

# TERMS OF REFERENCE

## Consultancy –Evaluation of the Caribbean Regional (CR) Field Epidemiology Laboratory Training Programme (FELTP)

<b>1. BACKGROUND INFORMATION .....</b>	<b>2</b>
1.1. Partner country .....	2
1.2. Contracting Authority .....	2
1.3. Country background .....	2
1.4. Current situation in the sector .....	2
1.5. Related programmes and other donor activities .....	2
<b>2. OBJECTIVE, PURPOSE &amp; EXPECTED RESULTS .....</b>	<b>2</b>
2.1. Overall objective.....	3
2.2. Purpose .....	3
2.3. Results to be achieved by the Contractor.....	4
<b>3. ASSUMPTIONS &amp; RISKS.....</b>	<b>4</b>
3.1. Assumptions underlying the project .....	4
3.2. Risks .....	4
<b>4. SCOPE OF THE WORK.....</b>	<b>4</b>
4.1. General.....	4
4.2. Specific work.....	5
4.3. Project management.....	5
<b>5. LOGISTICS AND TIMING .....</b>	<b>7</b>
5.1. Location .....	7
5.2. Start date & Period of implementation of tasks .....	7
<b>6. REQUIREMENTS .....</b>	<b>7</b>
6.1. Staff .....	7
6.2. Office accommodation.....	7
6.3. Facilities to be provided by the Contractor.....	7
6.4. Equipment.....	7
<b>7. REPORTS .....</b>	<b>7</b>
7.1. Reporting requirements .....	9
7.2. Submission and approval of reports .....	9
<b>8. MONITORING AND EVALUATION.....</b>	<b>8</b>
8.1. Definition of indicators.....	8
8.2. Special requirements.....	8

# **1. BACKGROUND INFORMATION**

## **1.1. Partner country**

The principal beneficiaries are the twenty-six (26) CARPHA member states (CMS) namely, Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Belize, BES Islands (Bonaire, St. Eustatius, Saba), British Virgin Islands, Cayman Islands, Curacao, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts & Nevis, St. Lucia, St. Maarten, St. Vincent & the Grenadines, Suriname, Trinidad & Tobago, Turks & Caicos Islands

## **1.2. Contracting authority**

Caribbean Public Health Agency (CARPHA)

## **1.3. Country background**

CARPHA's mission is to provide strategic direction, in analysing, defining and responding to public health priorities of Member States in an effort to prevent disease, promote health and respond to public health emergencies. The outbreaks of Chikungunya and Zika regionally confirm to the need for increased surveillance. Additionally, with increased travel due to domestic and international tourism in the region, the potential for such threats to have a pandemic potential is great.

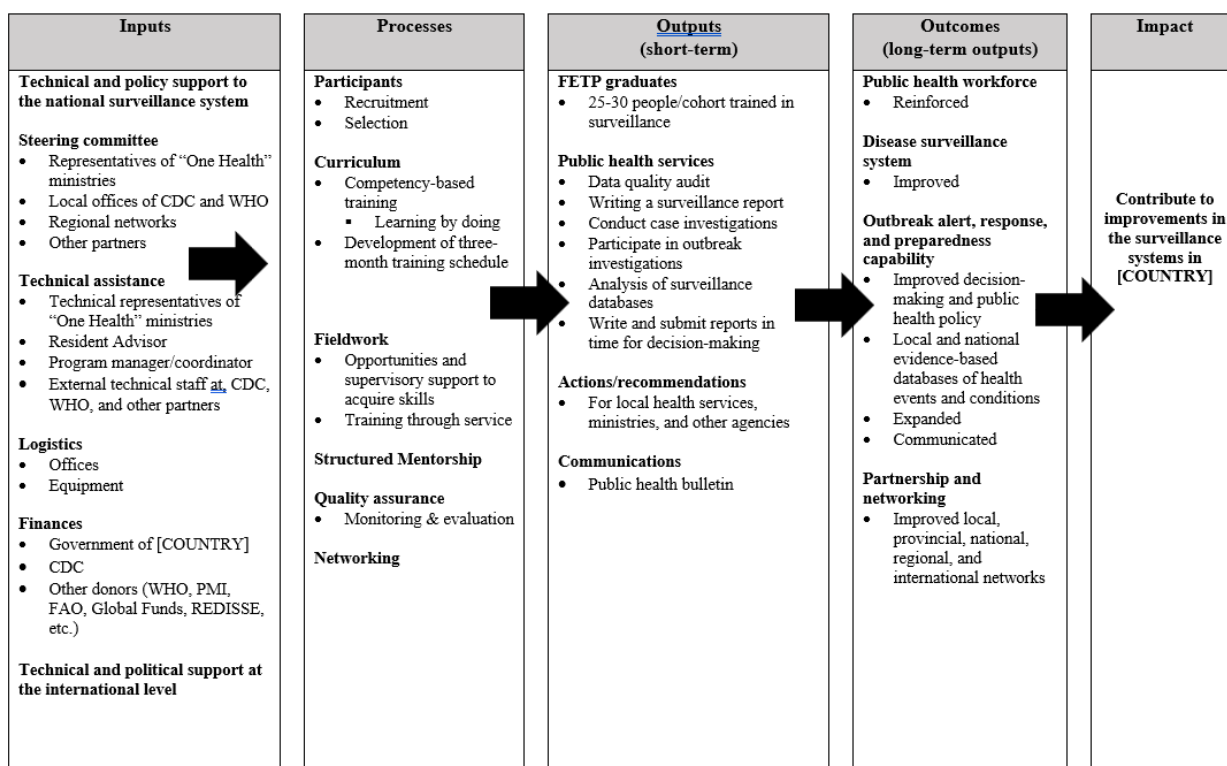
Over the past few years, there has been an increased interest in strengthening health systems within the Caribbean region, as most fall short of the requirements for implementing the goals of the International Health Regulations (IHR). Within the Region, a mean score of 54%, up from 50% in 2014, was reported for human resource capacity in the CARICOM States Parties Annual Reports to the 71st World Health Assembly, 2018. Of the 15 mentioned CARPHA Member States (CMS), 7 reported less than 50% for human resource capacity, 2 are at 50-79% capacity and 5 are at 80% and above. While there has been some progress, the Region still suffers from a low availability of critical skills and competencies in applied public health, and consequently, has limited capabilities to effectively respond to public health emergencies including outbreaks of mosquito-borne diseases.

## **1.4. Current situation in the sector**

There is need for the region to build capacity in the area of disease control, outbreak and emergency response. Some CMS lack the capacity to manage outbreaks of great magnitude due to a shortage of skilled professionals, such as field epidemiologists. The Caribbean Regional Field Epidemiology and Laboratory Training Programme (CR-FELTP) developed by CARPHA, has, since 2014, addressed capacity building to strengthen health surveillance systems in CMS. The programme specifically targets the human resource component under the IHR and aims at increasing Human Resources for Health (HRH) capacity within CMS to improve disease outbreak, surveillance and emergency response. In order to minimize threats posed by emerging and re-emerging diseases, which have the potential to create epidemics within the region, there is a critical need to develop the HRH capacity in applied epidemiology, public health surveillance and response.

The CR-FELTP is a widely recognized professional development programme for public health professionals, that is based on service and on-the-job learning in applied epidemiology in the Caribbean. The CR-FELTP provides training in field epidemiology and laboratory practice at a Basic (Level I) and Intermediate level (Level II). To date, 18 CMS have engaged to varying degrees in implementing and rolling out the CR-FELTP. Training is offered on a tiered basis consisting of Frontline, Basic/Level I and Intermediate /Level II tiers, with technical complexity and expected competency outcomes increasing with each level.

A copy of the intervention logic for the Programme is set out below



There have been 284 Frontline FETP, 141 Level I and 52 Level II graduates to date who are working in varying capacities and sectors in the CMS. Graduates have been able to impact the system positively, by increasing the numbers of outbreaks being investigated, implementing improvements in the collection and analysis of surveillance data, increasing data for action through operational research and increased participation in emergency response efforts within countries.

## 1.5. Related programmes and other donor activities

Complementary funding to support CR-FELTP activities has also been allocated by the Pandemic Fund grant. Funding from these different sources support further rollout and implementation of the CR-FELTP programme; core curriculum enhancement and the development of new speciality courses related to the work of the CR-FELTP.

## 2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

### 2.1. Overall objective

The overall objective of the project of which this contract will be a part is as follows:

To achieve Regional Health Security, through the building of capacity to prevent, detect, respond to and control infectious disease outbreaks, strengthen border security and mitigate Public Health Emergencies of International Concern (PHEICs).

### 2.2. Main Purpose

The Purpose of the contract is as follows:

- Assess the relevance, effectiveness, efficiency, impact, and sustainability of CR-FELTP
- Evaluate training outcomes using levels 2, 3 and 4 of the Kirkpatrick Model
- Assess the programme's contribution to strengthening national and regional public health systems

More specifically, a Consultant will be engaged to provide technical support for the development and execution of a short-term study to evaluate how CR-FELTP fellows have contributed to public health systems strengthening at the national and regional level, as well as increasing the pool of public health experts to be called upon for emergency response.

### **2.3. Results to be achieved by the Contractor**

The Contractor is expected to deliver the following results:

- **Result 1:** Inception Report, including a detailed Workplan, developed and submitted for approval of the Project Manager.
- **Result 2:** Data collection and analysis completed and first draft of Report on the Evaluation of CR-FELTP developed and presented to the Project Manager
- **Result 3:** Draft Final Report developed and submitted in accordance with the reporting requirements in Section 7.1 of these Terms of Reference
- **Result 4:** Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.

## **3. ASSUMPTIONS & RISKS**

### **3.1. Assumptions underlying the project**

- Regional and national stakeholders will provide the necessary information to the contractor in a timely manner

### **3.2. Risks**

The risks associated with this contract are as follows:

- Changes in economic, social, and political conditions as well as other exogenous shocks which may create difficulties for the achievement of the objectives of the project.
- The occurrence of major synthetic or natural disasters which can change public health priorities and inhibit the implementation of this project.

## **4. SCOPE OF THE WORK**

### **4.1. General**

#### **4.1.1. Description of the assignment**

The project involves evaluating the Public Health Workforce capacity in the Caribbean Region due to the CR-FELTP. The programme is tiered in nature and Intermediate/Level II training builds on Frontline/Level

I FETP training and focuses on building greater scientific knowledge in Field Epidemiology and the application of those skills to support country disease surveillance and emergency response efforts. The consultant will develop and execute a study to evaluate the outputs, short and long term outcomes, as well as the overall impact of the CR-FELTP on the strengthening of national and regional public health systems, following 12 years of programmatic implementation.

The evaluation should apply a mixed-methods approach, combining desk review of programme documentation and existing monitoring data with targeted qualitative data collection (e.g. key informant interviews or case examples) to assess the contribution of CR-FELTP to workforce capacity development and regional health security outcomes. The methodological approach should be appropriate to the scope of the assignment, timeline, and available resources.

#### **4.1.2. Target groups**

Participants from CMS (Public Health Professionals) who have graduated from the CR-FELTP programme over the period of its implementation and other Public Health Professionals.

#### **4.2. Specific work**

The project will include the specific work tasks:

##### **Result 1: Inception Report, including a detailed Workplan, developed and submitted for approval of the Project Manager**

- 1.1. Engage in an initial briefing with the designated Project Manager and other relevant CARPHA personnel to discuss the scope of the work to be undertaken, the methodology, approach and any other issues pertaining to the Project upon the commencement of the Consultancy.
- 1.2. Prepare the draft evaluation questions for the assignment which address the five evaluation criteria of relevance, effectiveness, efficiency, impact, sustainability and the four levels of the Kirkpatrick Model (reaction, learning, behaviour, results). A list of indicative questions that can be used to guide the development of the questionnaire/survey instrument is provided below:

##### **Relevance**

- To what extent does FELTP address regional and national public health needs?
- Is the programme aligned to national and regional (CARPHA) strategic priorities?
- How relevant is the training to participants' roles?

##### **Effectiveness**

- To what extent are trainees acquiring expected epidemiology and laboratory competencies? (Kirkpatrick Level 2)
- How well does the programme support outbreak detection and response?
- Are learning objectives achieved? (Kirkpatrick Level 2)
- To what extent do graduates apply learned skills on the job? (Kirkpatrick Level 3)
- How has job performance changed post-training? (Kirkpatrick Level 3)
- Are graduates engaged in surveillance and outbreak response? (Kirkpatrick Level 3)
- What institutional factors enables or hinder application? (Kirkpatrick Level 3)

## Efficiency

- Are resources (financial, human, technical) used optimally?
- Is the training delivery model cost-effective? Is the programme cost-effective? (Kirkpatrick Level 4)
- What are the strengths, weaknesses/gaps and opportunities for improvement of the Programme's implementation/delivery to ensure sustainability and effectiveness (Kirkpatrick Level 4)

## Impact

- Has the Programme contributed to career progression and or expansion of technical responsibilities of graduates (Kirkpatrick Level 3)
- What contributions has FELTP made to strengthening health systems? (Kirkpatrick Level 4)
- Are graduates contributing to improved surveillance and response? (Kirkpatrick Level 4)
- How has outbreak detection and response improved? (Kirkpatrick Level 4)
- What impact has the programme had on laboratory systems? (Kirkpatrick Level 4)

## Sustainability

- Are systems in place to sustain programme benefits? (Kirkpatrick Level 4)
- Re programme benefits sustainable (Kirkpatrick Level 4)
- What is the retention rate of trained professionals in the region? Are graduates retained in relevant public health roles? (Kirkpatrick Level 3)

1.3 Prepare and submit for the approval of the Project Manager, **an Inception Report** which includes at a minimum:

- Methodology and technical approach including sampling approach and data collection tools
- Final Draft evaluation questions that address the evaluation criteria of relevance, efficiency, effectiveness, impact, sustainability and the three levels of the Kirkpatrick Model (learning, behaviour, results)
- Detailed workplan with timelines

## **Result 2: Data collection and analysis completed and first draft of Report on the Evaluation of CR-FELTP developed and presented to the Project Manager**

2.1. Conduct data collection and analysis in accordance with the approved methodology and workplan

2.2. Develop first draft of Report of Evaluation and present the Report to the Project Manager and other stakeholders

## **Result 3: Draft Final Report developed and submitted in accordance with the reporting requirements in Section 7.1 of these Terms of Reference**

3.1. Incorporate the Project Manager's comments on the first draft of the Evaluation Report into a second draft which will serve as the Draft Final Report

3.2 Submit for the approval of the Project Manager, a Draft Final Report, in accordance with the reporting requirements in section 7.1.

**Result 4: Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference**

4.1. Incorporate the Project Manager’s comments on the second draft of the Evaluation Report into a third and final version which will serve as the Final Report

4.2. Prepare and submit for the approval of the Project Manager, a Final Report, in accordance with the reporting requirements in section 7.1.

**4.3. Project management**

**4.3.1. Responsible body**

The Surveillance, Disease Prevention and Control (SDPC) Division of CARPHA will be responsible for the management and coordination of the Project.

**4.3.2. Management structure**

Project management organisation will consist of the following structures:

The Head CR-FELTP, CARPHA, will be the Project Manager and will have overall responsibility for the Project. The Project Manager will retain oversight for the consultancy and will also be responsible for the day-to-day supervision of project activity. The Head CR-FELTP will be supported by the Director, Surveillance, Disease Prevention and Control (SDPC) Division of CARPHA and the Monitoring and Evaluation Officer within the Programme Coordination Unit (PCU)

The Project Manager shall be responsible for approving all reports.

**4.3.3. Facilities to be provided by the contracting authority and/or other parties**

CARPHA shall:

- Provide the Contractor with the goals and objectives of the CR-FELTP, core teaching curricula outlines, access to training assessment materials, access to the online training learning management system, Moodle and previously conducted short term M&E reports. CARPHA will also provide contact information for fellows and country coordination staff who agree to participate in the exercise.
- Facilitate any introductions of the Contractor to country officials/representations that may be required

**5. LOGISTICS AND TIMING**

**5.1. Location**

The operational base for this consultancy is Port of Spain, Trinidad (CARPHA POS Campus). The Consultant will work remotely.

**5.2. Start date & period of implementation of tasks**

The intended start date is about June 1, 2026, and the period of implementation of the contract will be approximately four (4) months from this date.

## **6. REQUIREMENTS**

### **6.1. Staff**

Note that civil servants and other staff of the public administration of the partner country, or of international/regional organisations based in the country, shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

#### **6.1.1. Key experts**

The Key expert has a crucial role in implementing the contract.

##### **Key expert**

Qualifications and skills

- At least a Master's degree or equivalent education in epidemiology, public health, statistics, social sciences or a related field
- Specialised training or certification in monitoring and evaluation, evaluation, research methods

##### **General Professional Experience:**

- At least 5 years of work experience in public health at the national or regional level
- Written and verbal fluency in English is required;
- Experience of conducting evaluations of public health and/or other interventions delivered by national/regional/international organizations
- Experience working in the Caribbean would be an asset

##### **Specific professional experience**

- A minimum of 5 years of professional experience in monitoring and evaluating health programs or international development projects.
- Proven experience in developing and implementing M&E systems, constructing performance indicators, and conducting both quantitative and qualitative surveys.
- Proficiency in using data analysis software (e.g., SPSS, R, STATA, Python) to interpret and manage data

All experts must be independent and free from conflicts of interest in the responsibilities they take on.

#### **6.1.2. Other experts, support staff & backstopping**

Not applicable

### **6.2. Office accommodation**

Office accommodation for each expert working on the contract is to be provided by the Contractor.

### **6.3. Facilities to be provided by the contractor**

The Contractor shall be required to provide his/her personal computer (e.g. laptop or tablet) and Internet connectivity for use during this project.

All costs associated with hotel accommodation that may be required for the execution of this contract will be borne by the Contractor.

## 6.4. Equipment

No equipment is to be purchased on behalf of the contracting authority / partner country as part of this service contract or transferred to the contracting authority / partner country at the end of this contract. Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

## 7. REPORTS

### 7.1. Reporting requirements

The Contractor will submit the following reports in English in one original and one e-copy:

- **Inception Report** of maximum 12 pages to be produced **two weeks** from the start of implementation. In the report the Contractor shall describe e.g. initial findings, progress in collecting data, any difficulties encountered or expected in addition to the work programme, specifically the details as laid out in Section 4.2. The Contractor should proceed with his/her work unless the Contracting Authority sends comments on the inception report.
- **Interim Report** of maximum 12 pages (main text excluding annexes) to be produced and submitted in accordance with the workplan that has been approved at the Inception Phase. This report shall consist of a detailed summary of progress with implementation of the specific work, set out in Section 4.2, including challenges encountered and action taken/proposed to address challenges. The Report will include as an Annex, the First Draft of the Evaluation (including the findings and recommendations) as well as a summary of Project Manager's recommendations for amendment to the first draft.
- **Draft Final report** of maximum 20 pages (main text, excluding annexes). This report shall be submitted **two (2) weeks** before the end of the Project. The submission must be a comprehensive report comprising the work conducted in respect of section 4.2. More specifically, it should include as an Annex the second draft of the Evaluation (which incorporates the Project Manager's recommendations for amendment to the first draft)
- **Final report** of maximum 20 pages (main text, excluding annexes) with the same specifications as the draft final report, incorporating any comments received on the draft report. The deadline for sending the final report is **seven (7) days** after receipt of comments on the draft final report. The final report must be provided along with the corresponding invoice.

### 7.2. Submission and approval of reports

The report referred to above must be submitted to the Project Manager identified in the contract. The project manager is responsible for approving the reports.

## 8. MONITORING AND EVALUATION

### 8.1. Definition of indicators

Implementation performance will be measured by:

- Compliance with the schedule for the submission of reports on the outputs of the Project as outlined in Section 7.1.

## **8.2. Special requirements**

There are no special requirements.