



Date: 1/25/2021  
To: Berta Heybey, Managing Director Monitoring and Evaluation  
From: Shreena Patel, Evaluation Lead (Health) and Algerlynn Gill, Program Monitor  
CC: Jennifer Sturdy, Former Evaluation Lead (Health)

RE: Cancellation and rebid of NORC's independent evaluations of the Lesotho Health Care Centers and ART Clinic Infrastructure Activities

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This memo describes the decision to cancel and rebid NORC's evaluations of the Health Care Centers (HCs) and ART<sup>1</sup> Clinic Infrastructure Activities under the Lesotho Compact's Health Project.

***Evaluation Management Committee Decision to Cancel and Rebid the Evaluation***

Delays in construction invalidated the original evaluation design for the Lesotho HC Activity. The effort to revise the identification strategy led to a clarified understanding that most of the Health Project activities were considered necessary to achieve the Project's targeted results.

Although the original contract with NORC specifically focused on the HC and ART Clinic (infrastructure) Activities only, MCC determined it was most appropriate to evaluate all of the Health Project's activities together. Thus, in March 2014, MCC's Evaluation Management Committee decided to cancel and rebid NORC's contract to (i) appropriately define the scope of the evaluation and (ii) allow the new evaluator to establish a feasible evaluation methodology in line with the full scope. MCC modified NORC's contract to officially cancel this evaluation in August 2015. MCC rebid the expanded scope and hired a new independent contractor in September 2015.

***Overview of Evaluation***

MCC contracted NORC to "design and implement rigorous impact evaluations of four activities under the 5-year Lesotho Compact: the Health Centers Activity, ART Clinics Activity, the Rural Water Supply and Sanitation Activity, and the Urban and Peri-Urban Water Network Activity."<sup>2</sup> MCC entered an initial contract with NORC with a period of performance from January 2008 – January 2011 for \$1,277,507.11; re-competed the initial contract after it ended; and entered a subsequent contract with NORC to continue the four evaluations from September 2011 – September 2015 for \$3,279,435.03. MCC spent approximately \$1,535,000 on NORC's services and \$789,000 on data collection related to the Health Project evaluations prior to canceling them.

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<sup>1</sup> "ART" is short for Anti-Retroviral Therapy.

<sup>2</sup> MCC-authored Statement of Work in contract # MCC-05-0195-CFO-TO-03.

As captured in both evaluation contracts, the main objective of the HC and ART Clinic evaluations was to test the following hypotheses:

1. The health infrastructure activities will:
  - a. Increase the number of individuals receiving essential health services (including attended childbirth and ART delivery)
  - b. Improve individuals' health outcomes (specifically mortality and morbidity rates)
2. Health improvements resulting from improved infrastructure increase beneficiary productivity and incomes

***Description of the Risk(s)/Risk(s) Mitigation***

As per MCC's Statement of Work and related Annexes, MCC (i) required the evaluator to focus on activities for which an impact evaluation, with a counterfactual, could be established and (ii) provided recommended impact evaluation design options.

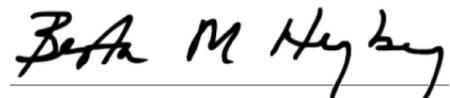
Following this, the original HC evaluation centered around a randomized roll-out design, where a group of HCs would be constructed early (i.e., the treatment HCs), followed by a period of time to allow people to use the HCs and experience benefits, before a later group of HCs would be constructed (i.e., the control HCs). This design intended to allow differences in outcomes between people using the two groups of HCs to be attributed to MCC's investment. Delays in construction of the treatment HCs led the project team to abandon the lag planned before the start of the control HC construction in order to minimize further completion risks. Thus, NORC had to reconsider the identification strategy for the HC evaluation.

To inform a revised evaluation strategy and assess whether the hypotheses outlined above remained relevant, MCC worked to document a comprehensive theory of change for the entire Health Project. This exercise led to a renewed understanding that most activities under the Health Project were considered necessary to achieve the targeted results, rather than just a focus on the infrastructure activities. MCC therefore determined it was most appropriate to evaluate all Health Project activities together and rebid NORC's contract for the reasons outlined above.

***Relevant Evaluation Materials***

The original NORC-led HC and ART Clinic evaluations (titled: Health Care Centers and ART Clinic Infrastructure) are available online here <https://data.mcc.gov/evaluations/index.php/catalog/163>).

The rebid evaluation (titled: Health Project) is available online here <https://data.mcc.gov/evaluations/index.php/catalog/217>). The final Health Project evaluation results were released in August 2019.



Approved M&E MD

1/26/2021