City Cancer Challenge Foundation
Notice of RFP for Impact Evaluation

1. City Cancer Challenge Foundation Mission

City Cancer Challenge Foundation (C/Can) supports cities around the world as they work to improve access to equitable, quality cancer care. C/Can supports cities to strengthen health systems by developing evidence-based cancer care solutions, policies and processes, and promoting local ownership and sustainability. The approach is built on the core principle that cities can drive impact by supporting cities to develop data-driven solutions with the support of a network of global, regional, and local partners that reflect an understanding of the unique local context.

C/Can was launched by the Union for International Cancer Control (UICC) at the 2017 World Economic Forum Annual Meeting in Davos. It was established as a standalone Swiss Foundation in January 2019. C/Can has established engagements in 14 cities in lower- and middle-income countries around the world: Abuja (Nigeria), Arequipa (Peru), Asunción (Paraguay), Cali (Colombia), Greater Petaling (Malaysia), Kigali (Rwanda), Kumasi (Ghana), Leon (Mexico), Nairobi (Kenya), Phnom Penh (Cambodia), Porto Alegre (Brazil), Rosario (Argentina), Tbilisi (Georgia), and Yangon (Myanmar). These cities have joined C/Can at differing points in time starting from February 2017 and, as a result, are at differing levels of progress in the implementation of health system strengthening activities.

By 2050, two-thirds of the world’s population are expected to live in urban areas, with low- and middle-income countries driving this growth. If we want to effectively tackle the growing cancer burden, cities must play a fundamental role. C/Can’s multi-sectoral framework is the first to leverage the city as a key enabler in a health systems response to cancer.

The City Engagement Process Framework allows cities to apply to join C/Can based on their commitment to fighting cancer among other criteria. Once accepted, the city works with C/Can to identify and engage stakeholders, assess their needs, develop solutions, and execute and sustain projects to improve cancer care. The specific steps of the city engagement process are:
a. **Stakeholder Engagement**: Once a city joins the City Cancer Challenge, a City Manager is appointed to coordinate the C/Can process and to identify and engage stakeholders to be included throughout the process. A City Executive Committee is then formed to steward the C/Can process.

b. **Needs Assessment**: Local stakeholders, health institutions, and cancer care specialists provide city-level data and insights on gaps and opportunities to improve cancer care quality and accessibility. This process is led by a Technical Committee which advises on the city’s key priority areas.

c. **Solutions Planning**: Based on the gaps and opportunities identified, priority solutions are established in a City Roadmap for Cancer Care, which serves to engage and mobilize local and global partners and technical experts.

d. **Project Development**: Using the City Roadmap for Cancer Care, C/Can works with the city on project plans with indicators to measure progress, results, and impact. Each project is endorsed by the City Executive Committee and carried out by an individual project team.

e. **Project Execution and Sustainability**: Each city identifies a sustainability solution to embed accountability and project management in local systems and processes. With the support of our global network of partners and technical experts, the city works to execute projects.

The process takes cities through a tested methodology for developing cancer care solutions, including contextualising existing best practice, peer consultations with local experts, international consultation, and endorsement by key stakeholders. The technical cooperation support and mobilization provided is context specific and tailored to local priorities. As such, the specific sub-set of activities supported by C/Can to obtain its long term objectives varies from city to city.

Key areas of action are aligned with the WHO pillars for health system strengthening and are as follows:

- a. Strengthening health service delivery by providing technical expertise which supports the planning, design and implementation of quality-assured and standardised cancer care solutions.
- b. Strengthening capacity development of the cancer workforce by building up the skills, instincts, abilities, processes, and resources that cities need to deliver quality cancer diagnosis, treatment, and care.
- c. Catalyzing health financing through supporting the development of data-driven investment strategies and by providing tools to support local decision-makers in allocating resources and leveraging opportunities for external funding.
- d. Strengthening leadership and governance by connecting and activating stakeholders to build an enabling environment for sustainable cancer care solutions, including policy and regulatory changes.
- e. Improving health information systems by working with cities to develop tools and guidance, including digital, to enhance the availability, quality and sharing of data and insights, and to strengthen cancer surveillance. Examples include improving
C/Can brings together stakeholders at each stage of the process and uses insights from the diverse group to develop localized solutions by creating a network of global cancer care professionals and local city experts. It is expected that the collaborative and consultative nature of these activities will lead to developing localized solutions for better leadership and governance in the cities for cancer care and will further catalyze development of innovative solutions to challenges in strengthening health delivery systems.

Through the above outputs and short-term outcomes in strengthening health systems, in the long term C/Can expects to improve access to equitable, quality cancer care. In particular, C/Can looks to drive impact and measure success in the following areas:

- **Patient-Centric Care**: Healthcare services prioritize the needs, preferences, and experiences of patients.
- **Development of Human Capital**: Improved capacity, competency, inclusiveness, and well-being of the healthcare workforce.
- **Equitable Access to Services**: Accessibility and affordability of healthcare services for diverse population groups.
- **Quality of Cancer Care**: Improved effectiveness, safety, and patient-centeredness of cancer care services.
- **Knowledge Generation and Exchange**: Generation, dissemination, and utilization of health-related knowledge as a mechanism for city-to-city collaboration.

### 2. Evaluation Purpose & Expected Results

Based on C/Can’s Impact Measurement Framework and Theory of Change, C/Can is requesting proposals for an external organization-wide evaluation to contribute to organizational learning within C/Can, as well as accountability to the partners of C/Can and their other stakeholders. The evaluation aims to guide decision-making and adjust the C/Can strategy and operations as necessary.

The evaluation will analyze how and to what extent C/Can’s engagement in cities are achieving short and medium-term impact and establish the methodology for measuring long-term impact. Findings from the evaluation, including common enablers and barriers, will inform organizational learning and strategic decision-making as C/Can continues to grow.

The evaluation will provide quantitative and qualitative information on the extent and mechanisms by which C/Can is achieving impact in the short, medium, and long term. The evaluation report, including findings and recommendations, will be presented by the external consultant to the C/Can Enabling Team and Board of Directors to inform ongoing organizational growth, strategy refinement, and operational planning.
Currently, C/Can is at a stage of growth where the first cohort of cities engaged have achieved measurable outputs with C/Can support and are expected to have some measurable outcomes. At this stage, some frequently asked questions, including from the Board of Directors, are listed below:

a. In resource-limited contexts where data collection may be severely hindered, how does C/Can proceed to measure project outcomes and long-term impact?
b. What does C/Can define as success? What are the set of lead indicators that C/Can has the capacity to achieve and assess on a standard basis in cities, despite differing local contexts?
c. Despite a lack of clarity on who is responsible for supporting a city in moving from project outputs to outcomes, how can we measure impact? Does the responsibility of moving towards outcomes lie with C/Can, a sustainability partner, or another stakeholder?
d. Does the Theory of Change require adaptation?

3. High-Level Objectives

The objectives of the evaluation are to:

a. Refine the evaluation methodology to continuously measure long-term impact
b. Generate evidence and insights to:
   i. Identify C/Can’s key value add as well as gaps in support in meeting city needs
   ii. Provide evidence of intended and unintended impact achieved in the short- and medium-term (process, outputs, and outcomes)
   iii. Strengthen evidence-based action and decision-making during the development of C/Can’s next phase (Strategy 2.0)
c. Provide a critical assessment of what has worked well and less well to help cities learn from one another and to inform C/Can’s future city engagement strategies
d. Assess the validity of C/Can’s Theory of Change and identify where adaptations are required

4. Evaluation Structure & Methodology

A mixed-methods evaluation design is proposed. The Contractor will conduct the evaluation in three phases in consultation with the C/Can team (Regional Directors, Technical Cooperation & Capacity Development, Digital Health and Financing, MEL, and the CEO), city stakeholders (city managers, city executive committees, project teams), and C/Can partners (Professional Associations and Academia). The evaluation findings will be presented to C/Can’s Enabling Team and Board of Directors. Actional recommendations will be developed in collaboration with the C/Can team. The specifics of the SOWs are detailed below.
a. **Scope of Work 1: Development of Long-Term Outcome Measurement Methodology**

Scope of work (SOW 1) will be conducted first in the multi-pronged methodology. SOW 1 will advance C/Can’s current measurement of success. In particular, SOW 1 will help C/Can understand how to bridge the gap between achieving outputs and achieving long-term outcomes. SOW 1 will build on and refine C/Can’s internally-defined metrics of success and impact framework.

i. Identify the methodology for measuring long-term outcomes related to health systems strengthening and changes in access and quality.

ii. Develop quantitative lead indicators (markers of success) for the short-term (outputs), medium-term (short-term outcomes), and long-term (outcomes).

iii. Assess the validity of the current Theory of Change and identify where adaptation is required.

b. **Scope of Work 2: Process Evaluation (Qualitative)**

SOW 2 will utilise qualitative research methodologies to document key successes and identify the mechanisms that enable and inhibit impact, including field visits to 2 cities.

i. Identify impact achieved to date in C/Can cities in the short-term (outputs), medium-term (short-term outcomes), and long-term (outcomes).

ii. Identify the barriers and facilitators associated with achieving impact in the short, medium, and long-term.

iii. Document the scale-up and adoption of C/Can outputs beyond the confines of the original intervention city (i.e. at the national or other sub-national units of implementation).

iv. Document catalytic effects of C/Can’s intervention.

v. Codify best practices and lessons learned that exemplify components of the Theory of Change and the Theory of Change as a whole.

c. **Scope of Work 3: Process Evaluation (Quantitative)**

SOW 3 will utilize quantitative research methodologies to measure key areas of impact.

i. Quantitatively measure impact achieved across all cities at the short-term (outputs), medium-term (short-term outcomes), and long-term (outcomes) by utilizing lead indicators.

ii. Assess the scale-up and adoption of C/Can outputs beyond the confines of the original intervention city (i.e. at the national or other sub-national units of implementation).

iii. Assess the catalytic effects of C/Can’s intervention.
5. **Deliverables & Estimated timeline**

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<thead>
<tr>
<th>Deliverable</th>
<th>Timeline</th>
<th>Payment Percentage</th>
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<tbody>
<tr>
<td>SOW 1 Analysis &amp; Report</td>
<td>February 2024 - April 2024</td>
<td>25%</td>
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<tr>
<td>SOW 2 Analysis &amp; Report</td>
<td>April 2024 - June 2024</td>
<td>25%</td>
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<tr>
<td>SOW 3 Analysis &amp; Report</td>
<td>June 2024 - August 2024</td>
<td>25%</td>
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<tr>
<td>Summative Evaluation Report and Presentation</td>
<td>September 2024 - October 2024</td>
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6. **Reporting Requirements**

The Contractor will submit progress reports and deliverables electronically to the Head of MEL and the MEL Manager at C/Can. The Contractor will conduct the following:

- Bi-weekly check-in call with the MEL Manager at C/Can
- 1 briefing call with the C/Can Enabling Team
- 1 briefing call with Board of Directors
- 1 collaborative workshop to present findings and define recommendations with enabling team
- 1 presentation of findings and recommendations to the Board of Directors

7. **Technical/Qualification Requirements**

- Reputed consultancy organization with deep knowledge of cancer care in LMICs and strong experience in evaluating health systems strengthening initiatives in settings with limited data availability.
- This evaluation requires multi-pronged methodology and a highly-skilled, multidisciplinary team of experts. The contracted team is the core team contributing to the evaluation but will draw on the expertise of key informants among the C/Can team and city stakeholders.
- The Contractor will ensure that the required staff proposed will be on board before commencement of the agreement, and the Contractor will share the qualifications and the composition of the team in the proposal.
- The evaluation will take a stage-gate approach where the Contractor will initially be tasked with SOW 1. Once SOW 1 is successfully completed and the associated deliverables are satisfactorily met, C/Can will decide whether or not to engage the Contractor for SOW 2. A similar process will be utilized to determine the Contractor’s continuation to SOW 3. Ideally, C/Can hopes to engage the same Contractor for SOW 1-3 for continuity purposes.
8. How To Apply

a. Please carefully read all of the provisions of the request for proposal to ensure understanding of C/Can’s requirements. Please submit a technical proposal in compliance with the requirements.

b. Please submit a financial proposal in addition to the technical proposal. The financial proposal should contain the lump-sum offer with a cost breakdown. No financial information should be contained in the technical proposal.

c. Please submit the complete proposal to eragoda@citycancerchallenge.org. Please write “Impact Evaluation Proposal” in the email subject line.

d. Proposals must be received at the above email address by 17:00 CET on 16 February 2024 for consideration.