

## **Terms of Reference for Final Evaluation and Best Practices Papers for Improving Mobile Pastoralists' Access to Comprehensive and Tailored SRHR (IMPACTS)**

### **Background:**

Health Poverty Action (HPA) is an international Non-Governmental Organization (NGO), with a mission of supporting the poorest and most vulnerable people in their effort to achieve better health and wellbeing. HPA believes that health is a fundamental human right, and that 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 to 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 also works with communities, health service providers and policy makers on long-term programs to develop appropriate and responsive primary health care services and to influence policy and practice at all levels. Established in 1984 as Health Unlimited, it currently operates in 13 countries throughout Africa, Southeast Asia, East Asia, and Latin America. The programs utilize community-based Primary Health Care (PHC) education and training, as well as mass-media health communication approaches, in collaboration with the local MoH, national NGOs/CBOs, and target communities themselves.

### **Brief project overview:**

HPA, together with a local implementing partner, MCMDO, is currently implementing a project entitled “Improving Mobile Pastoralists’ Access to Comprehensive and Tailored SRHR (IMPACTS)” which aims at securing improved sexual and reproductive health (SRH) for marginalized pastoralist women and girls in Dollo Bay woreda of Somali Region in Ethiopia, and Mandera East in Kenya to contribute towards the achievement of SDG 3. The project has targeted the Ethiopia / Kenya border areas of Dollo Bay woreda/district, in Afder zone, Ethiopia and Mandera East sub-county of Kenya. Stark contrasts are seen in SRH information, access and utilisation rates of the target women/girls (based on HPA surveys and data) compared to the national averages. Skilled birth attendance (SBA) among the marginalized target pastoralists of Ethiopia is only at 28% in the target areas (51% nationally) and 38% in Kenya (62%

nationally). The number of women attending 4 or more antenatal care visits (ANC4+) in the target communities of Ethiopia is only at 32% (60% nationally) and 23% in Kenya (58% nationally). The contraceptive prevalence rate (CPR) is low at 13% in the target Dollo Bay district (36% nationally) and 2% in Kenya (58% nationally). 12% of women/girls in the target areas report experiencing GBV. FGM often in its worst form is at 98% in the target communities of Ethiopia and Kenya. These pastoralist communities are poorer and less educated. The pastoralist community members face various challenges (e.g., drought; harsh climatic conditions; high level of insecurity/conflict; high prevalence of FGM; mobile and semi-mobile nomadic livelihoods and more common factors such as shortages of healthcare providers; poor infrastructure; high levels of illiteracy; and a highly patriarchal social structure). The IMPACT project targeted to directly benefit 23,180 women and girls of reproductive age (15-49 years old) in Dollo Bay Ethiopia and 61,459 in Mandera East Kenya (Arabia, Lebehia, Khalalio, Neboi and Township wards), who are expected to have access to improved, culturally appropriate, integrated SRH/GBV/FGM services and information because of the project. Through improving women's SRH, it will also indirectly benefit the total population of the district / woreda which is estimated at 77,642 people in Dollo Bay Ethiopia and 247,860 in Mandera East.

The project has the following main results and indicators:

Result 1: Learning from past HPA Irish Aid funded projects

Result 2: Improving government SRH/GBV service provision

- Improve government SRH services to make them more culturally appropriate to nomadic pastoralist ethnic Somali women.
- SRH services effectively integrate GBV and FGM services and information.

Result 3: Community mobilization on SRH, GBV and FGM

- Pastoralist community structures/ groups are mobilized to act on SRH / GBV, and FGM.
- Health Extension Workers serve as a link between the government health facilities and communities.
- Awareness raising on SRH, GBV, and FGM lead to positive behavior change.

Result 4: Improved SRH/GBV health service governance

- Community Scorecard is conducted by the community at each of the target health facilities.
- Scorecards and other beneficiary feedback mechanisms increase health workers understanding of pastoralist communities needs and relevant service improvements.

Result 5: Influencing policy for integrated SRH/GBV/FGM services that address pastoralist needs

- Project evidence, learning and best practices are used to influence actors in SRH
- Advocacy leads to changes in attitudes, policy, and practice on pastoralist SRH

## Objectives of the Assignment

### The tasks to be implemented:

HPA would like to hire a national consultant to conduct the following tasks:

1. Undertake a final evaluation of the IMPACTS project;
2. Document the best practice and lessons learned (paper production) – maximum of 25 pages
3. Produce short, focused publications. The consultant will undertake and produce two short focused publications (one in each country) to inform, persuade and encourage decision makers about progress and replication potential of the IMPACT project.

### Scope of the assignment

#### Endline survey and Final Evaluation:

The final evaluation should use both quantitative and qualitative methods and be conducted in accordance with the OECD/DAC criteria of evaluation and the evaluator will assess projects':

- **Relevance** - the extent to which the project is suited to the priorities and policies of the target group, implementing partners, and donor
- **Effectiveness** - a measure of the extent to which an aid activity attains its objectives, and as appropriate, what were the major factors influencing the achievement or non-achievement of the objectives
- **Efficiency** - measures of the outputs - qualitative and quantitative - in relation to the inputs, whether the project objectives achieved on time
- **Impact** - the positive and negative changes produced by a development intervention, directly or indirectly, intended, or unintended
- **Sustainability** - concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn.

The evaluation will assess the preliminary indications of potential impact and sustainability of results including the contribution to capacity development and achievement of sustainable development goals. The results of the evaluation will draw lessons that will inform the key stakeholders of the project. The evaluation will generate knowledge from the implementation of the project by the implementing partner and reflect on challenges and lessons learnt and propose actionable recommendations for future programming. A technical analysis that evaluates the progress, outcomes, and impact against the program targets. Based on the outputs from the analysis, the evaluator(s) will present options and recommendations for future program design and implementation. The final evaluation report should be developed by the evaluator(s) and be based on the findings of their research.

The consultant will:

- Review, revise or restructure the quantitative survey (household questionnaires) and qualitative research tools (Focus Group Discussions and Individual Interviews) previously used for the Programme baseline evaluation, to generate data required for the final evaluation.
- Take lead and manage data collection for the evaluation exercise.
- Produce an evaluation report (in English) based on the analysis of the quantitative and qualitative data collected. The contents of the report should include, but not be limited to, descriptive studies and analytical studies. Furthermore, the report should detail, but not be limited to, progress against all indicators in the Log frame.

**Best practice and lessons learnt paper:**

- The lessons and best practices will be drawn from the project activities reports, baseline reports, case studies and findings from the end line evaluation. The consultant through this final evaluation will generate a learning and sharing report which will capture and validate the replicable principles and learning from the project. The project lessons will be shared with parliamentarians, health service officials and other relevant actors (e.g. CSOs, IGOs) as well as HPA and local partners in Kenya, Ethiopia, Rwanda and Nicaragua who took part in the Irish Aid funded projects in those countries

**Short advocacy paper/Policy brief:** produce two short focused publications (one in each country) to inform, persuade and encourage decision makers about progress and replication potential of the IMPACT project. The publication will elicit and analyze learning across the two countries so that it is disseminated via relevant fora to encourage tailored services to help tackle the multiple disadvantages faced by mobile pastoralist ethnic minority women including girls and those living with HIV or disability. The publication should clearly demonstrate project's critical mass of evidence and advocacy in order to increase pressure on duty bearers to fully take into account ethnic minority pastoralist women and girls' specific needs in SRH service provision in target areas (and to a lesser extent, through sharing of learning, beyond the target areas).

**Potential time frame for the above assignments:** The survey is planned to take place in May 2022. The preparation, fieldwork and report writing will take a maximum of 30 days

**Geographical area of the survey**

The survey will be conducted in Mandera East Sub County, of Mandera County, Kenya and Dollo Bay District, Liben Zone in Ethiopia.

**Preparation of the Technical proposal**

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

1. Detailed methodology and work plan of how the final evaluation will be executed.
2. A description of the consultant/firm including an outline of the consultant's/firm's recent experience on similar undertakings.

3. 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 and their roles/task to be assigned in conducting this baseline survey.

Please note that HPA expects consultants to ensure adequate consent is received from all survey participants.

### **Budget**

The maximum budget available to carry out the final evaluation and the best practice paper is a total of **EUR 16,608** inclusive of all costs and taxes.

### **Logistics**

HPA will not provide office space, accommodation, Research Assistants cost, 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.

### **Others**

The consultant will work closely with HPA's M&E department and with technical people working on the IMPACT project.

### **Payment**

The consultant fees shall be paid in three installments 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 and submission of the inception report.
2. The second payment of 30% of the total contractual amount shall be made to the consultant upon 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 and submission of all deliverables.

### **Deliverables**

1. A detailed survey protocol (inception report) and tools (draft and final tools).
2. Draft Survey Report.
3. Final Survey Report.
4. Best practice and lessons learned paper.
5. Policy brief (1 per country).
6. Database used for data entry and data analysis.

### **Submission of Expression of interest:**

Interested national consultant/candidate should write an expression of interest outlining the proposed methodology for conducting the above three assignments, previous relevant experience, and with the CV(s).

This should include:

#### *Technical*

- Design of the evaluation with clear methodology to be used
- Proposed date and activity schedule
- Attach a sample of report for an evaluation previously conducted by the consultant

#### *Financial*

- Overall cost breakdown for the above-mentioned assignment/task including consultant fees
- Expenses should be expressed in EURO and comprehensive of all necessary costs and taxes;
- This RFT does not commit Health Poverty Action to award a contract or to pay any costs incurred in the preparation or submission of proposals, or costs incurred in making necessary studies for the preparation thereof, or to procure or contract for services or supplies. Health Poverty Action reserves the right to reject any or all proposals received in response to this RFT and to negotiate with any of the proposers or other firms in any manner deemed to be in the best interest of Health Poverty Action. It also reserves the right to negotiate and award separate or multiple contracts for the elements covered by this RFT in any combination it may deem appropriate, in its sole discretion; modify or exclude any consideration, information or requirement contained in this RFT, and to add new considerations, information or requirements at any stage of the procurement process, including during negotiations with proposers.
- Proposals shall remain valid and open for acceptance for a period of at least sixty (60) days from the closing date indicated above for receipt of proposals. Please indicate in your proposal that it will remain valid for this period.
- Please note that successful consultants will have to sign and abide by HPA's Programme Participants Safeguarding and Protection Policy.

### **Capacity Statement**

Interested parties should submit:

- Letter of expression of interest and demonstration of capability;
- Curriculum vitae of the consultant/s or firm portfolio;
- Evidence of past experience in undertaking similar assignments;
- A copy of at least one previous final evaluation reports;
- A technical proposal outlining proposed methodology and field and non-field work plan/Schedule;
- A financial quotation;

- Relevant experience related to the assignment (Ideally the team should have experience in health projects/ programs and knowledge of the target location/region)
- Contacts of at least 2 organizations who could act as referees for previous work conducted by the evaluator
- Signed and stamped Annex 18 General Terms and Conditions
- Signed and stamped Annex 19 Code of Ethics

**Availability dates**

- Exact dates of when you can commence work should your bid be successful and timeline for deliverables, finalization of the report and submission of the data.

These documents should be sent in hardcopy to the below address or by email to [procurement@healthpovertyaction.org](mailto:procurement@healthpovertyaction.org) , quoting the reference number ET – KE 001 – 2022 (2) by **1700 hours East Africa time** on or before **8<sup>th</sup> June 2022**. Any proposals received after the stated time and date will be rejected.

**Health Poverty Action**

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