

TERMS OF REFERENCE FOR A CONSULTING FIRM

TERMS OF REFERENCE: CONSULTANCY FOR CONDUCTING HEALTH FACILITY SURVEY FOR REPRODUCTIVE HEALTH COMMODITIES IN SOMALIA	
Hiring Office:	UNFPA in collaboration with the Ministry of Health
Background	<p>Although the legal and policy framework on maternal health in Somalia has improved over the decades, maternal mortality remains one of the highest globally. The estimated maternal mortality Ratio is 692/100,000 live births, total fertility rate is 6.9 children per woman, CPR for modern contraceptives is 1 % and the unmet needs for FP is 29% (SDHS,2020)</p> <p>Family Planning services and availability of Reproductive Health Commodities are important components of essential health care services to improve maternal health and reduce maternal mortality. The government of Somalia has established reproductive health commodity security and services as an integral component of the national health plan and as a key strategy for reducing maternal and neonatal deaths.</p> <p>Reproductive health commodity security is an embedded component in the Somalia National Family Planning Costed Implementation Plan 2024-2028 and the RMNCAH 2023-2027</p> <p>UNFPA, as one of the core supporters of the Somali MoH within this area of concern, works closely with the MoH to strengthen Reproductive Health Commodity Security (RHCS) as one of the core components of the health sector. In addition, UNFPA supports MoH to ensure greater access to health services, in particular quality Sexual and Reproductive Health (SRH) services at different administrative levels such as local, district, and regional. Along with this support, UNFPA strengthens the technical capacity of the service providers of SRH services with a focus on maternal health, birth spacing (family planning), midwifery care, obstetric fistula repair, adolescents and youth reproductive health services, clinical management of rape (CMR)</p> <p>The first facility based Reproductive Health Commodity Security Survey in Somalia was done in 2022 and was conducted by Vision Quest Consultants</p> <p>Rationale for the survey</p> <p>Somalia became a recipient of the UNFPA Supplies Partnership in 2021. Recipient countries must conduct facility-based RHCS surveys annually. The survey is a means to assess whether UNFPA's support has had an impact on improving availability of contraceptives and other life-saving commodities in the national reproductive health, family planning, and maternal health program.</p> <p>UNFPA Somalia plans to fulfill its commitment to making data available for measuring and tracking results of the RHCS interventions through time. At the same time, the survey results will be submitted every two years to UNFPA headquarters as part of the UNFPA Global monitoring program for the Global RHCS analysis</p> <p>Besides availability of RHC's the survey also measures efficacy of relevant aspects of the service providers such as staff training and supervising, availability of cold chain, systems, guidelines and protocols use and so on. Then obtain views of clients about quality of cost of services through client exit interviews.</p> <p>The survey will assess availability and stock out of contraceptives as follow:</p>

	<ul style="list-style-type: none"> a) The contraceptive method a facility is expected to provide in line with the national guidelines and protocols b) The contraceptive method a facility is regularly providing in respect to and reference to the last 3 months.
<p>Purpose of the Consultancy</p>	<p>The main purpose of the survey is to measure progress of the Reproductive Health Commodities Security program in Somalia and to provide overall picture of the availability and level of commodity stock outs, to assess relevant aspects of health facility such as, resources, clients perception of quality of FP services and appraisal of clients costs incurred to assess the services</p> <p>Specific objectives to achieve the purpose</p> <ul style="list-style-type: none"> • Assess the availability and stock out of a list of reproductive health commodities and additional commodities • Determine the level of staff training and supervision of reproductive health care • Determine the incidence of user fees(if any)paid by clients for receiving the FP services • Obtain the views of clients about the RH- FP services • Understand the reasons for lack of products availability and stock out. • Assess the current state of health facilities in Somalia, including their physical condition, staffing levels, and equipment. • Identify the key challenges and opportunities for improving health facility performance. • Develop recommendations for improving the design, construction, and management of health facilities. • Review the information related to staff supervision and training needs identification e.g., for the logistic management system, forecasting, procurement, and family planning service delivery. • Determine the availability of guidelines and protocols for supply chain and stock management. • Review the methods used for safe disposal of unused or expired medicines/commodities at the facility level and the availability of guidelines for disposal of expired medicines/commodities. • Review the use of technology for data entry for consumption data and stock status of reproductive health and family planning supplies. <p>Specifically, the following indicators will be assessed</p> <ol style="list-style-type: none"> 1. Percentage of SDPs with availability of at least three and/ or five methods of modern contraceptives <ul style="list-style-type: none"> • Percentage distribution of the reasons for not offering certain contraceptives • Rate of “Stock-out” of any contraceptive method at different levels of health facilities: Primary, Secondary and Tertiary Classified in Rural and urban • Rate of “Stock-out” of at least three (3) methods at different levels of health facilities: Primary, Secondary and Tertiary classified in Rural and urban • Rate of “Stock-out” of at least five (5) methods at different levels of health facilities: Primary, Secondary and Tertiary classified in Rural and urban • Reasons for the occurrence of “Stock-out” of commodities

	<p>2. Percentage of Service delivery points with availability of life saving medicines such as Magnesium Sulphate, Oxytocin, Misoprostol etc At tertiary, Secondary and primary SDPs(At Rural and Urban)</p> <ul style="list-style-type: none"> ● Reason for the occurrence of stock out
<p>Scope of work:</p> <p><i>(Description of services, activities, or outputs)</i></p>	<p>The assessment will cover all levels of health facilities in Somalia, Primary, Secondary and Tertiary hospitals. The assessment will include the following activities:</p> <ul style="list-style-type: none"> ● Data collection: The team will collect data from a variety of sources, including facility surveys, interviews with healthcare providers and patients, and a review of existing documents. ● Site visits: The team will visit a sample of health facilities to observe operations and interview staff and patients. ● Analysis: The team will analyze the data collected to identify the key challenges and opportunities for improving health facility performance. ● Recommendations: The team will develop recommendations for improving the design, construction, and management of health facilities. <p>The above activities will aim at achieving the following outcomes</p> <ul style="list-style-type: none"> ● Assess the availability and stock out of a list of Reproductive health commodities and additional commodities ● Determine the level of staff training and supervision of reproductive health care ● Determine the incidence of user fees (if any)paid by clients for receiving the FP services ● Obtain the views of clients about the RH- FP services ● Understand the reasons for lack of products availability and stock out. ● Assess the current state of health facilities in Somalia, including their physical condition, staffing levels, and equipment. ● Identify the key challenges and opportunities for improving health facility performance. ● Develop recommendations for improving the design, construction, and management of health facilities. ● Review the information related to staff supervision and training needs identification e.g., for the logistic management system, forecasting, procurement, and family planning service delivery. ● Determine the availability of guidelines and protocols for supply chain and stock management.

	<ul style="list-style-type: none"> Review the methods used for safe disposal of unused or expired medicines/commodities at the facility level and the availability of guidelines for disposal of expired medicines/commodities. Review the use of technology for data entry for consumption data and stock status of reproductive health and family planning supplies. <p>Specifically, the following indicators will be assessed</p> <p>1. Percentage of SDPs with availability of at least three and/or five methods of modern contraceptives</p> <ul style="list-style-type: none"> Percentage distribution of the reasons for not offering certain contraceptives Rate of “Stock-out” of any contraceptive method at different levels of health facilities: Primary, Secondary and Tertiary Classified in Rural and urban Rate of “Stock-out” of at least three (3) methods at different levels of health facilities: Primary, Secondary and Tertiary classified in Rural and urban Rate of “Stock-out” of at least five (5) methods at different levels of health facilities: Primary, Secondary and Tertiary classified in Rural and urban Reasons for the occurrence of “Stock-out” of commodities <p>2. Percentage of Service delivery points with availability of life saving medicines such as Magnesium Sulphate, Oxytocin, Misoprostol etc. At tertiary, Secondary and primary SDPs(at Rural and Urban)</p> <p>3. Reason for the occurrence of stock out</p>
<p>Duration and working schedule:</p>	<p>3 months</p>
<p>The place where services are to be delivered:</p>	<p>Mogadishu, Garowe, and Hargeisa</p>
<p>Delivery dates and how work will be delivered (e.g. electronic, hard copy, etc.):</p>	<p>September - December, 2024. The work will be delivered both in electronic form and hardcopies. Power Point presentations will also be provided for use by UNFPA and MOH during stakeholders and FP and RHCS meetings. The consultant will also be expected to carry out consultative workshops and validation workshops during His/her assignment.</p>
<p>Monitoring and progress control, including reporting requirements, periodicity format, and deadline:</p>	<p>The assignment is spread over 3 months, starting from September – December, 2024.</p> <p>The deliverables and instalment payment</p> <p>1st instalment - 30%</p> <p>Submit an inception report and survey tools including the survey methodology and sample size and list of sampled facilities - By 30th September, 2024</p>

	<p>2nd Instalment - 30%</p> <p>Submit a draft report of the survey and conduct consultation and validation Workshop - <i>By 5th December,2024</i></p> <p>3rd Instalment 40%</p> <p>Submit Final Health facility Reproductive health commodities survey Report – <i>by 31st December,2024</i></p>
<p>Supervisory arrangements:</p>	<p>The day-to-day work of the consultants will be monitored by the FMOH Department of Procurement and Supply Chain, UNFPA Reproductive Health Commodity Security Specialist, with the overall oversight of the SRH Advisor and UNFPA Somalia Head of Programs/Deputy Country Representative)</p>
<p>Expected travel:</p>	<p>The Consultants team will be expected to travel to all federal member states and Somaliland based on the sampling exercise report that will be conducted by the firm immediately after commencing the assignment. Bidders are requested to include the necessary resources and travel budget in the financial proposal (under out of pocket expenses)</p>
<p>Required expertise, qualifications, and competencies, including language requirements:</p>	<p>Qualifications and skills of the team members</p> <ul style="list-style-type: none"> ● Minimum of a masters degree in evaluation and social research methods, program management, international development, public health, Social sciences or related fields. ● Demonstrated knowledge, competencies and working experience on health facility assessment, health related survey and similar excellent research skills: data collection, data analysis and report writing preferable in the the field of sexual reproductive health ● Excellent research skills: Data collection, data analysis and report writing, preferably in the field of sexual reproductive health. ● Excellent planning, analytical organizational and managerial skills ● Good knowledge and experience with online platforms/apps for data collection (System map or others) ● In-depth knowledge of the region or of Somalia and Somalia public health sector, familiar with SRH issues and health sector in Somalia, Experience in supply chain management will be an asset. ● Proficient in statistical packages(Excel, Stata, SPSS and others) ● Fluence in English and Somali language is an asset <p>Professional experience of team members</p> <ul style="list-style-type: none"> ● At least 5 years of proven experience in conducting surveys and mapping data collection teams ● Extensive experience in analysing surveys abd statistics preferably in the area of health ● Experience in designing and leading surveys in SRH, public health and supply hain management ● Experience in both qualitative and Quantitative analysis ● Familiarity with UNFPA or the UN is an added value