

Terms of Reference for South Sudan Health Sector Transformation Project (HSTP) Third Party Monitoring Firms

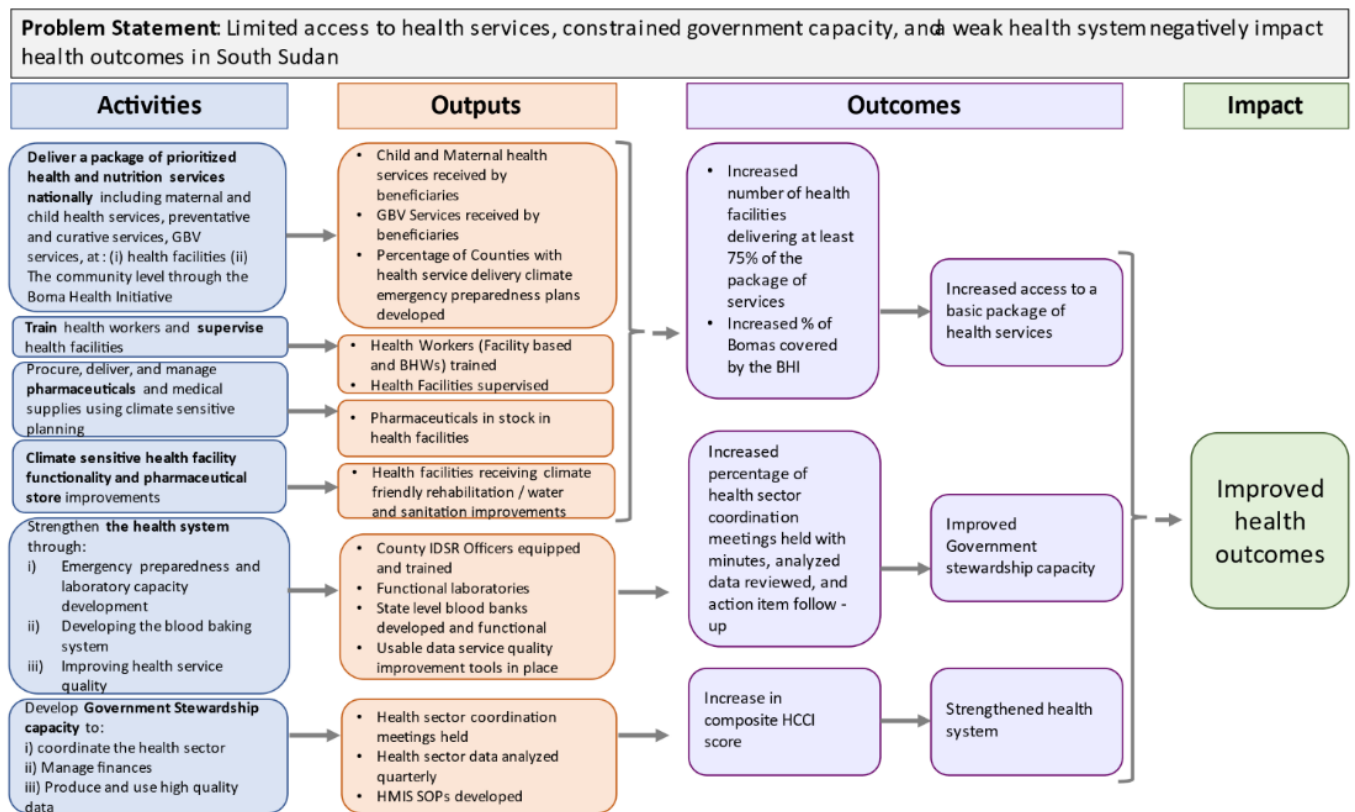
I. Background

- 1) **South Sudan's Health Outcomes:** South Sudan faces significant challenges in its health sector, with key health indicators reflecting the need for continued improvements. In 2021, the estimated life expectancy at birth was 54.98 year; the under-five mortality rate remained high at 98.69 per 1,000 live births from 2017 to 2021; and the neonatal mortality rate stood at 39.63 per 1,000 births (WHO Global Observatory on eHealth). Additionally, 71% of the population lives more than five kilometers away from the nearest health facility, highlighting the need for enhanced access to healthcare services. Despite these challenges, ongoing efforts are being made to strengthen the health system and improve outcomes for all citizens.
- 2) **Weak Health systems:** Poor health outcomes are influenced by various challenges in health system Key indicators show areas where further progress is needed. For instance, a 2021 household survey revealed that only 28.8% of expectant mothers received four antenatal care visits, and only 39.7% of mothers delivered with skilled birth attendants. Postnatal care, crucial for preventing newborn and maternal deaths, was received by only 8.1% of mothers. Additionally, only 11.5% of children received the diphtheria, tetanus, and pertussis vaccine before their first birthday, based on vaccination records.
- 3) **Health Service Delivery Challenges:** There are substantial supply and demand side challenges affecting all health services. These include limited physical infrastructure, supply stock-outs, severe health worker capacity gaps, ongoing conflict, worsening flooding, and a history of substandard health service delivery. Historically, supply side challenges have received more attention than demand side issues, but pertinent demand issues include lack of female health providers to provide culturally appropriate care, customary practices, and concerns around quality of care available.
- 4) **Critical Juncture for South Sudan's Health System:** South Sudan's health system is at a critical juncture to improve government leadership, health financing efficiency, and service delivery outcomes. The sector faces several pressing challenges, including unprecedented flooding from 2019-2022, a food insecurity crisis exacerbated by the war in Ukraine, and the economic fallout from the war in neighboring Sudan, which have significantly reduced resources for essential health and nutrition services. Government health expenditures remain extremely low; while 4% of the national budget was allocated to health in FY2022/2023, actual expenditures fell short. However, the Government is taking steps to strengthen the leadership and governance of the Ministry of Health, which is gradually assuming its role as steward of the health sector.
- 5) **Health Sector Transformation Project (HSTP):** To address these challenges, the World Bank and development partners are partnering with the Ministry of Health and UN agencies to provide a basic package of health and nutrition services and to strengthen the South Sudan health sector. The HSTP project establishes a World Bank-managed multi-donor trust fund to pool international funding for the health sector and sets up a Project Management Unit (PMU) within the Ministry of Health. The PMU is responsible for project supervision, management of day-to-day implementation of the project, , contracting and monitoring of the TPM., the PMU will also contract management organization(s) (MOs) to oversee health service delivery implementation in all states, with the MO(s) sub-contracting IPs for facility-based health service delivery and at least one third-party logistics agency to manage supply and pharmaceutical distribution to the country level. Additionally, the project will fund and

support community-based health under the MOH-led Boma Health Initiative to increase coverage of basic primary health services. The MO(s) and sub-contracted IPs will manage service delivery, procure essential medicines and equipment, and train and supervise staff and facilities.

- 6) **Project Development:** The project components are as follows areas:
- Component 1: Provision of Basic Health Services Nationwide
 - Component 2: Health Systems Strengthening
 - Component 3: Monitoring and Evaluation and Project Management
 - Component 4: Contingent Emergency Response Component

The HSTPs theory of change is illustrated in Figure 1 below.



- 7) **Third-Party Monitoring (TPM):** Third-party monitoring will be integral in achieving these priorities. TPM will enhance accountability and transparency of implementation, play a key role in supporting output-based facilities contracts between the Ministry of Health and Management Organisations, and strengthen the Ministry’s capacity to make evidence-based decisions and serve as effective stewards of the health sector. TPM will ensure high-quality data are available to support service delivery improvements and government stewardship, particularly in monitoring and capacity development. By making data available and usable, TPM will help the Government manage MOs to ensure they deliver the services they are contracted to deliver.

- 8) **Relationship of TPM to DHIS2 and health information system strengthening priorities:** Strengthening South Sudan’s health information systems is a key pillar of HSTP, and the project makes significant investments in improving the timeliness, completeness, and

quality of data reported through DHIS2, the country's primary health information system. TPM, by contrast, is primarily a legal requirement under Bank-supported projects to ensure accountability, transparency, and responsible use of funds. TPM is not intended to replace or detract from project-funded DHIS2 strengthening activities, nor is it intended to create a parallel data reporting system. As described in more detail below, TPM will be asked to review DHIS2 reporting as part of quarterly facility assessments and participate in capacity building activities.

II. Objectives and Responsibilities

- 1) **The overall objective of this assignment is to ensure that consistent, robust, high-quality data are both available and used to monitor and improve health service delivery and health system performance under HSTP.** Specifically, the third-party monitors will design, execute, manage, and analyze data; facilitate data use; and present results to key stakeholders (PMU, World Bank, donors, and UN agencies) for the following monitoring methods. They will also build government capacity, with a focus on strengthening the government's ability to monitor health sector performance and act as the health sector steward.
- 2) The TPM agencies will be involved in all aspects of data collection, data analysis, data use and presentation, and government capacity building related to project monitoring. Specific responsibilities are further enumerated below.
- 3) The monitoring activities will cover all project development object (PDO)-level indicators and intermediate level indicators, as well as other indicators as specified below and in consultation with the PMU, World Bank, and other partners.
- 4) The geographic scope of TPM will include all states and administrative areas where the project is active. **Two TPM agencies will be contracted**, with their activities **geographically divided**, i.e. each TPM agency will conduct monitoring for all activities within its specific geographic area. The rationale for contracting two TPM agencies is based upon prior experience with national-scale implementation in other FCV settings, in which single TPM agencies have lacked capacity to conduct and manage monitoring demands at that scale; contracting two agencies, rather than one, will help ensure that neither TPMA is overextended and improve monitoring quality. One contract will cover Unity, Upper Nile, Jonglei, Eastern Equatoria, and Pibor and Ruweng administrative areas. The other contract will cover Central Equatoria, Western Equatoria, Lakes, Warrap, Northern Bahr al Ghazal and Western Bar el Ghazal.
- 5) Interested TPM firms may bid for both contracts; however, contracts will not be awarded to the same firm. Each TPM agency is expected to cover all states and administrative areas within its assigned region.
- 6) All tools, replacement / skip protocols, trainings, sampling, data entry formats, and other aspects of monitoring are expected to be consistent between the two TPM agencies. Accordingly, the TPM agencies will need to coordinate closely with each other, working under the guidance of the PMU and World Bank, to ensure consistency of all aspects of monitoring. Working under the guidance of the PMU and the World Bank, the TPM agencies will identify whether they will jointly develop / update each tool, sampling methodology, skip / replacement protocol, etc. or whether one TPM agency will take the lead on each within inputs from the other. The TPM agencies likewise will align their data collection schedules so that monitoring occurs over the same period in each state.

- 7) The TPM is expected to directly conduct all activities. Subcontracting will not be utilized for the TPM contracts. Consortium proposals may be considered with approval from the PMU and World Bank.
- 8) TPM agencies will be required to coordinate to ensure that the same tools, protocols, data collection software, reporting templates, etc. are followed. This coordination will be overseen by the MOH/PMU with close support from the World Bank and donors. Close coordination and careful planning is essential to promote data use and sharing of lessons learned.

III. Data Collection:

- 8) The TPM agencies are expected to execute the assessments described below within their assigned geographic area. In consultation with the PMU and the World Bank¹, the TPM firm will develop and submit a methodology plan for each data collection activity for review and approval by the PMU and World Bank. The TPM agency is responsible for either updating or developing all monitoring tools, based on inputs from the PMU and World Bank / donors, and with final sign-off from the PMU and World Bank. All tools will be translated into all local languages.

- 9) **Third Party Monitoring Activities: Specific data collection activities will include, at minimum the following:**

a) **Census of all supported health facilities on a quarterly basis:**

- i. **Health facility functionality assessment** to assess health facility functionality, service availability, medication and equipment availability, and supportive supervision. The purpose of the health facility assessment is to assess the structural quality and service readiness of supported health facilities on an ongoing basis. In addition, the TPM agencies will be expected to perform the same assessments at a sample of non-supported facilities during at least the first and last round of data collection to allow for robust comparisons and impact analyses. Based on guidance from the PMU, World Bank, Development Partners, and UN Agencies, the TPM agency will modify existing health facility assessments used by the World Bank financed COVID-19 Emergency Preparedness and Response and Health Systems Strengthening (CERHSSP) and the Health Pool Fund (HPF).
- ii. **Data verification** visits to review the availability of facility registers, record utilization data, and assess the completeness, timeliness, and frequency of data reporting into DHIS2. The purpose of data verification is to better understand the quality, completeness, and accuracy of paper DHIS2 reports and electronic data entry into the DHIS2 platform. The TPM Agency will review and compare DHIS2 tally sheets, registers, summary sheets, and electronic data to assess the accuracy, quality, and completeness of the data. Based on guidance from the PMU, World Bank, Development Partners, and UN Agencies, the TPM agency will modify existing data verification assessment tools used by CERHSSP and HPF.
- iii. Quarterly assessment of the implementation of ESHS sections in MOs and contractors' contracts in compliance with ESCP and SEP, including stakeholder engagement activities and GRM functions.

¹ The World Bank will coordinate contribution and inputs into tools and report review by donors. The TPM agency is expected to present to donors and the government as needed.

For health facility assessments and data verification visits, the TPM firm will be expected to conduct a QUARTERLY CENSUS of supported facilities, i.e. the firm will visit ALL supported facilities and collect data at each site for each QUARTERLY ROUND of data collection.

b) Bi-annual (every six months), using a sampling approach:

- i. **Beneficiary experience assessments** to assess patient satisfaction and patient-reported experiences. The purpose of this activity is to better understand the patient experiences, with a focus on understanding the quality of services as reported by patients. The assessment will use a tool developed through the CERHSSP, which was designed based on global experience on accurately capturing patient satisfaction and experience data, with targeted modifications based on PMU, World Bank, Donor, and UN Agency input. Sampling should be performed to allow detection of meaningful differences in beneficiary responses **among lots** (given that each lot will be managed by a different IP and measuring lot performance will provide IPs with meaningful corrective data).
- ii. **Quality of care assessments** focusing process-based measures² of quality for priority health services. The purpose of this assessment is to better understand the quality of health services provided by health facility staff. The assessment tool will be based on a quality of base assessment tool used by CERHSSP (and/or HPF, if applicable), with targeted modifications based on PMU, World Bank, Donor, and UN Agency input. Sampling should be performed to allow detection of meaningful differences in quality of care **among lots** (given that each lot will be managed by a different IP and measuring lot performance will provide IPs with meaningful corrective data).
- iii. **Boma Health Team (BHT) assessments** to monitor the distribution and performance of BHTs. The TPM agency will develop this tool with input from the PMU, World Bank/ donors, and MOs. An existing tool used by CERHSSP (and/or HPF, if available) will be consulted in the development. Sampling should be performed to allow detection of meaningful differences in BHT performance **between lots** (given that each lot will be managed by a different IP and measuring lot-level performance will provide IPs with meaningful corrective data).
- iv. **Health Systems Strengthening:** TPM of Blood Banks, point of entry surveillance, emergency preparedness and response planning, supply chains (i.e. distribution of supplies from central warehouses to county level, warehouse storage, and distribution to IPs) and laboratories assessments to assess achievements against the health system strengthening index. The assessment may be expanded to include other areas of health systems strengthening. The TPM agency will develop this tool with input from the PMU, World Bank/ Donors and MOs. The goal is to verify that all of the activities outlined in the project appraisal document (PAD) under this domain are completed.
- v. The firm is expected to develop a robust, methodologically valid sampling plan for each these activities, to be agreed on with the PMU and World Bank. Sampling plans should be designed to yield actionable findings that will inform project implementation and evaluation. Sampling plans will ensure that all linguistic groups are captured in the assessments and surveys. These plans must also include sample

² Structural quality will be assessed through the health facility functionality assessment

size calculations to determine the minimum number of surveys needed to yield statistically significantly and appropriately powered results. Methodologies will need to be reviewed and harmonized between the two TPM agencies before monitoring begins.

c) Baseline and endline surveys using a sampling approach:

- i. Endline household coverage survey (if not covered by ~2027 MICS; baseline will use the 20-2024 Multi-indicator Cluster Survey (MICS): This survey will capture service coverage indicators relevant to services supported under the project. Indicators will cover priority domains (e.g. nutrition, child health, and maternal health), including commonly measured mortality rates for child and maternal health, as well as other priority service domains covered under the project. The TPM agencies will coordinate with the PMU, World Bank, and UNICEF (as the implementer of MICS) to align methodologies, sampling plans, data collection processes, and analysis. Please note this activity may be covered under a future MICS surveys.
- ii. Community perceptions survey: This is a household-level survey that examines community level perceptions of the local health system. It will broadly cover perceptions around health service availability, accessibility, quality, and acceptability. The sampling approach should follow a standard probability-proportional-to-size sampling, not lot quality assurance.

The firms are expected to develop a sampling plan for these activities in their respective geographic regions, to be agreed on with the PMU and World Bank. Sampling plans should be designed to yield actionable findings that will inform project implementation and evaluation. Sampling plans will ensure that all linguistic groups are captured in the assessments and surveys. If firms are asked to perform an endline household coverage survey, partnerships with academic institutions or other entities with expertise in large-scale household surveys will be allowed for this specific exercise.

d) Frequency to be determined:

- i. Additional data collection as requested by the PMU, management agencies, and the World Bank / donors. The TPM will be expected to conduct additional data collection, including one-time surveys, additions to routine surveys, and spot-checks, as-needed and ongoing basis.

Assessments to be Conducted					
	Frequency	Sampling	Tool	Data Reporting / Presentation	Cross-cutting
Health Facility Functionality Assessment	Quarterly	Census (all supported health facilities during each assessment), as well as samples of non-supported facilities during	To be updated by TPM based on existing CERHSSP and HPF tools with PMU and WB guidance	<ul style="list-style-type: none"> • Quarterly and bi-annual report • Select indicators included in scorecard • Data presented in dashboard 	<ul style="list-style-type: none"> • All assessments / surveys to be conducted in person • All sampling methodologies to ensure sampling of all

		first and last round			linguistic groups in the country <ul style="list-style-type: none"> • Facility / location replacements / skip protocols to be developed and used for all surveys
Data Verification	Quarterly	Census (all health facilities during each assessment)	To be updated by TPM based on existing CERHSSP tool with PMU and WB guidance	<ul style="list-style-type: none"> • Quarterly and bi-annual report • Select indicators included in scorecard • Data presented in dashboard 	
Beneficiary Experience Assessments	Twice Annually	Sampling-methodology to be agreed	To be updated by TPM based on existing CERHSSP tool with PMU and WB guidance	<ul style="list-style-type: none"> • Bi-annual report • Select indicators included in scorecard • Data presented in dashboard 	
Quality of Care Assessments	Twice Annually	Sampling-methodology to be agreed	To be updated by TPM based on existing CERHSSP and HPF tools with PMU and WB guidance	<ul style="list-style-type: none"> • Bi-annual report • Select indicators included in scorecard • Data presented in dashboard 	
Boma Health Team Assessments	Twice Annually	Sampling-methodology to be agreed	TPM agencies to develop tool with PMU and WB guidance, consulting initial tool used by CERHSSP	<ul style="list-style-type: none"> • Bi-annual report • Select indicators included in scorecard • Data presented in dashboard 	

Health Systems Strengthening Assessments	Twice Annually	Sampling-methodology to be agreed	TPM agencies to develop tool with PMU and WB guidance	<ul style="list-style-type: none"> • Bi-annual report • Data presented in dashboard
Household Coverage Survey (if not covered by future MICS)	Endline (baseline to come from MICS)	Sampling-methodology to be agreed	TPM agencies to develop tool with PMU and WB guidance, ensuring consistency with MICS for comparison purposes	<ul style="list-style-type: none"> • Endline and Baseline report (baseline report to include analysis of select MICS data by TPM) • Select indicators included in scorecard • Data presented in dashboard
Community Perceptions Survey	Baseline and Endline	Sampling-methodology to be agreed	TPM agencies to develop tool with PMU and WB guidance	<ul style="list-style-type: none"> • Endline and Baseline report • Select indicators included in scorecard • Data presented in dashboard
Additional data collection methods	TBD			

IV. Ensuring Quality Data Collection

- 8) **Digital data collection:** To facilitate timely, efficient data collection, the TPM agencies will use electronic and geo-enabled means of data collection. The TPM firms are expected to use electronic data collection tools with GPS-tracking capacity such as Kobo toolbox to collect and record field data. The digital data collection methods will be feasible for South Sudan's context, allowing for data entry when internet connection and cellular networks are not available. Data collection methods must also consider the safety of the enumerators and avoid exposing them to additional risk. Measures for ensuring consistent battery charging will be taken. Monitors will transmit data to a secure server for storage. Data will be transmitted either in real-time (if monitors have access to wireless or cellular data at the time of collection) or as soon as they access a network. Data must be geo-tagged to support verification of the fidelity of monitoring activities. Facility data are expected to include unique facility identifiers to allow tracking of facility performance. Access to the raw data will be given to specific members of the Project Management Unit (PMU) and the World Bank coordinating on behalf of the donor community.

- 9) **Supervision, hiring, and Training of Data Collectors:**
- i) **Hiring of data collectors:** The firms will hire monitors with appropriate monitoring experience. Monitors performing quality of care assessment must have clinical experience. The firm will ensure that data collectors represent all language groups within the country and cover areas which correspond with their language groups. The TPM firms are expected to hire female monitors and must report on the actions. Efforts will be made to recruit data collectors with origins from all project localities and to send them to these areas to collect data. An effort should be made to ensure that data collectors cover areas as close as possible to their linguistic origin.
 - ii) **Data collection training:** The TPM firms **will train monitors on the data instruments and data collection software.** The firm will conduct pilot activities before each round of data collection to identify and troubleshoot issues before wide-scale deployment.
 - iii) **Supervision of data collectors:** The TPM agency will ensure close supervision of data collectors using both in-person and electronic methods. The TPM is expected to develop a clearly articulated supervisory structure at the county, state, and national level to ensure data quality. Given the accessibility challenges in the country, the TPM agency is expected to have supervisors within each county, at least, and to ensure spot-checks of all data collection teams.
- 10) **Data collection timeline:** Once the firm is hired, a timeline will be developed by the PMU and World Bank with the TPM agencies to clearly specify key dates for monitoring activities for each round of data collection, including finalization of data collection instruments, start/finish of data collection activities, cleaning and sharing of raw data, and production of reports. Timelines must be harmonized across the TPM agencies.
- 11) **Ethics review:** The TPM firm is expected to obtain all necessary approvals to conduct data collection activities in South Sudan. The firm and its employees must comply with local laws and regulations regarding data collection and human subject research. The firm is also expected to obtain Institute Review Board (IRB) approval through the MOH Department of Research or the equivalent clearance (e.g. clearance from the Undersecretary) prior to undertaking data collection.
- 12) **Skip / Replacement Protocol:** The TPM is responsible for developing a well-defined plan for when a health facility is skipped (for assessments using a census) or replaced (when sampling is used) for security or accessibility reasons. Given the inherent accessibility challenges in South Sudan, it is expected that many health facilities will need to be reached on foot by walking long distances and the skip / replacement protocol should ensure that this is not a reason for the replacement or skipping of assessments. The skip / replacement protocol should be approved by the PMU and World Bank.

V. Data Use / Presentation

- 14) **The TPM will have a critical role in promoting data use among stakeholders and presenting findings in a clear, timely manner.** The firm is expected to work with the PMU, World Bank, and MOs to present data in specific formats and modalities that meet end user needs.
- 15) **Presentation of Data to Health Facilities and Implementing Partners:** The TPM is expected to present a summary of findings to health facilities following the visit and is expected to develop a plan and format for constructively and succinctly communicating these findings with health facilities and training enumerators on this data sharing. Communicating findings with health facilities intends to both help facilities improve their performance and maintain relationships between the TPM agency and health facilities to

facilitate smooth ongoing data collection. TPM agencies will also be expected to present findings to the implementing agencies, PMU and NGOs on a quarterly basis, solicit feedback, and incorporate findings into subsequent reports to track key issues over time. The main forms of data to be shared with stakeholders are as follows:

- 16) **Datasets:** The TPM agencies will clean and format the data once data collection is complete for each round. They will use a standardized approach to data cleaning to prevent data loss and ensure data fidelity. For each data instrument, the TPMAs will generate a cleaned dataset in a commonly used data analysis software format (e.g. STATA or R, but not EXCEL). BOTH TPM agencies will be expected to use the same data architecture and formatting, with prior approval by the PMU and World Bank. This will allow a harmonized and standardized approach to data reporting that will allow further in-depth analysis and promote data use by stakeholders. The cleaned datasets will be shared with relevant, approved stakeholders in a timely manner after each round.
- 17) **Interactive monitoring dashboard:** See attached annex for a more detail description of the dashboard deliverable. The TPM agency will be expected to work with the PMU (and World Bank) to develop a monitoring dashboard. The dashboard will track health system performance and facilitate the use of data for decision-making. The dashboard will be updated at least quarterly, after each round of data collection (or more frequently if possible). It will display key indicators from each data collection tool, to be agreed upon by all stakeholders. The dashboard should have interactive maps, visual aids (e.g. charts/tables), and geospatial-enabled features; this will allow users to visualize data at the facility level and relevant performance data. The dashboard will be developed with data security in mind and must comply with stakeholder requirements. Publishing and development of the interactive dashboard / bulletin will be housed in the PMU/MOH, with initially intensive capacity support from the TPM. Capacity support from the TPM will gradually taper off but will remain throughout the life of the project. The interactive dashboard and bulletin will be used at quarterly meetings; publication of the dashboard will be prior to the meetings to facilitate use of the data in the meetings. Please refer to annex for specifications regarding the dashboard design and management.
- 18) **Quarterly report:** **The firm will be expected to produce a quarterly report after each round of data collection.** The TPM will develop a reporting template which will be acceptable by the PMU, supported by the World Bank. The report is expected to provide a clear, succinct presentation of monitoring findings, with a particular emphasis on tracking changes in performance over time (e.g. comparing findings across rounds) and identifying areas for improvement. The draft report will be shared with the PMU and World Bank for feedback, and the firm will incorporate comments before producing and sharing a final report. The final report will be shared with other key stakeholders, including contracted MOs and sub-contracted IPs.
- 19) **Balanced Scorecard:** **As part of the quarterly reporting, a balanced scorecard will be used to assess overall health facility performance.** The balanced scorecard approach has been successfully implemented in other conflict-affected settings (e.g. Afghanistan). It will include components on health facility functionality, quality of care, patient satisfaction, and supervision. The indicators to be included in the scorecard will be determined by the PMU in consultation with other stakeholders and will align with indicators included in the PIM.
- 20) **Dissemination of findings:** The TPM firms will be expected to present findings to stakeholders after each round. Relevant stakeholders include the PMU, World Bank, donors, MOs, and NGOs. The firm will tailor its presentations to the needs of different stakeholders;

as such, the firm will be expected to conduct multiple meetings with different audiences to ensure that all relevant actors are included and can learn from the TPM findings. In addition, the firms will be expected to incorporate comments from all stakeholders before finalizing the TPM report for each round.

- 21) **Other Analytic Products:** Data collected by the TPM agencies may be used by the PMU, World Bank, and other relevant parties to conduct additional analyses and produce research papers and related analytic products. In these cases, the TPM agency will be appropriately credited for its role in data collection.

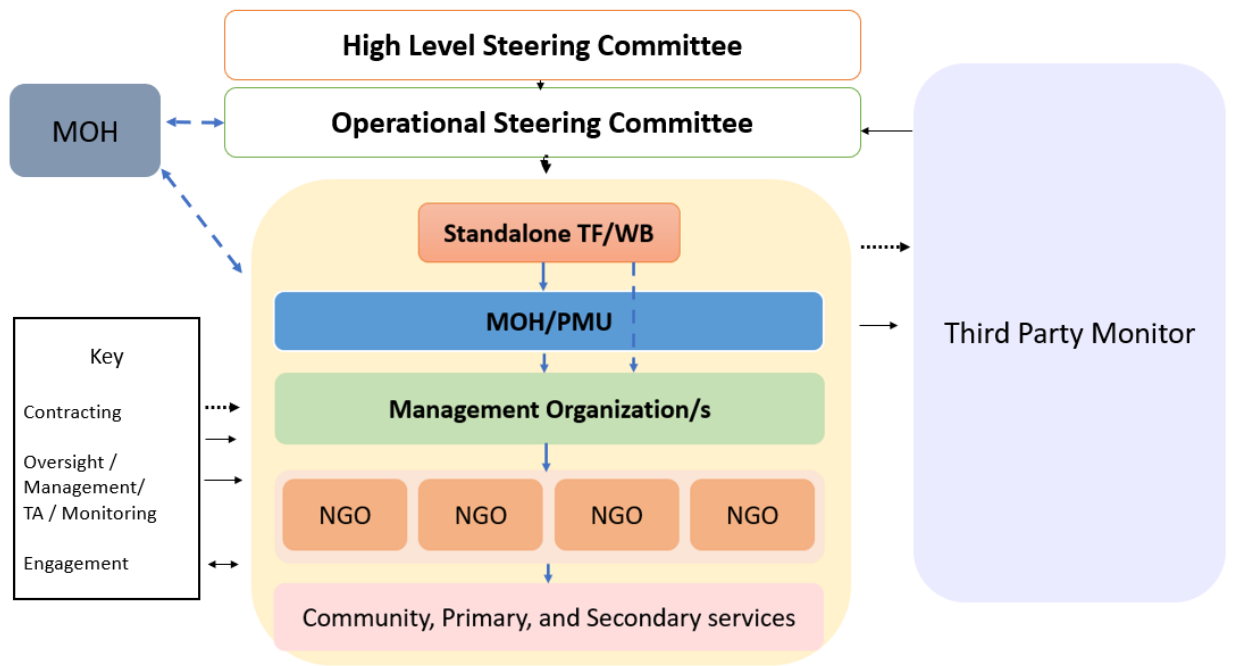
V. Government Capacity Development

- 21) **The TPM agency will build Government capacity for monitoring design and oversight; data analysis and dissemination; and data use for decision making to strengthen the Government's capacity for health sector stewardship.**¹ Capacity development in these specific areas will be an important aspect of the TPM agency's work and the agency is expected both to engage closely with the Government in the development of monitoring tools, instituting regular (quarterly and annual) data review processes, and oversight of the monitoring process as well as to utilize specific capacity development methods such as twinning, coaching, and mentorship to develop Government capacity. The counterpart of the Third Party Monitoring Agency will be the MoH Department of Monitoring and Evaluation (M&E) within the PMU..

VI. Responsibilities

- 22) **Broadly, the TPM agent is responsible for:** (i) execution of and reporting on all monitoring activities outlined in this TOR; (ii) development and maintenance of the interactive monitoring dashboard, in coordination with the PMU; (iii) production and dissemination of quarterly monitoring reports, including tracking progress on key metrics over time and assessing whether recommendations are being implemented across serial rounds; and (iv) developing Government capacity for monitoring design and oversight; data analysis and dissemination; and data use for decision making.
- 23) **The TPM agent is expected to directly execute all surveys and develop the quarterly health service reports / interactive dashboard.** Any proposed partner(s) for joint proposals must be included in the proposal. The TPM is responsible for the development of all tools, materials, and formats and is expected to submit all tools, materials, etc. to the PMU/MoH and WB for review and agreement with sufficient time for comments to be thoroughly incorporated and addressed.
- 24) **Geographic scope:** As specified above, the TPM agencies will be responsible for conducting all monitoring activities within their assigned geographic areas, respectively.
- 25) **In country presence:** The successful firm will be expected to maintain a presence in Juba and will need to travel at minimum on quarterly basis to facilities in all supported counties, states, and administrative areas.
- 26) **Reporting arrangements:** The TPM agency will be contracted by the Project Management Unit (PMU) in the Ministry of Health. It will report to the PMU, as well as to the High Level Steering Committee, Operational Steering Committee, which will consist of members of MoH, PMU, UNICEF, Donors, and WB (as shown below, Figure 2). In this capacity, the TPM Agency will:
- a) Provide all technical, coordination and administrative facilitation.
 - b) Submit all methodology, tools and instruments to the PMU for joint review and finalization with PMU and the WB

- c) Translate all tools into all appropriate local languages based on consultation with PMU and ground partners
- d) Provide electronic and hard copies of all bulletins, reports, materials and tools developed during the consulting assignment. Electronic files should be presented in formats used by common- use software.
- e) Reports will be submitted to the Project Manager of the PMU for verification and final approval (English version and translated version when relevant) at the PMU offices and also soft copy by email: kukwaj@gmail.com
- f) Timely accomplishment of the tasks and submission of each deliverable is essential
- g) Disseminate results within the PMU, and stakeholders at the national, state, and county level, as well as relevant MOs and NGOs
- h) Submit to the PMU a final cleaned database



27) **Contract duration:** The contract will be for a total of one year (12 months) with the possibility of an extension, based on performance.

VII. Security Risk Management (SRM)

28) **Security management plan (SMP):** The responsibility for the safety and security of the TPM agency, its employees and property rests fully with the TPM. To this end, the TPM agency shall:

- a) Accept full responsibility for conducting a security risk assessment (SRA) for all areas in which the agency conducts its work under this Project;
- b) Develop and internally promulgate an appropriate SMP that adequately mitigates security risks to its staff and assets, and ensure regular updates and revision, considering the security situation in South Sudan;

- c) Ensure that the SMP addresses the relevant security risks in an adequate manner in accordance with ISO 31000⁵, the principles of proportionality and relevant GIIP and domestic South Sudanese law;
 - d) Require that any contracted provider of private or public security services adheres to (i) the SMP, (ii) the national laws and the International Humanitarian and International Human Rights Laws, and (iii) does not utilize force except under exceptional circumstances in a proportionate manner for protective (preventative and defensive) purposes. The contractor may also seek assistance from Government security forces / UNMISS for protection if required;
 - e) Communicate and train all individual employees on the contents of the SMP and monitor adherence to the SMP through the engagement of a specialist security focal point; and
 - f) Assume all risks and liabilities related to the contractor's security and the actions of the security providers, and the full implementation of the security plan.
- 29) The PMU/MoH reserves the right to verify, at any time, whether an adequate SMP is in place, that this is based on ISO 31000-compliant SRA, and that any arrangements with private or public security providers are in accordance with relevant legal texts and GIIP. The MoH may direct potential additional areas for development under the SMP. If requested by the TPM agency, the PMU may provide information that may be used to formulate or update the SMP. However, neither the MoH nor its contracted Security Risk Management Company will be responsible for the final content of the SMP and its SRA. Responsibility for the final content of the SMP, including its operationalization, rests with the TPM agency. Failure to implement and maintain an appropriate SMP as required here above shall be deemed a breach of the TPM agency's obligations under this Service Agreement and may result in termination of this Service Agreement.
- 30) Where the TPM agency engages private or public security personnel, either directly or through third parties, the TPM agency will make reasonable enquiries to verify that individuals providing security are not implicated in past abuses and are adequately trained in the use of force and appropriate conduct toward workers and the community and the TPM will also inform or communicate to MOH/PMU the private or public security personnel engaged. The TPM agency will review all allegations of unlawful or abusive acts and where necessary report such acts to the relevant authorities; the TPM agency, without prejudice to the provisions of the contract, also acknowledges the right of the government to make similar enquiries, at its sole discretion.
- 31) While the security responsibilities for employees of the TPM agency directly rest with the agency, the PMU must be informed in writing of any incident or event involving its staff, including that relating to security and gender-based violence, sexual exploitation or abuse. The TPM is also expected to have clearly defined processes in place for reporting security issues or significant events (defined below) in a timely manner to ensure staff protection, as detailed below.
- 32) A "Significant Event" is any significant safety, security, social or environmental incident or circumstance involving employees assigned to work within the parameters of the signed TPM agency contract, including, without limitation, security attacks or workplace accidents that result in death, serious or multiple injury or any violent labor unrest or dispute between employees of the Institutional contractor, other entities and the local communities or any gender-based violence, sexual exploitation or abuse suffered, or committed by, its employees under the contract. Examples of Significant Events include but are not limited to:
- a) Armed attacks;
 - b) Hostage taking or kidnapping;

- c) Unlawful detention;
 - d) Explosions;
 - e) Any event that results in death or serious, or multiple, injury of employees in the course of the individual carrying out their duties;
 - f) Sexual harassment or assault, of any kind, perpetrated by or against an employee;
- 33) Immediately upon becoming aware of a Significant Event, the TPM agency shall:
- a) Notify the MoH/PMU, providing as much detail as is available at the time;
 - b) Provide a Significant Event Report to the PMU within five (5) calendar days of the incident taking place. In exceptional cases where communication infrastructure challenges may hinder the TPM agency from providing a written report within 24 hours, the PMU will be provided with information via SMS, WhatsApp or telephone call of this with an explanation for the delay, and a written report will be provided as soon as circumstances allow. The Significant Event Report must be sent to the PMU Security Advisor with copy to the PMU Project coordinator.

Overview of Monitoring Responsibilities				
Entity	Data Instruments	Data Collection	Data Analysis	Management, Capacity Building, and Oversight
TPM agencies	<ul style="list-style-type: none"> -Develop or update all data instruments in close coordination with PMU/WB -Translate instruments into relevant languages -Hire and train field monitors on all data instruments - Harmonize all tools, replacement / skip protocols, trainings, sampling, data entry formats, and other aspects of monitoring across TPMAs 	<ul style="list-style-type: none"> -Submit rigorous, detailed methodology plans for each monitoring activity/data instrument to PMU/WB for review and approval; make all necessary revisions prior to data collection -Obtain appropriate security and ethics approvals prior to data collection -Perform data collection in accordance with agreed upon methodology, using digital, geo-enabled data collection tools -Undertake pilot data collection at the start of each monitoring round to identify/resolve issues -Provide supervision of field monitors 	<ul style="list-style-type: none"> -Develop and maintain monitoring dashboard in coordination with PMU and WB -Provide dashboard access to relevant parties -Produce cleaned datasets using a standardized data programming software (e.g. R, STATA) and share with PMU/WB -Produce quarterly report for each round of monitoring, with high quality data analysis for each specified monitoring activity -Disseminate findings at quarterly meetings with PMU, WB, Operational Committee, and donors -Incorporate comments from PMU, donors, and 	<ul style="list-style-type: none"> -Work closely with the PMU to develop PMU’s monitoring capacity, including data collection, storage, and analysis, as well as dashboard development and maintenance -Conduct a Security Risk Assessment (SRA) and develop as comprehensive Security Risk Management Plan (SMP) as specified in this TOR

		<ul style="list-style-type: none"> -Complete monitoring activities in the agreed upon timeframe -Capture and store data in secure, electronic server 	<ul style="list-style-type: none"> NGOs/IPs into the final report -Provide follow-up on recommendations and findings across subsequent rounds and track progress on key metrics 	
PMU	<ul style="list-style-type: none"> -Provide the firm/organization with relevant information related to the consultancy, such as read access to DHIS2 for all States and administrative areas, previous similar evaluations, and existing survey instruments -Develop data instruments in consultation with TPAs and World Bank/Donors -Provide final approval of data collection tools, in coordination with WB/donors 	<ul style="list-style-type: none"> -Provide TPAs with appropriate clearances and approvals for data collection activities -Resolve issues regarding facility access on behalf of TPAs -Review and approve all data collection methodology plans, in coordination with WB -Respond in a timely manner to any other issues raised by TPAs with regards to data collection -Provide timeline for start and completion of monitoring activities for each round 	<ul style="list-style-type: none"> -Ensure that MoH staff at all levels (national, state, county) are available for periodic meetings/workshops as needed and for participation in analysis, and utilization of the data -Provide feedback on quarterly reports and identify action items for future monitoring rounds 	<ul style="list-style-type: none"> -Provide stewardship for the health sector, using data for decision making to monitor and improve health sector performance -Facilitate the consultants staff entrance and exit from the country, including visa assistance -Actively participate in capacity development activities with the TPM, including survey design, data use, health sector stewardship, and performance management -Assist TPM agency in developing its SRA and SMP, and without prejudice to its non-liability for any responsibility or liability for TPM security and that of its staff and assets, the PMU may wish to make available all relevant documents produced under the SecMF, including (i) Security Risk Assessments (SecRA), (ii) SMPs, (iii) security reporting, and (iv) other relevant documents.
World Bank (coordinating on behalf of Donors)	<ul style="list-style-type: none"> -Assist TPAs with development, updating, or finalization of data collection tools 	<ul style="list-style-type: none"> -Review and approve all data collection methodology plans, in coordination with PMU 	<ul style="list-style-type: none"> -Review cleaned datasets for accuracy and completeness -Assist PMUs and TPAs with 	<ul style="list-style-type: none"> -Collaborate with PMU on analytic products to improve data-driven decision making

	-Provide final approval of data collection tools, in coordination with PMU	-Review timeline for monitoring activities for each round	dashboard development and maintenance -Provide guidance on expected reporting format for quarterly reports -Provide feedback on quarterly reports and identify action items for future monitoring rounds	
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VIII. Payment and Deliverables

34) The following specific **deliverables** are expected of the firm:

- a) **Inception report within ten weeks of contract signing (15% of the Contract Price upon submission of an acceptable report to MOH/PMU).** The inception report should build off of the TPM’s proposal and should include:
 - i. Detailed plan for the monitoring assignment, elaborating on the ToRs and the proposal. The TPM agency should be prepared to modify aspects of the initial proposal as requested by / discussed with the PMU as well as the WB
 - ii. Timeline and action plan to initiate all aspects of monitoring outlined in the ToRs
 - iii. Assessment of each electronic monitoring platform and a recommendation on the monitoring platform to be used
 - iv. Draft household survey, quantity verification, and client satisfaction tools, ensuring these tools are based on and comparable with existing tools
 - v. Sampling plans for the household survey and client satisfaction
 - vi. Plan for participatory development of the balanced scorecard based on existing quality assessment work as well as analytics executed by the WB
 - vii. Detailed plan for the quarterly service delivery bulletin / interactive dashboard and health facility functionality database as well as how the database will be incorporated into / linked with DHIS2
 - viii. Participatory identification of household survey indicators and plan for participatory identification of balanced scorecard indicators
 - ix. Outline of the TPM agency’s SRA and SMP arrangements
- b) **Quarterly balanced scorecard / dashboard Update (10% per quarter, with 40% spread across four quarters)** prepared and disseminated on a quarterly basis as detailed above, under responsibilities, incorporating results from DHIS2, digital data collection methods, and surveys when conducted
- c) **Report and presentation (10% of the contract price)** outlining results of health facility surveys, annually
Payment will be based on deliverables. If surveys or other activities are postponed or cancelled due to unforeseen circumstances, such as conflict or climactic events, payments will not be made for these activities.
- d) **Quarterly and Bi-annual reports (20% of the contract Price upon submission of an acceptable report by MOH/PMU) outlining** the results of data collection in detail to be shared simultaneously with the PMU and World Bank. Reports to be finalized within one month of completion of data collection.

- e) **Baseline and Endline survey reports (5% and 5% of the contract price for both Report)** outlining the results of survey data collection in detail to be shared simultaneously with the PMU and World Bank. Reports to be finalized within two months of completion of data collection.
- f) **Raw data** (5% of the contract Price) from all surveys and assessments (baseline and endline) entered into standard templates shared simultaneously with the PMU and World Bank.

X. **Qualifications of Firm**

35) The firm is expected to have the following qualifications:

- a) An International firm or academic institution with substantial demonstrated expertise in health service and impact assessment, including household surveys
- b) A minimum of 10 years of experience in health service delivery assessment in fragile contexts (firms with at least 5 years of experience and key staff who have experience that is at least 50% more than the minimum requirements may also be considered)
- c) A minimum of 10 years of experience executing household surveys for health in fragile environments
- d) A minimum of 10 years of experience in health service quality assessment including specific experience in both process quality assessment (vignettes, direct observations, simulations, etc) and structural quality assessment / facility functionality
- e) A minimum of eight years of experience in development of interactive dashboards for social services, with a strong preference for health services
- f) A minimum of 10 years of experience in health service delivery communication including development of bulletins, newsletters, and other consolidated forms of communication
- g) A minimum of ten years of capacity development experience, with demonstrated results
- h) A minimum of eight years of experience in geospatial analysis and mapping, with a preference for experience in health service functionality and delivery mapping
- i) Expertise in the development of web-based platforms
- j) Expertise in electronic tools and platforms for health service delivery assessment
- k) Experience executing health service delivery assessment in South Sudan strongly preferred (fragile states expertise is mandatory)
- l) Excellent qualitative and quantitative data analysis and management skills
- m) There is a strong preference for firms that are in consortium with a local firm, with a capacity development aspect for the local firm
- n) A high level of expertise in use of data analysis software (Ex: STATA, SPSS, R, etc), geospatial mapping software (ex: ArcGIS), and all Microsoft office applications
- o) Excellent communications skills
- p) Strong diplomacy skills
- q) Substantial experience working with Governments and partners in fragile contexts. Experience with South Sudan's government at the state and county levels is ideal.
- r) To facilitate execution of surveys in South Sudan's context, firms are expected to demonstrate gender balance within their teams

XI. **Key Personnel**

36) In addition to the personnel outlined below, the TPM agency will be expected to have a security specialist on staff. If the TPM agency does not have an existing security specialist on staff, it will be required to hire such a specialist.

Position	Role and Responsibilities	Minimum Qualification
Technical Lead / Chief of Party	<ul style="list-style-type: none"> • Provide overall leadership and technical direction for the TPM agency's work • Plan, organize, and monitor all TPM activities • Manage all TPM agency staff • Serve as the point of contact between the TPM agency and the Government as well as partners • Engage with the MoH's contract management unit on review of deliverables and technical conversations to ensure high quality monitoring • Provide quality assurance for all TPM activities • Coordinate different monitoring activities to ensure continuity between activities • Closely monitor activities of any sub-contractors (if used, with agreement from the PMU and WB) • Provide technical guidance for quality assessment and household surveys • Work with Government and partners to troubleshoot and proactively address challenges 	<ul style="list-style-type: none"> • Doctoral degree (PhD / DrPH / equivalent) in Public Health, statistics, economics, public administration, sociology, or similar relevant area. • A minimum of ten years of experience managing a variety of health service assessments including household surveys, health service quality assessment, geospatial mapping, client satisfaction, and health service quantity verification • A minimum of five years of experience working in fragile contexts. Experience working in South Sudan is strongly preferred • A minimum of five years working in health service quality assessment, including both process and structural measures is strongly preferred • A minimum of eight years of experience with staff and project management • Excellent management and leadership skills • Excellent organizational skills with the ability to execute complex tasks in a timely manner • Willingness to travel to remote areas • Substantial experience working with Governments and partners in fragile contexts. Experience with South Sudan's Government • Excellent quantitative and qualitative analytic skills • Strong diplomacy skills • Experience analyzing health service quality and data strongly preferred • Excellent communications skills including the ability to synthesize complex information for use across different audiences in both written and oral form

<p>Data Manager</p>	<ul style="list-style-type: none"> • Clean, enter, validate and manage all quantitative and qualitative data • Develop templates and forms for storage of information • Manage data coming in from surveys • Assist in the survey process • Generate data visualizations • Assist with development of reports, bulletins, and other communications as needed • 	<ul style="list-style-type: none"> • University degree in statistics, information systems, or similar • A minimum of five years of health data management experience • Demonstrated experience managing qualitative data • Expertise and demonstrated experience generating data visualizations • Demonstrated experience managing geospatial data • Experience using mapping software such as ArcGIS strongly preferred • Proficiency in use of data analysis software (Ex: STATA, SPSS, R, etc) strongly preferred • Experience with electronic data collection methods preferred • Excellent organizational skills • Strong analytic skills • Detail oriented • Experience working in fragile settings, particularly South Sudan, strongly preferred • Demonstrated experience concisely presenting complex information
<p>Health Statistician</p>	<ul style="list-style-type: none"> • Develop sampling methodologies for facility and household survey • Contribute to development of overall methodologies for facility and household survey • Contribute to development of survey tools for facility and household survey as well tools for electronic platforms • Analyze all quantitative data generated through monitoring mechanisms: facility survey, household survey, DHIS2 Quantity verification, and geospatial / health facility functionality platform, as well as quantitative data from client / community perceptions survey, electronic quality platform, and 	<ul style="list-style-type: none"> • A PhD or equivalent degree in Public Health, statistics, economics, or Sociology and a minimum of five years of experience as a health statistician or a Masters degree and a minimum of 10 years of experience • A minimum of eight years of experience as a health statistician • Demonstrated experience analyzing a variety of data including household surveys • Demonstrated expertise across a breadth of sampling methodologies and statistical methods with application to health • Experience working in fragile settings, particularly South Sudan, strongly preferred • Expert in use of data analysis software (Ex: STATA, SPSS, R, etc)

	<p>electronic beneficiary feedback platform</p> <ul style="list-style-type: none"> • Support the development of data generation • Support compilation and writing of health service delivery bulletins and reports 	
<p>Dashboard specialist</p>	<ul style="list-style-type: none"> • Assist PMU with design, development, and maintenance of the interactive dashboard 	<ul style="list-style-type: none"> • Experience with development of performance and monitoring dashboards in the humanitarian or development setting • Knowledge of geospatial information systems (GIS) and geospatial data handling and cleaning • At least 3-5 years' experience working with common dashboard tools and platforms (e.g. PowerBI, ArcGIS, Azure, Shiny etc.) and expertise in data cleaning and storage
<p>Household and Facility Survey Lead</p>	<ul style="list-style-type: none"> • Directly manage all field level assessments: household survey, balanced scorecard, health service quantity verification, and client satisfaction • Ensure quality of field level assessments • Manage regional data collection managers • Lead design of field-based data collection tools • Oversee the quality of data collection tools • Lead the development of reports on field-level assessments 	<ul style="list-style-type: none"> • A minimum of eight years of experience managing health service assessment including household surveys, balanced scorecard, client satisfaction, and health service quantity verification in fragile settings • A minimum of five years of staff management expertise • Extensive experience designing survey and assessment tools • Demonstrated experience developing sampling methodologies and frames • A minimum of five years working in health service quality assessment, including both process and structural measures is strongly preferred • Excellent organizational skills with the ability to execute complex tasks in a timely manner • Willingness to travel to remote areas • Substantial experience working with Governments and partners in fragile contexts. Experience with South Sudan's Government

		<ul style="list-style-type: none"> • Excellent quantitative and qualitative analytic skills • Strong diplomacy skills • Excellent communications skills including the ability to synthesize complex information for use across different audiences in both written and oral form
<p>Monitoring and Evaluation Capacity Development Expert</p>	<ul style="list-style-type: none"> • Oversee all capacity development aspects of the TPM's work and ensure capacity development is well integrated into the activities of the TPM, including capacity development of the Government, local consortium members, and any local sub-contractors • Provide capacity building support to Ministry of Health on Development of survey tools, data analysis, and data visualization • Support the Ministry of health in developing capacity for and establishing the function of developing and publishing the quarterly data bulletins/ dashboard / balanced scorecard 	<ul style="list-style-type: none"> • Master's degree in Public Health, Project Management, Public Administration or Management, Economics, or related field and a minimum of five years of experience in monitoring and evaluation of development (Health) project • Substantial experience with capacity development and adult learning, including a variety of capacity development models such as coaching, mentorship, twinning, visual learning, etc. • Demonstrated experience in developing monitoring and evaluation capacity, preferably in Governments • Experience with Third party monitoring strongly preferred • Experience establishing data use functions in Ministries of Health strongly preferred • Demonstrated experience and expertise in health and health service delivery Management; planning, monitoring and evaluation • Experience in fragile contexts strongly preferred
<p>Environment, Health and Safety Specialist</p>	<ul style="list-style-type: none"> • The Environment, Health and Safety Specialist will ensure that TPM complies with the ESMRP for the project, which was agreed upon between the World Bank and MOH/PMU. He/she will also implement the Environmental, Health and Safety activities for the project and ensure compliance with national legislations. 	<ul style="list-style-type: none"> • Master's Degree in Environmental Science disciplines, Environmental Assessments, Environmental Engineering, Natural Resources Management or related field from a recognised university. • At least seven (7) years practical environment, health and safety experience with the World Bank/International Finance Corporation (IFC) funded projects.

	<ul style="list-style-type: none"> • a) Providing operational leadership on environmental, health and safety safeguards 	<ul style="list-style-type: none"> • Demonstrable knowledge of World Bank Environmental, Health and Safety Standards and/or IFC performance standards. • Demonstrated experience in developing monitoring and evaluation capacity, preferably in Governments • Experience with Third party monitoring strongly preferred • Experience establishing data use functions in Ministries of Health strongly preferred •
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XII. Proposal Contents

37) The proposal should include the following:

- a) Proposed plan for the monitoring assignment, elaborating on the ToRs including, for each monitoring modality.
- b) For the household survey, community and patient perceptions, and data verification, a proposal outlining methods, inclusive of the following:
 - i. Type of study design
 - ii. Study population
 - iii. Sampling procedures
 - iv. Key variables
 - v. Data collection instruments including a plan for ensuring comparability with existing household and health facility surveys
 - vi. Plan for data collection in the field
 - vii. Data management, data entry, and data quality assurance procedures
 - viii. Possible sources of bias, errors and limitations, and means to address these
 - ix. Data analysis plan, summary statistics, dummy tables
 - x. Proposed timeline and action plan to initiate all aspects of monitoring outlined in the ToRs
 - xi. Plan for the quarterly balanced scorecard bulletin / interactive dashboard and health facility functionality database
 - xii. Outline all partners proposed for joint / consortium proposals, clearly indicating respective skills, roles, and capacity development arrangements.

ANNEX. INTERACTIVE DASHBOARD DELIVERABLE

Goal: To develop an interactive, timely monitoring dashboard to track progress on key indicators under HSTP

Objectives: The dashboard will meet the following objectives:

1. Synthesize data collected from the data collection instruments specified in the TOR
2. Provide quarterly updates on key indicators from each instrument
3. Allow filtering and (dis)aggregation by state, county, lot, IP, and facility

4. Display data geospatially (via interactive geospatial maps), allowing search and zoom functions
5. Display data visually through charts, graphs, and tables, as appropriate
6. Display benchmarks and time trends to allow users to visualize changes by quarter, year, etc.

Datasets: The dashboard will incorporate data from the datasets below. Additionally, the dashboard may incorporate open-source or other proprietary data (e.g. on population distribution, flooding, conflict events, etc.) to inform monitoring and data interpretation.

1. Health Facility Functionality Assessments
2. Beneficiary Experience Assessments
3. Quality of Care Assessments
4. Community Perception surveys
5. Boma Health Team Assessments
6. Any other relevant datasets requested by the PMU, World Bank / donors, or other stakeholders

Design and Maintenance: The PMU will be responsible for overall stewardship of the dashboard. The PMU will work closely with the TPM agencies to build the dashboard. It is expected that the dashboard will be developed with standard dashboard tools/software that can be maintained by the PMU over time. The World Bank coordinating on behalf of the donors will closely engage with the PMU and TPM agencies on all aspects of dashboard development, including design, data handling, user interface, and maintenance.

Security and Data Access: The dashboard will be designed with stringent security considerations in mind to ensure data protection. The dashboard will be password protected. Access will be restricted to approved stakeholders.