcare, population health and/or health systems. The organization should include experts with experience leading qualitative research studies and a track record of mixed-methods and qualitative methods evaluations.

- **Proven competency conceptualizing and building a theoretical framework to evaluate complex health interventions, health programs and healthcare organizations:** The evaluation team should include experts with experience reviewing, adapting, and designing theoretical frameworks, and applying them to understand and explain complexity, such as health systems research and health systems strengthening. The evaluation team should be familiar with the global discussions and global research agenda and be able to identify gaps and opportunities for new knowledge.

- **Experience working with evaluations with multiple stakeholders with different perspectives and requirements**: Experience working with evaluations in complex environments with multiple stakeholders and diverse needs, such as donors, implementers, national authorities, and others. The organization should have experience and desire to work closely with the SMI Coordination Unit throughout the execution of this consultancy, as well as discuss the design, implementation and finding, and incorporate feedback from the Final Evaluation Steering Committee.

For this Expression of Interest purposes, the contractual organization, or group of organizations must provide evidence of the above-mentioned aspects to IDB and others they consider relevant to this potential contract, to evaluate its intention to bid.