

## **Terms of Reference for the mid-term review of Joint Health and Nutrition Programme in Somalia (JHNP)**

### **1. Introduction**

The Joint Health and Nutrition Program (JHNP) in Somalia is a UN-led program overseen by the MoH government of Somaliland, Puntland and the Federal government of Somalia together with a steering committee chaired by UN Resident Coordinator/Humanitarian Coordinator. The program receives core funding from Sweden, Finland, UK and Switzerland and program funding from USAID. AUSAID has provided humanitarian core funding for one year (2012). The program had an initial six months phase (February 2012 to July 2012) and is now on its continuation phase.

The total budget for the program is estimated to be **1,521,617,956 SEK** (236MUSD). Sweden's total contribution during the period 2012-2016 is **274MSEK** plus **4.6MSEK** for support towards baseline survey for South Central Somalia. Four other donors (Finland, UK, Switzerland and USAID) are further contributing to the program of which UK is the largest contributor. The program is being implemented in nine regions across Somalia/Somaliland covering a population of more than 5 million.

The overall objectives of the program are to increase the use of reproductive, maternal, new-born and child health and nutrition services in these nine regions.

#### **The expected results of the program are the following:**

- Improved governance and leadership at all levels of the health sector
- Skilled health workforce for quality RMNCH and nutrition services
- Increased RMNCH and Nutrition services
- Improved access, availability, quality use of essential medicines, vaccines and medical equipment
- Improved access, availability, quality use of health information systems and management
- Progress towards equitable and efficient health financing systems

## 2. Purpose, objectives and scope

The main objectives of the mid-term review are to assess the progress of JHNP against expected results as well as assessing the relevance, efficiency, effectiveness of JHNP in relation to: a) global health priorities; and b) Somali health sector priorities.

### The scope of the mid-term review

The consultants will be required to review/assess the following questions:

- Analysis of the relevance of JHNP in relation to global, regional and national health sector priorities – to what extent do the objectives of the JHNP contribute to the national health sector strategic plans as well as the New Deal and the Somalia compact?
- Analysis of the progress and achievements of JHNP in relation to expected results
- Analysis of the extent to which JHNP objectives will be met before the end of the agreement period 2016
- Analysis of the progress of JHNP towards full MoH ownership and leadership of the program
- Analysis of the performance and efficiency of JHNP in terms of utilization of funds vis-a-vis achieved results – the extent to which costs of the activities can be justified by the results
- Analysis of other ongoing UN interventions (health, humanitarian food security/nutrition, WASH) as well as the Joint program on local governance (JPLG) and their direct/indirect effects on JHNP
- Analysis of the efficacy of program structure and systems to manage and support PCA's (program cooperation agreement/implementing partners) with regard to results reporting, financial management, procurement and monitoring and evaluation  
Review of the implementation of the risk analysis, mitigation and management processes established within JHNP including that of PCA's (program cooperation agreement/implementing partners), risk assessment, mitigation and management
- Analysis of the joint donor funding mechanism for JHNP
- Analysis of the linkages and possible synergies with global initiatives and funds such as the Global fund, GAVI, etc.
- Analysis of the linkages and possible synergies with humanitarian programmes

Based on the above information, the consultants should reflect on the comparative advantages of JHNP in relation to other initiatives and provide inputs on the way forward to enhance future relevance and performance. The mid-term review is

expected to give concrete and realistic recommendations with regard to future directions and management of the program.

### 3. Methodology and timing

The mid-term review is financed by Sweden. The consultants will provide Swedish Embassy, Somalia Team a work plan with clearly defined timeframes addressing the scope of work. The assignment will commence **no later than April 13, 2015**. The consultants shall have an inception meeting with the Swedish Embassy, Somalia Team in Nairobi, JHNP donors, UN agencies, implementing partners and agencies involved in JHNP. The consultants are expected to visit JHNP field sites in Somalia during the period March 13 – March 27, 2015. Before the consultant team leaves Somalia and Nairobi they shall orally present their findings to the Somali health ministries, UN agencies, implementing partners and other relevant stakeholders.

A draft report shall be submitted to the Swedish Embassy in Nairobi **no later than June 20, 2015**. The draft report should not exceed 30 pages and include an executive summary of maximum 5 pages including recommendations for strategic direction of the JHNP as well as appendices. The executive summary should be able to be read as a standalone document. Sweden, Somali health ministries, JHNP donors, and UN agencies will provide comments to the draft report no later than 15 days upon receiving the draft report.

The final report shall be submitted to Sida/Sweden **no later than July 20, 2015**.

The contact person for JHNP and the mid-term review at the Swedish Embassy, Somalia Team in Nairobi is **Barni Nor**, e-mail: [barni.nor@gov.se](mailto:barni.nor@gov.se) and telephone number: +254 (0) 735 506 089

### 4. Consultants specifications

The work requires a team of minimum three consultants (two international and one local consultant). The consultants need to not only have experience in assessing health services in low-income countries, but also have experience in working/conducting mandates in fragile and complex aid contexts, where both humanitarian and development instruments are being used and where humanitarian and development access/space remains limited. Considering the focus on maternal and child health, looking at the gender responsiveness of the programme remains critical, and as such consultants will need to bring the necessary gender sensitivity and expertise needed for this assessment. The specific experiences required for the evaluation team includes but is not limited to:

Team Leader / Health Governance Specialist (international):

- Post Graduate degree preferably advanced degree in international development, health policy and planning, public financial management, governance, human resource management, health economy
- Minimum of fifteen years' experience in health financing and management/ governance/ monitoring and evaluation
- Should have a strong understanding and experience of monitoring and evaluation principles and practices
- Should be able to coordinate the monitoring & evaluation efforts, including planning, budgeting and interfacing with the partners
- Experience in designing strategies and policies
- Development and implementation experience with programs in health sector
- Strong analytical and professional report writing skills with publications and experience using quantitative and qualitative data
- Excellent report writing skills

Health System Specialist (international):

- Post graduate degree in public health / social sciences
- Minimum of ten years' experience of working / assessing health system and health programs in developing countries
- Experience in system analysis and monitoring and evaluations of large programs
- Experience in designing strategies and policies for health sector
- Development and implementation experience with programs in health sector
- Strong analytical and professional report writing skills with publications and experience using quantitative and qualitative data

National Public Health Specialist (national):

- Post graduate degree in public health
- Minimum of seven years' experience in Health System, Social Sector, RMNCH and nutrition issues
- Knowledge of Social sector, RMNCH and nutrition programs of the Somali public sector / donors / partners
- Knowledge of best practices and regional social sector, RMNCH and nutrition programs and projects
- In-depth knowledge of the Somali context with a focus on health and social sector
- Strong analytical skills with proven experience.