



Terms of Reference for Consultancy Services

External Evaluation of the 2016-2018 BioVision Foundation-supported *icipe* Integrated Vector Management (IVM) Malaria Project in Kenya and Ethiopia

1. Background

1.1 International Centre of Insect Physiology and Ecology:

The International Centre of Insect Physiology and Ecology (*icipe*) was established in Kenya in 1970. *icipe* is the only independent international institute working primarily on arthropods. It employs a diverse range of scientific disciplines in a holistic manner to perform original research on pest and beneficial insects and arthropods with the goal of improving human and livestock health, crop production, ecological systems and well-being of communities. *icipe* has carved out a leading role in what may be termed tropical insect science, as reflected in the range, depth and impact of its strong publication record. The focus of this work is sub-Saharan Africa (SSA), particularly the large population of smallholder farmers. At the core of its mission is the development of affordable and effective tools and strategies to combat insect pests and vector-borne diseases in order to help alleviate poverty, ensure food security and improve the overall health of peoples of the tropic. Its mandate is to develop alternative and environmentally friendly pest and vector management strategies that are effective, selective, non-polluting, non-resistance inducing and affordable for uptake by resource-limited rural and urban communities.

icipe's mandate, while unique, also introduces challenges, given that *icipe* works across the four health themes; Human Health, Animal Health, Plant Health, and Environmental Health. To have an effective impact in these diverse areas, *icipe* operates through different impact pathways, employing partnerships with different agencies across the public and private sectors. Few research institutes straddle such different sectors, creating challenges in both downstream delivery and in resource mobilization. Moreover, given the large number of insect and arthropod vectors that carry human, animal and plant diseases, an even larger number that directly attack plants, and many others that provide beneficial ecosystem services, particularly pollination, *icipe* must assess appropriate research priorities and strategies in the context of smallholder communities in Africa, an increasingly dynamic and changing environment, periodic pandemics emerging in Africa, and under resourced national research and delivery agencies.

1.2 *icipe's* Mission

“Help alleviate poverty, ensure food security and improve the overall health status of peoples of the tropics by developing and extending management tools and strategies for harmful and useful arthropods, while preserving the natural resource base through research and capacity building”.

What *icipe* does

- *icipe* is engaged in 'pan-African R&D in insect science'.
- Together with partners, *icipe* searches for 'effective prevention and smart cures' to help bring about food security, sustainable livelihoods, good health and sustainable use of natural resources for the peoples of the tropics.
- *icipe* develops solutions to arthropod related challenges that are appropriate, affordable, accessible and acceptable.
- *icipe* searches for and develops environmentally safe integrated pest and vector management options that eschew the use of pesticides and synthetic chemicals wherever possible.
- *icipe* builds capacity of individuals and institutions in the tropics to solve their own problems.

To achieve these objectives, *icipe* partners with several government Ministries (notably those of Health and Agriculture), research institutes [e.g. Kenya Medical Research Institute (KEMRI) and Kenya Agricultural and Livestock Research Organization (KALRO)] and Universities across Africa. Focal aspects in the human health area include:

- Research on mosquito ecology, behaviour and control, with special reference to malaria.
- Research on arboviral vectors of disease, particularly those that transmit Rift Valley Fever (RVF), dengue and yellow fever.
- Capacity building across all levels.

1.3 BioVision Foundation:

BioVision was founded as a non-profit association in 1998 and was transformed to Foundation status in December 2003. Building of action structures and all work for the generation of funds was achieved on an unsalaried basis by the founding members and management with support from sympathisers. With the first public action ("Good News from Africa") in November 2000 and March 2001, developed through unsalaried work, initial financial resources could be gathered which allowed for professionalization of the work and implementation of projects in western and coastal Kenya. The head office in Zürich has been co-ordinating BioVision communication and project work since February 2001. The Foundation Board as the topmost executive committee continues to provide its services free of charge.

The vision of Biovision Foundation is "A world with enough food for all, produced by healthy people in a healthy environment". The goal of BioVision Foundation is to make development and research findings in the field of organic pest and disease vector control accessible to people in developing countries. BioVision acts as a catalyst and funds projects for a limited amount of time, with the aim of local communities and authorities continuing the successfully tested approaches after Biovision funding ends. What has been established and tested in application by the researchers must be disseminated as quickly as possible. The problem: the 'goods' developed by institutions such as *icipe* are not concrete products, which can be profitably marketed and sold off. It is know-how that can be applied, and often by the easiest means. To spread this knowledge to the population at large, to instruct farmers on sustainable organic methods of control and to ensure necessary communication with researchers is the task to which the BioVision Foundation has applied itself.

2. *icipe* IVM malaria projects supported by the BioVision Foundation

The BioVision Foundation has actively been engaged in transferring *icipe*'s technologies to end users. The Foundation has done so by providing financial and technical support to *icipe*'s human health area for the last thirteen years. The support has been mainly for research and capacity-building activities related to the evaluation and promotion of participatory integrated vector management (IVM) for sustainable malaria control. The focus is on developing and implementing adaptive/integrated mosquito population management strategies necessary for guiding decision-support mechanisms that make efficient use of information on larval and adult mosquito abundance and also mosquito host-seeking behaviour. *Icipe* implements the Biovision-funded malaria IVM work in close collaboration with the Kenya Medical Research Institute (KEMRI) and the Ministries of Health in Kenya and Ethiopia.

Community participation and involvement is a major component of the Biovision-funded IVM activities. In this regard, the current and past consecutive IVM projects have strived to promote a "learning by doing" culture through which evidence-based IVM malaria control strategies are selected, developed, planned and implemented in a participatory manner. Besides promoting self-protection methods against mosquitoes, such as through the proper use of long-lasting insecticide-treated nets (LLINs), the IVM work involves the application of biological larvicides in mosquito breeding habitats, draining of stagnant water near houses and educating communities and other stakeholders about sound vector control decision-making processes. Emphasis is placed on taking appropriate actions and local involvement through individual, household, community and/or inter-sectoral participation. The projects also design and execute capacity building and training programmes. Stakeholders meetings are held routinely to strengthen awareness and capacity in mosquito control.

A comprehensive external evaluation of the IVM projects funded by Biovision from 2004 until 2012 was undertaken in mid-May 2012 to assess progress, achievements and challenges, plus to map out future perspectives of the IVM work and develop a medium-term strategic plan. The IVM work up until 2012 was conducted independently at three project sites namely Malindi (coastal Kenya), Nyabondo (western Kenya) and Tolay (Ethiopia). Following the external evaluation, a follow up three-year project (2013-2015) was developed, aimed at greater harmonization of objectives and methodology at the three field sites in order to enhance comparability of entomological, epidemiological and socio-economic results and lessons learning. Included in the project phase of work (2013-2015) was the provision of an external evaluation, to again assess progress, achievements and challenges. Equally important, the external evaluation generated new perspectives for a final next phase (2016-2018) of research and exit strategy, which are the focus of the currently planned evaluation in February/March 2019.

3. Objectives

- Assess if and to what extent the findings and recommendations of the 2015 evaluation were addressed; and if the challenges described were resolved. Especially, the recommendations for sustainability should be looked at closely.
- Assessment of the project activities and approach, and evaluation of results and achievements as per the project proposal's logframe and targets for the period January 2016 - December 2018.
- Analysis of the project implementation process regarding its efficiency and effectiveness. This part should include, but not be limited to, a special look at the biopesticide development component and answer the following key questions.
 - Could the product development and registration process have been accelerated?

- What are the perceptions of the *icipe* senior management on the probability of successful marketing for these products?
- Evaluation of the appropriateness of the project's approach as regards content and work distribution in implementation. This should include, but not be limited to, the following questions:
 - Was the IVM strategy applied designed appropriately (including generation of research evidence, advocacy and social mobilization, capacity building, inter-sectoral collaboration).
 - Was the project able to create new relevant evidence for the inclusion of vector control tools in vector control programs? (Special focus on the 2013-2015 RCT and the RCT on house screening).
 - To what extent did the project try to strengthen structures for autonomous implementation by the communities rather than carry out activities through the project team?
- Evaluation of the project's impact regarding validity of its recommendations and wide dissemination of findings and learnings through policy briefs, scientific publications and other IVM dissemination platforms. This should include, but not be limited to, the following questions.
 - To what extent can the project results guide “decision-support mechanisms that make efficient use of information on larval and adult mosquito abundance and also mosquito host-seeking behaviour” as laid out as project focus?
 - Is there enough evidence for the effectiveness and cost-effectiveness for further promotion of the project interventions?
 - What is the perception of local authorities that were part of advocacy workshops on the IVM approach and the information they were presented with?
 - To what extent were the developed models useful for the policy makers and are ready for future use e.g. in National Malaria Control Programs?
- Given that the project comes to an end, an examination of the project's sustainability will be a key element of the external evaluation. This part should include, but is not limited to, the following questions:
 - To what extent will the structures and linkages (e.g. CBOs, schools, authorities etc.) established in the project be able to persist and carry out malaria prevention activities at the project sites?
 - Which vector control activities (larviciding, environmental management, house improvements, school education, door-to-door education, other forms of information dissemination) are likely to continue after the project ends?
 - What were the main challenges for successful handover of the project activities?

4. Methodology

The IVM malaria project evaluation will be conducted through a desk review of all IVM activities and visits to three field sites (Malindi and Nyabondo in Kenya; Tolay in Ethiopia) in order for the reviewer to make observations on the ground and interact with relevant stakeholders and collaborating partners. The following will be among the key activities:

- Review of relevant project related documents (proposals, previous evaluation reports, progress reports, strategic outlines, technical reports and other documentation (also pictures and movies)).

- Interviews with project staff (Project Coordinator, Project Research Staff (scientific supervisors, field site managers, research assistants and field staff)), BioVision Foundation programme coordination, beneficiaries, local administration, relevant policy makers and other relevant stakeholders.
- Review of assembled documents on progress, achievements and challenges, constituted with assistance of the project researchers and partners (*icipe*, KEMRI, MOH, Biovision Foundation).
- Conduct discussion of key strategic and operational issues (programmatic) of the IVM malaria program with *icipe* Head of Human Health and Director of Research and Partnerships.
- Prepare a draft Project Review report.

5. **Outputs of the IVM malaria project review**

- The immediate output of the IVM Malaria Project Review will be an evaluation report which should include a 2-page executive summary of the project results, a concise and critical main part and comprehensive recommendations.
- A first outline of the report will be discussed with the project coordinator and research staff, as well as with the *icipe* Director's office (who will share it with the BioVision programme coordination). Comments and inputs from their side should be considered and included in the final report.
- The report will be written in English.

6 **Prerequisites for the Consultancy**

- Background in either medical entomology, social sciences, development studies, health-related applied research & development projects or related fields.
- At least 10 years working experience in the field of applied malaria and or health research, while actively being involved in the development of IVM strategic frameworks through international partnerships involving the World Health Organization, Roll Back Malaria, among others.
- Demonstrated expertise in health project evaluation.
- First-hand recent experience related to IVM implementation for malaria control in at least one eastern and southern African country.

7. **Deliverables**

- a) Inception report on preparatory tasks undertaken, and the progress made.
- b) Draft report for *icipe*'s review and approval.
- c) Final report, upon approval of the draft report, with recommendations where applicable.

8. **Other Requirements**

- i. Detailed cover letter expressing interest in this assignment, including full contact details, and physical address.
- ii. Consultant's detailed CV.
- iii. Evidence of undertaking similar evaluation work during the last 5 years. Provide contacts of at least three references.
- iv. Provide a competitive and detailed cost breakdown (fee quote in US\$) to perform the assignment.

9. **Time Frame, Terms, Conditions and Logistics**

Interested persons should apply online by sending:

- (a) An informative cover letter illustrating suitability against the listed specifications, and
- (b) Detailed CV to icipetenders@icipe.org by **15th January, 2019 at 17:00 hrs East Africa Time.**

The evaluation will be carried out in February/March 2019 for a total period of 14 work-days. The selected candidate will be compensated on the basis of a negotiated consultancy fees.

Coordination and assistance for the evaluation will be provided by the project coordinator and project administrator in Nairobi. Transport and other requirements to help execute the exercise will be provided for by *icip*.

The selected consultant will need to work with her/his own working equipment. Any special requirements might be made available upon request and availability.