

TERMS OF REFERENCE FOR CONSULTANCY SERVICES

Enhanced quality utilization of health and nutrition services under the local authority stewardship” (EQUALS-SHINE Supply Lot 4) - Togdheer Region, Somaliland
A Project Funded by Department for International Development (DFID).

1. Survey Summary

Service	Client satisfaction survey
Location:	Togdheer Region (Burao and Odwayne District)
Length of Assignment:	15 Days Beginning from the date of awarding the bid
Key Working Contacts:	Technical -The Regional M&E and project M&E officer Managerial - Team Leader and PHE officer

2. Organization’s Background

Health Poverty Action (HPA) formerly known as Health Unlimited (HU) is a British international development organization with a mission of supporting the poorest and most vulnerable people in their efforts to achieve better health and wellbeing. HPA believes that health is a fundamental human right, and the provision of comprehensive primary health care is essential to its realization. HPA seeks to enable the poorest and most marginalized people, excluded from access to health services and information, to realize their right to health and improve their health and wellbeing through training aimed at building local capacity to deliver sustainable health services and information. HPA gives priority to communities affected by conflict and political instability. HPA works with communities, health service providers and policy makers on long-term programmes to develop appropriate and responsive primary health care services and to influence policy and practice at all levels. Established in 1984, HPA currently operates in 14 countries worldwide, including Africa, Asia and Latin America. Many of our programmes utilize community-based Primary Health Care (PHC) education & training, as well as mass-media health communication approaches, in collaboration with the local government ministries, national NGOs, CBOs, and the communities.

3. HPA Somaliland

Health Poverty Action’ Somaliland programme office was established in Hargeisa and registered with Ministry of Planning in 1994 as Health Unlimited. In the beginning, HPA implemented a three-year Primary Health Care project with the financial support of DFID in Sool and Sanag regions of Somaliland. In 1997, DFID funded our ‘Well Women Media Project’, the Saxan Saxo 1 project. With the success of this two-year project, DFID, EU and UNFPA jointly funded a second phase (2002-2006) of Well Women Media Project (Saxan Saxo II) in 2002. Since 1997, HPA has been broadcasting and producing the very popular “Saxan Saxo” radio magazine programme that addressed reproductive health issues affecting women in Somaliland’s IDP population. Subsequently, UNHCR funded a two years’ project on health awareness (Information Communication and Information and drama) for IDP/returnees in 2005. In 2008, Health Poverty Action became a consortium partner to the Health System Strengthening Project funded by DFID specifically leading an output of increased public awareness for the two year period. HPA also implemented similar media projects funded by the Global Fund (2002-2007) and DFID (2007-2009).

Since 2014, HPA has been implementing several health and nutrition projects in Somaliland including a five-year project (2008-2012) entitled “Improving the Reproductive and Sexual

Health of Internally Displaced People in Maroodi Jeex region of Somaliland”; a Non State Actors (NSA) project “Supporting Communities to Access their SRH Rights in Togdheer” with the financial support from the European Union; the Togdheer Essential Package of Health Services (EPHS) Pilot Project funded by DFID through a consortium led by PSI, the “Health Consortium Somalia” with a focus on the Maternal & Child Health components, supported by DFID in Togdheer region for five years (2011-2015); “Improving MCH among IDPs in Somaliland” a four year Global Poverty Action Fund (GPAF) project funded by DFID; and a three year project funded by EC “Expanding Sexual and Reproductive Health Services for IDPs/returnees in Maroodi Jeex, Somaliland” as well as other complementary projects funded by World Food Programme and others.

Currently HPA is implementing the DFID funded SHINE Supply EPHS and Emergency Health programmes in Togdheer; CHANGE in TOGDHEER, the USAID SIFPO 2 project in Togdheer; the UNICEF nutrition project in Togdheer, the UNICEF EPHS project in Burao and Hargeisa and the WFP TSFP and MCHN project in Togdheer and Hargeisa. The Somali Health and Nutrition Programme (SHINE) is funded by the Department for International Development (DFID). It is a five-year (2016-21) programme that aims to tackle high levels of preventable maternal and child deaths among Somali women and children. SHINE supply Lot 4 activities are grouped into two complementary intervention areas, Supply and Demand creation implemented by Health Poverty Action (HPA)

4. Background of the Survey.

HPA is implementing the Somaliland Health and Nutrition Programme (SHINE) funded by the UK Department for International Development (DFID). The programme supports service provision under the Essential Package of Health Services (EPHS) Supply Component, hereafter referred to as SHINE Supply managed through Mott Macdonald. The project aims to tackle high levels of preventable maternal and child deaths among Somali women and children. Health Poverty Action (HPA) and SYS are hereby implementing this programme in Lot-4: Burao and Odwayne (Togdheer region)

To achieve the programme impact, HPA in partnership with SYS is leveraging its role as a key stakeholder and implementer of the EPHS to strengthen implementation of the SHINE Supply and support a more sustainable health system in Somaliland. The impact of the programme is “improved health and nutrition of Somalilanders, leading to improved human development and economic development outcomes for Somaliland”.

The outcomes are “increased access, quality and utilization of health and nutrition services as delivered by the EPHS and strengthened health systems of MOHD”.

This will be measured through two indicators: 1) Increased access to utilization and quality of health and nutrition services across all levels, especially for women, children and vulnerable populations. 2) A Strengthened health system under the stewardship of the Somaliland Health Authorities (SHA).

It is with this background that HPA intends to conduct a Client satisfaction survey to assess the service satisfaction of the project beneficiaries and determine outcomes of the project implementation in Togdheer region (Burao and Odwayne districts). The results will be used to improve service delivery by stakeholders as well as by health care workers and community health volunteers to advocate for ideal quality of health and nutrition services in the region.

5.Target Population.

The target population under this project is 554,658¹ (440,886 Burao and 113,772 Odwayne districts) of which there are 122,025 women of reproductive age and 110,932 children under the age of five (5 years). The project also indirectly benefits pastoralist men and women of all ages through health and nutrition services including health promotion. Other target groups include; Community health Committees (CHCs), Female health Workers (FHWs) and re-oriented Traditional birth attendance (TBAs), regional health management teams and health care workers. The survey will target be

6 Survey Purpose and Objectives

The purpose of the survey is to assess the level of client satisfaction on the SHINE EPHS service provision in the supported 29 health facilities in the two target districts (Burao and Odwayne)..

The overall objective of this survey is to determine the current level of EPHs service provision from the beneficiary perspective in the target region with an aim to improve service delivery.

7.Client Satisfaction Survey Methodology

The Client satisfaction survey methods will be a cross sectional quantitative and qualitative survey by design targeting supported 27 HCs and 2 Hospitals. The survey data will be obtained through interviews with target of between 700-740 respondent who will consent to provide the information and have received service at the target facility not more than a month in the target facility. The quantitative data will be triangulated with qualitative generated through FGDs as well as in-depth interviews with Key informants and beneficiaries. The data collected is expected to be analyzed, disaggregated by age and sex as well as by health facility catchment area, using appropriate methodology.

8. Specific tasks to be completed by the consultant

The consultant(s) will be expected to undertake tasks including the following:

- Develop a survey protocol/technical proposal that clearly defines the methodologies for sampling, data collection procedure, entry, cleaning, compilation, analysis and report writing. (HPA will approve proposed methodologies, procedures and instruments).
- Develop appropriate survey instruments that will collect both qualitative and quantitative data. Prior to implementation of the survey, HPA will review and approve the tools and methodologies. The tools will be field tested before the actual survey and inputs of the field test incorporated.
- Train, supervise and manage data collectors. Officials from the County government will participate in the survey as supervisors during field data collection.
- Organize and implement the survey.
- Compile and collate the data collected, both qualitative and quantitative.
- Make a comparative analysis of the findings with regional and national estimates.
- Develop draft survey report and submit to HPA for feedback.
- Produce final reports incorporating HPA feedbacks.

¹ PES 2017

- In addition, the consultant(s) is expected to provide a verbal/written weekly progress report.

9. Report

The consultant shall develop a final report written in English. The report should follow the following format:

- Title page
- Acronym list
- Executive Summary
- Introduction/context
- Objectives
- Methods
- Constraints
- Findings
- Conclusions
- Recommendations
- Annexes (may include data collection tools, list of people consulted and photos)

The report may include quotes, photos, graphs, case studies etc. The report will be sent to the Team leader and the Regional Monitoring and Evaluation Officer 2 weeks after the completion of the review exercise. They will provide the feedback into the report which the consultant(s) will be expected to respond to.

Any final feedback at this stage only needs to be provided by HPA. A final report will then be returned to the above staff within 1 week of receiving this feedback.

10. Profile of the Review Team.

Ideally, the client satisfaction survey team will consist of 2 consultants, preferably with excellent knowledge of hard to reach areas/marginalized areas of Somaliland. The consultants will be expected to work with the project team.

The consultant will be responsible for:

- Pre-evaluation /pre-review preparations and coordination of the work
- Coaching any accompanying HPA staff or stakeholder representatives on evaluation methodologies
- Facilitating debrief
- Writing the draft and final reports

The evaluators have the following, qualification, skills, and experience:

- A degree in public health or development studies
- 5 years' experience of program and project planning, monitoring and evaluation.
- High level experience of project Implementation M&E in fragile states and difficult environment.
- Some experience/ knowledge of health challenges in a conflict setting.
- Knowledge of the basics of primary health care concept;
- Extensive experience and skills of facilitating participatory and qualitative/quantitative

- project evaluation.
- Previous experience in similar work in Togdheer, Somaliland would be an advantageous

11. Timing

The evaluation is planned to take place in **November 2020**. The preparation, fieldwork and draft report writing will take maximum 15 days.

12. Logistics

HPA will **not** provide office space, computer, copying and printing services, telephone service or facilities for workshops. It is hence advisable to include all these costs with prices in the financial proposal.

13. Preparation of the proposal

13.1 Technical proposal

While preparing the Proposal, applying consultants must give attention to the following:

- The proposed study team members must, at minimum, have qualifications and experience indicated above. Provide the profile of each of the study team members including an outline of the members' recent experience & duration of involvement on assignments of work of similar nature. The names and addresses of two references, including examples of two pieces of past similar survey must be provided.
- The technical proposal shall provide a description of the consultant/firm including an outline of the consultant's/firm's recent experience on similar undertakings.
- A detailed methodology of how the client satisfaction survey will be conducted.

13.2 Financial proposal

- The financial proposal should list itemized details of costs associated with the survey.
- Should express all proposed costs in American Dollar (USD).
- The Financial proposal should be submitted together with the technical proposal

14. Deliverables

1. A Detailed Final Client Satisfaction Survey Protocol, inception report and tools.
2. Final survey reports: (soft copies).
3. All Primary data records and database used for analysis of the data collected

15. Terms of Payment

The consultant fees shall be made in three phases according to the following schedule:

1. The first payment of 40% advance of the total agreed contractual amount will be made immediately after the signing of the contract agreement.
2. The second payment of 30% of the total contractual amount shall be effected to the consultant upon the submission of the first draft report.
3. The third payment of 30% of the total contractual amount shall be made to the consultant upon approval and acceptance of the final survey report

Late submission of the final report and survey documents will attract penalties

16. Bid application

Interested parties should submit:

- Letter of expression of interest and demonstration of capability
- A technical proposal outlining:
 - Proposed methodology
 - Proposed date and activity schedule
 - A curriculum vitae of the consultant/s or firm portfolio;
 - Evidence of past experience in undertaking similar assignments
 - A copy of at least two previous assessment reports
 - At least two references from previous assignments
- A financial quotation
- Institution or company registration certificate
- Signed and stamped Annex P18 HPA General Terms & Conditions
- Signed and stamped Annex P19 HPA Code of Ethics

These documents should be sent by email to consultancies@healthpovertyaction.or.ke quoting the Reference Number: SOM-SHINE-LOT4-040210-3 by 1700 hours East Africa time on or before 9th November 2020.

All enquires and questions should be addressed in writing to: b.yego@healthpovertyaction.or.ke . For all correspondence, please specify RFQ number SOM-SHINE-LOT4-040210-3 on the email subject line