

Call for Consultancy

Terms of Reference

Final Evaluation of MIDA FINNSOM Health Project, Phases I-III

1. Background to the Final Evaluation of the MIDA FINNSOM Health project (Phases I, II and III)

The health sector in Northern Somalia is under a severe pressure and faces multiple permanent constraints. Less than 20% of the population utilizes the public health system and the prolonged conflict has left 90% of health infrastructure looted or permanently damaged. Lack of human resources is particularly acute, since most trained health personnel left the country in the early 1990s when the civil war broke out. According to World Health Organisation's (WHO) Strategic Review of Somali Health Sector (2015), there are approximately 6 000 doctors, nurses and midwives in Somalia in 2014. WHO's minimum threshold for health worker-to-population ratio indicates that around 30 000 health workers would be a pre-condition for achieving health-related MDGs in Somalia.

Based on the *Return of Qualified African Nationals (RQAN)* experience which started in the 1970s, IOM launched its *Migration for Development in Africa (MIDA)* initiative in 2001. The purpose of the MIDA concept is to identify and select suitable diaspora professionals, in collaboration with local institutions, and finance their return for short-term assignments facilitating their settling in into both professional and personal environments. The main goal is to contribute rebuilding and strengthening a depleted human resource base in priority areas and to increase the capacity of receiving institutions to cope with the challenges they are facing. In Somalia IOM incorporates MIDA components in several projects. Each of them has a specific set of objectives, yet they are mutually complimentary since their primary object is to enhance Somali authorities' ability to respond to the needs of its people through the skills and knowledge of Somali diaspora.

Institutionalizing Health Care Improvement through Temporary Returns of Somali Diaspora Health Professionals projects, publicly known as MIDA FINNSOM Health, have been implemented by IOM Helsinki since 2008 in three consequent stages; pilot phase (2008-2009), phase II (2011-2014) and phase III (2014-2016) with funds provided by the Ministry for Foreign Affairs of Finland. The project is currently in its third and final phase of implementation, which will last until July 31, 2016. In order to further build up on the institutional sustainability in transferring skills, the project will be completed with an Exit Phase continuing until February 2017.

During the lifespan of all three MIDA FINNSOM Health project phases, the implementation context in Somaliland and Puntland has changed tremendously. Since September 2013 the Somali Compact and the New Deal Initiative have been the overarching strategic framework for coordinating political, security and development efforts. Over the past 5 years Somali health authorities have expressed their commitment through policy and programmatic response with the support of development partners. The policy response includes approval of the Somali Health Policy (2014), three HSSPs (2013-2016),

Somalia 2015 Humanitarian Response Plan, EPHS (Essential Package of Health Services) framework and Somalia nutritional strategy (2011-2013). All these policies and plans are functionally linked to the New Deal and the Somali Compact. After some visible progress over the past few years, the Somali health sector is now entering a new phase of development and reconstruction. HSSPs will end in 2016 and therefore it is important to develop the next phase of health sector strategic planning to ensure continuity beyond 2016. New HSSPs need also be aligned with the National Development Plan and Interim Poverty Reduction Strategy Papers to ensure that the health sector benefits from cross-sectorial reforms.

MIDA FINNSOM Health project aims at contributing to the development of a well-functioning health system and well-performing health workforce both in Somaliland and Puntland. It will facilitate in total 103 temporary assignments in Northern Somalia by diaspora health professionals. The project phases are planned and implemented in cooperation with the government and host institutions and they are in alignment with the national plans and strategies. The project equally foresees a complementary liaison, promotion and information activities aiming at informing policy- and decision-makers and the public at large about the benefits of outward circular migration and the positive role of Somali diaspora, especially in Finland. It encourages partnerships between various Finnish and Somali health care institutions and associations. To establish a good working relationship with the Health Ministries in Somalia is key for the successful implementation as well as for ensuring local ownership for the project. The third and ongoing phase of MIDA FINNSOM Health project is incorporating the recommendations identified in the external MIDA FINNSOM Health Project Review and Assessment (conducted by the Finnish National Institute for Health and Welfare in 2013), placing an ultimate emphasis on sustainability at both individual and institutional level through knowledge transfer.

The objectives and outputs of Phase III are as presented below:

1. Improved capacity of public sector health institutions in Somaliland and Puntland to provide quality healthcare services

1.1 Local health professionals have skills/capacity to deliver quality health services as a result of training and mentoring by volunteer experts

1.2 Local health training institutions have improved competency and ability to train local health professionals

2. Puntland and Somaliland ministries of health are enabled to operate their own temporary returns programs of qualified diaspora Somali health professionals

2.1 Puntland and Somaliland ministries of health have adopted the MIDA Health Toolkit to operationalize their own temporary returns programs

This evaluation is expected to comprise all the three phases of MIDA FINNSOM Health projects covering the overall results and impact achieved throughout the project implementation. Since the project is coming to its end, the emphasis of the evaluation is to assess the sustainability aspect, on how the project has managed to build the capacity of the local institutions with improved structures and practices as well as with providing local staff with skills and competences.

2. General Approach and Objectives to the Evaluation

During the evaluation, the consultants are to ensure the application of participatory approach by engaging all relevant stakeholders including the final beneficiaries; that coordination and alignment aspects are considered; that the analysis explains how the project builds and contributes to national and local plans, activities and policies. The approach must take utmost care that capacity development issues are taken into consideration at all times and to fully utilize the existing evaluation capability of all partners.

The purpose of the evaluation is to:

- Assess the overall performance and impact of the MIDA FINNSOM Health project covering all of the three project phases and the progress made towards its main objectives;
- Identify good practices and lessons learnt gained;
- Assess the sustainability of the implementation in terms of permanently strengthening the targeted health sector institutions' capacity to function and deliver services to the Somali people, and
- Make recommendations for the further development of MIDA concept and similar HR development efforts in Somali health sector.

The evaluation is aiming at achieving an objective and accurate assessment of the project performance and gained results based on the evaluation questions in the areas of relevance, effectiveness, efficiency, impact and sustainability. The evaluation is also to assess the implementation and integration of the recommendations made in the previous evaluation of Phase II. Moreover, it is expected to serve as an advocacy tool to guide the planning of the further projects and interventions within the health sector in Puntland and Somaliland.

3. Methodology and Specific Objectives of the Evaluation

The evaluation will be carried out through a combination of desk study and field work methods examining both quantitative and qualitative data. The evaluation will include desk review and analysis of key documents, consultations/interviews/focus group discussions with key stakeholders (governmental and host institution representatives, participating experts, direct and indirect beneficiaries), as well as direct observation and data collection during the field visits. The final evaluation report needs to be strongly evidence-based. The consultant is expected to present the findings, conclusions and recommendations at the end-of-project seminars in Hargeisa and Garowe in late-May/early June 2016.

The evaluation shall be implemented in accordance with the key evaluation criteria of relevance, effectiveness, efficiency impact and sustainability. These will be assessed against the overall objective and specific objectives set for the three phases, with an emphasis on Phase III since it is the final phase built on the previous phases and has not yet been evaluated. Specific evaluation questions include, but are not limited to, the following:

Relevance

- Are the project objectives well in alignment with the national key strategies (especially with the Health Sector Strategic Plan (HSSP) for Puntland and Somaliland, respectively)?
- Is the selection of targeted institutions and health sector receiving assistance relevant to the needs and gaps identified by the project?
- Is the project modality relevant and contributing to the comprehensive development of the health sector including health sector aid coordination?

Effectiveness

- Which have been the major factors affecting the achievement and non-achievement of the objectives set for the project? Did the achieved results reach the beneficiaries as planned?
- To what extent have the central government, federal and host institutions been involved and engaged to plan and achieve the objectives and interventions of the project?
- In which areas has the MIDA FINNSOM Health project been successful in identifying and addressing key gaps in the targeted institutions and health sector? What are the areas needing further development and review, and how?
- How the sectoral cooperation has worked and how it could have been improved with other relevant donor programmes (MIDA programmes in Somalia, Finnish NGOs) and specifically with the UN Joint Health and Nutrition Programme (JHNP)?
- Are the monitoring and evaluation measures for the project effective and if needed, how could they be improved? Is there sufficient information, data or material available to regularly monitor and verify the achieved results?
- How well the lessons learned and recommendations from the previous THL evaluation of phase II have been addressed and the project phase III modified to adapt to these?

Efficiency

- Is the project and its activities planned and implemented in cost-efficient manner?
- Were the resources used efficiently and was reporting done in line with donor and IOM requirements?
- Has the management and decision making structures and processes been effective and adequate to ensure efficient project implementation?
- Are the results of the programme coherent with the investments made i.e. has the MIDA FINNSOM Health project brought value for money?

Outcome and Impact

- What immediate and longer-term changes did the project bring, as measured by the four objective indicators listed below?
 - *Reduction in under-five mortality rate (U5MR) in communities serviced by health facilities that host FINNSOM diaspora experts and trained staff, by sex;*
 - *Reduction in maternal mortality rate (MMR) in communities serviced by health facilities that host FINNSOM diaspora experts and trained staff;*
 - *Reduction in neonatal mortality rate in communities serviced by health facilities that host FINNSOM diaspora experts and trained staff, by sex;*

- *Percentage of key health experts and informants interviewed who report a reduction in mortality/morbidity rates in target communities as a result of diaspora expert placements and ToTs in health institutions (facilities, training institutions, and MoHs).*

- Is there any other unexpected positive or negative impact brought through the implementation of the project?
- Would the results have been achieved even without the implementation of the project?
- What key changes has the project brought in the targeted institutions? What difference has it made to the service users?

Sustainability

- What mechanisms did the project put in place to guarantee sustainability in terms of the institutional capacity building?
- In what ways the project has been able to contribute to the building of individual competences as well as the institutional ones?
- Were the designed activities, implementation and other resources in terms of time, finance and expertise adequate to achieve sustainable project objectives and results?
- Has the project/health professionals been successful in developing, together with the partner institutions, training material, teaching practises, and policies and structures supporting the transfer of skills that can also be replicated without project assistance?
- Do partners have the financial and technical capacity to maintain the benefits of the project to guarantee sense of ownership and interest in the sustainability? If not what continued programme support is needed to ensure sustainability, as well as replicability, at the local level (e.g. financial, coordination, technical, human resources)?
- How could this evaluation inform and support the upcoming Exit Phase of the project, particularly in terms of ensuring the sustainability factors to the extent possible?

Additional questions:

- Asses the key reasons why some members of the diaspora participated and which were their main expectations for the participation?
- How and to what extent the cross-cutting objectives (promotion of gender equality; reduction of inequality, promotion of climate sustainability) of the Finnish Development Policy (2012) have been integrated and implemented during the project? What are the lessons learned?
- Propose relevant recommendations for the development and implementation of any further interventions and activities based on the performance and achievements of the projects.

5. Scope of evaluation

5.1. Tasks required for the evaluation team

The Consultants will be assisted by IOM Helsinki MIDA FINNSOM project team, IOM coordination office in Nairobi/Kenya, IOM Somalia field offices in Garowe and Bosaso (Puntland State of Somalia) and Hargeisa (Somaliland) as well as with the line ministries and institutions in these regions.

The Consultants are expected to propose a detailed work plan and timeframe, which should include at least the following activities:

A briefing: A briefing to be organized with IOM Helsinki and Ministry for Foreign Affairs of Finland to discuss and agree on the key objectives as per the Terms of Reference, on the possible surveys to be conducted in addition to the interviews and the outcome of the assignment.

Desk review: IOM will be the primary source of information and for providing material relevant to the assignment.

Inception report: Inception report indicating preliminary communication to clarify terms of evaluation and detailing the scope of work, understanding of the evaluation objectives and expected results, a concise analysis of the documents studied, methodology and data collection plan and tools, detailed work plan including timeframe, list of major meetings and interviews with detailed questions planned for the visit, other key activities and sites to visit as well as expected outputs. The Inception Report should also include a planned list of content for the Final Report.

Field data collection, consultations and analysis: A field mission will be carried out to Somalia, namely to Somaliland and Puntland. The key parties to be consulted include the Embassy of Finland in Nairobi; IOM staff members as well as staff from the beneficiary institutions; other health sectors donors in Somaliland and Puntland; the participating diaspora professionals in the field; and the service users as direct beneficiaries, with at least the following visited in both locations (Hargeisa and Garowe):

- Health Ministries
- Key hospitals
- Hospital Directors
- Health experts
- Local staff
- Beneficiaries
- MIDA Somalia and MIDA Nairobi staff members
- Diaspora professionals assigned in the field

Wrap up: To complete the field visit and assessment of the MIDA FINNSOM Health project the Consultants are requested to provide a draft evaluation report and debriefing for the key stakeholders towards the end of the field visit. This is to inform and discuss with all stakeholders on the preliminary conclusions and recommendations of the assignment. Findings and recommendations will be presented as a power point presentation. Those will be also shared in the end-of-project seminars in Hargeisa and Garowe after tentatively reviewed with the stakeholders.

Final report: The consultant will incorporate comments from the reviewers into the final version of the report. The list of content will be as agreed in the Inception Report.

5.2. Work plan and timeframe

The entire evaluation should be conducted in the course of 2, 5 months including any required travels. The target date for the commencement of the assignment is week 17. The work will be carried out until mid-July 2016, and the consultant is expected to present (at least the tentative) findings of the evaluation in the end-of-program seminars in Garowe and Hargeisa, to be organised in late May/early June 2016. Submission of Final Report is expected to take place mid-July 2016.

Before the field visit to Somaliland and Puntland and within 10 working days of initiating the assignment, the consultant shall present an Inception Report with above listed requirements. Approval of the Inception Report is a pre-condition for the field visit.

The Final Draft Report will be prepared within 10 days after completing the field mission in Puntland and Somaliland. It will be sent to the relevant authorities for their comments and correction of the possible factual mistakes. Comments shall be received within 10 days after sharing the Final Draft Report. The tentative findings and recommendations of the evaluation will be shared by the consultant in the end-of-project seminars in Garowe and Hargeisa.

The Final Report shall be submitted to the IOM Helsinki latest one week after receiving the comments to the draft report.

6. Budget

The total cost of the external evaluation cannot exceed EUR 40,000, including all the related expenses and excluding VAT.

7. Qualifications of the Evaluation team

The evaluation team should consist of minimum of two persons, a team leader and a member of the team, both ideally knowledgeable of the region and customs. The Team is fully responsible for conducting the final evaluation of the MIDA FINNSOM Health Project implemented in Somaliland and Puntland. Required background and expertise of the consultants are as following:

- A minimum of Master's Degree in Public Health, Development Studies, Social Studies or equal;
- Knowledge and experience in monitoring and evaluation (including RBM as well as quantitative and qualitative data collection and methods) and project design tools (including LFA) as well as project implementation;
- Demonstrated analytical and writing skills in English language and ability to clearly present findings, practical conclusions and recommendations;
- Knowledge in the capacity building and organizational capacity development;
- Comprehension of development context in the Horn of Africa;
- Good understanding of New Deal Principles and implementation of development programmes in fragile contexts;
- Familiarity of Finland's development policy and programme, including cross-cutting objectives;
- Solid experience in working in the health sector, HR development and experience from Africa is considered an advantage;
- Finnish language skill is an asset.

8. Application process

Interested applicants are invited to submit to IOM Helsinki the below listed requirements:

- Technical proposal discussing the evaluation methodology, including a work plan that will be adopted to carry out the tasks in the ToR;
- An updated CV and contact details;
- A sample evaluation written by the applicant;
- A financial proposal, including travel and accommodation costs, in Excel format;

- A scanned copy of the Completed Service Provider Declaration Form.

Proposals must remain valid for a period of 60 days after the deadline for submission. Any change of the proposed personnel or content during the above mentioned period may cause the disqualification of the proposal.

Technical and financial proposals should be submitted *separately* and electronically to the IOM Administration at iomhelsinki@iom.int no later than April 18, 2016, at 10.00 hrs, Finnish time. The respective titles of the emails should be 'MIDA FINNSOM Evaluation, [name of the Service Provider], Technical Proposal' and 'MIDA FINNSOM Evaluation, [name of the Service Provider], Financial Proposal'.

9. Evaluation of the proposals

Pre-selection:

All proposals will undergo an initial pre-selection to ensure that (1) a Completed Service Provider Declaration Form is attached, (2) the Service Provider has confirmed availability to deliver the requested services as defined under 5.2 (above) and that (3) the submitted Proposals are complete as requested under 8 (above). Failure to comply with these pre-selection conditions will automatically exclude the Service Provider from further evaluation.

Evaluation criteria and weights:

The assessment and comparison of proposals shall be implemented in three stages:

- Assessment of the eligibility of proposals, as defined under Pre-Selection Criteria;
- Assessment of the technical proposals passing the eligibility criteria;
- Comparison of the economically most advantageous proposal in terms of overall cost and technical merits based on the proposal.

The selection criterion is quality based combined with the most economically advantageous proposal using the following weightings:

Technical Proposal (80%)

- Consultant team: team leader and team member (40 %), evaluated against the criteria defined under 7 (above).
- Approach, methodology and work plan (60%), evaluated against the feasibility of the proposed approach, methodology and compliance with the ToR; understanding of the programme and context; and work plan with the timetable.

Financial Proposal (20%)

- The maximum amount of the assignment shall include consultancy fees and all other related costs.

Annexes:

- A. IOM Service Provider Declaration Form
- B. IOM Service Agreement Template