

## **1. ANNEXES**

### **Annex A. Rapid Assessment of the COVID-19 response by RHMs**

# **RAPID ASSESSMENT OF THE COMMUNITY-BASED COVID-19 RESPONSE IMPLEMENTED BY RHMs ESWATINI, 2020-2021**

## **ASSESSMENT REPORT**

## **UNICEF ESWATINI OFFICE**

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## **A. CONTEXT AND DESCRIPTION OF THE INTERVENTION**

### **1.1. Context**

On 30 January 2020, the Director-General of WHO declared the coronavirus disease 2019 (COVID-19) outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR 2005), following advice from the IHR Emergency Committee. His Majesty King Mswati III and Ingwenyama invoked section 29 of the Disaster Management Act 2006, and declared the COVID-19 pandemic a National Emergency in the Kingdom of Eswatini from 17 March 2020.

Eswatini recorded the first case of COVID-19 on 13 March 2020, and the morbidity and mortality associated with it has been in the rise. The COVID-19 pandemic is exacting a huge toll across the country. Daily lives have been profoundly changed; many of traditional social, economic and public health safety nets that many people rely on in times of hardship have been put under unprecedented strain. Even though the country is implementing comprehensive public health measures – such as rapid case identification, rapid testing and isolation of cases, comprehensive contact tracing and quarantine of contacts – the country has not managed to suppress the spread of COVID-19. The pandemic has been characterized by explosive spread, high severity, and significant disruption to societal and economic systems of the country.

The National Contingency Plan for Novel Coronavirus (COVID-19) was developed in March 2020 with overarching goal to control the pandemic by slowing down the transmission and reducing mortality associated with COVID-19. The response plan with a number of objectives was developed through a collaborative process involving the Ministry of Health and other government sectors with technical guidance from development partners and stakeholders. The plan, which requires the input of the government and other stakeholders for its implementation, has identified critical strategies and activities organized under several response structure pillars.

The plan provides guidance for different phases of the evolution of the pandemic from widespread transmission to a steady state of low-level or no transmission. It is based on the experiences and knowledge accumulated since the publication of the National Contingency Plan for Novel Coronavirus (COVID-19) in March 2020. The purpose of the response plan is to guide the public health response to COVID-19 at all levels including the community-based health response.

Rural Health Motivators (RHMs) as part of the community-based health system of the country are mainly engaged in “risk communication and community engagement”, which is one of the health sector response structure pillars identified in the response plan. Accordingly, RHMs are expected to communicate information about transmission and prevention of COVID-19 including responding to concerns, rumours and misinformation through participatory approach. Moreover, RHMs are expected to participate in other response activities including in the surveillance, rapid response teams, and case investigation and response; Infection Prevention and Control; and Maintaining Essential Health Services and Systems. To ensure that RHMs have the necessary knowledge and skills to undertake their specific COVID-19 response activities, the Ministry of Health in collaboration with WHO and other development partners provided capacity building training and IEC materials to RHMs. The response plan signifies that the preparedness

and response activities should be continually optimized according to community feedback and perception in order to foster their engagement and ownership of the response. With the aim of refining and improving the COVID-19 response activities implemented by RHMs, UNICEF commissioned a rapid assessment to be conducted in combination with the evaluation of the UNICEF supported nutrition response. The component of the national COVID-19 response implemented by RHMs, which is the target of this evaluation, is termed as “community-based COVID-19 response” for the purpose of this evaluation.

## **1.2. Intervention**

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RHMs were trained on various topics related to COVID including on what coronavirus is, symptoms of COVID-19, how coronavirus is transmitted, and how its transmission can be prevented. The training materials covered the following topics:

### Coronavirus/COVID-19

- What coronavirus/COVID-19 is
- How coronavirus/COVID-19 spreads
- The main symptoms of COVID-19

### Hand hygiene

- Hand washing - Regularly and thoroughly wash hands with soap and running water for at least 20 seconds. The reasons for hand washing, important times to wash hands, and correct procedures.
- Using hand gloves
- Use of sanitizer - Use of alcohol based hand sanitizer of more than (60%)
- Avoid touching eyes, nose and mouth - hands touch too many surfaces and can pick up viruses. Once contaminated hands can transfer viruses to the eyes, nose and mouth
- Avoiding hand shaking - Hands touch too many surfaces and may pick up viruses. Once contaminated hands can transfer viruses to your eyes, nose and mouth
- Daily cleaning and disinfecting commonly touched surfaces
- Promotion of hand hygiene

### Respiratory hygiene

- Make sure the people around you practice good respiratory hygiene - covering mouth and nose with your bent elbow or tissue when coughing or sneezing and then dispose off tissue immediately
- Avoid spitting in public

### Social distancing

- Maintain at least more than 1 meter between yourself and anyone next to you
- Limit non- essential travelling
- Stay at home
- Avoid travelling especially if you are an elderly person, have a medical condition
- Avoid attending meetings of more than 20 people. Mass gatherings can result in spread of infectious diseases, such as COVID-19. These gatherings can be result of cultural or sporting events, funerals, weddings church services, etc.

### Practice food safety

- Wash your hands between handling raw and cooked food

- Use different chopping boards and knives for raw meat and cooked foods
- Cook food thoroughly before consumption
- Avoid sharing of utensils before washing soap and water
- Wash your hands after touching domestic animals
- Avoid eating dead animals

#### Home care for COVID-19 suspect/case

- Advising COVID-19 suspects on self isolation practices
- Home care for COVID-19 patients
- Cleaning the COVID-19 patient environment including the frequency, procedures and steps of cleaning and disinfection of floor, blood/body fluid spills
- How to make soapy water

#### Other issues covered

- If you have fever, cough, sore throat, difficulty breathing seek health services
- Always eat balanced diet and drink plenty water
- Continue taking your chronic illnesses' medications as prescribed
- If you test positive for HIV, start treatment immediately

COVID-19 response activities by RHMs are not clearly spelled in the national COVID-19 response plan. However, based on the training content provided to RHMs, it can be assumed that RHMs are involved in one or more of the following activities, which are part of the national COVID-19 response plan.

#### Risk communications and community engagement

- Engage and inform communities to take preventive measures
- Engage with influencers to capture people's perceptions through their feedback
- Promote healthy behavior amongst community members
- Conduct two-way communication with population to understand people's perceptions, beliefs, barriers and concerns and repeat preventive guidance

#### Enhance community-based surveillance system for COVID-19

- Train and supervise existing community-based health-workers on surveillance agents on influenza-like illness (ILI) surveillance
- Training of RHMs on Community based IDSR

#### Strengthen IPC practices at Community level including Schools, work place

- Conduct trainings on IPC practices
- Monitor safe IPC Practices among vulnerable groups

#### Community care for COVID-19 patients strengthened

- Build capacity of home care team to adequately manage COVID-19
- Enhance mechanisms to ensure compliance with self-isolation measures

## **B. OBJECTIVES AND SCOPE OF ASSESSMENT**

### **2.1. Purpose**

The purpose of the rapid assessment is to enhance the performance of the community-based COVID-19 response component of the national plan and ensure it contributes to the achievement of the objectives of the national COVID-19 plan. It aims to obtain perspectives and feedback both from the final beneficiaries and key stakeholders that will be used to refine and tailor the intervention to the local needs. The formative evaluation specifically sought information on whether beneficiaries' needs are met, whether RHMs have the required knowledge and skills to provide COVID-19 response activities, and what needs to be strengthened. The results will be used by key stakeholders to revise, adapt or make remedies at early stage of the intervention not only to the strategies and activities but also to the potential objectives.

## **2.2. Objectives**

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The rapid assessment objectives are:

- a) To determine the relevance of the COVID-19 response services provided by the RHMs to addressing the needs of beneficiary communities including the quality and utility of the services by the community;
- b) To assess the effectiveness of the capacity building of RHMs on COVID-19 response related to knowledge, attitude and practices among RHMs and community members.
- c) To assess the efficiency of the community-based COVID-19 response, specifically its impact on the delivery of routine healthcare services.
- d) To assess the sustainability of the intervention
- e) To identify gaps and key actions required for strengthening and tailoring the intervention to local context and ensure it meet the needs of RHMs and the final beneficiaries

## **2.3. Scope**

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The assessment focused on the RHM component of the national COVID-19 response plan, which has been implemented at national level since the beginning of the COVID-19 pandemic. The evaluation was conducted together with the evaluation of UNICEF's support to the nutrition response in Eswatini. For administrative and logistical reasons, this evaluation also focused in the same two regions of Lubombo and Shiselweni that were targeted for the nutrition response evaluation. Thus, the same sample of constituencies representing the two regions was used for both studies.

The evaluation will examine the appropriateness, feasibility, adoption made or required to strengthen the intervention, and the results anticipated and/or achieved from the community-based COVID-19 response covering:

- The training and support given to RHMs;
- Content of the services and delivery approach;
- Capacity of RHMs in delivering services;
- Quality and utility of services by the community; and
- Community behavior and practice on COVID-19 prevention;

The evaluation covered the following beneficiaries and stakeholders: beneficiary communities, RHMs, clinics and public health units, regional decision-making level: national decision-making level including developmental partners.

## C. ASSESSMENT FRAMEWORK

### 3.1. Assessment criteria and questions

The assessment was guided by the evaluative questions shared below. It followed the UNEG Norms and Standards, as well as ethical guidelines.

- How relevant are the RHM's COVID-19 response related activities and services to address the needs of the communities?
- To what extent has the intervention contributed to capacity building of RHMs in the COVID-19 response?
- To what extent has the involvement of RHMs in the COVID-19 response impacted the delivery of routine healthcare services?
- To what extent have sustainability considerations been integrated in the design?

## D. KEY FINDINGS

***How relevant are the RHM's COVID-19 response related activities and services to address the needs of the communities?***

**The COVID-19 related services provided by RHMs are addressing the needs of the community.** Respondents confirmed that RHMs have been involved in a wide range of COVID-19 response related activities that have addressed the needs of the community. One of the key RHMs roles has been sensitization of the community on COVID-19 transmission and prevention measures. Specifically, they educated the community about COVID-19, its origins, transmission and symptoms. With regard to prevention methods, RHMs have been educating and encouraging families and the communities to practice the recommended prevention methods. The prevention methods that have been advocated by RHMs included social distancing, proper wearing of masks, avoiding crowds and unnecessary travel, hygiene and hand washing, and using of sanitizers. They also encouraged the community to put hand-washing facilities within their homesteads, and demonstrated on how to do proper hand washing.

Moreover, RHMs have been involved in educating, advising, and supporting suspected or confirmed COVID-19 cases and their families on self-isolation practices, home care for COVID-19 patients including cleaning and disinfection of environment.

*“They sensitize the community about COVID 19, its origins, symptoms, and what to do if there is suspected case and also how to prevent it.” (PHU nurse, Key informant)*

*“We have been providing health education on the prevention of COVID 19 such as, telling them about social distancing, hand washing, putting a mask, hygiene is also emphasized.” (RHM, FGDs)*

**RHMs use various modalities to deliver the COVID-19 response services.** RHMs have been providing the COVID-19 related services using different approaches. They have been sensitizing the community through mass education during meetings at umphakatsi and other venues including in churches, and health talks during home visits to their allocated homes. Although home visits were suspended during the strict lock down, RHMs were able to resume their services including COVID-19 related services through home visits. RHMs used IEC materials such as flyers during community and home visits to disseminate information on the prevention of COVID-19.

*“We provide COVID 19 related services to the community now by doing home visits, we also utilize community meetings and we leave flyers that we were given by our trainer.” (RHM, FGDs)*

RHMs also employed demonstration sessions to ensure that the people followed the correct procedures when they utilize the various COVID-19 prevention methods. Specifically, RHMs demonstrated how to do proper hand washing, setting up hand-washing facilities, mask wearing, and keeping appropriate distance from people. Moreover, RHMs have been playing a critical role in monitoring the appropriate implementation of the COVID-19 prevention measures by the community to ensure that individuals wear masks correctly and follow the correct steps of hand-washing, while also ensuring that people observe social distancing during meetings. However, school level sensitization and education on COVID-19 and its transmission and prevention methods has not been reported as a service delivery approach, which could have addressed the needs of school community members who greatly influence their respective family members and the community at large.

*“They encourage people to wear masks properly and practice social distancing especially during community’s meetings or church services.” (*

**RHMs are providing quality services with high utilization rate.** Majority of respondents feel that RHMs have been providing quality COVID-19 response activities, and majority of the community members are using the services and following the advice of RHMs. Since the training has equipped the RHMs with the necessary knowledge and skills, RHMs have become competent to perform their duties with confidence. Respondents expressed their observation of increased availability of hand-washing facilities at the entrance of every homestead, and use of masks widely among community members as evidence to the high level of quality services provided by RHMs and to the high rate of service utilization by the community. However, some respondents expressed concerns on lack of access to face masks, sanitizers and soaps among some segments of the community affecting the quality of services and utility of the preventive methods by the community.

*“Good, people wear masks and they have homemade hand washing facilities in their homes.” (Nurse, Key informant”*

*“Even though I am the one who provide the services to the community, I can say that we do our best and we are seeing the good results. We have hand-washing utilities in every homestead in the community, some people are putting on their masks, even though some don’t but they have the information about its importance.” (RHM)*

***To what extent has the intervention contributed to capacity building of RHMs in the COVID-19 response?***

**RHMs are well equipped with the knowledge and skills on COVID-19 response and communicating the information clearly and adequately to the community.**

Most respondents feel that RHMs are well equipped with the knowledge and skills to clearly and adequately communicate COVID-19 related information. RHMs are able to educate the community and share information on COVID-19, signs and symptoms, home isolation of contacts, hand wash, use of sanitizer, wearing of masks and social distancing.

*“I believe they are knowledgeable since we have been trained on COVID 19 at our level of response.” (RHM, FGDs)*

RHMs acknowledged that they have gained adequate knowledge and skills from the training supported by WHO. The key areas RHMs stated that they have gained knowledge and skills include: the signs and symptoms of COVID-19; the importance of using mask, hand washing, hand gloves, and sanitizer; importance of keeping adequate distance and avoiding gatherings; how to care for COVID-19 case at home; and home isolation of contacts.

Respondents feel that the level of knowledge and skills of RHMs can be observed from the quality service they provide and the positive change they brought among the community. According to respondents, people are following the information provided by the RHMs and the information has been translated into improved community behavior and practice on the various prevention methods of COVID-19 transmission. For example, people are avoiding hand shaking, homesteads have hand-washing facilities by their gates, some people are putting on masks even though some do not, and overall cleanliness has been enhanced.

*“RHMs know their stuff very well since through the information they give to the community, we notice that people are following what has been said by the RHMs.”  
(Public Health Service Provider, Key informant)*

Respondents feel that RHMs have adequate capacity on the various technical areas of COVID-19 including on transmission and prevention methods to perform their COVID-19 related roles and responsibilities. Some respondents on the other hand thought that on the job training on how to take temperature of clients, particularly of children would strengthen the capacity of RHMs in their service provision.

*“Technical areas was to take temperature for sick children and I can suggest to conduct on job training and refresher trainings to improve skill gained in training.” (RHM lead, Key informant)*

***To what extent has the involvement of RHMs in the COVID-19 response impacted the delivery of routine healthcare services?***

The involvement of RHMs in the COVID-19 response did not affect the delivery of the routine healthcare services by RHMs, while the overall COVID-19 response affected the service delivery. Respondents stated that the involvement of RHMs in the COVID-19 response activities had limited impact on the delivery of other routine healthcare services due to their focus on COVID-19 response. However, the overall COVID-19 response implemented by the government in the early phase of the pandemic had the greatest impact on the delivery of other routine healthcare services by RHMs. According to most respondents, home visits and community meetings including growth monitoring by RHMs were suspended due to the lockdown measures implemented at country level resulting in defaulting of treatment and immunization services and overall decline in child health services. Once the lockdown has been eased, the impact on delivery of other routine health services by RHMs has been insignificant.

*“Other services were affected and most of the time focus was around COVID-19 and a decline in child health services was noted due to lock down.” (RHM trainer, Lubombo)*

***To what extent have sustainability considerations been integrated in the design?***

The community-based COVID-19 response builds upon the RHM program and supported RHMs with capacity building and supplies, which contributes to the sustainability of the program. However, it requires coordinating and support structures at different levels of the RHM program. Moreover, it will be critical to consider the inclusion of emergency response training in the curriculum of RHM training as well as to provide frequent refresher trainings and necessary supplies.

## **E. RECOMMENDATIONS**

**Recommendation 1: The RHM program in collaboration with the education sector needs to include school health education and sensitization to expand the service delivery approaches.** Expanding the COVID-19 response service delivery modalities ensures the reach of the services and critical information to all community members. RHMs with the support of health workers could train selected teachers in their respective communities. This approach ensures that COVID-19 prevention measures are in place in all schools that are already reopened or as schools reopen. Moreover, RHMs could also monitor the appropriate implementation of the prevention methods in the schools. The COVID-19 education and sensitization activities in schoolchildren can be integrated with other school health programs to ensure efficiency of the RHM program.

**Recommendation 2: The RHM program needs to coordinate partners to support RHMs and some homesteads that do not have access to masks, sanitizers and soaps.** The evaluation findings showed that some community members were not able to access supplies such as masks, sanitizers and soaps for different reasons including economic factors, which may result in disproportionate impact of COVID-19 in this

segment of the population. The RHM program needs to solicit such resources from key partners to ensure that all community members have access to the basic COVID-19 preventive measures.

**Recommendation 3: The Ministry of Health needs to strengthen COVID-19 surveillance system and include data reporting in the Health Management and Information System.** It was difficult to understand the COVID-19 surveillance and reporting system from this assessment, but there is a need to ensure that COVID-19 related data is collected and reported with improved quality, timeliness and completeness. It could be integrated to the reporting system of other health issues under strict surveillance in the country.

## Annex B. Terms of Reference

### TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS/ CONSULTANTS/ SSAs

| PART I              |                                                                                                                                                                             |                |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Title of Assignment | International Consultant - Evaluation of UNICEF's contribution to strengthening the Rural Health Motivators (RHM) Program in Eswatini (during the 2016-18 drought response) |                |
| Programme           | Rural Health Motivators Programme                                                                                                                                           |                |
| Location            | Home-based, with internal travel for assignment - related tasks.                                                                                                            |                |
| Duration            | 45 working days within 3 months (20 days in country-based)                                                                                                                  |                |
| Start date          | From: 14/10/2019                                                                                                                                                            | To: 31/01/2020 |

#### 1. BACKGROUND

##### CONTEXT

According to the 2017 Census, Eswatini's population was 1.09 million. Children aged 0-17 years make up 43 per cent of the total population, while adolescents aged 10-19 years constitute about 23 per cent (0.3 million: 50 per cent male; 50 per cent female). Approximately 12 per cent of the population is below five years and another 12 per cent aged 6-10 years. About 79 per cent of Eswatini's population lives in rural areas and economic growth in Eswatini has been slow in recent years due to continued drought and challenges in South Africa's economy,

Stunting rates have been falling in recent years; it affected 23 per cent of children under five according to the 2017 Comprehensive Survey, compared to 25.5 per cent in the 2014 MICS. The reduction has been attributed to multi-sectoral efforts to address chronic malnutrition. However, the rates are still high: this can be attributed to poor infant and young child feeding practices, as well as poor household food security. Regional disparities persist for stunting: Shiselweni and Manzini have the highest rates, though Shiselweni has seen a large decline. Significant disparities also exist across different groups, particularly affecting the poorest and those with lower maternal education rates.

Wasting, or acute malnutrition, appeared to increase between 2014 (2 per cent) and 2017 (2.5 per cent): in Hhohho the increase was from 1.5 per cent to 3.2 per cent. The 2017 findings indicate that malnutrition can be most effectively controlled in areas where food assistance is provided along with adequate health, water and sanitation services as well as appropriate practices related to infant and young child feeding.

The Kingdom of Eswatini Ministry of Health is currently finalising the National Health Sector Strategic Plan 2019-2023 which provides guidance to the health sector on the priorities for the next five years. It is aligned with the National Development Strategy (NDS), the Eswatini Government Programme of Action (2013-2018), the National Health

Policy (2017). At the international level, the plan is informed by commitments made by the country in terms of the Sustainable Development Goals (SDGs), United Nation's Secretary General's Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Strategy and Universal Health Coverage (UHC). The Ministry of Health has also developed an Essential Health Care Package (2012), which clearly defines the services to be provided at all levels of care, including the community.

The service delivery system of the Eswatini Health Sector is organized in a four-tier system: i) Three National Referral Hospitals; ii) Regional Hospitals; iii) Primary Health Care facilities including Health Centers, Public Health Units (PHUs), Rural Clinics and a network of outreach sites; iv) Community Based Care where Rural Health Motivators (RHM), Faith-based Health Care Providers, Volunteers and Traditional Practitioners provide care, support and treatment.

Trained community health workers (CHW) enhance access to essential primary health care services in contexts where the health system lacks the capacity to deliver adequately. The National Rural Health Motivator (RHM) program, which is one of the CHW programme run buy government was initiated in 1976 as a response to the growing recognition of the need for health promotion dialogue at the grassroots level. The objective of the RHM program is to strengthen the reach of health promotion messages to the most remote areas of the Kingdom of Eswatini and enable structured basic health assessment and referral at the community level. Health promotion messages have included sanitation and safe water, ANC, immunisation, growth monitoring, and home-based care.

RHMs have coverage of approximately 5,000 nationwide. This high reach makes them a very effective tool to utilize when implementing community-based interventions. With the growing burden of both HIV and TB disease, RHMs have become increasingly overwhelmed by the concurrent demands of community-based implementers and meeting the needs of their own family responsibilities. The RHM program has witnessed the uncoordinated implementation of development partners within communities, and this has created implementation methods that are haphazard and unsystematic. Further, shortages of RHM program resources, such as equipment and supplies, and low monthly stipends have resulted in compromised service delivery and service quality. Despite these challenges, the RHMs remains the most reliable cadre at the community level to deliver interventions at household and community levels.

## **INTERVENTION**

In 2016, The Kingdom of Eswatini experienced the worst drought in over 30 years; as a result, there was a reported increase in admissions due to severe acute malnutrition. As part of UNICEF's core mandate, UNICEF Eswatini focused on building community and health facility systems for prevention of malnutrition and instituting systems for early identification of children with malnutrition and timely referral. This was done through a two-prong approach; a) capacity building for health facilities to respond and appropriately manage children with malnutrition, b) capacity building for the community system to screen and refer children as a means to detect malnutrition early and avoid mortality. Implementation was done through the Eswatini National Nutrition Council (ENNC), and World Vision Eswatini. ENNC was responsible for providing technical support in conducting training for the RHMs, ensuring that the clinical arm of the intervention was ready to treat all referred children through training of health care

workers, improving the surveillance systems for SAM, and capacity building for IMAM sites. World Vision provided technical support at community level with implementations of the RHM training, supportive supervision, and monitoring.

Between the 2016 and 2018 drought period, UNICEF invested about USD 1 million towards strengthening community-based preparedness and responses, in two regions (Shiselweni and Lubombo) affected by the drought. The support went towards training of about 1,363 RHMs in the provision of child health community services including growth monitoring, MUAC screening, nutrition counselling and education, immunisation tracking and referral and follow-up of malnourished children for appropriate referral. The trained RHMs are expected to effectively provide the (package of interventions) as part of their routine activities and as part of emergency preparedness and resilience-building at the community level. In addition to the training, the RHMs received anthropometric equipment including weighing scale, height boards and MUAC tapes as well as IEC materials to facilitate their counselling and education. It is against this background that UNICEF would like to document the effectiveness of the intervention given to the RHM since it was expected that the training will ensure long term provision of the services by the RHMs which will facilitate prevention of malnutrition among children and promote early identification and timely referral for those in need. The intervention was conducted during an emergency period, and no theory of change was developed, however assumptions were made on how the training of the RHMs would impact child nutrition status in the two regions.

## **2. PURPOSE**

The purpose of the evaluation is to assess the results of the capacity building training efforts provided by UNICEF to the RHMs to inform future programming on the use of RHMs as a response structure in humanitarian settings by both UNICEF and the Government. The evaluation will be used to inform potential scale-up of RHM capacity-building packages on Nutrition preparedness and resilience including nutrition emergency response in Eswatini by the Ministry of Health and other partners. The evaluation will focus on the areas that received direct support from UNICEF for Nutrition response during the 2016/17 drought, and the resilience-building activities in 2018. A review of how the training and provision of anthropometric tools have enhanced sustained RHM programmes as part of resilience building would benefit scaled up capacity enhancement of the RHMs.

## **3. OBJECTIVES**

The evaluation will be ex-post. The specific evaluation objectives are as follows:

- a. To assess the relevance of the capacity building training efforts provided by UNICEF, both in design and implementation, to the local context and realities of the RHMs;
- b. To determine the relevance of the package of services provided by the RHMs on the ground – compared to expected standard interventions included in their training including the community-based nutrition training – to addressing the needs of beneficiary communities, especially the women, children and most vulnerable or marginalised groups;
- c. To assess the effectiveness of outputs, outcomes and results of the project related to knowledge, attitude and practices among infant feeding practices, and nutrition

among those trained in community nutrition two target regions (Lubombo and Shiselweni), in comparison to those not trained;

- d. To determine the effectiveness of the capacity building training efforts provided by UNICEF on strengthening the RHM Programme and improving the lives of beneficiary communities, especially the women, children and most vulnerable or marginalised groups;
- e. To assess the sustainability of the results of the response in the absence of ongoing UNICEF support, by identifying the degree to which the RHM humanitarian response has built on existing local capacities and coping mechanism, and a potential exit strategy that builds on local resources and capacities.
- f. To identify key good practices and key lessons learnt from the project, identify gaps/challenges affecting the RHM service delivery, determine strategies and interventions to continue and/or discontinue,
- g. To identify key and unique opportunities for strengthening community-based health systems in Eswatini, and how the programme would need to be structured to meet the needs of the communities, in both rural and urban settings.
- h. Make recommendations for future improvement based on evaluation findings.

#### **4. SCOPE**

The evaluation will focus mainly on the interventions supported by UNICEF and its implementing partners, ENNC, and WV in two regions of Lubombo and Shiselweni from 2016 to 2018 in response to the drought. The overall nutrition response for humanitarian in Eswatini was being implemented in two regions, focusing on 1,320 RHMs, from 16 constituencies (Madlangemphisi, Matsanjeni North, Mafutseni, Mkhiweni, Kwaluseni, Mtfongwaneni, Nkwene, Khubutha, Gege, Zombodze, Mpolonjeni, Lomahasha, Hlane; Dvokodweni; Mhlume; Lugongolweni). On average, some 5,000 children were screened monthly at community level and referred for care to health facility level by the RHMs.

The interventions on provision of package of services in the two regions by the RHMs will be targeted by the evaluation. The evaluation will cover Ministry of Health RHM Programme preparedness to response, the quality of training provided by the partners (ENNC and WV), the skills of the RHMs, the results seen from the routine data on performance on nutritional screening and overall results of the use of RHMs from the view of the mothers and children.

#### **5. FRAMEWORK**

The evaluation criteria to be used will be the standards OECD-DAC covering relevance, efficiency, effectiveness and sustainability. These are just the broad questions, and a more detailed subset of questions would be discussed at a later stage.

#### **RELEVANCE**

- To what extent are the objectives of the RHM capacity training programme aligned to the national health sector strategic plan, and the cluster response plan for emergency?
- Were the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?

- Are the activities and outputs of the programme consistent with the intended impacts and effects?
- How relevant were the capacity building training efforts provided by UNICEF, both in design and implementation, to address the needs of beneficiary communities, especially the women, children and most vulnerable or marginalized groups?

## **EFFECTIVENESS**

- How has targeted capacity building of RHM improved overall quality of community-based system for children in Eswatini?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- Did the response contribute to protecting children, boys and girls of different ages, by reaching them with nutrition screening and provision of quality package of interventions by the RHM across all the targeted communities?
- How well did UNICEF integrate gender and equity concerns in the design and implementation of its RHM capacity building efforts?
- To what extent were the objectives of providing a timely and effective response using RHMs in a humanitarian setting achieved?
- How effective is the use of the RHMs as a structure for humanitarian response in Eswatini?

## **EFFICIENCY**

- To what extent was the RHM Programmes governance and coordination efficient to the results attained?
- To what extent did the actual or expected outcomes justify the costs incurred?
- What was the cost of the response per child beneficiary by the end of 2018?
- To what extent did the response activities overlap and duplicate with other similar interventions, either nationally-funded or donor-funded?

## **SUSTAINABILITY**

- To what extent did the benefits of a programme or project continue after donor funding ceased?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?

## **6. METHODOLOGY**

The evaluation will use a mixed-method, participatory (including vulnerable groups, utilization focused, gender and human rights responsive, equity-focused) approach to assess the results of the UNICEF-supported capacity-building of the rural health motivators.

The evaluation design will make use of the following data collection methods:

- a) Interviews with key informants
- b) Specific FGD with RHMs

- c) Participant observation
- d) Specific FGD with male and female parents/caretakers of children attending the response activities
- e) Structured and semi-structured interviews with relevant stakeholders
- f) Desk review of programme documentation, including financial records (both from partners and UNICEF)
- g) Knowledge assessment survey of the RHMs

The list above is for reference only. The final evaluation design, methods, tools and data analysis techniques will be responsive to gender and equity considerations. To the extent possible, data collection and analysis will use disaggregated data by gender, age and socially excluded groups. The evaluation design and style will consider incorporation of the UN and UNICEF's commitment to a human rights-based approach to programming, to equity and gender quality. The scope of analysis will integrate a Gender Equality and the Empowerment of Women (GEEW) perspective. The evaluation will follow the UNEG Norms and Standards, as well as ethical guidelines.

The evaluation will be conducted in selected constituencies in two regions (Lubombo and Shiselweni) where UNICEF provided support to strengthen RHM capacity during the period 2016-2018.

UNICEF will provide a list of partners and a list of key informants once the evaluation process starts. Children, community members and professionals working in the field should be extensively consulted during the evaluation using different appropriate methods. The consultant should propose the evaluation design, tools and methods while ensuring that this design suits the specific objectives of this context and evaluation.

The consultant will also be provided with a mapping of location of where the RHMs who were trained are allocated, and annual reports from Ministry of Health that cover community-based system. Additionally, the team will also receive copies of all the agreements, field visit reports, training manuals, results from pre and post questionnaires etc. While all stakeholder are important, special emphasis will be placed on ensuring that the mothers and caregivers of the children (both boys and girls) who are direct beneficiaries of the interventions are heard, enabled to communicate their priorities and needs, and participate in the evaluation process. Other stakeholders whose participation will be important to assess the impact of the response include parents (both mothers and fathers) of those children who are participating on response activities. Local community leaders, health care workers from clinics in the areas, volunteers working with the response, members of health management teams at regional level will also be consulted in assessing the impact of the response.

Also, a comparison group of area within the same region, where the RHMs were not trained may be identified and compared with the area that received the capacity building efforts from UNICEF. The identified areas will be discussed during the inception phase to ascertain if they met the criteria and can serve as a potential reference group to measure the results.

## **7. ROLES AND RESPONSIBILITIES IN THE EVALUATION PROCESS**

The Consultant will be managed by the Evaluation Specialist, under the overall oversight and guidance of the Deputy Representative at UNICEF Eswatini and close collaboration with the Monitoring and Evaluation Specialist in UNICEF.

**a) Evaluation Specialist** will have the following responsibilities:

- Lead the management of the evaluation process throughout the evaluation (design, implementation and dissemination and coordination of its follow up)
- Convene the evaluation reference group meetings
- Coordinate the selection and recruitment of the evaluation team by making sure the lead agency undertakes the necessary procurement processes and contractual arrangements required to hire the evaluation team
- Safeguard the independence of the exercise and ensure the evaluation products meet quality standards
- Connect the evaluation team with the wider programme unit, senior management and key evaluation stakeholders, and ensure a fully inclusive and transparent approach to the evaluation
- Facilitate the participation of those involved in the evaluation design
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods
- Provide the evaluators with overall technical guidance
- Oversee progress and conduct of the evaluation, the quality of the process and the products
- Approve the deliverables and evaluate the consultant's/team's work in consultation with Evaluation reference group and will process the payments after submission of the deliverables that respond to the quality standards.
- Take responsibility for disseminating and learning across evaluations on the various programme areas as well as the liaison with the MoH Senior Staff
- Disseminate the results of the evaluation

**b) Evaluation Reference Group (ERG)** will comprise the representatives of the major stakeholders including CSD Chief, Ministry of Health programme managers, M&E officers from MoH, ECD Specialist, WV, and WFP and the UNICEF Evaluation Specialist. The latest will also provide quality assurance of ToR, inception report, draft and final evaluation report and participate at ERG meetings as necessary. The ERG will:

- Provide clear specific advice and support to the evaluation manager and the evaluation team throughout the whole evaluation process
- Review the ToR, inception report and draft evaluation report and ensure final draft meets the UNICEF-Adapted UNEG Evaluation Reports Standards.
- Review and provide comments and feedback on the quality of the evaluation process as well as on the evaluation products (comments and suggestions on the TOR, draft reports, final report of the evaluation).

**c) The evaluator/consultant** will report to Evaluation Manager and conduct the evaluation by:

- Fulfilling the contractual arrangements in line with the TOR, UNEG/OECD norms and standards and ethical guidelines; this includes developing of an

evaluation plan as part of the inception report, drafting and finalising the final report and other deliverables, and briefing the commissioner on the progress and key findings and recommendations, as needed.

- d) **YCSD section** will provide logistical and administrative support for the evaluation in collaboration with the RHM Program and UNICEF Evaluation Specialist.
- Support identification and location of selected respondents;
  - Support the process of translating data collection tools from English to Siswati
  - Support logistical arrangements for field (remuneration for field work staff, transport etc)

#### **Some potential evaluations limitations:**

The RHMs data is collected routinely through the Health Management Information System (HMIS), however the data is not disaggregated by sex or age (stays at under 5 years old). The data limitation could be mitigated by use of other sources (partners reports) to verify data from HMIS).

The evaluation is planned for end of year, which has noted challenges, including availability of key personnel within the sector. UNICEF will inform all key informants timely to ensure availability for interviews.

The interventions were targeted children under 5. For ethical reasons, the consultant will interview caregivers on the impact of project. However, some caregivers might have relocated in the period. Efforts will be made to ensure that an adequate sample is reached for the results to be meaningful.

## **8. WORKPLAN**

### ***Activities and Tasks:***

The consultant will:

- Undertake a literature review to inform a detailed Inception report with methodology, evaluation design and data collection tools.
- Develop a data collection plan including a selection of respondents in consultation with RHM programme, and M&E Unit within MoH
- Reconstruct the intervention theory of change
- Develop a data quality assurance plan
- Prepare and share field work plan: The consultant will prepare a detailed plan for field work and share the same in advance with UNICEF and RHM Programme, and M&E Unit within the Ministry of Health.

| <b>Task</b>                                                                                                                                                                                                               | <b>Deliverables</b> | <b>Timeline/Deadline</b>          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
| Draft inception report (first draft) with data collection tools (questionnaires, Interview Guides, etc). The final inception report will also include a reconstructed theory of change, field workplan, and data analysis | Inception report    | 7 working days<br>20 October 2019 |

|                                                                                                                                      |                                 |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
| plan)                                                                                                                                |                                 |                                     |
| Finalize inception report with translated versions of data collection tools.                                                         | Validated data collection tools | 8 working days<br>5 November 2019   |
| Field work – in country data collection with support from Research Assistants.                                                       |                                 | 10 working days<br>20 November 2019 |
| Data analysis and report writing.                                                                                                    | Draft evaluation report         | 10 days<br>4 December 2019          |
| Draft evaluation report shared with Evaluation Reference Group and UNICEF (for UNICEF ESARO and HQ review and comments (first draft) | Evaluation report presentation  | 1 Day<br>6 December 2019            |
| Revised draft report and Stakeholder validation meeting                                                                              | Validation meeting conducted    | 4 working days<br>18 December 2019  |
| Final full evaluation report (Electronic), summarised version of the report and power point presentation.                            | Final evaluation report         | 5 working days<br>31 December 2019  |

### Revised evaluation schedule

| Activities                                                                                                                                                                                                                             | Deliverables                                   | Time               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|
| <b>Inception phase</b>                                                                                                                                                                                                                 |                                                |                    |
| Draft inception report (first draft) with data collection tools (questionnaires, Interview Guides, etc). The final inception report will also include a reconstructed theory of change (ToC), field work plan, and data analysis plan) | Inception report                               |                    |
| Translation of questionnaires by Research Assistants or other professionals<br>Ethical clearance (UNICEF or MOH)                                                                                                                       | Translated data collection tools               | Dec. 2 - 5, 2019   |
| Revise inception report including data collection tools, ToC, Evaluation Framework, study methods, and plan based on feedback and comments from stakeholders                                                                           |                                                | Dec. 2 - 5, 2019   |
| Travel of consultant to Eswatini                                                                                                                                                                                                       |                                                | Dec. 8, 2019       |
| Presentation in a stakeholders meeting for participatory review                                                                                                                                                                        | Validated and translated data collection tools | Dec. 10, 2019      |
| Finalize inception report with translated versions of data collection tools.                                                                                                                                                           |                                                | Dec. 11 - 12, 2019 |
| Approval of Inception Report by Evaluation Reference Group                                                                                                                                                                             |                                                | Dec. 12, 2019      |
| Prepare for field work (orientation of research assistants, printing of survey tools, etc)                                                                                                                                             |                                                | Dec. 13, 2019      |
|                                                                                                                                                                                                                                        |                                                |                    |

|                                                                                                                                      |                                                                                          |                    |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------|
| <b>Data collection phase</b>                                                                                                         |                                                                                          |                    |
| Field work in country data collection with support from Research Assistants.                                                         | Data                                                                                     | Dec. 16 - 31, 2019 |
| <b>Analysis and reporting phase</b>                                                                                                  |                                                                                          |                    |
| Data analysis and report writing.                                                                                                    | Draft evaluation report                                                                  | Jan. 1 - 14, 2020  |
| Draft evaluation report shared with Evaluation Reference Group and UNICEF (for UNICEF ESARO and HQ review and comments (first draft) | Evaluation report presentation                                                           | Jan. 15, 2020      |
| Revised draft report and Stakeholder validation meeting                                                                              | Validation meeting conducted                                                             | Jan. 16 - 21, 2020 |
| Finalise full evaluation report (Electronic), summarised version of the report and power point presentation.                         | Final evaluation reports - full version, summarised version and power point presentation | Jan. 22 - 28, 2020 |

- Undertake data collection as defined in the agreed methodology in the inception report
- Preparation of analysis plan: The consultant will prepare a detailed analysis plan that addressed the objectives of the evaluation. The analysis plan would be shared with the evaluation reference group before finalizing the same.
- Report writing: The consultant will undertake data analysis, prepare the draft report and share with UNICEF, evaluation reference group, and RHM Programme and M&E Unit for comments and suggestions.
- The consultant will present the evaluation report to stakeholders for validation, comments and inputs.
- The consultant will incorporate the comments and submit the final report to UNICEF.

#### ***Outputs/Deliverables:***

#### ***Payment Schedule***

Payment, upon completion of each deliverable according to the following schedule:

- Submission of inception report (30%).
- Draft report validation 30%
- Submission and approval of final evaluation report, summary report and Power point presentation (40%)

The payments will be made upon satisfactory completion of the deliverables mentioned above. The final remuneration will be negotiated by HR.

#### ***Desired competencies, technical background and experience***

##### **a) Education:**

Advanced degree (Masters or higher) in Bio-Statistics, Evaluation, Research, Public Health, Epidemiology, Economics, Social Science, or related field.

**b) Relevant work experience:**

- At least 10 years combined experience of conducting research and/or evaluation in community health systems or health systems in general
- Proven experience in design and implementation of quantitative and qualitative evaluation tools and studies; preferably at least 5 years' experience in leading program evaluations
- Demonstrated experience in ethical research practices.
- Demonstrated expertise in undertaking gender-responsive and equity-focused evaluations
- Ability to analyse, synthesize and triangulate data from different sources for precise findings
- Demonstrated ability to prepare high quality reports in English in a clear, concise manner (a sample of recent analytical report will be requested)
- Strong organizational skills, attention to detail, and ability to meet deadlines.
- Advanced computer and data analysis skills, including proficiency in use of Microsoft Office software and statistical software packages (SPSS, STATA, Epi-Info etc) and relevant qualitative analysis software.
- Demonstrated understanding of health system in Swaziland and/or Southern Africa added advantage.
- Experience working with/in the UN or other international development organizations in the social sector or application of UNEG evaluation standards.

**9. Administrative issues**

Consultant will report to the Evaluation Specialist with administrative and logistical support provided by YCSD team.

**10. Conditions**

- The Consultant is expected to work in his/her own office space.
- The consultant should include costs of travel and communication within the consultancy proposal.
- The Consultant will provide his/her computer for the assignment.
- The selected candidate will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.

As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.

**11. Risks**

The following risks have been identified and mitigation measures in place:

| <b>Risks</b>                        | <b>Mitigation</b>                                                        |
|-------------------------------------|--------------------------------------------------------------------------|
| Delay in finalizing ethics approval | Early identification of requirements by ethics during the hiring process |

## 12. How to Apply

Qualified candidates are requested to submit the following documents, using the website applications link by **27<sup>th</sup> September 2019**.

1. **CV**
2. **Cover letter** - highlighting relevant experiences and skills related to the assignment in **no more than two pages**
3. **Financial proposal** – Please **provide an all-inclusive fee** (including administration and logistics).
4. Please indicate your ability and availability to undertake the assignment with terms of reference above.

**Candidates are expected to be available from 14<sup>th</sup> October 2019 to take on the assignment.**

**Applications submitted without a fee/rate and detailed financial proposal will not be considered.**

If you have not been contacted within a month of the closing date, please accept that your application was unsuccessful. Regret emails will be sent only to shortlisted/contacted candidates.

## Annex C. Evaluation Framework

| Evaluation criteria                                                                                                                      | Evaluation questions                                                                                                                                                                                                                                                                                                                                                                | Judgment and indicator of progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Main sources of data/Information                                                                                                                        | Data collection methods |         |         |        |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------|---------|--------|
| RELEVANCE                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         | D<br>R                  | KI<br>I | FG<br>D | S<br>V |
| The extent to which the objectives and the design of the action are consistent with the MoH policies and with the needs of beneficiaries | 1. To what extent is the UNICEF program in line with global recommendations and practices for addressing malnutrition?                                                                                                                                                                                                                                                              | Program aligned with international commitments; Program aligned with internationally recommended protocols and standards;                                                                                                                                                                                                                                                                                                                                                                           | Global strategies and guidelines; Program document; Information from key Informants;                                                                    | X                       | X       |         |        |
|                                                                                                                                          | 2. To what extent are the objectives of the UNICEF program aligned to the national health sector strategic plan, and the cluster response plan for an emergency?                                                                                                                                                                                                                    | Program aligns with national strategies, policies, and plans; Program is tailored to emergency context; Program aligns with the cluster response plan for an emergency;                                                                                                                                                                                                                                                                                                                             | National policies, strategies and emergency response plan documents; Program document; Information from key Informants;                                 | X                       | X       |         |        |
|                                                                                                                                          | 3. How relevant were the UNICEF program supported efforts, both in design and implementation, to address the needs of beneficiary communities, especially the women, children and most vulnerable or marginalized groups?<br><br>Related question: Were the UNICEF program interventions identified, developed and informed by situation analysis to account for key capacity gaps? | Program is informed by situation analysis; Evidence of alignment with priority needs; Program document identifies vulnerable groups (mapping) and approaches to address their needs; Stakeholders' consensus on the degree to which needs of different groups were identified and targeted appropriately; The degree to which beneficiaries feel/perceive that the services and delivery strategy were tailored to their needs; Evidence of package of services provided to most vulnerable groups. | Survey, evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.                              | X                       | X       | X       | X      |
|                                                                                                                                          | 4. Were the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?                                                                                                                                                                                                                                                          | Program aligns with global strategies underpinned by logical causal pathways; Program is tailored to emergency situation and aligned with country context;                                                                                                                                                                                                                                                                                                                                          | Global guidelines; Evaluation, progress and annual reports; Program document; Information from key Informants; Information from beneficiaries and RHMs. | X                       | X       |         |        |

|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |        |         |         |        |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|---------|--------|
| Related question: Is the design of the program the most appropriate way to achieve the intended objectives? |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |        |         |         |        |
| EFFECTIVENESS                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             | D<br>R | KI<br>I | FG<br>D | S<br>V |
| The extent to which the action has achieved, or is expected to achieve its objectives.                      | 5. How has the UNICEF program improved overall quality of the community-based system for children in Eswatini?                                                                                                                                                                                                                                            | Evidence of institutional development; Availability of adequate equipment and supplies; Level of knowledge and skills of RHMs (counseling, growth monitoring, identification of cases and drop-outs, and management including referral decision); Provision of integrated services; Evidence of bi-directional referral-linkages between RHMs and health facilities; Level of RHM's satisfaction; Level of beneficiaries' satisfaction on services and performance of RHMs; | Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.                          | X      | X       | X       | X      |
|                                                                                                             | 6. To what extent did the programme contribute to increased access and utilization of child health and nutrition services, and improved health seeking behaviours?                                                                                                                                                                                        | Trends in number of children screened, referred and managed; The extent to which malnourished children are identified and managed early; Beneficiaries' attitude towards health services; Accessibility of services;                                                                                                                                                                                                                                                        | Evaluation, progress and annual reports; Health facility reports; Information from key Informants; Information from beneficiaries and RHMs. | X      | X       | X       | X      |
|                                                                                                             | 7. Did the response contribute to protecting children, boys and girls of different ages, by reaching them with nutrition screening and provision of a quality package of interventions by the RHM across all the targeted communities?<br>Related question: Did beneficiaries encounter any difficulties accessing the program? How were those addressed? | Evidence of decrease in malnutrition across target communities; Targeting and recognition of gender and age in program and implementation; Trends in number of children who were screened for malnutrition and who received appropriate services by gender and age, where possible; Challenges in service utilization                                                                                                                                                       | Evaluation, progress and annual reports; Health facility reports; Information from key Informants; Information from beneficiaries and RHMs. | X      | X       | X       | X      |

|                                                                                                                  |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                              |                |                 |                 |                |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-----------------|----------------|
|                                                                                                                  | <b>7. To what extent were the objectives of providing a timely and effective response using RHMs in a humanitarian setting achieved?</b><br><br>Related question: How effective is the use of the RHMs as a structure for humanitarian response in Eswatini? | Knowledge and skills of RHMs on humanitarian response; Evidence of inter-sectorial linkages; Extent to which the needs of vulnerable groups have been addressed; Effective management of acute malnutrition reaches the majority of the target population; Extent to which the needs of vulnerable groups have been addressed; Extent to which malnourished children are identified and referred in a timely manner; Evidence of bi-directional referral-linkages between RHMs and health facilities; | Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.<br><br>Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs. | X              | X               | X               | X              |
|                                                                                                                  | <b>8. What were the major factors, which, influenced the achievement or non-achievement of the objectives of the program?</b><br>Related question: What lessons can be drawn for strengthening similar programs for reducing malnutrition?                   | Barriers and facilitators to program achieving target results; Transferability of program across contexts based on identified barriers and facilitators.                                                                                                                                                                                                                                                                                                                                              | Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.                                                                                                                           | X              | X               | X               |                |
|                                                                                                                  |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                              |                |                 |                 |                |
| <b>EFFICIENCY</b>                                                                                                |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                              | <b>D<br/>R</b> | <b>KI<br/>I</b> | <b>FG<br/>D</b> | <b>S<br/>V</b> |
| The extent to which the action has achieved, or is expected to achieve, its results efficiently and economically | <b>9. To what extent was the RHM Programme's governance and coordination efficient to the results attained?</b><br><br>Related question: What factors influenced the efficiency with which the achievements observed were attained?                          | Level of inclusiveness of the RHM program for participation of key stakeholders; Evidence of consultations to develop the program, and coordination meetings during implementation of the program; Evidence of monitoring and addressing inefficiencies; The extent to which financial expenditures align with plans; Level of resource harmonization (wastage & duplication) causes of inefficiency; Areas of efficiency gains;                                                                      | Emergency response documents; Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.                                                                                             | X              | X               |                 |                |
|                                                                                                                  |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                              | X              | X               |                 |                |

|                                                                                    |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                |                 |                 |                |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-----------------|----------------|
|                                                                                    | <b>10. To what extent did the response activities overlap and duplicate with other similar interventions, either nationally-funded or donor-funded?</b>                                                                                                                       | Evidence of consultations to develop the program, and coordination meetings during implementation of the program; Evidence of integrated approaches and alignment of actions by stakeholders; Level of resource harmonization (wastage & duplication); Evidence of monitoring and addressing inefficiencies; | Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.                                                 | X              | X               |                 |                |
|                                                                                    | <b>11. What was the cost of the response per child beneficiary by the end of 2018?</b>                                                                                                                                                                                        | Total resources contributed by stakeholders; Number of child beneficiaries; Cost of response per child beneficiary;                                                                                                                                                                                          | Financial reports; Evaluation, progress and annual reports; Health facility information; Information from key Informants; Information from beneficiaries and RHMs. | X              | X               |                 |                |
|                                                                                    | <b>12. To what extent did the actual or expected outcomes justify the costs incurred?</b><br><br>Related questions: Were there any important unintended positive or negative results?                                                                                         | Financial input vs. outcomes                                                                                                                                                                                                                                                                                 | Financial reports; Evaluation, progress and annual reports; Health facility information; Information from key Informants; Information from beneficiaries and RHMs. | X              | X               |                 |                |
| <b>SUSTAINABILITY</b>                                                              |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                |                 |                 |                |
|                                                                                    |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    | <b>D<br/>R</b> | <b>KI<br/>I</b> | <b>FG<br/>D</b> | <b>S<br/>V</b> |
| The extents to which the action and its benefits are likely to continue over time. | <b>13. To what extent have sustainability considerations been integrated in programme design and implementation by UNICEF and partners?</b><br><br>Related question: What is the level of ownership and commitment of the community and government to continuing the program? | Evidence of sustainability consideration in design & implementation; Extent of coordination and partner participation to ensure continuity of financial and human resource commitments; Use of local capacity in the humanitarian response;                                                                  | Program documents; Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.                              | X              | X               | X               |                |

|                                                                                                                                 |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                             |                |                 |                 |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-----------------|
|                                                                                                                                 | Related question: What local resources and capacities exist that can be built into the RHM humanitarian response to serve as exit strategy to ensure sustainability?                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                             |                |                 |                 |
|                                                                                                                                 | <b>14. To what extent has the benefits of the programme continued after the UNICEF support ceased?</b>                                                                                                                                                                                                        | Trends in number of children screened, referred and managed during and after the program implementation period; Evidence of continued inter-sectorial linkages; Extent to which the needs of affected children is being addressed; Effective management of acute malnutrition reaches the majority of the target population after the project completion; | Evaluation, progress and annual reports; Health facility data; Information from key Informants; Information from beneficiaries and RHMs.                    | X              | X               | X               |
|                                                                                                                                 | <b>15. What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?</b>                                                                                                                                                                     | Barriers and facilitators to program and outcome sustainability; Staffing / human resources; Technical capacity of staff; Referral linkages; Operational guidance;                                                                                                                                                                                        | Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.                                          | X              | X               | X               |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                             |                |                 |                 |
| <b>The application of a human rights-based approach (HRBA) in programming</b>                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                             | <b>D<br/>R</b> | <b>KI<br/>I</b> | <b>FG<br/>D</b> |
| How well did UNICEF integrate gender and equity concerns in the design and implementation of its RHM capacity building efforts? | <b>16. How well did UNICEF integrate gender and human rights considerations in the design and implementation of the project cycle?</b><br>Related question: What concrete lessons are there that can be replicated for addressing malnutrition in an equitable manner targeting the most vulnerable children? | Evidence of reflection of HR & GE in design & implementation; Gender disaggregated data reported; Provision of services that address the needs of vulnerable groups; Evidence of service utilization by vulnerable groups with equitable results;                                                                                                         | Program documents; Evaluation, progress and annual reports; Health facility data; Information from key Informants; Information from beneficiaries and RHMs. | X              | X               | X               |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                               | Barriers and facilitators to equitably address malnutrition among vulnerable children; Documented innovative approaches to reach vulnerable children;                                                                                                                                                                                                     | Evaluation, progress and annual reports; Information from key Informants; Information from beneficiaries and RHMs.                                          | X              | X               | X               |

## **Annex D. Data collection instruments - questions and guides**

### **1. KEY STAKEHOLDERS – INTERVIEW QUESTIONS**

DAT / TIME \_\_\_\_\_

PERSON NAME / POSITION \_\_\_\_\_

#### **General introduction questions**

1. What are the focuses and main projects/activities of your organization?
2. How does your organization link with the community-based emergency preparedness and response program?
3. Which role have you personally played (or are you playing) in the program?

#### **F. Relevance**

4. Can you summarize the objective of the UNICEF program, using your own words?
5. In your opinion, to what extent is the UNICEF program aligned with the international commitments of the Eswatini?
6. In your opinion, to what extent is the UNICEF program aligned with the national health policies and cluster response plans?
7. In your opinion, how are the design and implementation of the UNICEF program adapted to the needs of the women, children and most vulnerable or marginalized groups?
8. Was situation analysis/needs assessment conducted for the program identification? Who was involved? What about the communities?
9. In your opinion, to what degree were the intended inputs and activities of the program appropriate to achieve the objectives? Why?
10. Can you think of other strategies that could have been used to strengthen the community-based preparedness and response to drought?
11. What would you like to change in the UNICEF support program to strengthen the community-based preparedness and response?

#### **COVID-19 related questions**

12. What is the role of the RHM program in the COVID-19 response?
13. How do RHMs provide their COVID-19 related services to the community?
14. How do you rate the quality and utility of the RHMs' activities and services?

#### **G. EFFECTIVENESS**

15. How do you describe the UNICEF support on anthropometric equipment and supplies? What has been its contribution to improvement in child health nutrition services?
16. In your opinion, to what extent has the UNICEF support improved:

- a. RHMs' knowledge on appropriate IYCF, importance of screening and early management of malnutrition
  - b. RHMs' knowledge and skills to clearly and adequately communicate counseling information about child health and nutrition services
  - c. RHMs' skills in using anthropometric equipment and growth chart, and interpreting curves for action
  - d. RHMs' skills in tracking immunization defaulters and identify danger signs for referral
17. Are there additional technical areas that should be included in capacity building of RHMs for humanitarian response?
  18. In your opinion, what is the level of RHMs' knowledge and skills to clearly and adequately communicate COVID-19 related information?
  19. In which technical areas should RHMs receive additional capacity building? What is the best way to build their capacity?
  20. To what extent has the package of interventions delivered by RHMs reached to beneficiaries, including the most marginalized communities?
  21. To what extent have parents/caretakers gained knowledge?
    - a. To practice appropriate IYCF
    - b. To decide when nutrition and health services are needed
    - c. To demand and bring children for services
  22. To what extent has the program improved the bi-directional referral system?
  23. In your opinion, to what extent has the program contributed to the improvement in the following:
    - a. Access to and utilization of health and nutrition services
    - b. Quality of the package of interventions provided by RHMs
    - c. Improved timely and coordinated response
  24. To what extent has a timely and effective response using RHMs in a humanitarian setting established? How effective has been the use of RHMs as a structure for humanitarian response? What are the advantages and disadvantages of using RHMs?
  25. In your opinion, to what extent has the UNICEF supported program contributed to strengthening the overall community-based health system? In what way?
  26. In your opinion, what were the major factors, which influenced the achievement or non-achievement of the objectives of the program?
  27. What lessons can be drawn for strengthening community-based humanitarian response elsewhere?

#### **H. EFFICIENCY**

28. To what extent does the RHM program advocate to ensure participation of key stakeholders?
29. To what extent does coordination meetings take place for effective and efficient implementation of program?

30. To what extent did the response activities overlap and duplicate with other similar interventions, either nationally-funded or donor-funded?
31. To what extent has effective coordination and collaboration with existing interventions and partners been addressed and achieved?
32. Was the multi-sectoral character of nutrition program considered and linkages made with key stakeholders?
33. What factors influenced the efficiency with which the achievements observed were attained?
34. Did you notice any instance of waste or inefficiency of resources (financial, human, institutional and commodities) during the project implementation? If yes, what were the leading causes of inefficiency and what strategies were used to address them?
35. What were the comparative advantages/disadvantages of using NGOs in training of RHMs, and the use of the RHM structure to implement the program?
36. In what way (areas) has your organization collaborated with RHMs program?
37. What is your organization's contribution (financial, technical, commodity, etc) in support of the program? Could you please provide information on your organization's total input by year?
38. If you have the information, how many children benefited from the program between 2016 and 2018 by year?
39. To what extent is the program getting the most results for its inputs?
40. Are there any alternatives for achieving the same results with less inputs/funds?
41. Were there any important unintended positive or negative results?
42. Are there some areas where you think that more results could have been achieved?
43. What impact has the involvement of RHMs in COVID-19 response on delivery of other routine healthcare services by them?

#### **I. SUSTAINABILITY**

44. To what extent have sustainability considerations been integrated in programme design and implementation by UNICEF and partners?
  - a. To what degree has the RHM humanitarian response built on existing local capacities and coping mechanisms? Could you describe examples?
  - b. What is the level of ownership and commitment of the community and government to continuing the program?
45. To what extent has the benefits of the programme continued after the UNICEF funding ceased?
46. What local resources and capacities exist that can be built into the RHM humanitarian response to serve as exit strategy to ensure sustainability?
47. What were the major factors, which influenced the achievement or non-achievement of sustainability of the programme or project?
48. To what extent COVID-19 response have sustainability considered and integrated into the RHM intervention?

## **J. CROSS-CUTTING**

- 49. How well has UNICEF integrate gender and human rights considerations in the design of the program?
- 50. To what extent did the programme focus on most deprived areas, areas with high prevalence of malnutrition, low income families?
- 51. Is gender disaggregated data generated in M&E reports?

### Final point

Is there anything else you would like to add to what you have already said?

***Note: Additional questions might be included in the schedule depending on information collected prior to the interview or during the interview***

## 2. RHM - FOCUS GROUP DISCUSSIONS

DAT / TIME \_\_\_\_\_

### PARTICIPANTS

| Name | Sex | Age | Village |
|------|-----|-----|---------|
|      |     |     |         |
|      |     |     |         |
|      |     |     |         |

### General introduction

#### A. RELEVANCE

1. In your opinion, how pertinent is the UNICEF supported program to your needs in providing the humanitarian preparedness and response?
2. In your opinion, to what extent has the UNICEF program address the needs of the women, children and most vulnerable or marginalized groups?
3. How were you involved in program identification?
4. What would you like to change in the UNICEF support program to better strengthen the humanitarian preparedness and response?
5. What role do you have in the COVID-19 response and how do you provide the services?

#### B. EFFECTIVENESS

6. How do you describe the UNICEF support on anthropometric equipment and supplies? How has this improved the services you provide?
7. What knowledge and skills have you gained from the training you received from the UNICEF support program?
8. Are there additional technical areas that should be included in RHMs' capacity building for humanitarian response? Please list.
9. To what extent has the package of interventions you provide reached to beneficiaries, including the most marginalized communities?
10. What changes in knowledge, attitude and practice in relation to health and nutrition among parents/caretakers have you observed as a result of the UNICEF support?
11. To what extent has the program improved the referral system?
12. In your opinion, to what extent has the program contributed to the improvement in the following:
  - a. Access to and utilization of health and nutrition services
  - b. Quality of the package of interventions
  - c. Improved timely and coordinated response

13. To what extent has a timely and effective response using RHMs in a humanitarian setting established? How effective has been your role for humanitarian response? What are the advantages and disadvantages of using RHMs?
14. In your opinion, to what extent has the UNICEF supported program improved the overall community-based health system? In what way?
15. In your opinion, what were the major factors, which influenced the achievement or non-achievement of the objectives of the program?
16. What lessons can be drawn for strengthening community-based humanitarian response elsewhere?
17. What knowledge and skills have you gained from the training you received on COVID-19? What additional capacity building would you recommend?

#### **C. EFFICIENCY**

18. Are there organizations that support other community volunteers who work on similar interventions in your communities? If yes, to what extent did you coordinate and collaborate with them?
19. Were there any important unintended positive or negative results from the UNICEF program? Can you elaborate?
20. What impact has your involvement in the COVID-19 response on other routine healthcare services?
21. Are there some areas where you think that more results could have been achieved?

#### **D. SUSTAINABILITY**

22. To what extent have sustainability considerations been integrated in programme design and implementation by UNICEF and partners?
  - a. To what degree has the RHM humanitarian response built on existing local capacities and coping mechanisms? Could you describe examples?
  - b. What is the level of ownership and commitment of the community to continuing the program?
23. To what extent has the benefits of the programme continued after the UNICEF funding ceased?
24. What local resources and capacities exist that can be built into the RHM humanitarian response to serve as exit strategy to ensure sustainability?
25. What were the major factors, which influenced the achievement or non-achievement of sustainability of the programme or project?

#### **E. CROSS-CUTTING**

26. To what extent did the programme focus on most deprived areas, areas with high prevalence of malnutrition, low income families?
27. Is gender disaggregated data generated in M&E reports?

#### Final point

Is there anything else you would like to add to what you have already said?

***Note: Additional questions might be included in the schedule depending on information collected prior to the interview or during the interview***

### 3. Community - FOCUS GROUP DISCUSSIONS

DAT / TIME \_\_\_\_\_

#### PARTICIPANTS

| Name | Sex | Age | Residence |
|------|-----|-----|-----------|
|      |     |     |           |
|      |     |     |           |
|      |     |     |           |

**Introduction: Objectives, seek informed consent**

#### **Discussion questions**

1. In your opinion, to what extent does the UNICEF program address the needs of the women, children and most vulnerable or marginalized groups?
2. To what extent has the package of interventions provided by RHMs reached to the communities, including the most marginalized?
3. To what extent have you gained knowledge, attitude and practice in relation to health and nutrition as a result of the UNICEF support?
4. How has access improved? Did you encounter any difficulties accessing the services? How were those addressed?
5. To what extent has the utilization of the health and nutrition services by the communities increased? Why?
6. How satisfied are you with the services and performance of RHMs?
7. What do you think about the role of RHMs in providing the services?
8. What should be changed, added or improved?
9. How are the community members involved in the program? What can the community contribute to continuing the program?
10. To what extent has the benefits of the program continued after the UNICEF funding ceased?
11. What local resources and capacities exist that can be built into the RHM humanitarian response to serve as exit strategy to ensure sustainability?
12. To what extent have all boys, girls, and different ages of children equally benefit from the services?
13. To what extent do the COVID-19 related services by RHMs address the needs of the community?
14. How do you feel about RHMs' knowledge and skills on COVID-19, and the quality of services? What should be changed or improved?
15. What impact has the involvement of RHMs in COVID-19 response on getting other routine healthcare services?

#### **Final point**

Is there anything else you would like to add to what you have already said?

***Note: Additional questions might be included in the schedule depending on information collected prior to the interview or during the interview***

## **Annex E: List of documents consulted**

1. Declaration of National Emergency, 2016
2. The Second National Health Sector Strategic Plan, 2014 - 2018
3. National Guidelines on Infant and Young Child Feeding (IYCF), Revised September 2016
4. National Emergency Response, Mitigation and Adaptation Plan (NERMAP 2016-2022).
5. Swaziland Humanitarian Response Plan, June 2016 to March 2017
6. Health Sector Response Plan to Drought
7. Standard Operational Guidelines for Community Based Health Volunteers in Swaziland, 2015
8. Comprehensive Nutrition and Health Survey for Drought Affected Population in Swaziland, March 2017
9. El Nino Impact Assessment Report, 2016
10. MICS Key Findings Report Swaziland, 2015
11. The population and Housing Census 2017 Prelim Results
12. RHM Review 2012
13. Lubombo and Shiselweni Annual Program Reports, 2018
14. CHV Facilitators Training Manual
15. CHV Participant Training Manual
16. UNICEF Swaziland Humanitarian Situation Report, 2017
17. Swaziland Vulnerability Assessment and Analysis report (SVAC), 2015 
18. Emergency response framework – 2nd ed. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.
19. Eswatini UNICEF annual report, 2018

## Annex F: List of persons interviewed

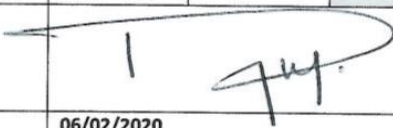
| Name                      | Affiliation                                              |
|---------------------------|----------------------------------------------------------|
| John Myeni                | RHM program                                              |
| Dr. Khosi Mthethwa        | WHO                                                      |
| Happiness Mkhatjwa        | World Vision                                             |
| Tengetile Tsabedze        | UNICEF                                                   |
| Dr. Bongiwe Malinga       | Public Health Programme                                  |
| Glorious Dlamini          | Nutrition program                                        |
| Sebentile Myeni           | M&E Unit                                                 |
| Mduduzi Lokotfwako        | EPR                                                      |
| Vusi Lokotfwako           | EDCU                                                     |
| Dr. Bongani Dlamini       | UNFPA                                                    |
| Elliot Jele               | Baphalali Eswatini Red Cross                             |
| Mahlalela Victor          | NDMA                                                     |
| KaDludlu                  | RHM lead                                                 |
| Xolile Dlamini            | RHM LEAD NGOBOLWENI                                      |
| Fikile Bulunga            | Principal Health Administrator-Shiselweni                |
| Matron Sisana Ndwandwe    | Regional Public Health Matron                            |
| Alice Maziya              | RHM Trainer                                              |
| Futhi Khulu               | Nutrition Focal Person                                   |
| Nursing Sister            | Kamfishane clinic Supervisor                             |
| Sr Sithembile Dlamini     | Hlathikhulu PHU                                          |
| Ms Littler                | Nursing Assistance (RHM Trainer)                         |
| Ms Tjengisile Nhlengetfwa | NKwene Clinic Health Committee member (vice chairperson) |
| Mr M. Shongwe             | Ngcina Bucopho                                           |
| Babe Bhembe               | Ndzangu Bucopho                                          |
| Mr Joshua Dlamini Shoba   | Chairperson, Mpolonjeni Health Committee                 |
| Thabsile Phiri Ndzangu    | Secretary, Mpolonjeni Health Committee                   |
| Make Simelane LaNkhosi    | Chairperson Mfishane Health Committee                    |
| Ms Khabonina Mhlanga      | Matron                                                   |
| Matron Lindiwe Dlamini    | Lubombo Regional Matron                                  |
| Majahonkhe Mamba          | Regional Coordinator (NDMA)                              |

|                            |                                                       |
|----------------------------|-------------------------------------------------------|
| Mr. Sikhangeza Manyatsi    | Ekuphumuleni Bucopho                                  |
| Matron Lindiwe Dlamini     | Lubombo Regional Matron                               |
| Senior Nurse               | PHU Senior Nurse                                      |
| Nurse Tfumbatsa            | RHM focal Person Nurse                                |
| Siphiwe Dlodlu – Treasurer | Treasurer, Hlane Health Committee                     |
| Paul Dlamini – Chairperson | Chairperson, Hlane Health Committee                   |
| Sindi Vilakati – Secretary | Secretary, Hlane Health Committee                     |
| Maureen Mbonambe           | Humanitarian Response Manager / focal person, Lubombo |
| SR Bridget Kunene          | HLANE CLINIC                                          |
| Ncamsile Matsenjwa         | Shoba lead RHM                                        |
| Sr Zandile Sibandze        | Mpolonjeni clinic                                     |
| Sr. Sithembile Mabuza      | Nursing Sr., Hlatsi PHU                               |
| Sr. Rose Ndlangamandla     | Nursing Sr., Nkwene clinic                            |
| Gugu Ndwandwe              | SRN Nhlango Health Center                             |
| Ntombi Dlamini             | Bucopho/Ngobolweni                                    |

## Annex G. Ethical clearance letter



### RESEARCH PROTOCOL CLEARANCE CERTIFICATE

|                                                                           |                                                                                                                 |                                     |  |             |            |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|--|-------------|------------|
| BOARD REGISTRATION NUMBER                                                 | FWA 00026661/IRB 00011253                                                                                       |                                     |  |             |            |
| PROTOCOL REFERENCE NUMBER                                                 | SHR203/2019                                                                                                     |                                     |  |             |            |
| Type of Review                                                            | Expedited                                                                                                       | <input checked="" type="checkbox"/> |  | Full Board  |            |
| Name of Organization                                                      | RHM Programme/UNICEF                                                                                            |                                     |  |             |            |
| Title of study                                                            | Impact evaluation of impact of Rural Health Motivators (RHM) in emergency preparedness and Response in Eswatini |                                     |  |             |            |
| Protocol version                                                          | 1.1                                                                                                             |                                     |  |             |            |
| Nature of protocol                                                        | New                                                                                                             | <input checked="" type="checkbox"/> |  | Amendment   | Renewal    |
| List of study sites                                                       | National RHM Programme                                                                                          |                                     |  |             |            |
| Name of Principal Investigator                                            | Dr. Teklehaimanot, , Hailay Desta Teklehaimanot                                                                 |                                     |  |             |            |
| Names of Co- Investigators                                                | N/A                                                                                                             |                                     |  |             |            |
| Names of steering committee members in the case of clinical trials        | N/A                                                                                                             |                                     |  |             |            |
| Names of Data and Safety Committee members in the case of clinical trials | N/A                                                                                                             |                                     |  |             |            |
| Level of risk (Tick appropriate box)                                      | Minimal                                                                                                         | <input checked="" type="checkbox"/> |  | High        |            |
| Clearance status (Tick appropriate box)                                   | Approved                                                                                                        | <input checked="" type="checkbox"/> |  | Disapproved |            |
| Clearance validity period                                                 | Start date                                                                                                      | 06/02/2020                          |  | End date    | 06/02/2021 |
| Signature of Chairperson                                                  |                             |                                     |  |             |            |
| Date of signing                                                           | 06/02/2020                                                                                                      |                                     |  |             |            |
| Secretariat Contact Details                                               | Name of contact officers                                                                                        | Ms Babazile Shongwe                 |  |             |            |
|                                                                           | Email address                                                                                                   | babazileshongwe@gmail.com           |  |             |            |
|                                                                           | Telephone no.                                                                                                   | (00268) 24040865/24044905           |  |             |            |

# APPROVAL CONDITIONS

| Ref | Conditions                                              | Indication of conditions<br>(tick appropriate box) |       |       |       |       |
|-----|---------------------------------------------------------|----------------------------------------------------|-------|-------|-------|-------|
| 1   | Implementation of approved version of protocol          | ✓                                                  |       |       |       |       |
| 2   | Reporting of adverse events within 5 days of occurrence | ✓                                                  |       |       |       |       |
| 3   | Submission of progress reporting for multi-year studies | Yr. 1                                              | Yr. 2 | Yr. 3 | Yr. 4 | Yr. 5 |
| 4   | Submission of end of project report (Hard copy)         | ✓                                                  | N/A   | N/A   | N/A   | N/A   |
| 5   | Submission of end of project report (Soft copy)         | ✓                                                  |       |       |       |       |
| 6   | Submission of data sets                                 | ✓                                                  |       |       |       |       |

## LIST OF REVIEWED DOCUMENTS (RENEWAL)

| Ref. | Documents                                                                                                                                   | Reviewed documents<br>(tick appropriate box) |
|------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1    | Completed application form                                                                                                                  | ✓                                            |
| 2    | Cover letter                                                                                                                                | ✓                                            |
| 3    | Evidence of administrative permission to conduct the research by involved institutions/sites (where applicable)                             |                                              |
| 4    | Detailed current resume or curriculum vitae of Principal Investigator/s including Principal investigators declaration                       | ✓                                            |
| 5    | Summary resume or biography for other investigator(s)                                                                                       |                                              |
| 6    | Evidence of approval/rejection by other Ethics Committees, including comments and requested alterations to the protocol, where appropriate. |                                              |
| 7    | Research protocol (see outline in Annex 1)                                                                                                  | ✓                                            |
| 8    | Questionnaires and interview guides (with back-translated versions where applicable)                                                        | ✓                                            |
| 9    | Case report forms (CRFs), abstraction forms and other data collection tools                                                                 |                                              |
| 10   | Participant/subjects Information Statement(s) (where applicable)                                                                            | ✓                                            |
| 11   | Informed consent form(s) including photographic and electronic media consent statements.                                                    | ✓                                            |
| 12   | Advertisements relevant to the study (where applicable)                                                                                     |                                              |
| 13   | Source of funding and detailed budget breakdown including material and incentives to participants if applicable                             | ✓                                            |
| 14   | Notification form for adverse effects/events.                                                                                               |                                              |
| 15   | Proof of payment                                                                                                                            | ✓                                            |
| 16   | Proof of insurance cover for research subjects in clinical trials or where applicable                                                       |                                              |
| 17   | Any other special requirements should be stated, if applicable                                                                              |                                              |

*EC*

## Annex H. Evaluators biodata and/or justification for team composition

### HAILAY DESTA TEKLEHAIMANOT

Hailay D. Teklehaimanot  
Kebel-5, H.No. 100, Kolfe Kerane,  
Addis Ababa, Ethiopia  
Cell: (+251) 91-167-1891  
Email: [hdteklehaim@gmail.com](mailto:hdteklehaim@gmail.com)  
Skype: hailay.teklehaimanot

| University/Institution                        | Year      | Field of study                                                     | Degree      |
|-----------------------------------------------|-----------|--------------------------------------------------------------------|-------------|
| Harvard University, Boston, MA                | 2000-2004 | Epidemiology, Biostatistics and international health               | D.Sc.       |
| Harvard University, Boston, MA                | 1999-2000 | Infectious diseases, Epidemiology                                  | M.Sc.       |
| WHO, Ethiopia                                 | 1996      | Malaria and other vector-borne diseases and planning their control | Certificate |
| Addis Ababa University, Addis Ababa, Ethiopia | 1987-1994 | General medicine                                                   | MD.         |

### DISSERTATION (DOCTORAL DEGREE)

Detection, prediction and warning for malaria epidemics in Ethiopia. Advisor: Dr. Marc Lipsitch, Department of Epidemiology, HSPH.

### EMPLOYMENT

#### **I. CENTER FOR NATIONAL HEALTH DEVELOPMENT IN ETHIOPIA, COLUMBIA UNIVERSITY (CNHDE, CU)**

##### **1.1. Country Coordinator (2010-present)**

- Hire, manage and provide leadership and direction to staff, and promote teamwork and professional development of staff
- Forge and maintain relationship with key stakeholders including funders
- Develop research projects and tools that are responsive to beneficiaries, funders and organizational needs.
- Mobilize resources, develop financial plans and reports, and report timely to funders
- Coordinate follow-up (3<sup>rd</sup> round) nation wide evaluation of the Ethiopian Health Extension Program (HEP) in collaboration with FMOH, UNICEF, WHO and other stakeholders.
- Ensure effective utilization of data (reports, policy briefs, manuscripts and presentation) to inform policy decisions
- Coordinate technical support to Ministries of Health of ten Sub-Saharan countries.

### **1.2. Deputy Country Coordinator (2006-2010)**

- Support the country coordinator and represent the organization as required
- Provide technical support to ministries of health of African countries (Ethiopia, Kenya, Tanzania, Uganda, Rwanda, Malawi, Nigeria, Senegal, Mali, Ghana and Soa Tome and Principe) including:
  - Development of health policies and strategies,
  - Preparation of proposals for resource mobilization from the Global Fund with a focus on malaria, HIV/AIDS, tuberculosis, health systems, and community-based health programs,
  - Scale up malaria control programs through the Breaking the Bottlenecks (BTB) for “Quick Impact” project, a core element of the UN Millennium Project’s efforts to curb Malaria,
  - Evaluation of Malaria Control program in Sao Tome and Principe, and develop elimination strategy.
- Coordinate follow-up (2<sup>nd</sup> round) nation wide evaluation of the Ethiopian HEP in collaboration with FMOH, UNICEF, WHO and other stakeholders.
- Support assessment of distribution and replacement mechanisms, coverage, utilization and impact of insecticide treated nets for malaria control in Ethiopia in relation to the free mass distribution of ITNs (2005-2007).
- Design an Africa-wide strategy (Africa Malaria Elimination Campaign) to reduce and eventually eliminate malaria in conjunction with WHO and the African Union (AU),
- Participate in the assessment of the impact of dry season larval control interventions against malaria vectors in the intensity of transmission in Ethiopia.

### **1.3. Senior Epidemiologist (2004-2006)**

- Responsible for designing and development of research protocols and tools
- Supervise epidemiologists, statisticians and database managers
- Provide technical support to the Ethiopian Ministry of Health, and serve as a member of the national malaria support team and serve as a lead of the sub-group on malaria epidemics prevention and control sub-group
- Participate in the design of HEP strategies and curriculum
- Revise the malaria prevention and control training module of the health extension workers (HEWs) in order to adapt it to the new developments in malaria treatment with Artemisinin Combination Therapy (ACT).
- External commentator of the “UN Millennium Project 2005. *Coming to Grips with Malaria in the New Millennium*. Task Force on HIV/AIDS, Malaria, TB, and Access to Essential Medicines, Working Group on Malaria”.
- Support needs assessment to define priorities and identify resources for planning appropriate continuing education programs and preparation of reference materials
- Rapid assessment of District Health Systems to determine whether its capacity and organizational structure can support the implementation of community-based primary health care.
- Assessment of the training institutions for the first intake of Health Extension Workers (HEWs) candidates
- Assessment of the living and working conditions of the first batch HEWs in their villages
- Design longitudinal research method for the evaluation of the implementation process and impact of HEP; develop survey tools, guidelines and training manuals; coordinate data collection and analysis; and preparation of reports and dissemination.

## ***Summary of Key Achievements***

### **CNHDE projects**

- Conceived and developed a number of successful project proposals and mobilized resources to our organization.
- Coordinated a number of research projects.
- I served as a principal investigator of the following innovative research projects:
  - Formative evaluation of networks of health development army among pastoral communities of Ethiopia (International Initiative for Impact evaluation - 2016-2019).
  - Developing primary health care strategy for pastoral context in Ethiopia (Medical Research Council - 2015-2017).
- Produced a number of reports and manuscripts for the various evaluation programs and projects.

### **Technical support in malaria control and elimination and other programs**

- Provided technical support on: situation analysis; identify bottlenecks and assist the development of viable strategies tailored to country needs; capacity building; develop gap analysis and proposals for submission to the Global Fund
- Participated and led proposal development in Ethiopia, Kenya, Ghana, Nigeria and Sao Tome and Principe, and contributed to the overall BTB's mobilization of over US 1.6 billion from two rounds of application to the Global Fund.
- Supported preparation of country implementation plan for Global Fund programs
- Provided on the job capacity building to health workers, statisticians and epidemiologists.
- Contributed to the implementation of prevention and control interventions of infectious diseases including HIV/AIDS, Malaria and Tuberculosis in a number of countries
- Provided recommendations on LLINs distribution and replacement approach for the Ethiopian context.
- Participated in the launch of the Africa Malaria Elimination Campaign, committing to transition eligible countries from malaria control to elimination, during the third session of the AU conference of Health Ministers. It was later adopted by a number of countries.
- I supported the design of appropriate malaria elimination strategy in Sao Tome and Principe, which was published in Am J Trop Med Hyg and has been used as a reference paper for WHO.

### **HEP related work**

- Conducted assessment of the training of the first intake HEWs and provided recommendations that improved the training institutions
- Developed survey instruments based on DHS and MICS covering the areas of reproductive, maternal, neonatal and child health, nutrition, HIV/AIDS, Malaria, Tuberculosis, and WASH with additional questions specific to HEP.
- Conducted assessment of the living and working conditions of the first batch HEWs and improved the conditions
- Conducted national level baseline and follow-up household surveys and determine the impact of HEP
- Conducted health workers, community health workers, and health facility surveys, as well as qualitative studies to determine the implementation process of HEP in Ethiopia.
- Disseminated results through presentation in national and international conferences, reports and manuscripts

## **II. Millennium Development Ethiopia (MDE), Director (Mar. 2012-Sept. 2017)**

- Tasked with managing the implementation of the UN Millennium Villages Project (MVP), which involved integrated multisectoral interventions through collaboration with government, the community, civil societies, NGOs and the private sector
- Responsible for program and operational implementation of the MVP in Northern part of Ethiopia to demonstrate how multi-sectoral approach to achieving the Millennium Development Goals (MDGs) is operationalized
- Oversee the implementation of integrated health and nutrition interventions at health facility and community levels.
- Adopt MDG indicators to local context and collect required data from various sources (including surveys, health facility, verbal autopsy and administrative data from other sectors), data analysis, interpretation and presentation for decision making
- Implement a project in collaboration with UNFPA to expand the use of long acting family planning methods
- Engaging and establishing collaborations between different sectors
- Developing budgeted annual plans; implement, monitor, and evaluate project activities and outputs; and preparing annual reports
- Led the conceptualization and preparation of new business plans and project proposals for resource mobilization to supplement the core budget
- Involved in establishing collaborations with the private sectors to ensure the availability and affordability of essential medical and other supplies such as maternal and child health supplies, nutrition supplements, school supplies, schoolgirl sanitary pads, oral hygiene products, and agricultural inputs, among others.
- Monitoring and evaluation of activities and impact of programmes through the triangulation of data generated from health facilities, community health workers, verbal autopsy, and surveys.

### ***Summary of Key Accomplishments***

- Expanded health service coverage through construction of new and upgrading of existing health facilities
- Established two referral health facilities with emergency surgical operating facilities
- Implemented community-based health strategy including iCCM and the use of RDTs with the support of mobile technology
- Implemented “Help Babies Breathe Project”
- Established 9 static immunization services
- Implemented a comprehensive malaria control activities including LLINs, IRS, ACTs, IPTs and larval control interventions
- Developed guidelines and provided training to health workers and improved the quality of integrated management of childhood illnesses in health facilities.
- Established and implemented databases of sleeping places for LLINs replacement.
- Established 5 static for implant insertion and removal of LAFPM at health centers, and distribution outlets in 25 health posts
- Implemented Community Based DOTS program
- Constructed over 1800 concrete slabs for pit latrine
- Implemented community and school based deworming program with high coverage
- Developed needs of medical commodities and provided supplies based on the gaps to community and health facility services
- Established verbal autopsy system and implemented morbidity and mortality rounds to determine the medical and social causes
- Expanded some of the best practices to region level programs

## **III. The Earth Institute at Columbia University, Health Advisor to MVP (Jan. 2006-Dec. 2016)**

- Co-investigator of the Millennium Villages Project (2005-2015), which aimed to demonstrate that the MDGs are attainable in rural Africa through integrated health and development interventions. The project was conducted in a total of 80 villages selected from a range of agro-ecological zones in ten countries (Mali, Ghana, Senegal, Nigeria, Ethiopia, Kenya, Uganda, Tanzania, Malawi and Rwanda)
- Participated in designing research projects and evaluation methods including constructing surveys, data collection and data analysis
- Provided technical support and advice in designing and implementing evidence based innovative strategies and best practices in ten MVP sites
- Designed and managed research projects for the development of strategies for iCCM of childhood illnesses (malaria, pneumonia and diarrhea) and NTDs
- Provided on-site training of health workers and community health workers on iCCM and rapid diagnostic test (RDT) for malaria. This was to ensure that only RDT+ malaria cases were treated while RDT- fever cases were further evaluated or referred for treatment with antibiotics if pneumonia case was diagnosed. The training also included the appropriate use of mosquito nets.
- Supported MVP teams in the development of LLINs replacement approach through the establishment of sleeping places database with regular updating and registration of births and pregnancies.
- Supported ten country teams in their effort to improve quality of health services with a focus on integrated management of childhood illnesses and NTDs.
- Developed estimated annual needs of medical commodities and gaps based on detailed gap analysis with a focus on malaria and iCCM.
- Supervised a laboratory team at CNHDE to process stool and blood samples collected from ten MVP sites for M&E of malaria and STHs. Analyzed data and prepared reports for submission to senior management
- Supported LGA based Presidential MDGs project in Nigeria (2010 – 2011), which involved assessment of malaria and anthropometric indicators through the development of mobile-based data collection tools. The information was used as a basis for developing interventions relevant to both malaria and nutrition in achieving the MDGs, and for the evaluation of the impact of the project.

### ***Summary of Key Accomplishments***

- Community-based health strategy developed, adopted and implemented in the Millennium Villages (MVs) of the 10 countries
- Developed guideline for RDTs and implemented at community and health facility levels.
- Adopted and implemented iCCM of childhood illnesses in the MVs of the 10 countries
- Implemented a comprehensive malaria control activities including LLINs, IRS, ACTs, IPTs and larval control interventions
- Developed guidelines and provided training to health workers and improved the quality of integrated management of childhood illnesses in health facilities.
- Established and implemented databases of sleeping places for LLINs replacement.
- Assessed the physical conditions of LLINs to determine their durability
- Expansion of the strategies to regional and national levels in some countries.
- Developed needs of medical commodities and made available the supplies based on the gaps.
- Processed blood and stool samples and evaluated the impact of interventions on malaria and STHs.
- Developed evidence based malaria and nutrition interventions for the LGA based Presidential MDGs project in Nigeria

#### **IV. Harvard School of Public Health, Research Fellow (Sept. 1998-June 1999)**

- Participated in research projects
- Serve as Teaching assistant on infectious disease epidemiology

#### **V. Head, Zonal Malaria and other Vector Borne Diseases Control Program, Tigray, Ethiopia (Sept. 1996-July 1998)**

- I was responsible for planning, implementation, and monitoring of malaria prevention and control program in the zone (specific interventions included bed nets, indoor residual spraying (IRS), environmental management and antimalarial drugs)
- Oversee and support specialized malaria laboratory and treatment centers as well as technicians
- Provide training to IRS technicians on spraying technique, clinicians on malaria diagnosis and treatment, and community health workers on use of mosquito nets
- Implement malaria epidemic preparedness, readiness, response and recovery activities in response to the epidemic prone characteristics of the area due to post-civil war weakness of the health services and high movement of seasonal workers who come from non-malarious highlands and thousands of refugee returns from Sudan
- Organize effective prevention and control measures including vector control and mass anti-malarial drugs administration if an epidemic risk was identified
- Oversee (along with the regional manager) the mass distribution of mosquito nets, which was the first experience in the country
- Serve as co-investigator and field coordinator for a research on the "Incidence of malaria among children living near dams in northern Ethiopia: community based incidence survey"

#### ***Summary of key accomplishments***

- Implemented malaria prevention and control interventions in the zone
- Implemented quality malaria case management in specialized malaria laboratory and treatment centers as well as health facilities
- Trained IRS technicians on spraying technique, clinicians on malaria diagnosis and treatment, and community health workers on use of mosquito nets
- Implemented malaria epidemic preparedness, readiness, response and recovery programs, and reduced the risk of epidemics
- Implemented effective prevention and control measures to reduce morbidity and mortality associated with malaria epidemics
- Implemented mass distribution of mosquito nets, which was the first experience in the country
- Participated in a research "Incidence of malaria among children living near dams in northern Ethiopia: community based incidence survey"

#### **VI. Head, Zonal Health Bureau, Tigray, Ethiopia (Dec. 1995-Aug. 1996)**

- Lead and manage four departments (Disease prevention and control, Malaria and other Vector Borne Diseases Control, and, Health Services Finance and Administration departments)
- Managed all health services in the zone (health facility and community based services) including planning and implementation of programs
- Compile, manage, and analyze routine health information reported from all health facilities, and utilize results for decision making
- Coordinated the disease surveillance system with a focus on priority diseases that are classified as immediately and weekly reportable
- Direct the operations and staff in the provision of public health programs and services

- Provided training and orientation to staff, nursing students and other health professionals in the community regarding public health practices
- Ensured compliance with relevant regional and federal guidelines, laws and regulations
- Coordinate and control the mobilization of health responses to emergencies including health facilities, staff, diagnostic and pharmaceutical supplies during outbreaks and epidemics of malaria, measles, cholera, and other diseases
- Coordinate and support public health response and recovery including water and food safety, hygiene and sanitation, communicable disease risk assessment, vector control, and monitoring disease trends
- Planning and construction of health infrastructure and expansion of health services, administration of health facilities, engagement and supervision of private health facilities and pharmacies
- Medical equipment, drugs and supplies procurement, distribution and redistribution to all hospitals, health centers, clinics and CHWs in the zone
- Prepare, manage, and monitors budget, approves purchase requests and expenditures.
- Supervise the purchase, arrangement and repair of all department equipment
- Facilitate several program meetings and assure proper follow

#### ***Summary of key achievements***

- Strengthened the capacity of the health departments
- Strengthened the link between the health facility and community based services
- Increased the health service coverage of the population expansion of services and construction of health facilities
- Established surveillance system
- Improved the drug and supply management and distribution system and decreased stock-outs of supplies
- Trained a number of nursing students and other health professionals in the community regarding public health practices
- Contributed to preparedness and response through coordination of relevant actors including health facilities, staff, diagnostic and pharmaceutical supplies as well as community members
- Decreased the frequency and spread of outbreaks

#### **VII. Abi-Adi Hospital, Tigray, Ethiopia, Clinician and Medical Director (July 1994-Nov. 1995)**

- Provide clinical services and manage all aspects of the hospital activities
- Coordinate and supervise the promotive and preventive health services delivered in all health centers and clinics in the catchment area, which includes 5 districts
- Responsibilities included training and supervision of health workers; cold chain and logistics management; infectious disease prevention; community mobilization and communication activities; planning and delivering immunization services (through static and outreach programs); and information system (including surveillance, reporting and data management)
- Conducting review meetings and providing feedback to all health facilities in the 5 districts
- Post-civil war emergency management including surveillance for outbreak detection, preparedness, readiness, response, and recovery. The focus was on malaria, diarrheal diseases and vaccine preventable illnesses.

#### ***Summary of Key Achievements***

- Managed a range of illnesses with majority caused by communicable diseases such as malaria, diarrhea, pneumonia, STHs, vaccine preventable diseases, etc.
- Conducted community outreach services to the villages, and provided promotive, preventive and curative services

- Improved quality of health services
- Successfully implemented prevention measures contributing to the reduction of risk of outbreaks and epidemics of malaria, cholera, measles, and other diseases
- Established outbreak and epidemic detection system in all villages and districts that resulted in early detection and immediate control of outbreaks of malaria, cholera, measles, and other diseases contributing to reduction of morbidity and mortality

## CONSULTANCY

### **UNICEF Eswatini, International Consultant (Dec. 2019 – June. 2020)**

- International consultant to lead the evaluation of the community-based health extension program of Eswatini.
- Not completed and postponed due to COVID-19

### **UNICEF Namibia, International Consultant (Aug. – Nov. 2017)**

- International consultant to lead the evaluation of the community-based health extension program of Namibia.
- The key activities included: 1) conducted desk review of documents (evidences, strategies and policies) to identify relevant information, construct Theory of Change (ToC) and establish evaluation framework; 2) presented the ToC and evaluation framework to the steering committee and stakeholders' consultative meetings for finalization through a participatory approach; 3) design of evaluation methodology, instruments and questionnaires; collection of qualitative (using desk review, key informants interviews and focus group discussions) and quantitative data (retrospective health facility and from other sources); 4) data analysis and presentation of preliminary analytical report to ministerial committee and stakeholders for approval; 5) presented findings in a national stakeholders validation workshop; and 6) preparation of final report.
- The evaluation was guided by OECD/DAC evaluation criteria of relevance, effectiveness, efficiency, sustainability and impact. It also considered coherence, human rights-based approach, results-based approach to programming and equity.
- The goal of the evaluation was to use the findings to inform policies and strategies and develop future plans and interventions to improve program performance by MoHSS and partners, in their different capacities and functions.

#### ***Summary of key achievements:***

- Presented feedback on findings from desk review
- Reconstructed Theory of change and evaluation framework
- Produced inception report including work plan, methodological approach, instruments, interviews/focus group, and protocols for approval by steering committee
- Conducted quantitative data analysis
- Produced brief report of the national in-depth interviews
- PPT presentation on the preliminary draft of the analytical report
- Presented findings to Ministerial Group
- Produced final evaluation report with recommendations
- Recommendations used as input to revise the community-based Health Extension Program

### **UNICEF New York, International Consultant (April 2014 – June 2014)**

- Objective – incorporate integrated community case management of diarrhea, malaria and pneumonia in children under five (iCCM) into Ethiopia's Global Fund Concept Note.
- The key activities carried out included:

- Conducted desk review of documents; develop 5-year detailed costing of integrated management of childhood illnesses (IMCI); identify available and expected resources for iCCM from key stakeholders to undertake gap-analysis;
- Incorporate iCCM costing and gap analysis into the NSP costing and gap analysis in coordination with the FMOH and partners.
- Ensure harmonization between iCCM, HSS and malaria prevention, control and elimination.
- Provide inputs and support finalization of iCCM component during the concept note development.
- Support NSP writing team to incorporate final changes and assist to format and edit the final document.
- Coordinate closely with other consultants to develop inputs, cross check to avoid duplication and draft the concept note narrative.

***Summary of key achievements:***

- A national strategy that integrated malaria and management of childhood illnesses developed
- Gap analysis of iCCM completed; summary gap analysis table prepared for inclusion in Ethiopia's malaria-program funding request to the Global Fund
- iCCM context and gap analysis templates filled out
- iCCM component included in the GF NFM concept note submission
- Proposal funded

**World Bank, Consultant (Sept. 2008 – Nov. 2008)**

- Responsibilities included conducting detailed costing of the Ethiopian Health Extension Program and undertaking sensitivity analysis

***Summary of key achievements:***

- Produced a report on the findings with different scenarios based on the sensitivity analysis
- Contributed to a Book "Combating malnutrition in Ethiopia: an evidence-based approach for sustained results" by Andrew Sunil Rajkumar, Christopher Gaukler, and Jessica Tilahun.

**RBM/WHO, Technical Advisor and Consultant (Dec. 2000-Jun. 2004)**

- Served as member of the WHO Malaria Epidemics: Forecasting, Prevention, Early Detection and Control Technical Support Network
- I served as individual consultant for WHO – about 8 separate missions, each consultancy with about 4 weeks duration to work in Ethiopia (once), Kenya (three times), Sudan (once), Uganda (once) and Tanzania (twice) over this time period. Some of my responsibilities during these consultancy services were:
  - Collect and analyze longitudinal health facility data on malaria cases and develop malaria epidemic detection methods in Ethiopia, Kenya, Sudan, Uganda and Tanzania
  - Support East African countries (Ethiopia, Kenya, Sudan, Uganda and Tanzania) in designing malaria epidemic preparedness, readiness, response and recovery strategy to be incorporated into national malaria strategies
  - Training of malaria focal persons on using the malaria epidemic detection methods and implementing the malaria epidemic preparedness, readiness, response and recovery strategy

***Summary of Key Achievements***

- Contributed to development of guidelines on Malaria Epidemics and its monitoring and evaluation tools
- Collected and analyzed longitudinal health facility data on malaria cases
- Developed malaria epidemic detection methods for use at various levels of the health system
- Developed malaria epidemic preparedness, readiness, response and recovery strategy as part of the national malaria strategies

- Trained malaria focal persons and implemented the malaria epidemic detection methods and the malaria epidemic preparedness, readiness, response and recovery strategy

#### TEACHING

- Teaching Assistant for **Introduction to Epidemiological methods and principles**, Harvard School of Public Health (HSPH), Boston (2000-2001)
- Teaching Assistant for **Infectious Diseases Epidemiology I**, HSPH, Boston (2000-2001)
- Teaching Assistant for **Infectious Diseases Epidemiology II**, HSPH, Boston (2000-2001)
- Guest lecturer for **Epidemiology of Malaria**, Columbia University, New York (2005 – 2015)

#### AWARDS

- Fellowship through the Fogarty International of the National Institutes of Health
- Fogarty International of the National Institutes of Health full Scholarship to attend graduate education for Master of Science degree
- Fogarty International of the National Institutes of Health full Scholarship to attend graduate education for Doctor of Science degree

#### PUBLICATIONS

1. Awash Teklehaimanot, **Hailay Teklehaimanot**, Abeba Girmay, and Adugna Woyessa. Case Report: Primaquine Failure for Radical Cure of Plasmodium vivax Malaria in Gambella, Ethiopia. *Am J Trop Med Hyg*. 2020 May 11. doi: 10.4269/ajtmh.19-0890. Online ahead of print.
2. **Hailay D. Teklehaimanot**, Awash Teklehaimanot, Aregawi A. Tedella, Dawit Biratu. The Ethiopian Health Extension Program: the rational and design of a linked outcome and process evaluation study, 2005-2010. *Health Service Research*, Submitted
3. **Hailay D. Teklehaimanot**, Awash Teklehaimanot, Aregawi A. Tedella, Mustofa Abdella. Use of balanced scorecard methodology for performance measurement of the Health Extension Program in Ethiopia. *Am J Trop Med Hyg* 2016, **94** (5): 1157-1169.
4. **Hailay D. Teklehaimanot**, Awash Teklehaimanot, Mekonnen Yohannes, Dawit Biratu. Factors influencing the uptake of voluntary HIV counseling and testing in rural Ethiopia: a cross sectional study. *BMC Public Health* 2016, **16**:239.
5. **Hailay D Teklehaimanot** and Awash Teklehaimanot. Human resource development for a community-based health extension program: a case study from Ethiopia. *Human Resources for Health* 2013, **11**:39
6. Mejia P, **Teklehaimanot HD**, Tesfaye Y, Teklehaimanot A: Physical condition of Olyset(R) nets after five years of utilization in rural western Kenya. *Malaria journal* 2013, **12**:158.
7. Pronyk PM, Muniz M, Nemser B, Somers MA, McClellan L, Palm CA, Huynh UK, Ben Amor Y, Begashaw B, McArthur JW, Niang A, Sachs SE, Singh P, Teklehaimanot A, Sachs JD; **Millennium Villages Study Group**. The effect of an integrated multisector model for achieving the Millennium Development Goals and improving child survival in rural sub-Saharan Africa: a non-randomised controlled assessment. *Lancet*. 2012 Jun 9; 379(9832): 2179-88. doi: 10.1016/S0140-6736(12)60207-4. Epub 2012 May 8. Erratum in: *Lancet*. 2012 May 26; 379(9830):1946; discussion 1946-7. *Lancet*. 2012 May 26; 379(9830):1950.
8. **Teklehaimanot HD**, Teklehaimanot A et al. Malaria in Sao Tome and Principe: on the brink of elimination after three years of effective antimalarial measures. *Am J Trop Med Hyg* 2009; **80**(1): 133-40.
9. Teklehaimanot A, **Teklehaimanot HD**. Alternative form of artemether-lumefantrine for infants. *The Lancet*. 2008;372(9652):1786-7.
10. B Erko, Y Ye-Ebiyo, A Seyoum, **Hailay Desta**, A Teklehaymanot. An overview of neglected tropical diseases in Ethiopia. *Ethiopian Journal of Biological Sciences* 2007; **6**(2).

11. Samuel Girma, Asfawesen G/Yohannes, Yayehyirad Kitaw, Yemane Ye-Ebiyo, Akilu Seyoum, **Hailay Desta**, and Awash Teklehaimanot. Human Resource Development for Health in Ethiopia: Challenges of Achieving the Millennium Development Goals. *EJHD*. 2007; 21(3): 232-239.
12. Yayehyirad Kitaw, Yemane Ye-Ebiyo, Amir Said, **Hailay Desta**, and Awash Teklehaimanot. Assessment of the Training of the First Intake of Health Extension Workers. *EJHD*. 2007; 21(3): 232-239.
13. Awash Teklehaimanot, Yayehyirad Kitaw, Asfawesen G/Yohannes, Samuel Girma, Akilu Seyoum, **Hailay Desta** and Yemane Ye-Ebiyo. Study of the Working Conditions of Health Extension Workers in Ethiopia. *EJHD*. 2007; 21(3): 246-259.
14. Yemane Ye-Ebiyo, Yayehyirad Kitaw, Asfawesen G/Yohannes, Samuel Girma, **Hailay Desta**, Akilu Seyoum and Awash Teklehaimanot. Study on Health Extension Workers: Access to Information, Continuing Education and Reference Materials. *EJHD*. 2007; 21(3): 240-245.
15. **Hailay Desta Teklehaimanot**, Marc Lipsitch, Awash Teklehaimanot, Joel Schwartz. Weather-Based Prediction of Malaria in Epidemic-Prone Regions of Ethiopia I. Patterns of Lagged Weather Effects Reflect Biological Mechanisms. *Malaria J*. 2004 Nov 12;3:41.
16. **Hailay Desta Teklehaimanot**, Joel Schwartz, Awash Teklehaimanot, Marc Lipsitch. Weather-Based Prediction of *P. falciparum* Malaria in Epidemic-Prone Regions of Ethiopia II. Weather-Based Prediction Systems Perform Comparably to Early Detection Systems in Identifying Times for Interventions. *Malaria J*. 2004 Nov 19;3:44.
17. **Hailay Desta Teklehaimanot**, Joel Schwartz, Awash Teklehaimanot, Marc Lipsitch. Evaluating Alert threshold algorithms for malaria epidemic detection. *Emerg Infect dis*. 2004; 10:1220-1226.
18. Ghebreyesus TA, Haile M, Witten KH, Getachew A, Yohannes AM, Yohannes M, **Teklehaimanot HD**, Lindsay SW, Byass P. Incidence of malaria among children living near dams in northern Ethiopia: community based incidence survey. *BMJ*. 1999 Sep 11; 319(7211):663-6.
19. Training of Health Extension Workers (HEWs) first intake assessment, August 2005
20. Assessment of the working conditions of the Ethiopian Health Extension Workers (HEWs), May 2006
21. Ethiopian HEP Evaluation: Household Survey (a quasi-experiment to determine the marginal effect of HEP on a range of health outcomes), 2005-2007.
22. Ethiopian HEP Evaluation: Health Extension Workers Performance Survey (a study to evaluate the implementation process of HEP), 2007.
23. Ethiopian HEP Evaluation: Health Post Performance Survey (health facility study to evaluate the implementation process of HEP), 2007.
24. HEP Evaluation: Rural Ethiopia. Part I - Household Health Survey (longitudinal design to determine the change in health outcome measures, 2005-2010)
25. HEP Evaluation: Rural Ethiopia. Part II - HEW and Health post Performance Survey (evaluation of the implementation process), 2007-2010
26. Health Extension Program Evaluation: Rural Ethiopia. Part III - Model-Family and health development army Survey (assessment of community engagement and ownership), 2010
27. Health Extension Program Evaluation: Rural Ethiopia. Part IV - Support and Management of HEP
28. **Teklehaimanot, HD**; Hailonga-van Dijk, P; Mukupi, J; and Mwiya, T, 2017. Evaluation of the Namibian Community-Based Health Extension Program, UNICEF and USAID Evaluation Report. Windhoek, Namibia: UNICE. Available at: [https://www.unicef.org/evaldatabase/files/Nam\\_HEP\\_Eval\\_Report\\_Dec4.pdf](https://www.unicef.org/evaldatabase/files/Nam_HEP_Eval_Report_Dec4.pdf)

29. Served as external commentator of the “UN Millennium Project 2005. Coming to Grips with Malaria in the New Millennium. Task Force on HIV/AIDS, Malaria, TB, and Access to Essential Medicines, Working Group on Malaria”.
30. Contributed to a Book “Combating malnutrition in Ethiopia: an evidence-based approach for sustained results” by Andrew Sunil Rajkumar, Christopher Gaukler, and Jessica Tilahun.
31. **Teklehaimanot, HD**, Tolera, B, G/Michael and Teklehaimanot, A, 2019. Improving immunisation coverage in Ethiopia: a formative evaluation in pastoral communities, 3ie Formative Evaluation Report. New Delhi: International Initiative for Impact Evaluation (3ie). Available at: <https://doi.org/10.23846/TW10FE03>