Save the Children

## INVITATION TO BID FOR CONSULTANCY

**Save the Children International (SCI) Somalia program hereby invites interested consultants to bid for the consultancy assignment detailed below**

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|---|---|---|
| 1 | **Title of Consultancy** | **End-line SOM Child Health Routine Immunization in Jubbaland and Galmudug states.** |
| 2 | **SCI Contracting Office** | Save the Children Somalia (Mogadishu Area Office) |
| 3 | **Period of Consultancy** | The Assignment will be **30 days** including travels |
| 4 | **Consultant type required** | Individual or Firm. |
| 5 | **Responsibility for Logistics arrangements and Costs** | Save the children will pay the consultant fee in a lump sum and will not reimburse any incurred costs during the assignment. The consultant will cover their own Logistical arrangements and costs; including food, accommodation, and local transport, and all cost associated with data collection work and whole activities |
| 6 | **Taxation Provisions** | Consultant shall be responsible for all Taxes arising from the consultancy in line with the local Tax regulations applicable at the SCI contracting office named above |
| 7 | **Travel requirements** | The consultant will cover his travel costs (tickets) and arrange local travel to field sites and accommodations. |
| 8 | **Security requirements** | If the consultant is a foreigner, he/she will comply with the standard of Save the Children Security procedures, including the completion of SCI online security training prior to travel to Somalia. |
| 9 | **Qualification and Experience** | The following are the minimum requirements for the Consultant/Firm to be considered for carrying out the assignment.<br>• Should have a minimum bachelor's degree in social science or equivalent experience in evaluating and measuring health and nutrition outcome indicators.<br>• At least 5 years of experience in conducting similar work (experience in evaluating projects is a requirement). SC-Somalia is interested to verify related assignments conducted in the past 2 years.<br>• The technical consultant should have full access to the areas to be assessed. And consultant firms should be familiar with the context of the Southern state regions of Somalia.<br>• The consultants should have report writing and data analysis skills (at least two relevant previously conducted evaluation reports should be submitted by the consultant with the technical and financial proposal).<br>• Technical team who are visiting the field for purpose of data collection should be Somali natives and familiar with the context and fluent in the Somali language.<br>• Considerable track record and proven experience in quantitative and qualitative methods. |
| 10 | **Evaluation Criteria** | **The consultant must meet the above required qualifications and experience.**<br>✓ Technical proposal on how the assignment will be conducted including methodologies, data analyses, and interpretation, reports, and detailed work plan, including software to be used for analysis **(30%)**<br>✓ Prior experience in conducting qualitative and quantitative studies in social science or development studies; specifically experience and skills in evaluating health programs (preferably immunization projects). In addition, experience in gender equality mainstreaming, OECD DAC evaluation criteria, and research with children by using child-friendly methodologies need to be demonstrated. And experience in the Somalia context is desirable. **(20%)**<br>✓ Detailed financial proposal with budget breakdown. (**20%).**<br>✓ Update Company or Individual Profiles and Understanding of the TOR. **(15%)**<br>✓ Copies of the sample of previous relevant reports relevant. **(15%)**<br>**Overall rating out of 100%** |

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| | | ***Note: For the technical analysis, a company must score 80% and above to be considered in the financial analysis.*** |

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## 1. BACKGROUND

Somalia immunization project is a four-year project aimed to improve access to quality immunization by directly strengthening the capacity of health structures and communities with identified immunization gaps in Galgaduud and Jubbaland states in Somalia. The project is delivered in partnership with Ministry of Health and UNICEF (as strategic partners), Acasus (doing data management using digital platform), WASDA and WRRS as local implementing agencies in Jubaland state. Owing to the varying levels of insecurity in the regions targeted, implementation of the project was done in phased approach. A rapid and intensive scale-up of immunization services was established with 27 health facilities and sites operationalized in a phased approach and supported to deliver optimal immunization services. In the first phase, the project scaled-up immunization services in 12 health facilities then reviewed quarterly and additional five new health facilities added progressively to attain the 27 health facilities fully supported by end of the initial 12 months. In the subsequent years, it was largely consolidation of services and continuous quality improvement. In the current supplement ending Dec 2022, Save the Children expanded the project scope to cover identified pockets of missed communities using integrated mobile health clinics across the target districts

As part of a broader vision for long-term sustainability, the project supported the set-up and strengthening of community-driven immunization systems as well as district-level immunization management system to promote ownership of the immunization programs within the target locations. To achieve this the project is anchored on four pillars namely capacity strengthening (at community, facility and district/regional level), immunization logistics and supply chain strengthening, use of data for decision making and scaling-up innovative approaches. Based on the administrative data, the project achieved most of its targets throughout the implementation period, more so in the second and third year. Between April 2021 and February 2022, supportive supervision increased from 54% to 100% of facilities in the month. The average number of monthly fixed and outreach immunization sessions increased by 54% and 31%, respectively, as of January 2022 while the number of Penta3 doses delivered in Q1 2022 compared to Q1 2021 more than doubled.

### Project Locations

Save the Children continued support of the 27 health facilities and immunization sites and eight integrated mobile health clinics to target 144 villages with outreach services across the four (4) districts in Galmudug and Jubbaland states.

| Sample clusters | | | | | | |
|---|---|---|---|---|---|---|
| **S/No** | **State** | **District** | **Geographical unit** | **Population size** | **presence** | **selected cluster** |
| 2 | Galmudug | Adado | Karaama IDP camp | 2700 | project target site | 1 |
| 5 | Galmudug | Adado | Kulmiye IDP camp | 3258 | project target site | 2 |
| 7 | Galmudug | Adado | Harardhere IDP camp | 4536 | project target site | 3 |
| 9 | Galmudug | Adado | Bakiin | 9000 | project target site | 4 |
| 14 | Galmudug | Adado | Adakibir | 3038 | project target site | 5 |
| 19 | Galmudug | Adado | Maarsamage Village | 3300 | project target site | 6 |
| 24 | Galmudug | Abudwak | Dhabbad town | 10650 | project target site | 7 |
| 25 | Galmudug | Abudwak | Ubah village | 11000 | project target site | 8 |
| 26 | Galmudug | Abudwak | Wabari village | 7050 | project target site | 9 |
| 27 | Galmudug | Abudwak | Mirjiicley town | 15180 | project target site | 10 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 30 | Jubaland | Kismayo | Bulo Bartire | 5803 | project target site | 11 |
| 31 | Jubaland | Kismayo | Haanta Biyaha Caafi | 8124 | project target site | 12 |
| 33 | Jubaland | Kismayo | Badar/Kuubo | 4179 | project target site | 13 |
| 36 | Jubaland | Kismayo | Halgan 2 | 4841 | project target site | RC |
| 39 | Jubaland | Kismayo | Kulmis/Hospital | 6420 | project target site | 14 |
| 40 | Jubaland | Kismayo | Madina/Allanly/Urban | 7522 | project target site | RC |
| 42 | Jubaland | Kismayo | Masjid Hamza | 10314 | project target site | 15 |
| 43 | Jubaland | Kismayo | Alla-Qabe | 7075 | project target site | 16 |
| 44 | Jubaland | Kismayo | Bulo Fatuuro | 8325 | project target site | 17 |
| 46 | Jubaland | Kismayo | Dhudhu | 7610 | project target site | 18 |
| 48 | Jubaland | Kismayo | Qamqam (Luglow) | 9000 | project target site | 19 |
| 52 | Jubaland | Kismayo | Barkada Sharifada | 258 | project target site | 20 |
| 58 | Jubaland | Afmadow | Kowad village | 10,550 | project target site | 21 |
| 59 | Jubaland | Afmadow | Bosnia Village | 12,900 | project target site | 22 |
| 60 | Jubaland | Afmadow | Waberi Village | 13,350 | project target site | 23 |
| 61 | Jubaland | Afmadow | Kutur village | 9,000 | project target site | 24 |
| 68 | Jubaland | Afmadow | Fanole | 9,200 | project target site | RC |
| 69 | Jubaland | Afmadow | Waamo | 8,600 | project target site | RC |
| 70 | Jubaland | Afmadow | Farjane | 8,350 | project target site | 25 |
| 72 | Jubaland | Afmadow | Danwadag IDP | 8,900 | project target site | 26 |
| 73 | Jubaland | Afmadow | Degelema Village | 4,000 | project target site | 27 |
| 82 | Jubaland | Afmadow | Tubaney | 1500 | project target site | 28 |
| 87 | Jubaland | Afmadow | Qori | 2000 | project target site | 29 |
| 97 | Jubaland | Afmadow | Bula Marehan | 1000 | project target site | 30 |
| 109 | Galmudug | Adado | Dayax IDP camp | 4590 | non-target site | 31 |
| 111 | Galmudug | Adado | Waberi | 15000 | non-target site | 32,33,34 |
| 113 | Galmudug | Adado | Galbbed | 10200 | non-target site | 35,RC |
| 119 | Galmudug | Adado | kongo | 738 | non-target site | 36 |

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|---|---|---|---|---|---|---|
| 122 | Galmudug | Adado | taalo | 3924 | non-target site | RC |
| 123 | Galmudug | Adado | Ex-bahdo | 5252 | Non-target site | 37 |
| 124 | Galmudug | Adado | Horsed | 10000 | Non-target site | 38, 39 |
| 134 | Jubaland | Afmadow | Arbaaqarsa | 750 | Non-target site | 40 |

**Project Key Indicators**

The project's key indicators are as follows: -

| Outcome Number | Outcome Description | Target Completion Date |
|---|---|---|
| 1 | At least 48,109 children aged 0-23 months received Penta-1 vaccination (disaggregated by gender and age group under 6 months, six months -1 year, over-1). | 31 Dec 2022 |
| 2 | At least 38,487 children aged 0-23 months receiving Penta-3 vaccinations (disaggregated by gender and age group under-1/over-1). | 31 Dec 2022 |
| 3 | At least 38,487 children receiving IPV and OPV3 vaccination (disaggregated by type of vaccine, gender, and age group under-1/over-1). | 31 Dec 2022 |
| 4 | At least 70% of children have been fully vaccinated (disaggregated by gender and age group under-1/over-1). | 31 Dec 2022 |
| 5 | No health facilities will report vaccine stock-out of Pentavalent and measles vaccine antigens within the previous 3 days (Target is 0) | 31 Dec 2022 |
| 6 | At least 144 villages were reached through outreach immunization sessions | 31 Dec 2022 |
| 7 | Identify and reach 5,170 zero-dose children with Penta 1 | 31 Dec 2022 |
| 8 | At least 38,617 women of childbearing age (WCBA) receive at least 2nd dose of TT. | 31 Dec 2022 |

## 1. GENERAL OBJECTIVE OF THE EVALUATION

The purpose of this evaluation is to assess the performance of the project and capture project achievements against the pre-set objectives and document challenges, and best practices to inform future similar programming. The evaluation will use the OECD DAC criteria which assesses the relevance, effectiveness efficiency, sustainability, impact, well-coordinated, and gender-sensitivity, and disability inclusiveness of the project).

### 3.1. SPECIFIC OBJECTIVES

1. To evaluate the project's performance and achievements vis-à-vis the project's overall objectives, project indicators in the logical framework, and the baseline data for the indicators gathered at the start of the project.
2. To evaluate the relevance, effectiveness, efficiency, impact, sustainability, coherence, scalability/replicability, and gender sensitivity and disability inclusiveness of the project.
3. Collect qualitative and quantitative data from intervention districts and compare the outcome from the BMGF-supported clusters against those with other support or no support at all.
4. Recommend improvements for the longer-term resilience intervention strategy for the same or similar intervention areas and/or communities.
5. To document the intended and unintended outcomes/impact of the project.

## 2. KEY QUESTIONS

The following key questions will be explored at a minimum during the evaluation:

### A) RELEVANCE

1. To what extent did the intervention objectives consistent with the needs and priorities of the beneficiaries, including particularly vulnerable children?
2. Was the design of the project the most appropriate and relevant to the program approach and strategy?

### B) EFFECTIVENESS

1. To what extent did the project attain its objectives and results described in the project proposal?
2. What good practices, success stories, lessons learned, and replicable experiences or strategies have been identified in the project implementation which have proven to be effective for replication/scale-up?
3. What were the major underlying factors (internal and external) influencing the achievement or non-achievement of the results within the project implementation?
4. Were the activities and results of the project consistent with the overall objective? And to what extent?

### C) EFFICIENCY

1. Did the project use the financial and human resources as per the project document to deliver the intended results?
2. Were the interventions timely/were there any delays in the implementation of the project activities?
3. Were the resources (funds, technical support from SCI/SCF, use of Save the Children common approaches, partnerships, and divided roles & responsibilities between SCI and partners) used well?

### D) IMPACT

1. Measure the immunization coverage level of the project comparing the projects sites vs non-project sites.
2. Document the impact of the project in the form of stories/case studies.

### E) SUSTAINABILITY

1. Which mechanisms already existed, and which have been put in place by the project to ensure results and impact, policy coordination mechanisms, partnerships, and networks are sustainable beyond the project period?
2. To what extent has the capacity of beneficiaries (institutional and/or individual) been strengthened such that they are resilient to external shocks and/or do not need support in the long term?
3. To what extent target population, including children and persons and children with disabilities, were included in the design, implementation, monitoring and evaluation of the project?
4. To what extent will the project be replicated or scaled up at local or national levels?
5. What were the major factors which influenced the achievement or non-achievement of sustainability of the project?

### F) COHERENCE

1. To what extent does this project coherent with other similar interventions carried out in the target districts either by SC or partner SPL?
2. To what extent does the project compatible with other interventions which have similar objectives implemented by other NGOs, INGOs, and UN agencies in the target locations?
3. To what extent this project complements other actors' initiatives and help filling gaps of assistance?
4. To what extent does the project coherent with the line ministry's plans and policies?
5. How have the project activities been coordinated within different stakeholders including the Government Line Ministries, project committees and other organizations (LNGOS, INGOS, UN) in the target area to achieve overall objective

### G) GENDER EQUALITY AND DISABILITY INCLUSIVENESS

1. To what extent has the project been gender-sensitive or transformative in design and implementation as per SCI Gender Equality Guidance?
2. What concrete measures were taken in the project to increase gender equality and reduce gender inequalities?
3. What concrete measure were taken in the project to increase disability inclusiveness and reduce.

## 3. METHODOLOGY

The End-line evaluation will employ a mixed-method outcome-based evaluation, looking both at the intended and unintended impacts of interventions in the targeted districts in Galgaduud and Lower Juba regions. The consultant will also apply participatory during data of the End-line evaluation to ensure a positive learning process. The consultant will work with the advice and directions that will be provided by the Save the Children technical team.
The sampling approach will be two stage cluster sampling survey

Save the Children is child-sensitive organization therefore, Girls and boys will be consulted by using child-friendly and gender-sensitive methodologies; special attention needs will be put in ensuring that boys, girls, women, and persons with disabilities (both adults and children) will be able to participate. Everybody's participation will be voluntary, meaningful, safe, and inclusive.

Rather than the abovementioned methodology the consultant should fully understand the nature of the assignment and propose/develop a compatible data collection methodology and tools based on the project objective and result framework. the consultant should also justify their proposed methodology and explain why he/she/they prefer it.

The primary data and data analysis process will be disaggregated by gender, age, and disability by using Washington Group short-set questionnaire. Draft findings will be presented to the project team and key partners to validate.

## 4. CONSULTANT ROLE AND EXPECTING DELIVERABLES

The consultant is expected to perform through 3 phases –inception, data collection process, reporting, and dissemination. Some key activities during these phases include an adaptation of some pre-developed tools and the development of some extra research tools, training data collectors, document review, data collection, analysis/interpretation, report writing, and presentation to key stakeholders. The evaluation will have the following key phases:

**Phase I - Desk study: Review of documentation and elaboration of field Study**

The lead consultant/evaluation team will review relevant documents from section 6 below (Reference material). Based on this review, they will produce an inception report which will include an elaborate plan of the evaluation that will include but not limited to study, methodology, and sampling strategy of the data collection plans etc. The evaluation will only proceed to the next stage upon approval of the inception report. An appropriate inception report format will be provided to the selected consultant.

**REFERENCE MATERIALS**

1. Project narrative proposal and milestone targets
2. Project monitoring and evaluation plan
3. Monthly and Quarterly Reports
4. Client exit interview reports
5. Project MEAL reports (IPTT)
6. Project narrative reports

**Phase II: Field Data Collection**

This phase of the evaluation will seek to collect primary data on the key evaluation questions explained under the evaluation criteria. The consultant will use the agreed plan, methodology, tools, and sampling strategies from Phase I to conduct the fieldwork.

**Phase III – Data analysis and production of evaluation report**

The team will draw out key issues in relation to evaluation questions and produce a comprehensive report.
As a minimum, the evaluation process will include the following key steps:

1) Review of relevant literature related to the project (list of reference materials provided below) and draft an inception report before the evaluation exercise in the field.
2) Application of appropriate data collection tools (e.g. questionnaire, checklist, etc.) for interviews and focus group discussion
3) Data analysis and Evaluation Report writing; and
4) Presentation of key evaluation findings
5) Dataset, photos, GPS and case studies.

## 4. REPORTING

The consultant will maintain daily contact with the SCI team assigned to manage the monitoring activities. The collected data will be analyzed on daily basis by the consultant and given feedback to the teams.
A final report with main text of a maximum 40 pages excluding the cover page, table of contents, abbreviations, and annexes. The draft report should be delivered in a soft copy in English. References should be fully cited after all important facts and figures. The report should be structured as follows:

- Front page with the title of the report, project and SC CO name, date, and authors of the report
- Table of contents
- List of abbreviations used
- Executive summary (3-4 pages) that presents the key points of the different sections
- Brief background and description of project
- Objectives and the intended use of the evaluation
- Methodology and limitations of the evaluation
- Findings, including a table presenting the progress of the project objectives and results and their respective indicators against the baseline data
- Conclusions & Recommendations
- Challenges, lessons learnt and suggested actions for the way forward with timelines and responsible
- Annexes
  - Tools used
  - Evaluation schedule
  - List of people interviewed or consulted
  - Bibliography of the documents reviewed
  - Terms of Reference for the evaluation
  - Summary table of indicators baseline vs progress of its achievements

5. Provide a complete set of raw and cleaned data, including complete codebooks for quantitative files generated and analysed for the report. For the qualitative data, this includes the audio recording files, original transcripts, and translated transcripts of the full verbatim. **Note that summary transcriptions or translations will not be acceptable**

### 5.1. TIME FRAME

The consultancy work will last approximately **30** days including induction and travel days. The days will start by the date the contract is signed.

### 5.2. TERMS AND CONDITIONS

Consultancy fee: The consultant will come up with his/her own rate which will be subject to negotiation within the bounds of donor requirements and set standards of SC in Somalia the consultant is expected to estimate all relevant costs for the exercise, including costs for data collectors, vehicle rent, venue, stationary, standardization test and accommodation while undertaking activities related to this assignment.

## 6. CODE OF CONDUCT

Save the Children's work is based on deeply held values and principles of child safeguarding, and it is essential that our commitment to children's rights and humanitarian principles is supported and demonstrated by all members of staff and other people working for and with Save the Children. Save the Children's Code of Conduct sets out the standards to which all staff members must adhere, and the consultant is bound to sign and abide by the Save the Children's Code of Conduct.

A contract will be signed by the consultant before the commencement of the action. The contract will detail terms and conditions of service, aspects of inputs, and deliverables. The Consultant will be expected to treat as private and confidential any information disclosed to her/him or with which she/he may come into contact during her/his service. The Consultant will not, therefore, disclose the same or any particulars thereof to any third party or publish it in any paper without the prior written consent of Save the Children. Any sensitive information (particularly concerning individual children) should be treated as confidential.

An agreement with a consultant will be rendered void if Save the Children discovers any corrupt activities have taken place either during the sourcing, preparation, and implementation of the consultancy agreement.

## 7. ETHICS AND CHILD SAFEGUARDING

The consultant is obliged to conduct the research in an ethical manner making sure children are always safe. The consultant should seek the views of various stakeholders, including children. Efforts should be made to make the

research process child-centered and sensitive to gender and inclusion. The consultant must respect the rights and dignity of participants as well as comply with relevant ethical standards and SC's Child Safeguarding Policy and Code of Conduct. The research must ensure voluntary, safe, and non-discriminatory participation and a process of free and un-coerced consent. Informed consent of each person (including children) participating in data collection should be documented.

A contract will be signed by the consultant before the commencement of the action. The contract will detail terms and conditions of service, aspects of inputs, and deliverables.

**Intellectual property rights:**

All data that will be collected should be considered as SCI properties and can't be used for other purposes. All products developed under this consultancy belong to the project exclusively, guided by the rules of the grant contract between BMGF and Save the Children. **Under no circumstances will the consultant use the information of this evaluation for publication or dissemination without official prior permission (in writing) from Save the Children.**

**Application Procedure And Requirement**
Candidates interested in the position are expected to provide the following documentation:

- ✓ A technical proposal with a detailed response to the TOR, with a specific focus on the scope of work, methodology, and timelines, and how the participation of children and persons and children with disabilities in the evaluation will be ensured.
- ✓ Initial work plan and an indication of availability.
- ✓ A financial proposal detailing the daily rate expected including accommodation, transportation, stationery, data collectors, research assistance, and all other cost related to this assignment. (Operational and consultancy fees).
- ✓ Company profile or CV including a minimum of 3 references.
- ✓ At least two previously conducted similar studies.

**HOW TO APPLY:**

Applications can be submitted by either:

**Electronic Submission via ProSave (Recommended)**

- ➢ Submit your response in accordance with the guidance provided in the below document:

Bidding on a Sourcing Event.pptx

- Bidders are encouraged to apply via Ariba system. Please request the Ariba link via email sending your company profile and Business registration certificate/CV. Please address your request to apply via ProSave to css.logistics@savethechildren.org

**Electronic Submission via Protected Email box (Optional)**

- Email should be addressed to somalia.sstenders@savethechildren.org
- Note – this is a sealed tender box which will not be opened until the tender has closed. Therefore, do not send tender related questions to this email address as they will not be answered.
- The subject of the email should be **"PR211041- End-line SOM Child Health Routine Immunization in Jubbaland** – 'Bidder Name', 'Date".
- All attached documents should be clearly labelled so it is clear to understand what each file relates to.
- Emails should not exceed 15mb – if the file sizes are large, please split the submission into two emails.

Do not copy other SCI email addresses into the email when you submit it as this will invalidate your bid.

**Your bid must be received, no later than 27th November 2022**

Bids must remain valid and open for consideration for a period of no less than 60 days