Terms of Reference (ToR)

Somaliland **T**erminating **O**ppression of women and girls **P**rogramme **(STOP)** project, Somaliland, March, 2019

Under this TOR HPA intends to conduct two assignments

1. Final Evaluation for the EC STOP project
2. An operational Research to assess the effectiveness of the" shelter home model" a component used during project implementation

1 Introduction.

Health Poverty Action (HPA) is a British international development 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 realisation. HPA seeks to enable the poorest and most marginalized people, excluded from access to health services and information, to realise 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 programmes to develop appropriate and responsive primary health care services and to influence policy and practice at all levels. Established in 1984 as Health Unlimited, Health Poverty Action currently operates in 13 countries throughout Africa, Southeast Asia, East Asia and Latin America. HPA's programmes utilise 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.

1.1 HPA in Somalia/Somaliland

Health Poverty Action' Somaliland programme office was established and registered by Ministry of planning in 1994 as Health Unlimited and 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 years' 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 now very popular "Saxan Saxo" radio magazine program 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). HPA also implemented a five-year project (2008-2012) entitled "Improving the Reproductive and Sexual Health of Internally Displaced People in Maroodi Jeex region of Somaliland". "Expanding Sexual and Reproductive Health Services for IDPs / Returnees" in Maroodi Jeex for three years (2011-2013) with the financial support from The European Union; the Sahil Essential Package of Health Services (EPHS) Pilot Project funded by DFID through -consortium led by PSI, the "Health Consortium Somalia" with a focus on the Maternal & Child Health components, supported by DFID in Sahil region for five years (2011-2015) as well as other complementary projects funded by World Food Programme and others. Currently HPA is operational in four main regions of Somaliland, Maroodi Jeex, Sahil, Togdheer and Awdal. They are implementing MNCH, SGBV, Nutrition project funded by DFID, EC, Caritas and UN agencies.

1. 2 Project Context

After a history of recurrent civil conflict, SGBV remains part of daily life in many urban IDP areas (e.g. Maroodi Jeex) which are overcrowded, insecure and lacking amenities such as lighting (UNPO.org). SGBV is also common in rural areas (e.g. Sahil) where impunity of perpetrators is the norm due to distance from police, courts, and services. In Somaliland rape is taboo and associated with shame for the victims, whereas perpetrators are rarely brought to justice. Cases are usually dealt with by traditional means, with the attacker having to pay compensation to the victim's father or husband, while the victim is sent away from home without any support. Reported incidents of rape in Somaliland have increased by 56% from 2008, with many more likely to be unreported. According to Somalia GBV sub-cluster annual report (2016) and other credible sources of information, SGBV manifests in many forms in Somali including rape, domestic violence, intimate partner violence and sexual exploitation and abuse, and widespread practice of FGC (for 97% of girls). The majority of the SGBV cases are mediated outside of the legal system by elders / traditional leaders through "customary law". SGBV victims are mostly women and girls (HPA data 2014), possibly driven by the low status and decision making power of women in Somaliland society. FGC and SGBV have been taboo issues, with few CSOs providing support.

With EC funding, HPA partnered with 2 local organizations, WAAPO and NAFIS to implement a 3 year SGBV project in Maroodi Jeex, Sahil and Togdheer (particularly Burao District) regions of Somaliland.The project was implemented between January 2016 and March 2019. It was geared towards providing access to safe homes and medical assistance, giving women and girls a voice in their communities and providing them with the space needed to lead the positive changes in gender relations, dynamics and interaction they would like to see in Somaliland.

1.3 Shelter Home for SGBV Victims and Survivors

In the Somaliland, religious and social context, survivors of rape are ostracised, isolated, shamed, and often re-victimised (repeat rape) (UNDP, BMJ Global Health). Perpetrators are rarely brought to justice because cases are mostly settled behind scene with compensations fees to the victims' families, leaving their victims vulnerable and scared of repeat attacks (REACH, April 2018). In certain cases, the survivor is forced to marry her attacker. Survivors of SGBV need safe spaces where they will get protection and be provided with a one-stop support for medical, psychosocial, and legal services directly and through referral networks.

WAAPO with support from HPA has set up a shelter home in Hargeisa for rape survivors and other SGBV victims who do not have a safe place to return to or are sent away from home. In an effort to address the psychosocial problems, the shelter home provides counselling support to victims with trained volunteers and counsellors. Here, trained counsellors provide personal support to survivors in accessing SGBV related services and ensuring that their interests are represented and their rights upheld. They accompany the victim to court, to health facilities, or any other required services. As regards the medical and legal supports, the centre informs SGBV survivors about evidence collection and examination, emergency contraceptives, VCT and PEP so that they can be prepared for what will happen when they go for health services and to the police. The centre facilitates support groups and victims are also provided with basic vocational skill training. For safety and security as well as prevention of possible stigmatisation of survivors, the location of the shelter home is kept unrevealed without any branding. However, victims will access the service through referral networks, from community levels by CHC members, TBAs or any of the local government service points – health facilities, police stations, schools or others.

1.4 Overall project Objective: Strengthened legal and policy frameworks, mechanisms and approaches in Somaliland to support the right of women and girls to live free from SGBV and FGC.

1.4.1 Specific Project Objective: Improved access to multi-sectoral and coordinated SGBV services and information for women and girls in three pilot areas of Somaliland (Maroodi Jeex, Sahil, and Burao).

1.4.2 Expected Project Results:

- **ER 1**: Increased capacity of 2 national and 30 grassroots level CSO (existing women's groups and local NGOs) to provide quality legal, medical and psychosocial support to victims of SGBV:
- **ER2:** Improved coordination and capacity of multi-sectoral state actors to address SGBV and FGC in the target populations:
- **ER3:** Increased community awareness, behaviour change, and action to support women's and girls' rights related to SGBV and FGC in the target pilot areas:
- **ER4:** Enhanced legal and policy framework towards gender equity and SGBV/FGC elimination through coordination, advocacy and lobbying:

1.5 Projects Geographical location: Maroodi Jeex, Sahil and Togdheer (particularly Burao District) Regions.

1.6 Target groups: local NGO partners (NAFIS and WAAPO); local NGO staff; grassroots CSO / human rights defenders; SGBV Network members; CHC members; health facilities; MOH managers; health workers; police; judiciary; youth groups; traditional and religious leaders; TBA; and Community Health Workers and counsellors.

1.7 Direct Beneficiaries: women and girls in the pilot communities, SGBV survivors, married men, Women boys and girls' youth clubs. SGBV Victims.

2 Purpose of the Assignment

1. To conduct an operational Research to assess the effectiveness of the" shelter home model" a component used during project implementation

2. To conduct Final Evaluation of the EC STOP project.

2.1 Purpose of the Evaluation

The purpose of the evaluation exercise is to capture effectively what changes have been accomplished as a result of the project interventions, both in qualitative and quantitative terms comparing project indicators from the baseline survey, through the mid-term review and this final evaluation exercise. It is also expected to highlight lessons learnt and provide information on the nature, extent and where possible, the potential impact and sustainability of the project. Moreover, the evaluator will assess whether the project was Relevant, i.e. the extent to which the project is suited to the priorities and policies of the target group, recipient and donor; Determine the project Effectiveness, i.e. 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; assess Efficiency measures of the outputs -- qualitative and quantitative -- in relation to the inputs, whether the project objectives achieved on time; and determine Impact of the project, i.e. the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended; and determine the level of project Sustainability that is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn.

Specifically, the evaluator will assess the project design, scope, implementation status and the capacity to achieve the project objectives. It will collate and analyze lessons learnt, challenges faced and best practices obtained during implementation which will inform future programming strategies. The emphasis on learning lessons speaks to the issue of understanding what has and what has not worked as a guide for future planning. It will assess the performance of the project against planned results. 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; lessons learnt and propose actionable recommendations for future programming.

3 Value for money (VfM) and cost-effectiveness

An additional requirement will be for the consultant to conduct an analysis of the project in terms of VfM and cost-effectiveness. This work should analyze the extent to which HPA has achieved VfM in terms of the 4 E's (efficiency, effectiveness, economy and equity). Reference should be made to the 4 E's (efficiency, effectiveness, economy and equity)[1]. Other additional VfM tools can be utilized as appropriate. The VfM analysis should be included as an annex to the evaluation report.

[1] 4(*) Suggested VfM approach (other approaches will be accepted):

- An analysis of the extent to which the project represents VfM compared to key sector benchmarks.
- An analysis of inputs per outcome and inputs per output.
- The following key cost-effectiveness measures could be included: cost/ maternal death averted, cost/ unsafe abortion averted, cost/ unintended pregnancy averted, cost/ DALY averted, Cost/ CYP, Cost/ trainee, cost/ service (split by direct and indirect costs), incidence of commodity stock outs, cost/ user, cost/ additional user).

4 The scope of the assignment

A technical analysis that evaluates the progress, outcomes and impact against the programme targets. Based on the outputs from the analysis, the evaluator(s) will furthermore present options and recommendations for future programme design and implementation. The final evaluation and Operational research report should be developed by the evaluator(s) based on the findings from their research.

The consultant will:

1. Review, revise or restructure the quantitative survey (household questionnaires) and qualitative research tools (Focus Group Discussions and Individual Interviews) previously to generate data required for the assessing progress made by the project against indicators in the project logical framework to feed into final evaluation and Operational Research.
2. Provide training to Research Assistants on data collection for the evaluation, including sampling, survey questionnaires, data inputting, FGDs and interview skills and provide continuous supervision during data collection to ensure the quality and representativeness of attained data.
3. Produce an evaluation and Operational research report (in English) based on the analysis of the quantitative and qualitative data collected. The contents of the reports should include, but not be limited to, descriptive studies and analytical studies. Furthermore, the Evaluation report should detail, but not be limited to, progress against all indicators in the Log frame for the SGBV programme.
4. Key questions to answer as part of the evaluation and operational research will be developed alongside HPA staff. However, will likely include:

- To what extent has the shelter home been effective
- To what extent was the project strategy and the project activities relevant in responding to the needs of affected communities?
- To what extent have beneficiaries been involved in the planning, design and implementation of the project?
- To what extent were the intended project aim, the outcomes and outputs (as outlined in the log frame) achieved, and how?
- To what extent did the project reach the targeted beneficiaries of the project aim and outcomes?
- Have strategies for implementation been appropriate in the context?
- How has the project showed value for money?
- What are the unintended consequences (positive and negative) of the project?
- What key changes were brought about by the project to the lives of targeted beneficiaries?
- How will positive changes to the lives of affected communities be sustained after the project ends?
- What changes/factors are recommended to facilitate sustainability?
- What are the key lessons learnt, best practices?

5 Methodology of the Research

The research will make use of various methods including (but not limited to): A literature review of the existing programme documents, including the project proposal, logframe, progress reports and mid-term evaluation report, so as to gain a clear understanding of the SGBV Programme.

1. Consultations with HPA staff to clarify the aims of the final evaluation, operational research and develop the data collection tools.
2. Training Research Assistants to conduct household surveys, and any other required information

for the evaluation.

3. A conflict-sensitive approach much be taken throughout.
4. HPA will form a team of experts that will review progress and provide comments and inputs at different stages.

6 Timing

The exercise will be carried out between March and April 2019

- Two detailed inception report for the 2 assignments with work-plan and set of tools will be submitted to HPA for feedback after the literature review and a briefing with HPA staff.
- Training of Research Assistants will be conducted by the evaluator(s) after the work-plan and data collection tools are finalised.
- Field data collection and input will take about 14 days depending on the tools to be used.
- Two draft final reports for the Operational and Final Evaluation exercise will be submitted to HPA no later than 14 days after the data collection is completed.
- The detailed itinerary will be finalised after discussions between the evaluator(s) and HPA Somaliland field office staff.

7 Time breakdown:

Schedule	Working days
Literature review and briefing with HPA	3 days
Develop work-plan and research tools	3 days
Training of research assistants' to conduct data collection	2 days
Field data collection	- Approx. 8 days of consultancy is required
Data input and cleaning	- Approx. 5days of consultancy is required or conducted by the research team
Compile draft reports	5 days
Revise and produce final report	4 days
Total	**Approx. not more than 30 days of consultancy is required**

All collected data will be integrated and analysed by the evaluator(s). The draft reports will be circulated among all key stakeholders involved and their feedback will be used to correct factual errors and address requests for clarification. The evaluator(s) will then prepare the second draft of the reports. Further work may be needed from the evaluator(s) if any remaining errors or clarification requests have not been fully addressed.

8 Products

Two Reports: Evaluation and Operational report based on the review findings which should identify the following:

- Progress achieved/underachieved against the targets in the log Frame-**Evaluation**

- Behaviour changes made and impact achieved after the three-year Implementation-**Evaluation and operational research**
- Advantages and disadvantages of the programme strategy- **Evaluation and operational research**
- Strengthens and weakness of HPA as the implementing partner- **Evaluation**
- The option(s) recommended as the best approach, with rationale **-Evaluation and operational research**
- A separate annex detailing VfM and cost-effectiveness analysis - **Evaluation**

The products should include case studies.

9 Deliverables

1. Two Inception report: Evaluation and operational research – Submit inception reports that details the study design, data collection tools, and detailed work plan within 5 days of engagement to be approved by HPA. (draft and final)
2. Two Final Reports: Evaluation and Operational research- The consultant will prepare and share draft reports with details of the findings, recommendations and lesson learnt to be reviewed by HPA before final submission of the reports (draft and final)
3. Data sets- The consultant should deliver all clean evaluation data entry sets to HPA.
4. The Consultant should develop and submit case studies and photos
5. Key findings in Power point presentation that include the assessment findings, recommendation and lesson learnt.

10 Logistics Arrangements

In support of the consultant undertaking this assignment, the **HPA Somaliland Office** will provide:
Relevant materials related to the study. Transport to and from the field and during the field work. All other costs shall be borne by the consultant. Recruitment and management of enumerators from the local communities (female). Mobilization of local communities and all relevant stakeholders this incl. ministry of health, Project beneficiaries, community leaders etc.

The consultant will be responsible for the following;

Taking care of his/her accommodation and any incidentals. Photocopying/printing of study materials/tools Training and supervising the research assistants.

Please note that visitors must comply with Health Poverty Action's Programme Participant Protection Policy; this will be made available to the evaluator(s) and the evaluator(s) will be required to sign this.

11Submission of Expressions of Interest

Interested candidates should write an expression of interest of no more than 15 pages outlining the proposed methodology for conducting this evaluation, previous relevant experience, and with the CV(s) of up to five team members. This should include:

11.1 Technical Bid

1. Understanding and interpretation of the TORs
2. Design of the evaluation with clear methodology to be used
3. Proposed date and activity schedule (work plan)

4. Clearly indicate the company name (if applicable), physical address, contact person and their title, phone, email and date of submission.

Attach a minimum of one sample of report for an evaluation previously conducted by the consultant

11.2 Financial Bid

The financial proposal should list itemized details of costs associated with the study e.g. communication, accommodation, and printing where necessary and should include all relevant costs, including tax. It should express all proposed costs incl. The proposal should also indicate the validity period, in days, of the bid. Consultant fees in USD.

The Financial proposal should be submitted together with the technical proposal

11.3 Capacity Statement

Relevant experience related to the assignment (Ideally the team should have experience in health, SGBV projects/ programs and knowledge of the historical and political situation in Somaliland; a team with a value for money specialists is an added advantage). Contacts of at least 2 organisations who could act as referees for previous work conducted by the evaluator. CVs detailing relevant experience for the assignment in question

11.4 Availability dates

Exact dates of when you can commence work should your bid be successful

11.5 Administrative Documents

- Signed and stamped Annex 18 General Terms and Conditions
- Signed and stamped Annex 19 Code of Ethics
- Signed and stamped Annex 24 RFT Conditions of Participation

Please send the above to: procurement@healthpovertyaction.org AND slvacancy@healthpovertyaction.or.ke by 16:00 (EAT time) 25th March 2019

12 Evaluation and award of consultancy

Health Poverty Action will evaluate the proposals and award the assignment based on technical and financial feasibility to deliver the outputs including availability dates. Health Poverty Action reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest or the highest bidder.

13 Estimated Budget:

We are anticipating the scope of work to cost between USD 18,000 – 25,000; however final decision will not be based on the lowest financial bid but overall value for money.

14 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 reports.
3. The third payment of 30% of the total contractual amount shall be made to the consultant upon approval and acceptance of the final research reports

NOTE: **Late submission of the final survey reports and all related survey documents will attract penalties**