CHILDREN'S INVESTMENT FUND FOUNDATION

Terms of Reference: Learning Review Endline

1. OVERVIEW

The Children's Investment Fund Foundation (CIFF), in collaboration with its grantee Micronutrient Initiative (MI), seeks to identify a consultant (individual or organisation) to conduct learning and review endline research. The purpose of this research is to capture lessons learned from a 5-year programme that has sought to improve quality of care for treatment of diarrhea in children in Bihar, India. The primary audiences for these lessons learned are CIFF and MI, and the state governments of Bihar and Chhattisgarh. Secondary audiences are other funders and implementers in the nutrition sector.

2. BACKGROUND

Since September 2010, CIFF has supported MI to conduct a programme in Bihar, India in collaboration with the Government of Bihar. The purpose of the programme has been to improve provision of Oral Rehydration Salts (ORS) and zinc for treatment of diarrhoea in children under 5, through public sector providers. The programme was designed to demonstrate a model for public sector scale-up that can be replicated in other Indian States, with a goal of averting over 4000 deaths during the life of the programme. The Government of Bihar committed to provide ORS and zinc products. (Please see Annex 1 for more information about the programme.)

Concurrent with the CIFF investment with MI on public sector service provision, the Bill & Melinda Gates Foundation funded a programme with MI in Gujarat and Uttar Pradesh to promote prescription of zinc and ORS by practitioners in the public sector.

MI has recently begun to provide technical support to the government of Chhattisgarh for rolling out a childhood diarrhoea management programme in Chhattisgarh.

Organisations Involved

CIFF is an independent philanthropic organisation, headquartered in London with offices in Nairobi and New Delhi. CIFF works to demonstrably improve the lives of poor and vulnerable children in developing countries. Areas of work include children and mothers' health and nutrition, children's education and welfare, and smart ways to slowdown climate change.[1]

MI provides affordable and innovative solutions to end micronutrient deficiencies. MI brings together technical experts, advocates, analysts, evaluators, educators, resource managers and nutrition champions who can end what is called hidden hunger. By working with impacted families, communities and nations, MI seeks to improve the lives of close to 500 million people in more than 70 countries.[2]

[1] For more information about CIFF, please visit: www.ciff.org
[2] For more information about MI, please visit: http://micronutrient.org/

3. EVALUATION & PROGRAMME RESEARCH TO DATE

Several complementary strands of research have been conducted during the life of the programme.

Formative Study (2011)
New Concept Information Systems (Delhi) conducted a formative research study in five demonstration districts of Bihar to better understand issues pertaining to knowledge, attitudes and practices (KAP) prevalent in the community and among service providers regarding childhood diarrhea management. One key gap identified in this qualitative research was the gap in knowledge of zinc use for the treatment of childhood diarrhea amongst health providers. This formed the basis for the training curriculum for health providers.

Impact evaluation research (2011 & 2013)
A team from Johns Hopkins University (JHU, Baltimore MD, USA) and the Society for Applied Studies (SAS, Delhi) evaluated the CIFF-funded MI programme with household survey baseline data collected in 2011 and follow-up data collected in 2013.

Provider Assessments (2011 & 2013)
JHU and SAS conducted two provider assessments to determine the level of knowledge and practice of public health frontline workers in child diarrhoea treatment, and whether provider training was effective. The provider assessments were conducted in five selected districts: Banka, Bhagalpur, Samastipur, Sitamarhi, and Sheohar.

Impact modelling (2013)
The JHU researchers used the 2013 household survey data and Lives Saved Tool (LiST) modelling software to estimate the number of lives saved by combined use of ORS & zinc, as of 2013. The researchers also projected the future potential number of lives saved for 2014 and 2015.[3]

Supply Audits (2011-2015)
Impact Partners conducted supply audits in January 2012, June 2012, October 2012, April 2013, March 2013, and February 2015, to assess the availability of Zinc sulphate (tablet/syrup) and ORS at various levels of the public health system including District, PHC, Health Sub-centre (HSC), ASHA and Anganwadi (AWW) workers. The supply audits documented the quantity, type and source of supplies of these products, identified the extent and duration of stock-outs at various levels and reasons thereof, and documented the availability and adequacy of storage facilities at various levels.

Programme Monitoring (2011-2015)
MI conducted programme monitoring with monthly progress reports, from August 2011 until (May 2015). Monitoring estimated how many child diarrhoea cases received zinc/ORS from public sector health workers, and out of those who accessed public sector health workers, how many child diarrhoea cases sought treatment in the public sector, and what has been the process of government reviews and effective programme-related decision-making.

Programme Costing study (2012)
MSG Strategic Consulting conducted a programme costing study in 2012 to estimate the incremental costs to sustain key elements of the ORS/Zinc programme, and to assess how feasible it was for the Government of Bihar and the district levels to assume these costs. A secondary objective of the research was to analyse current and potential future shortfalls in

[3] For more on LiST modelling, please see: http://www.jhsph.edu/research/centers-and-institutes/institute-for-international-programs/current-projects/lives-saved-tool/

infrastructure, health & human resources and budget financing that could influence the programme's sustainability.

Baseline Study on Caregiver' Knowledge, Attitude and Practice on the use of Zinc and ORS for Childhood Diarrhoea (November 2014)
MI carried out demand generation activities to enhance caregivers' awareness of childhood diarrhea management by using zinc and ORS in Nalanda and Seikhpura, two of the 15 demonstration districts. The baseline study was conducted by Centre for Operations Research and Training (CORT) to assess the reach and effectiveness of demand generation activities among caregivers and aimed at enhancing treatment outcomes for childhood diarrhoea through public sector channels in Bihar.

Caregiver practices in childhood diarrhoea and acceptance of frontline functionaries as credible providers of treatment (2014-15)
IPSOS Research Pvt. Ltd conducted a study using qualitative research methods to understand caregivers' attitudes and preferences for care seeking for diarrhoea and to determine the acceptability of Accredited Social Health Activists (ASHAs) and Anganwadi Workers (AWWs) as service providers for childhood diarrhoea treatment. The study also identified the barriers, enablers and context for accessing the ASHA and AWW for diarrhea treatment. The study found that these frontline workers (FLWs) have been accepted among the community as service providers for childhood diarrhoea.

Process Evaluation of Supportive Supervision (2014-15)
IPSOS Research Pvt. Ltd conducted a process evaluation, using qualitative research methods, to assess the functioning and influence of supportive supervision of frontline workers by Block Community Mobilizers (BCMs) and to identify the challenges and gaps in conducting supportive supervision. The study concluded that both FLWs and their supervisors felt the need of supportive supervision to reinforce their capacities and properly counsel the caregivers on treatment of childhood diarrhoea.

Data quality audit (2015)
In early 2015, Impact Partners in Social Development conducted a Data Quality Audit (DQA) of health system data related to diarrhoea case and treatment reporting in Bihar. The DQA found significant gaps in reporting of cases and of treatment, and underreporting from field functionaries.

Update to impact modelling (2015)
In July 2015, CIFF hired a consultant to update the impact modelling that was conducted in 2013. Results are expected at the end of July.

4. DESCRIPTION OF THE INTERVENTION TO BE REVIEWED

The investment was designed to reduce morbidity and mortality related to diarrhoeal disease among children under five through deployment of enhanced public sector delivery of zinc and ORS for the treatment of diarrhea in Bihar. The programme worked with the Government of Bihar to provide zinc and ORS and to monitor diarrhea careseeking and treatment. The MI programme had five components:

- Capacity building – more than 51000 health functionaries were trained
- Service delivery – treatment at all levels
- Supplies of ORS and zinc – seed supplies of ORS and zinc, with ongoing procurement led by Government of Bihar
- Supportive supervision
- Monitoring & evaluation

Challenges to programme delivery included erratic supplies of zinc and ORS, ineffective mechanisms for replenishing stock at peripheral levels, and failure to complete capacity building in scale-up districts within the programme timeline. For additional information about the Bihar programme, please see Annex 1.

The Bihar programme ends on 12 August 2015, and the learning review that CIFF seeks to commission will inform programme closeout and dissemination activities.

5. LEARNING REVIEW

Purpose

CIFF and MI will use results from this learning review to:

- Learn lessons for programme design, implementation, adaptation and sustainability.
- Communicate consistently to external audiences about the programme's design, implementation, challenges, and achievements.

Until 28 February 2016, CIFF is supporting MI to launch a similar programme in Chhattisgarh, and MI may use recommendations from the Bihar learning review to modify the Chhattisgarh programme.

Learning Review Objectives

The objectives of this learning review are to:

- assess progress against the programme's initial objectives,[4] including validity of the assumptions and risks, and validity of the theory of change set out in the original programme design.

[4] The original investment objectives included:

- Averting more than 4,000 deaths from diarrhoea.
- Diverting caregivers away from unqualified private health providers to public health channels for diarrhoea treatment.
- Enhancing the reliability of the child health drugs supply chain to community level public health staff.

The original evaluation objectives were to:

- update the evidence packages and MSG costing study that were produced in 2012/3.
- characterise both programme achievements, and what has not worked, that have resulted from programme components that were consistently prioritised over the life of the programme, including:
    - Building provider capacity
    - Data quality and institutionalisation of data quality improvement
    - Supply chain management
    - Compliance with the ORS + zinc treatment regimen
    - Caregiver knowledge of diarrhoea treatment
    - Provider knowledge of diarrhoea treatment
    - Demand generation
- contextualise programme achievements appropriately within identified system challenges.
- assess the overall cost-effectiveness of this investment.

The cost effectiveness analysis (CEA) should be informed by and work with CEA conducted by the Bill & Melinda Gates Foundation as part of its work in private sector diarrhoea treatment in UP and Gujarat.

Learning Review Methodology

CIFF invites applicants to propose a method or combination of methods that are fit for purpose to achieve the above learning review objectives. A mixed-methods approach, employing both qualitative and quantitative information, is encouraged.

CIFF does not anticipate that the learning review will require collection of original data that is representative of households in Bihar. As necessary, CIFF and MI will assist the selected consultant to gain access to existing data for secondary analysis for the learning review. Reports from the programme research activities described above will be made available to the selected researcher.

The learning review methodology may include data collection with the programme's target audiences, including public sector care providers and HMIS staff.

The selected researcher is encouraged to plan at least one visit to Bihar. MI staff and CIFF staff can help facilitate these visits. A trip to Chhattisgarh is also encouraged, to understand how this model and learnings have been adapted, replicated, and/or scaled up.

- Measure change in ORS and zinc coverage in the community, based on community-based household survey of households with a child 2-59 months of age.
- Measure change in quality of diarrhea treatment for children seeking care in the public sector (including AWW, ASHA [ANM]), via
    - Direct observation
    - Follow-up interviews with caregivers who sought care from each public sector provider type.
- Measure offset mortality with LiST modelling

For more information about CIFF's evaluation approach, please see the "Data and Evidence" section of the CIFF website and Annex 2, CIFF evidence, measurement, and evaluation (EME) approach.

Coordination with MI & CIFF

MI's monitoring and evaluation staff in Delhi will be available to facilitate the researcher's work and provide the researcher with relevant programme documents and contacts in Bihar and in Delhi.

CIFF staff in Delhi and London will be available during the period of work to discuss and feedback to the researcher on the learning review progress.

CIFF staff in London will manage the researcher's contract for the learning review.

Learning Review Timeframe

The researcher will need to propose and work within a timeline that is responsive to:

- The annual programme review meeting between CIFF and MI, during the first week of August 2015
- Holidays in Bihar, between 1 August 2015 and 31 January 2016
- Holidays in Delhi, between 1 August 2015 and 31 January 2016
- Holidays in London, between 1 July 2015 and 31 January 2016. CIFF London staff will be unavailable from 19 December 2015 – 3 January 2016.
- CIFF/MI Programme contract end, 28 February 2016

All technical deliverables must be completed by 31 January 2016. The contractor's final financial reporting may be completed later, by 28 February 2016.

Learning Review Deliverables and Dissemination

The researcher is invited to propose appropriate formats for presentations of findings. At a minimum, the researcher should propose to deliver a concise report and a slide presentation of findings. CIFF anticipates that the primary audiences for the learning review findings are CIFF staff and MI staff, and state governments of Bihar and Chhattisgarh. Secondary audiences are other donors and implementers working in child health.

Following completion of the learning review, CIFF intends to upload a version of the researcher's final report onto CIFF's website, for public access.

Among the dissemination formats that the evaluator proposes, CIFF welcomes concise and engaging formats on specific topics of interest, which can be uploaded to CIFF's website for public access.

Anticipated timeline

18 July 2015 – Release of TOR
28 July 2015 – Expressions of interest due (6pm IST)
4 August 2015 – Proposals due (11:59 pm IST)
11 August 2015 – Shortlisting of applicants
14 August 2015 – interviews scheduled, remote or in-person
28 August 2015 – Contract with researcher signed and learning review work begins

6. RESEARCHER PROFILE

Individuals and organisations are invited to submit proposals. Some characteristics that CIFF anticipates will facilitate achievement of a successful and informative learning review are:

- Familiarity with child health services in Bihar.
- Familiarity with HMIS in Bihar.
- Strong communication skills, especially for written deliverables in English.

7. PROPOSAL FORMAT

Proposals should include two components, a technical component and a financial component:

Technical: The technical proposal should contain the methodology, personnel, and timeframe for the study, including the following details:

- professional qualifications, including previous relevant experience, of the organisation
- methodology
- team structure (team leader, key personnel, personnel for analysis and report writing) and relevant qualification and experience of each of the team members
- plan for data collection
- plan of data analysis
- plan for dissemination
- timeline for study

Financial: The financial proposal should include the expected budget for accomplishing the complete work with detailed break up with unit costs, as per the template provided in Annex 3.

- Applicants are requested to comply with the CIFF M&E overhead policy (see Annex 4).
- Adding line items within the budget template headings is acceptable.
- Minor adjustments to the template format are acceptable; if unsure please ask.
- The line items and totals should be stated in US Dollars and in Indian Rupees ("Local Currency"), as described in the template. The exchange rate used should be stated in the budget.

- By 28 July 2015 (6pm IST), interested parties are requested to send an expression of interest to Ms. Shilpa Chawla at schawla@ciff.org
- Please send the proposal to Ms. Shilpa Chawla at schawla@ciff.org, clearly stating **"Proposal for Learning Review of MI Bihar ORS+zinc programme" and "name of [individual or agency]"** as subject line.
- Applications are to be submitted by 11:59 pm IST on Tuesday 4 August 2015.

- For any further queries or clarifications kindly contact Ms. Shilpa Chawla at schawla@ciff.org. Only short-listed individuals/organisation will receive an acknowledgment and may be called for further discussions. CIFF anticipates short-listing applicants by 11 August 2015.

Applications should be professionally presented and adhere to the following requirements:

- The Technical and Financial proposal together must be no more than 15 pages in length.
- Annexures may be included beyond the 15 page maximum, however, the criteria for assessing the technical and financial proposals must be met within the 15 page limit.
- Technical proposals must be written in font no smaller than 11 point.
- The submission must be written in English.
- A table of contents must be provided.
- A list of supporting material must be supplied.
- Any electronic copies of the submission shall be in both Microsoft Office and PDF formats.
- Where documents are embedded within other documents, applicants must provide separate electronic copies of the embedded documents.

The submission must be clear, concise and complete. CIFF reserves the right to mark a submission down or exclude it from the process if its submission contains any ambiguities or lacks clarity. Applicants should submit only such information as is necessary to respond effectively to this request for proposals. Unless specifically requested, extraneous presentation materials are neither necessary nor desired. Submissions will be evaluated on the basis of information submitted by the deadline.

Where the applicant is a company, the proposal must be signed by a duly authorised representative of that company. In the case of a partnership, all the partners should sign or, alternatively, one only may sign, in which case she or he must have and should state that she or he has authority to sign on behalf of the other partner(s). The names of all the partners should be given in full together with the trading name of the partnership.

8. CRITERIA FOR ASSESSMENT OF PROPOSALS

The following criteria will be used to evaluate proposals received:

Criteria for technical component of proposal

Individual or Firm's previous experience with similar assignments	20%
Proposed staffing plan (demonstrated technical and managerial skills and training of proposed team members)	20%
Methodology	35%
Deliverables and timelines	20%
Professional presentation of technical proposal	5%
Total	100%

Criteria for financial component of proposal

Consideration of all potential expenses	30%
Unit costs for potential expenses	30%
Professional salaries	30%
Professional presentation of financial proposal	10%
Total	100%

The technical component will be counted as 65% and the financial proposal will be counted as 35% of the total assessment of the proposal.

9. OTHER

While the information contained in these terms of reference is believed to be correct at the time of issue, no liability is accepted for its accuracy, adequacy or completeness, nor will any express or implied warranty be given. This exclusion extends to liability in relation to any statement, opinion or conclusion contained in or any omission from, this Terms of Reference (including the annexes) and in respect of any other written or oral communication transmitted (or otherwise made available). Contracting is also subject to the selected party having all necessary authorisations and approvals.

Neither the issue of these terms of reference, nor any of the information presented in it, should be regarded as a commitment or representation on the part of CIFF (or any other person) to enter into a contractual arrangement.

No publicity regarding these terms of reference, the learning review research, or the award of any contract will be permitted unless and until CIFF has given prior written consent to the relevant communication. For example, no statements may be made to the media regarding the nature of the learning review research, the contents or any proposals relating to it without the prior written consent of CIFF.

The applicant shall treat all information obtained as a result of these TOR as confidential and shall not use any such information other than for the purpose set out in these TOR.

CIFF reserves the right to:

a. Waive or change the requirements of these terms of reference from time to time without prior (or any) notice being given by CIFF.
b. Seek clarification or documents in respect of a submission by a party.
c. Disqualify any party that does not submit a compliant submission in accordance with the instructions in these terms of reference.
d. Disqualify any party that is guilty of serious misrepresentation in relation to its submission or expression of interest.
e. Withdraw these terms of reference at any time, or to re-invite parties on the same or any alternative basis.
f. Choose not to award any contract as a result of the current procurement process.
g. Make whatever changes it sees fit to the timing, structure or content of the procurement process, depending on approvals processes or for any other reason.

CIFF will not be liable for any bid costs, expenditure, work or effort incurred by a party in proceeding with or participating in this procurement, including if the procurement process is terminated or amended by CIFF.

10. ANNEXES

1: Detailed Programme Description (provided by MI)
2: CIFF's Evidence, Measurement, and Evaluation Approach
3: Proposal budget template (.xls)
4: CIFF M&E Overhead policy (.pdf)

CHILDREN'S INVESTMENT FUND FOUNDATION

ANNEX 1: DETAILED PROGRAMME DESCRIPTION (PROVIDED BY MI)

Overview of the Program Intervention

Micronutrient Initiative (MI) in collaboration with the Government of Bihar is implementing the project 'Reducing childhood diarrhoea through sustainable use of zinc and oral rehydration solution (ORS) in Bihar state of India. The project has been implemented in two phases. The first phase implemented over a period of four years (2011-2015) in 15 districts and has intended to demonstrate an effective model of implementation. Followed to this, the second phase aimed at facilitating scale-up in the remaining districts across the state largely through government resources.

Table 1: List of Demonstration Districts	
1. Banka	2. Bhagalpur
3. Samastipur	4. Sitamarhi
5. Sheohar	6. Munger
7. Madhepura	8. Sharsha
9. Khagaria	10. Supaul
11. Nalanda	12. Sheikhpura
13. East Champaran	14. Gaya
15. Jehanabad	

Program strategies: The program strategies adopted under the program are as follows.

1. **Training of health service providers**

In the 15 demonstration districts trainings have been provided to Medical Officers, CDPOs, and ANMs, supervisors, ASHA and Anganwadi workers (AWWs). Frontline Workers (ANM, ASHA and AWWs) have been involved in this program as service providers to treat and report the childhood diarreha cases. The intention of involving ASHA and AWWs as service providers was to ensure greater accessibility to quality treatment for treating children with diarrhoea. In demonstration districts more than 50,000 health service providers have been trained.
In scale up districts the training have been imparted during 2013-14 largely using government resources as per the trainings plan of the government of Bihar.

2. **Strengthening service delivery**

As a part of this program, community level health workers were involved as service providers to increase public sector care seeking practices. These workers included Accredited Social Health Activists (ASHAs) that work for the health department (in all the 15 districts), and Anganwadi Workers (AWWs) that work for the department of woman and child development (in 10 of the 15 demonstration districts). During the program, ASHAs and AWWs were trained and supplied with zinc and ORS to manage diarrhea cases in communities, in addition to facility-based programs. The roles of CHWs included managing simple cases of diarrhea with ORS and zinc, identifying cases of moderate and severe dehydration for referral, and counselling of caregivers on appropriate diarrhea treatment and feeding practices during illness episodes

3. Ensuring supplies of ORS and zinc

MI has provided a seed supply of nearly 18 lakh courses of zinc and ORS in the form of combi-packs to meet the demand of treating child diarrhea cases for the first year in 10 of the 15 districts. In the remaining five districts the state Govt. of Bihar has supplied zinc syrup/tablets and ORS packets as separate products (not in the form of combi-pack).

Subsequently, MI facilitated incorporation of budgets under the National Health Mission (NHM) Project Implementation Plan (PIP) for procurement of ORS and zinc since FY 2012 – 2013. The state government procured and distributed zinc syrup for the treatment of childhood diarrhea. MI assisted the Government to improve forecasting of zinc and ORS demand in order to strengthen procurement based on the child population estimates, diarrhea incidence, and care-seeking rates.

4. Reinforcing knowledge and skills of FLWs through supportive supervision

In order to effectively perform the task of providing care and recording and reporting of diarrhoea cases the frontline workers need support and guidance. Considering the need for the support and handholding in the program a mechanism of supportive supervision was envisaged. As part of this mechanism Block Community Mobilizers (BCMs) provided support to ANMs, ASHAs and AWWs in 10 districts of the program. Each BCM in a week visited two villages and one sub-centre and tried to resolve the problems faced by ASHA, AWW and ANMs. In addition, BCMs also interacted with the caregivers to know the treatment provided and adherence to the suggested treatment. For visiting to ANM, ASHA and AWWs the BCMs are provided an amount as mobility support from the project. The BCMs were imparted trainings on carrying out the supportive supervision. This process of supportive supervision was first initiated in Dec. 2011 in five districts (Banka, Bhagalpur, Samastipur, Sitamarhi and Sheohar) and later in July 2012 in other five districts (Khagariya, Madhepura, Munger, Shehrsa and Supaul).

5. Monitoring and evaluation to ensure quality and measure the performance

In Bihar, the Government is following the national HMIS as well as state HMIS called DHIS-2 (District Health Information System 2) for tracking the performance of the health programs. Under HMIS/ DHIS 2 data is collected mainly from health sub-centre and above facilities. The HMIS/ DHIS does not have a system to collect data from the large number of community level health workers who were involved in service provision under the project. In addition, HMIS did not include indicators to track progress of key program aspects, such as dehydration levels and the number of

diarrhea cases treated with both zinc and ORS. Therefore, a reporting mechanism was developed with in the program to effectively track performance from all service delivery points, including ASHA and AWWs using a simple pictorial reporting formats.

Trainings were provided to healthcare providers at all service delivery levels, including ASHA and AWWs to record and report childhood diarrhoea cases and treatment provided to them. Through program reporting more than two million cases of child diarrhea who were provided treatment through public sector in 15 demonstration districts from Aug 2011 to April 2015 have been reported.

After nearly a year of project reporting the state government, recognizing the lessons and benefits of project reporting, agreed to add following indicators in the DHIS 2, which were not there earlier.

- Number of cases of childhood diarrhea with no dehydration
- Number of cases of childhood diarrhea with some dehydration
- Number of cases of childhood diarrhea with severe dehydration
- Number of cases of childhood diarrhea treated with both zinc and ORS
- Number of cases of childhood diarrhea referred
- Number of ASHAs reported ORS stock-out (lack of ORS availability)
- Number of ASHAs reported zinc stock-out (lack of zinc availability)

Under the program the efforts are being done to streamline reporting using DHIS2 to sustain the reporting beyond the program.

In order to evaluate impact of the program the evaluation partner Johns Hopkins School of Public Health has conducted evaluation studies and health providers' assessment studies.

ANNEX 2

CIFF'S EVIDENCE, MEASUREMENT, AND EVALUATION APPROACH

CIFF's Evidence, Measurement, and Evaluation team approach includes:

- All our evaluations are fit-for-purpose so that we choose the right methodology for answering simple but critical questions – a robust system to provide data on the critical path to impact, complemented by a purposeful evaluation approach.
- We focus on simple but critical questions, such as what do we need to know to measure the progress and impact of the programme? How will we know? When will we know? Who is the information for and how will it be used? Focusing on these questions allows us to design evaluation frameworks that are focused and operationally relevant.
- Objectivity and credibility of PME findings, through engagement of third party evaluators and creation of advisory PME groups involving non-implementation partners. This allows us to confidently learn and course correct based on the findings and use of evidence to leverage the impact of our programmes with relevant stakeholders, such as policymakers and other funders.
- We utilise and consider ways to strengthen existing data systems, for example HMIS, in countries that we work in.
- We work closely with the implementing partner to understand what the programmatic data means and how this influences programme implementation.
- We encourage dissemination of evaluation findings in appropriate forums, especially for the purposes of adding to the knowledge economy and for leveraging the success or learnings from the programme.
- We strongly encourage leadership in local contexts in which we work, and support local evaluation organisations and local sub-contractors.

See also, https://ciff.org/about-us/data-and-evidence/