
South Africa Executive Leadership Program in Health

Terms of Reference Evaluation Framework

Deadline for submission: April 21, 2012

This ToR serves to provide a basis for the engagement by South Africa Partners on behalf of the South Africa Executive Leadership Program in Health (SAELPH), a joint program of the Harvard School of Public Health, University of Pretoria, and University of Fort Hare and in collaboration with the South African National Department of Health. The selected M&E partner will provide SAELPH partners with a common evaluation framework from which the interim and final program evaluations will draw their findings.

1. THE PROGRAM

1.1. Background and rationale

Overview: The **South African Executive Leadership Program in Health (SAELPH)** is a partnership among the University of Pretoria (UP), the University of Fort Hare (UFH), and the Harvard School of Public Health (HSPH), in collaboration with the South African National Department of Health (NDOH). The partnership investigated current health management training capacity in South Africa with some initial funding from Atlantic Philanthropies and then designed a programme that addresses critical gaps in executive health management training at all levels.¹

The research identified a specific gap in training at the executive leadership level, covering policy and strategy development and also operations and coordination. SAELPH was then envisioned as a local ‘flagship programme’ capable of setting the standard for executive level health management training in South Africa. Residing within UP and UFH, with the support of HSPH, SAELPH would build needed local capacity capable of making a significant contribution to the success of the proposed National Institute for Health Management and Leadership Training. Thus, the leadership training provided by SAELPH will be the lead brand of health executive leadership training in the country, with a focus on supporting those responsible for the implementation of health sector transformation.

SAELPH specifically aims to strengthen three key components of health transformation in South Africa – the immediate need to increase the health system’s human resources capacity to deliver high quality, cost-efficient services through strengthened executive level training of health leaders.

SAELPH is designed to be responsive to emerging initiatives in the South African health sector. Recently the National Health Insurance Initiative has gained momentum and the SAELPH programme will prepare management with the required leadership skills and competencies to play a central role in the implementation of the NHI. Also, the re-engineering of Primary Health Care includes the reorganization of School Health Teams and the establishment of District Clinical Specialist Teams. Coordinators of the various DOH teams will be included in leadership training to meet these new role expectations. Finally, the National Comprehensive Plan for HIV and AIDS will be integrated into the training and programmes conducted for emerging DOH leadership.

Challenges: Senior leaders within NDOH see in the South African Executive Leadership Program in Health (SAELPH) a strategy to build upon previous successes and to strengthen key areas to support greater gains in the health sector.

By focusing on building the required skills, competencies, and experience among senior and middle national, provincial and local government managers, the NDOH hopes to ensure fewer challenges and more successes in the years ahead. SAELPH will link to NDOH’s efforts by strengthening the knowledge and understanding among groups that serve as important “drivers” of the process, such as executive leadership; health managers, and the health workforce itself. These challenges are the result of many factors that stem from South Africa’s history of racial exclusion and underdevelopment. At the same time, the NDOH understands that concrete steps must be taken now to address the human resource challenges in health facing the country.²

¹ A more detailed description of the origins of the program and each partner’s involvement can be found in the proposal to Atlantic Philanthropies from November 2011.

² National Human Resources for Health Plan. The recently released “Draft HR Strategy for the Health Sector:

Method of Approach: SAELPH will, through a combination of strategies, strengthen three key components of health transformation in South Africa:

1. Targeted training of health managers responsible for the various levels of services related to the NHI;
2. The management capability of current and emerging district health related leadership within the public health system responsible for the re-engineering of the Primary Health Care system; and
3. Advancing sustainable relevant educational and training capacity for health executives responsible for management of large public health programmes such as HIV/AIDS and TB.

Over the course of the four-years, SAELPH will offer policy and policy implementation round tables for cohorts of senior managers, as well as executive leadership courses addressing generic skills and specific topics identified in consultation with the NDOH. Topics will be selected from key challenges identified by NDOH, including:

- National Health Insurance Initiative
- Re-engineering of the Primary Health Care System
- Operational Plan for Comprehensive HIV and AIDS Care, Support and Treatment

Executive leadership courses for district health related managers participating in the Executive Fellows Programme will address cutting-edge challenges such as:

- a. Strategies for and the operation of successful Community Health Workers (CHW) integration and development.
- b. New policies related to the reorganization of School Health Teams - their intention, and strategies/approaches for successful and effective upgrading of the current system with emphasis on reproductive health rights, drugs and alcohol amongst school going children.
- c. Strategies for successful reduction of mortality rates, particularly in the area of Maternal & Child Health, will require hospital management strategies that are different to those currently practiced and training will need to be customized to the hospital level. Regulations already in place will be used to effect needed changes.
- d. Implementation and integration of newly established District Clinical Specialist Teams, made up of doctors (Ob/Gyn, Pediatrics, Family Medicine, Anesthesia) and Primary Health Care Nurses and Midwives effectively into the service delivery system.

Partners: University of Pretoria was selected as an implementing university because of its newly established and highly regarded School of Health Systems and Public Health, which had already demonstrated an ability to assist government with planning and the realignment of health services that took place after 1994. Its close proximity to the NDOH also allowed for easy input from NDOH leadership.

The University of Fort Hare was asked to join the partnership for its historical and geographical and socio-political qualities that would increase the success of the initiative and contribute to its sustainability. Situated in the Province of the Eastern Cape, where health challenges are prevalent, UFH will be able to work closely with the province's 7 Health Districts as they implement major initiatives such as the re-engineering of the PHC, the introduction of the NHI, and the ongoing challenges of meeting the demands of the AIDS epidemic. The practical experience gained through this process of implementing these programmes in the Eastern Cape will be invaluable to other provinces that face similar challenges.

The Harvard Business School (HBS) was a pioneer in the development of case studies and their use as an effective teaching tool. In fact, HBS opted to use the case method for teaching from its inception in 1908, rather than rely on textbooks that did not adequately address the information that needed to be covered. Faculty at HSPH has adopted and successfully used the case method model for many years as well. HSPH

leaders understand they are in a partnership that values “mutuality and empowerment”; which despite its relatively greater academic assets will allow HSPH the opportunity to grow, via new local research, learning and service activities. Health leadership in South Africa has become familiar with the case method through ongoing participation in short courses at HSPH. Each year, the NDOH has sent representatives to HSPH for trainings in a variety of areas including: decentralization; human resource development; hospital management; and health system financing. Participants have expressed their appreciation of the case study approach, which they found to be both informative and engaging.

South Africa Partners (SAP) grew out of the anti-apartheid movement in the U.S., and has continued, “to develop mutually beneficial partnerships between organizations and institutions in the U.S. and South Africa in the areas of health, education, and economic development”. SAP will play an ongoing management coordination role in the SAELPH programme, fundraising for sustainability, conducting the monitoring and evaluation, and resolving potential exigencies that emerge among the multiple parties.

All parties are united and motivated by the strong social values of equity and “health for all” underlying this programme. Resolving racial and ethnic disparities is an important challenge in both the United States and South Africa.³

Project Organisation: The programme will be guided by a Steering Committee chaired by the national Director General (DG). It will be composed of representatives from the National as well as Provincial Departments of Health, the University of Fort Hare, the University of Pretoria, the Harvard School of Public Health, Private sector, Health NGOs and the World Health Organisation. The Steering Committee will have the power to co-opt additional expertise from the private and public sector. It is planned that the Deputy Minister of Health will chair the Steering Committee and that secretariat functions will rotate annually between the UP and UFH. The Committee will meet twice a year.

At these meetings the Steering Committee will focus upon annual work plans drafted by the South African universities and Harvard faculty and staff, in consultation with the Health Ministry and DOH, reviewing and approving an annual set of objectives, activities and responsibilities. The Steering Committee will ensure this project meets the most pressing priorities of government, determining the courses to be offered and other activities as the programme unfolds. The committee will also ensure the topics selected take optimal advantage of the strengths Harvard has to offer and the Universities of Fort Hare and Pretoria seek to develop for the long term.

Day-to-day management of the SAELPH is organized to reflect the partnership model. The Faculty for Science and Agriculture at UFH, the HSPH, and the School of Health Systems and Public Health at UP have selected Dr. Mvuyo Tom at UFH (or his nominated representative), Dr. Paul Campbell at HSPH, and Dr. Eric Buch at UP (or his nominated representative) to serve as Project Co-Directors for their respective institutional teams. They will function as Co-Directors of equal status.

Each course or other activity will have both South African and American leaders, who will take joint responsibility for the success of their endeavors. They will be asked to communicate at the outset of their work and to agree upon objectives, activities, relative responsibilities, work plans and most importantly, results. The Project Co-Directors will supervise them.

Project Managers at all three universities will assist the Project Co-Directors. The Project Managers will be responsible for all administrative matters relating to the project, under the supervision of the Project Directors and may also have teaching or research responsibility in the programme. They will be responsible for assuring that goals and objectives set in this document and subsequently by the Steering Committee are set. They will be responsible for drafting and submitting reports to funders, the NDOH and other relevant

³ Greater detail on each partner can be found in the application to Atlantic Philanthropies, November 2011.

agencies.

South Africa Partners (SAP) will serve as a programme coordinator. SAP received the initial planning grant from Atlantic Philanthropies and coordinated the research and programme development carried out under that grant. Over the four-year programme, SAP will:

- Monitor deliverables and timelines
- Support exchange visits between South Africa and the United States of faculty, Executive Fellows, and government representatives - planning, executing and documenting results
- Assist with the drafting of the Annual Plans
- Conduct an interim evaluation and end of programme evaluation
- Develop the Sustainability Plan with the implementing institutions and NDOH and overseeing its implementation, including a Communications Plan
- Develop a fundraising plan and submit grant applications related to sustainability

Institutional Relationships: Collaboration between institutions is based on acceptance of equal status and decision-making powers. All institutions will seek not only to learn and gain from cooperation, but also seek to contribute actively to all programme activities and share responsibility for facilitating programme activities. A spirit of active learning, building of faculty capacity and strengthening of institutional systems and processes guide the collaboration. UP and UFH will run SAELPH as a joint programme governed by a memorandum of cooperation. Courses and other responsibilities will rotate between UP and UFH so that both institutions build their capacity to deliver all elements of a health executive leadership programme. Courses will be run interchangeably at UP and UFH. HSPH will serve as technical advisor to UP and UFH as they develop the needed capacity. It will also work closely with UP and UFH faculty on the development of materials for courses, policy seminars, and round tables. HSPH will work with and mentor UP and UFH faculty as they increasingly take over responsibility for running these components of the program over the four years. The four implementing partners (UP, UFH, SAP, and HSPH) will each manage their own programmes and funding is assigned directly to each partner, rather than one partner serving as the primary grant recipient. Each partner will be responsible for reporting, with SAP serving as a bridging coordinator between the implementing universities and the funders.

Project Phases: The project partners are very conscious of the urgency to begin SAELPH and will therefore strive to balance this with excellence and development of long-term capacity.

Assessment of Training Needs: Information already available through existing sources and information gathered through the planning period funded by Atlantic Philanthropies will serve as the starting point for the proposed needs assessment survey. For planning purposes additional research will be conducted. The respondents will include the Minister of Health and Provincial MECs, the national Director General and Deputy Directors General and Provincial Heads of Departments, as well as other key informants at both the national and provincial level. It will help to prioritize specific competencies that are required by the DOH staff members participating in the programmes described below and help to guide priority content areas to be developed.

Initial Implementation (Year 1): During the first year SAELPH will be scaled up within and among all three universities. Recognizing the urgency facing the NDOH, however, the implementing universities will respond to an NDOH request to begin working immediately in January 2012 to organize the first Round Table. The topic for this Round Table will be the development of criteria for staff recruitment and orientation for newly created Hospital and District Management Team positions. An important component of this discussion will be how to manage the transformation process necessary to implement these new positions, in the midst of continuing with the ongoing needs of internal staff recruitment and orientation, and the design and implementation of project planning, tracking, communication, reporting and monitoring systems. During year one collaborative (U.S – South African) applied research projects will also begin, along with an initial Policy Seminar and a major training programme.

Project Expansion (Years 2-3): During the middle two years of the project the number and diversity of Policy Seminars, Round Tables, courses and other executive development activities offered will increase as will the number of faculty and participants.

Project Transition (Year 4): During the final year of the project training and other project activities will continue but with reduced involvement by HSPH faculty. By the end of this last year we expect to have completed the transition to South African provision of all courses.

Programme Components: All three educational institutions involved in this project are committed to applying adult or engaged learning pedagogical strategies. Very few classes will be lecture-based. Instead experiential methods such as case-teaching which increase the level of interaction and peer learning in classroom settings will be emphasized. Case teaching and learning has been employed to a limited degree in both UFH and UP. They are a core element of the educational programme at Harvard which will provide workshops on this technique for South African faculty to further its practice. The desire for engaged learning is also why e-learning will be employed throughout the programme. The programme managers and faculty want to sustain interaction after participants return to their posts.

- A. *Deeper Assessment of Training Needs:* All three universities will participate in an initial assessment of training needs within South Africa's 52 Health Districts in relation to District Health Management Teams (DHMT) to supplement the knowledge gained during the proposal planning process. A staff member from UP will take the lead on the assessment process, working with the three university project co-directors to complete the task. The co-directors will formulate a survey to be completed by the Minister of Health and Provincial MECs, the national Director and Deputy Directors General and Provincial Heads of Departments, as well as other key informants at the national, provincial, and district level. It will prioritize specific competencies that are required by the DOH staff members participating in the identified programmes. At least three individuals will be interviewed in each province and at the national department, as well as other identified key informants for a minimum of 40 total interviews. Results will be discussed with the Steering Committee, and will affect the curriculum planning process. This assessment will be revised as necessary and repeated in Year 3 of the project.
- B. *Opportunities for Participants:* This is a framework for review and refinement by the Steering Committee, which will work in consultation with the NDOH Director General.

1) Stakeholder Meetings: Work will begin in South Africa with a stakeholders meeting on health policy and management issues for elected officials and senior managers in the NDOH. All members of the project Steering Committee will be invited. This event, organized by all the partners, will inform participants about the issues to be addressed, offer an opportunity for input, and finalize goals and activities. A final seminar will be held during the fourth year of the project to document and discuss what has been learned and accomplished, as well as to introduce long-term plans.

Deliverables: A stakeholders meeting in South Africa will be organized at the outset and at the conclusion of this project, and each meeting will include at least 25 participants. The first meeting will be organized in Pretoria by the University of Pretoria. The second meeting will be organized by the University of Fort Hare towards the end of the project.

2) Policy Seminars: All 3 partner universities will hold a minimum of 12 Policy Seminars (1 annually at each university) for their faculty and staff to ensure broad support for the program. These Policy Seminars will be launched in the first year. Faculty from other universities, institutions and health managers in the geographic areas served by the University of Pretoria and the University of Fort Hare will also be invited. The seminars will be led by both South African and Harvard faculty members involved in the programme and will follow the preparation of one or several background

papers on South African health management and leadership issues that will be updated and shared with new participants throughout the project. The goal is to establish and maintain a core group of faculty knowledgeable of the key issues to be addressed through the programme and ensure institutional commitment for the long-term goals of this programme. It will also allow the universities to draw on other relevant work within their institution.

Deliverables: Each institution will organize at least four policy seminars, for at least 20 persons each, during the life of this programme starting in Year 1.

3) Policy and Policy Implementation Round Tables: Policy development is a complex challenge that needs to incorporate choice of alternatives and consideration of adverse effects. To establish a baseline for the Round Tables, the partners will organize an initial meeting for the purpose of engaging stakeholders in the design and also to establish standards for the content, manner and approach that Round Tables will take over the course of the programme. The opportunity to explore cutting-edge policy challenges that South Africa is facing in the context of global experience and policy experts is invaluable. The programme will provide a two-day Round Table each year, including the first year, which will be attended by at least twenty senior government leaders. The Round Tables will be evaluated by the policy and/or management initiatives that result from the sessions, as well as the knowledge gained by participants. Each Round Table will include the use of policy papers written by both HSPH and South African experts on the topic that will also attend.

Deliverables: At least 20 people will attend a minimum of four Round Tables organized over the life of the programme. Each Round Table will publish its findings and circulate them to appropriate DOH leaders. These documents will also be incorporated into new courses.

4) Courses on Transformation of the South African Health System: Health Sector Reform and the Strengthening health systems and their performance are at the top of the global health development agenda, recognizing that health care goals, such as universal access and quality care, cannot be achieved without this. This need applies equally to the South African health system, which has been challenged in attaining the values and goals it sets for itself. This programme will adapt and customize the popular Flagship Course on Health Sector Reform and Sustainable Financing that was developed jointly by HSPH faculty and World Bank Institute (WBI) staff to specifically address the South African context. It will be a major course offered throughout the life of the project, including the first year. It introduces a practical and comprehensive framework for understanding health systems and their performance and a structured approach to developing health system strengthening and reform policies to improve that performance. Specific course modules examine the theoretical and empirical basis for reform strategies in such diverse areas as health financing, payment systems, organisational change, regulation, and population and provider behavior, making extensive use of case materials from countries in all regions and at all levels of development.

The project will develop a Course on Health System Transformation grounded in South Africa's public health system and will enable participants to: 1) understand the dynamics of health sector reform and achieve deeper understanding of sustainable options; 2) locate the district health system within a taxonomy of health systems according to structural, financial, and functional characteristics; 3) assess health systems performance according to explicit criteria e.g. health status, financial protection, patient satisfaction, efficiency, and sustainability; 4) explore strategic approaches to enhancing district health system delivery and success supported by community participation. *Deliverables: The Courses on Health System Transformation will be offered at least 4 times, for approximately 20 participants each, during the life of this programme. The first of these annual courses will be held at the University of Pretoria. Courses held during years 2-4 will alternate between Fort Hare and Pretoria.*

5) Applied Research, Additional Courses and Certificates: there are a range of challenges in the

South African health system that would benefit from dedicated attention to additional courses at the executive level and these will be taught during years 2-4 of the project. However, the immediate needs of the NDOH may require that at least one short course, running for 3-4 weeks is developed for Year 1 as part of the preparation of newly appointed CEOs of hospital, managers in the District Health Management Teams and other critical management appointments at national, provincial and district level. The needs analysis conducted in the first year will identify priority competencies and topics for senior executive and emerging leaders. In subsequent years, these priorities will be reviewed and topics for new courses will be identified by the Steering Committee.

The SAELPH program will focus on development of leadership and management capability in key areas of need: (1) the Re-engineering of Primary Health Care (including a focus on a number of issues including the integration of Community Health Workers, the re-organisation of School Health Teams, the establishment of District Clinical Specialist Teams, and reduction of mortality, with an emphasis on Maternal and Child Health); (2) the proposed National Health Insurance; and (3) the nation's Comprehensive Plan for HIV and AIDS. SAELPH's development will be guided by and contribute to NDOH efforts to establish a National Institute for Health Management and Leadership Training.

Each new course will begin with collaborative research that will:

- 1) initiate partnership-building between South African and Harvard faculty;
- 2) address information gaps, both from the health authority and patient perspectives, related to the topic being addressed; and
- 3) produce learning objectives, curricula, pedagogical strategies and teaching material (including case studies and exercises) to be used in the executive courses.

The research will have its own intrinsic contribution to understanding the South African Health Sector, beyond its use in the course. During the first year research and development of courses will begin on:

- 1) Organizational behavior (leadership and organizational change);
- 2) Strategic human resource management; and
- 3) Monitoring and evaluation

Other potential topics offered as example to consider in succeeding years include: (The strength of the partnership is the diversity of capacity to deliver across a wide range of subjects)

- a. Negotiation, motivation, and conflict resolution
- b. Health system decentralization
- c. Organizational strategy
- d. Coaching and mentoring
- e. Quality improvement
- f. Strategic marketing management
- g. Performance management
- h. Health information systems & technology
- i. Knowledge management
- j. Health services research

The courses will be organized alternately by both UP and UFH from the first year of the project. The initial in-person course will be held over a 3-5 day period and will include ongoing e-learning support and interaction between faculty and participants, as well as a follow-up 2 day in-person contact session after 3 - 6 months. During the follow-up sessions participants will critically reflect on accomplishments and failures experienced when implementing the knowledge and skills acquired during the previous session, with a view to refining strategies. Peer and group learning will be an important component of these programmes, stressed especially during the e-learning and follow-up phases. Successful completion of the course will include development of an executive

plan of action. Participants will be encouraged to become fully engaged in this program. Individuals completing the 1) Course on Health System Transformation as well as 2) three additional courses in the programme of their own choosing (a total of 4 courses) will be awarded a Joint Certificate from UP and UFH on behalf of the South African Executive Leadership Programme in Health, an achievement that can be added to participants' resumes. *Deliverables: At least 5 additional courses (not including the Health System Transformation Program) for approximately 20 participants each will be held annually in South Africa during the life of this project. There will be 1 collaborative research project over the life of the programme, which will focus on district health leadership development strategies.*

6) Study Tours: HSPH and South African faculty will offer periodic study tours for senior health officials. The tour will raise awareness and deepen understanding of innovative and effective health management and leadership accomplishments found in South Africa and other Southern African countries. The study tour will travel to a province in South Africa and will have a particular public health focus. We anticipate the study tour will include intensive preparation via e-learning and result in a report with recommendations for the South African health system. Beyond the participants' own efforts, the stakeholder meeting will help guide the way forward to the incorporation of new ideas into the South African health system. *Deliverables: At least 2 study tours for senior officials in the DOH will be held in Year 2 with 10-15 officials participating each time. The tour will be organized by staff at the University of Pretoria. The second study tour will be organized by the University of Fort Hare in Year 4.*

7) Executive Fellows Programme at National, Provincial, and District Level: Outstanding executive level health leadership is one of the most critical success factors in a well performing health system. The DOH will identify senior health managers for whom the Department wants to make additional investments over a 1-3 year period. The fellows will:

- a. Complete a self-assessment identifying their goals and weaknesses related to health management and leadership, and draft an individual work plan or programme with project staff and their supervisors to address outstanding issues;
- b. Attend an "Introduction to Executive Leaders in Health" course at the outset and an "Executive Leaders Going Forward" course at the conclusion;
- c. Take the Courses on Transformation of the South African Health System addressing health sector reform and health system strengthening;
- d. Take courses identified as needed in their personalized programmes offered by this project, as well as provided by others, with financial support from this project when necessary and available;
- e. Be eligible for study leave to pursue short term (2-3 week) study at the HSPH or one of the South African universities. (Tuition and fees for IHSP Boston-based annual courses will be waived for these individuals);
- f. Participate in a mentoring programme designed to address unique learning needs;
- g. Be recruited to participate in research projects as appropriate, given the fellow's background; and,
- h. Be recruited to participate in project educational programmes.

Those who successfully complete the programme will be issued with a programme certificate from the participating Universities. *Deliverables: At least 52 Senior District Health officials will complete their individual programs during the life of the programme.*

8) E-Learning: The project plans to make use of and develop focused electronic (E or distance) learning capability at Harvard and in South Africa, the use of which can be extended to other areas by the South African partners. Web-based programmes will be used for project management purposes, to minimize expensive travel within South Africa as well as internationally, as an integral

part of the learning programme and to enhance communication between faculty and participants. *Deliverables: A jointly organized seminar on distance-learning will be organized for all program participants at either UP or UFH are during each year with a minimum of 20 participants. Both faculty and participants will be educated in e-learning strategies, and provided support during implementation. IT and E-learning coordinators at all three universities will be supported by this program to assure the development of this component. In addition to the E-learning opportunities already mentioned, web-based seminars, discussions and/or trainings initiated in the U.S. will be provided to programme participants in South Africa on a quarterly basis throughout the life of the program. E-learning will also be utilized between the initial and follow-up sessions of short courses offered from the second through fourth year.*

- C. *Opportunities for Faculty (Universities of Fort Hare and Pretoria):* The faculties at both the Universities of Fort Hare and Pretoria will be substantially strengthened by this programme. Participation in the initiative is crucial to enabling the University of Fort Hare to consolidate new and expand existing programmes and research initiatives associated with the Centre for Social Policy. Participation will enable UFH to build on its new Masters Programme in Public Health in the Health Sciences. This will be done through recruiting and developing faculty and building teaching and research capacity and e-learning infrastructure as discussed further below.

1) Joint research projects: HSPH faculty and faculty members from the UFH and UP will be recruited for the collaborative research projects mentioned above, to build health policy, systems and leadership research capability. The research topics as well as strategies and methods employed will ultimately be determined by the participating faculty. Constraints include the requirement that they will all inform the teaching programme, and that they can be completed within the financial and resources allocated to this effort. Where possible senior South African researchers will be supported by emerging researchers to build wider research capacity. *Deliverables: At least one Harvard and one South African faculty member from each South African University, UP as well as UFH, will take part in each research project undertaken in the project. One research project that spans the life of the programme and at least five important sub- research projects on a topic that is considered critical to South African health needs will be completed during the life of this project.*

2) Joint publications: HSPH faculty and faculty members from the UFH and UP participating in the research projects will collaboratively complete publishable articles and teaching cases or exercises. *Deliverables: Three publishable paper and seven case studies will be completed during the programme.*

3) Teaching and training workshops: The use of innovative and modern teaching methods is vital in any executive programme. HSPH faculty and staff will lead workshops on the case teaching method, and will jointly lead the discussion on e-learning with their South African partners. Sessions held using the case method will include case development as well as teaching options and skills. The case study developed during these workshops will use local health system incidents and outcomes. *Deliverables: Two workshops on teaching methods will be held in South African during the four years following the e- learning seminar, one on e - learning the other on a developed case study. A workshop will be at each university starting with UP.*

4) Joint teaching in Course on Health System Transformation, Additional Courses, Study Tours and the Fellows Programme: HSPH faculty and faculty members from UFH and UP will jointly teach the Course on Health System Transformation and other executive courses, and the study tour listed above with the South African teaching role increasing each year. South African faculty will take the lead on the Fellows programme that will be based at the University of Pretoria. The aim is that by the fourth year institution building and teaching capacity will be such that the universities will be able to continue running the program on their own. *Deliverables: At least one Harvard and one*

faculty member from both of the South African universities will take part in teaching each course offered during the project. Six different courses, in addition to the Course on Health System Transformation, will be taught by these collaborative teams during, and most importantly, beyond the life of this project.

5) Intensive capacity development: Participating South African faculty will be eligible for sabbaticals to study in either another South African setting or at the HSPH. Tuition and fees for IHSP courses at Harvard will be waived for South African project faculty members. Tuition and fees will be required for more extensive studies, such as the year-long Takemi program or degree programmes. *Deliverables: A minimum of four South Africans, (two each from the University of Fort Hare and the University of Pretoria will have the opportunity for further study of 2 weeks at the HSPH annually. The project budget covers travel costs; tuition and fees. In the case of IHSP Boston-based courses, the tuition and fees will be waived.*

6) Building organizational infrastructure and human resource capacity: Organizational infrastructure and human resource capacity are key components contributing to the legacy of the project at UP and UFH. This project will allow for the building of much needed infrastructure and capacity at both South African institutions. The essence is to build a core health leadership group who will not only serve in their current roles as senior health managers or academics, but also as a platform for engaging government in the health policy, administration and leadership required for successful implementation of much needed health services, especially in the rural areas. The additional staff capacity will be highly influential to work output and ease the burden of workload currently carried by the existing faculty.

The building of HR capacity is essential but at the same time consideration must be given to the fact that those taken into employment to assist in this project may not remain for the term period of five years, given the ‘freedom of movement and freedom of association’ guaranteed by the South African constitution. In South Africa there are very high levels of mobility of health workers inter-provincially while others migrate to various parts of the world; therefore, the contract must be both strong and flexible, as the ongoing movement of health workers through the private and public health systems will continue. Efforts will be made to highlight the incentives as part of these packages. In addition, all participants whether it be in the Stakeholder meetings, Policy Seminars, Policy Round Tables, or research teams should be engaged, upon committing to the programme, to consider giving back time to the country through the implementation of newly acquired knowledge, rather than acquiring the knowledge and then leaving the sector.

Target Populations: A recruitment and selection strategy will be developed with the NDOH to ensure prospective students are situated within the programme in ways that will maximize their learning. Participants will be nominated by the ministry and provinces and vetted by SAELPH to confirm they have been suitably identified and meet the criteria for inclusion. The target audience for this program has been identified as:

- A. Senior managers within the national, provincial, district, and local health departments;
- B. Managers identified by their current superiors as “emerging leaders” for the district public health system;
- C. The health workforce in relationship to the three strategic priorities identified by the NDOH
- D. Selected health leaders from the private sector, statutory councils, parastatal organisations and NGOs that impact on the three strategic priorities identified by the Minister.

The initial audience for this program is identified as A and B. However, as the program grows and matures, the partners believe there may be a need to make adjustments to accommodate all four of these target groups. This is particularly true because of the emergence of National Health Insurance Initiative as a cornerstone of the health system, which has significantly increased the complexities of health policy in

South Africa. Elements of the program would be of benefit to those with political responsibility for health at national and provincial level, as well as executive leadership in the private health sector.

In addition, the partners preparing this document have discussed the potential of expanding the project to a regional scope, offering some of the training to health executives from Southern Africa Development Community (SADC) countries as financing for that effort becomes available and increasing the economies of scale of this program will facilitate long-term sustainability.

Sustainability: This programme has been developed from the outset to both enhance capacity and to produce results that last well beyond the cessation of funding. This is true because the health officials will apply their new skills and competencies throughout their lifetimes. Teaching and learning activities will use approaches that facilitate the distribution of learning beyond the direct participant group. NDOH will put in place a human resource protocol that sets out the obligations of staff granted this development opportunity, consider internal strategies to support and monitor implementation of learning and seek to retain staff and utilize new and emerging capabilities effectively.

University faculty involved will enhance their skills as they prepare a new generation of South Africans for leadership in the health sector. Operational planning will include consideration of strategies appropriate to each institution to attract and retain faculty that will contribute to the development of existing and new programmes and health leadership research beyond the project period. In addition, programme leaders at all three universities plan to seek additional funding concurrent with and following this project to: a) support complementary partnership activities not initially financed, and b) provide for on-going collaboration between the institutions. They believe sustainability is related to the strong South African role in all project activities from the outset, the increasing use and effectiveness of e-learning methods, diversification of funding sources, the phasing in of user fees, and ultimately the ability of this programme to enhance the quality and length of life for all South Africans. Participants in courses will be expected to fund their travel and accommodation from the outset.

Both the UFH and UP plan to make use of the training expertise and experience gained through this project to reach ever widening audiences. Programme planners have discussed the development of courses for mid-level managers, focusing on tasks and geographic areas not currently adequately served by other educational providers. SAELPH does not include these additional courses, which are projected to expand in tandem with this project. NDOH, the Provinces or participants in courses themselves will be expected to fund their travel and accommodation from the outset.

Intellectual property created as a result of this initiative will be jointly owned by the universities and details related to IP will be included in the MOUs signed by the academic institutions. This creates potential to support further research and collaboration after the conclusion of this project that will continue to expand faculty capacity and contribute to health systems strengthening and transformation.

In addition to the strategies mentioned above (e-learning, etc.), South Africa Partners will be responsible for working with project partners to develop, implement, and monitor its Sustainability Plan. Components of the Sustainability Plan will include outreach and dissemination of information, building relationships outside of the partnership; research and identification of new potential funding sources, grant writing; and working closely with the partners to manage the process of securing buy-in from major national and provincial stakeholders.

The Sustainability Plan will be developed beginning on day one and will be a priority throughout the life of the programme. It will look at long-term financial, stakeholder, capacity, and strategic planning needs for sustainability, and will be subject to annual review and refinement. It will focus on ensuring that:

- Relevant courses are developed, accredited, and made available as standard offerings within the university (establishing a recurring funding stream that will ensure further development);

- Faculty are trained and detailed retention plans are developed and implemented (reducing loss of institutional memory and the skills sets needed for continued growth of the program); and
- Institutional capacity built over the life of the project is sustained into the future (integration of SAELPH into the long-term goals of the university and identification of resource partners committed to this strategy).

The University of Pretoria plans to grow its capacity into an accredited Centre for Executive Leadership in Health. The University of Fort Hare will ensure that this programme articulates with its postgraduate programmes in public health so as to build that pool of public health specialists that will sustain the executive-level programmes.

Finally, with the establishment of these courses in South Africa, health managers from South Africa, and in Southern Africa, will no longer need to travel to Harvard to access critical knowledge and skills development. With reduced costs, more African governments and managers will be able to access affordable, effective training to benefit health transformation on the continent. As this programme grows, it will generate funds needed to continually improve and expand the number and variety of executive level courses available in South Africa's universities. As stated earlier, this will also assist with the development of the proposed National Institute for Health Management and Leadership Training or build capacity in existing institutions to serve this purpose.

Summary: SAELPH is planned over the four-year period 2012 to 2016 and is designed to be sustainable through integration in to the South African partners programs. With increased skills and capacity, graduates of the South African Executive Leadership Programme in Health will be able to provide stronger leadership and management, allowing for more efficient, effective and equitable utilisation and distribution of available resources. This should strengthen service delivery at district level and result in improved health status for South Africans.

The South African Executive Leadership Program in Health has been initiated by South Africa's senior government officials and academics who want to have cost-effective, high-quality and sustained executive training for health leaders of the kind they experienced at HSPH right in South Africa, with the curriculum and pedagogical approach specifically tailored to the current needs of their country.

1.3. Evaluation objectives

There are three key objectives to SAELPH:

- (1) *Service delivery improvements* – by expanding and improving the management and leadership capability of current and emerging executive leadership at district level within the South African Public Health System and those managers at provincial and national level responsible for district level services
- (2) *Human Resource Capacity Development* – for the National Health Insurance Initiative transformation process through the selection for and training of executive level management
- (3) *Excellence in Executive Level Training* – by building a sustainable and critical capacity at two leading South African universities to establish standards and deliver curricula that will meet the country's long-term goal of a highly trained and effective pipeline for senior health managers that are capable of successfully addressing key challenges at all levels of service delivery within the country

1.4. Users of the evaluation

The evaluation of SAELPH, while led by South Africa Partners, will engage all the partners (HSPH, UP, UFH, NDOH). Each will have a role to play in developing and finalizing the framework and specific assessments and evaluation tools, carrying out data collection and analysis, and reporting. SAP will ensure consistency in application and completion of activities. All parties carry a strong interest in the success of the program and the opportunity to use SAELPH to improve the health system in South Africa. Findings from each evaluation will be used immediately to inform and improve the program, the courses and determine the need for additional activities to improve relevance, effectiveness, efficiency, sustainability, and impact.

A monitoring and evaluation plan will be developed with the help of the participating institutions and which will be used to measure progress against the objectives.

Annual Plans are to be developed and submitted to the donor partners, against which the performance of set targets will be evaluated. The academic partners will collaborate in an evaluation process utilizing a coherent evaluation model based upon learning and organizational change theory that will underpin this initiative.

Evaluation is to be built into all activities and a formative evaluation approach will be used, which emphasizes and documents learning and adaptive change as the programme evolves. The Annual Plans will reflect any changes in programme strategy resulting from new or changed service delivery plans designed to better meet community needs. Courses will be monitored regularly through electronic and/or on-site participant instruments, as well as follow-up surveys in the field. Information gathered through these processes will be channeled to the Steering Committee and funders annually. Programme strategies, methods, topics and activities will be revised based on the feedback received.

In addition to the monitoring activities conducted by the universities, South Africa Partners with the help of an independent evaluator will be responsible for completing a midterm process evaluation report at the end of Year 2 and a final summative report at the conclusion of Year 4. The organisation will have access to all assessment data collected by the partners, and will collect primary data through key stakeholder interviews and other means.

2. EVALUATION PROPOSAL

Interested parties are requested to submit a detailed evaluation proposal for the South African Executive Leadership Program in Health. It should include the following components:

Input	Activity	Outputs	Outcomes	Impact
Personnel, budget, assessment tools, respondents	Assessment of training needs	Assessment report produced and distributed to partners	Courses designed according to competency needs Change in competency of participants	Curricula and course materials that is relevant to the current and emerging needs in the S.A. Health System
Budget, participants,	Stakeholder Meetings	2 Meetings held	Increase in political buy-in and support for	Government officials and health care system administrators promote

Input	Activity	Outputs	Outcomes	Impact
			SAELPH programme	and support the SAELPH project enabling a high number of currently employed leaders to participate
Budget, participants	Policy Seminars	12 policy seminars held	Change in knowledge in the Core group of faculty	Curricula reflecting most current and emerging policy issues
Budget, participants,	Policy roundtables	4 policy roundtables held	Findings published, circulated and incorporated into new courses Change in knowledge in participants	Increased awareness in critical, current and emerging policy issues among participants, faculty and various stakeholders.
Participants, faculty	Course on Transformation of the South African Health Care System	4 annual sessions held 80 participants trained Action plans prepared for applying learning to participants work situation	Increase in participants' understanding of health sector reform, sustainable options	Enhanced district health system delivery
Faculty, curriculum, budget,	Applied research, focused courses, certificates	1 collaborative research project 5 courses offered Action plans prepared for applying learning to participants work situation	Improved capability in management and leadership	Participants will use their knowledge of best practises and evidence – based practises and skills in policy implementation to make substantial improvements in the South African health care delivery system
Budget, officials of DoH as participants, e-Learning	Study tours	2 study tours implemented	Study tour report, Raised awareness, Increase in Innovative and effective health management and leadership	Participants will utilise their knowledge of best practises and cutting edge methodologies to ensure continuous quality improvement of the S.A. health care system

Input	Activity	Outputs	Outcomes	Impact
Budget, Course curriculum, faculty, senior health managers,	Executive Fellows Programme	52 senior district health officials and identified future leaders trained in Executive leadership	Change in executive leadership competence in senior health managers	Senior district health officials and other emerging leaders will use advanced-level skills and knowledge to effectively implement improvements in the S.A. health system.
IT technicians, participants, budget,	e- Learning	1 e-learning seminar held	Travel expenses minimized Optimal use of web-based programmes for communication, teaching and project management	
Budget, faculty, e-learning,	Opportunities for faculty	7 case studies completed 3 publishable papers completed 1 joint research project completed 2 workshops on teaching methodologies held 4 South Africans from both UP/UFH complete a 2 week course at HSPH	Increased capacity of UFH/UP faculty in areas of applied research, case study formulation and improvement in teaching methodologies	Both S. African Institutions (UP/UFH) will have the capacity to provide world – class training for current and future leaders.

The proposal should provide a detailed approach to gathering and analysing information related to target groups and activities, specifying key indicators and the process for data collection. Key elements of the proposal should include:

1. The overarching methodological framework
2. Expected data collection and analysis methods, with descriptions of any instruments used to collect needed information
3. Outcome and output indicators that are being proposed or have been used to measure performance, along with associated baseline and target data

4. Availability of other relevant data, such as existing local, regional, or national data, or data from similar programs
5. The process for verifying findings with key stakeholders
6. Meetings or consultations or other interactions expected with particular stakeholder groups
7. How various users/stakeholders in the evaluation are likely to be involved
8. A budget including all projected costs to perform work should be included in the proposal

The expected approach should be described in enough detail to ensure that the evaluation can serve as contractual monitoring tool (and, if desired, as a learning process) for SAELPH but written to draw on the evaluator(s) expertise. This process will be used to select the candidate that differentiates themselves in terms of the quality of their proposed methodologies.

3. ADDITIONAL DETAILS:

3.1 Reporting:

The Consultant will report directly to South Africa Partners designated staff member managing the project.

3.2 Length of Agreement:

This Agreement will cover the period of May 2012 to December 2015. SA Partners and the Consultant will continuously review the agreement and adapt it as needed.

3.3 Budget:

The proposal responding to this Term of Reference will include a fully detailed budget for each activity. The budget should cover estimates for professional staff, travel, accommodation, communications, per diem, production of materials, and other incidental expenses such as any additional payments for translators, data processors.

The proposal should describe how an accurate log of time spent would be recorded, along with how expenses will be detailed on a regular basis.

3.4 Nature of agreement and legal relationship between the parties:

Submitting a proposal does not guarantee selection and will not constitute an employer/employee relationship in any manner and does not create any expectation of such a relationship. The selected organisation or consultant shall be free to provide services to other clients and organizations as long as it does not impact on the performance of this contract.

3.5 Quality specifications:

The proposal will specify the service of a professional standard that meets all the requirements inherent to the service. SA Partners will have the discretion to evaluate the quality standards and have the prerogative to select the proposal based on the quality standards required.

3.6 Professional Qualifications

The evaluator or evaluation team must provide a mix of knowledge, skills, and experience needed to meet or exceed the scope and methodology of the evaluation. While a highly experienced individual consultant is possible, given the breadth of the work to be delivered, a team with diverse experience seems appropriate. The specific expertise, skills, and prior experience should be reflected in the proposal and include evaluation (qualitative and/or quantitative methods) skills, technical competence in the sector to be

evaluated, process management experience, language proficiency, and in-country or experience. Also to be included are how the different expertise, skills, and experience among team members will be integrated and complement each other and what the expected distribution of responsibilities is among the team leader and team members. Any additional information that will help gauge the qualifications of potential evaluators should also be noted in this section. This might include curricula vitae, references, or examples of evaluation reports recently completed.

3.7 Submission Guidelines:

This Term of Reference requests proposals from potential evaluators as part of a competitive process. The instructions for the submission process, is as follows:

1. Deadline for submission: April 21, 2012
2. Delivery of proposal: Please e-mail the complete proposal, including all supporting documentation to Martina Bouey (mbouey@sapartners.org) by the specified date C.O.B. 5 pm SA Time)
3. Criteria for judging proposals includes the completeness of the proposal, the quality of the submission, the expertise of the evaluator(s) and the projected budget.
4. The decision on which proposal was successful will be made four weeks after submission and will be communicated in an e-mail to the main point of contact specified in the proposal.
5. For clarification, including questions please contact Martina Bouey at (mbouey@sapartners.org).