

Terms of Reference for Final Evaluations

Country: Somalia

Project Name & ID: SOM-1086 - Enhancing Nutrition in Emergencies interventions in Baidoa District, Bay region Somalia.

On behalf of Welthungerhilfe and partner organization GREDO

INTRODUCTION AND CONTEXT

Country:	Somalia
Project title:	Enhancing Nutrition in Emergencies interventions in Baidoa District, Bay region Somalia.
Project no.:	SOM 1086-24
Project holder:	Welthungerhilfe /GREDO
Project period:	01-01-2024,-31/12/2024

1. Introduction and Background Information

Deutsche Welthungerhilfe e.V. (Welthungerhilfe) is one of Germany's largest INGOs focused on humanitarian assistance and development. Established in 1962 as part of the global "Freedom from Hunger" campaign, Welthungerhilfe envisions a world where everyone lives a self-determined life in dignity and justice, free from hunger and poverty. Since its inception, it has supported 12,128 projects in 72 countries.

Active in Somaliland since 2001 and having expanded to South/Central Somalia in 2022, Welthungerhilfe focuses on resilience-building and local humanitarian leadership. Its 2023-2024 programs address food security, nutrition, agriculture, WASH, and infrastructure rehabilitation, particularly in response to the drought crisis affecting regions like Mudug, Galgadud, Bay, and Hiran.

1.1 IMPLEMENTING PARTNER

Gargaar Relief Development Organization (GREDO) is a local non-profit, non-governmental humanitarian and development organization with its Headquarters in Baidoa and has sub-offices across south-central Somalia. It was initiated in December 1992 by a group of Somali intellectuals and well-wishers responding to a need. GREDO focuses on aspects of emergency, humanitarian responses, and development/resilience programs. GREDO's programmatic themes include education, Health, WASH, livelihoods, Environmental management and governance with a focus on human rights, access to justice, women empowerment and protection of vulnerable communities and individuals, especially IDPs, refugees and returnees.

Project Details

Welthungerhilfe (WHH), through its local implementing partner GREDO, has been delivering nutrition interventions in ## 33992 communities, including ## 5 health facilities, covering ## 10636 children below five years and ## 1342 pregnant and lactating women (PLW) in Baidoa. The project runs from January 1, 2024, to December 31, 2024. And was funded by a private donation, The project expands the Nutrition in Emergencies (NiE) to provide essential nutrition services for displaced and flood-affected communities in Baidoa improved nutritional status of children and PLWs in Baidoa through direct treatment of acute malnutrition and enhanced capacity of the government and nutrition cluster partners to deliver quality NiE programs.

It operates across five target locations (four outreach centers and one fixed site) with the support of WHH's field coordination and technical staff. The project targets 33,992 individuals in Baidoa, focusing on the following locations:

- a. Danwadaag
- b. Bunnaw
- c. Darusalaam
- d. Towfiq
- e. Awshine

Project Objectives and Outputs

- **Project Objective:** To contribute to the reduction of the mortality and morbidity rates for children under the age of 5 years and PLW in Baidoa.
- **Outcome:** Improved nutritional status of children and PWLs in Baidoa through direct treatment of acute malnutrition and enhanced capacity of the government and nutrition cluster partners to deliver quality NiE programs.
- **Output Indicators:**
 - 1.1: Severely and moderately acute malnourished children under 5 years and PLWs have access to life-saving nutritional services at health facilities.
 - 1.2: Relevant technical capacities for NiE programming of the health workers from Southwest State Ministry of Health and national nutrition cluster are strengthened.

Target groups of the IDPs and host communities

- **Children under the age of five, addressing both SAM and MAM:** Including: 3,532 children with severe acute malnutrition (SAM) and 5,704 children with moderately acute malnutrition (MAM).
- 24663 caregivers including mothers, fathers, grandmothers, grandfathers, and influential community members, including 1,342 PLW
- 46 health facility nutrition staff and CNVs: the capacity of health facility nutrition service providers
- **93 government and NGO representatives:** strengthen the capacity of state-level MoH representatives and nutrition cluster partners (IMAM, IYCF-E, MAMI, SGBV, and MHPSS) for representatives in the Southwest State.

The mode of implementation: Implementation through local partner GREDO.

Brief problem background

- Baidoa, Bay Region, hosts 740,065 internally displaced people (IDPs) across 649 sites, facing poor living conditions with limited access to healthcare and nutrition. Recent floods, as of November 12th, have displaced 12,350 households (74,000 people) in the camps and affected 22,190 households (133,140 people) in the host community. Over 2,000 shelters and personal property have been destroyed, with 178 IDP sites inundated, causing secondary displacement for 92,000 people. The destruction of 720 communal latrines has heightened health risks, worsening conditions for vulnerable groups, including mothers, children, the elderly, and people with disabilities, necessitating urgent protection responses.

1. EVALUATION PURPOSE

The overall purpose of this evaluation is to assess the effectiveness of the project in achieving its objectives. The Final evaluation will examine the impact (clear link between intervention and outcomes) of the services provided on participants and their families, assessing the knowledge of caregivers regarding Infant and Young Child Feeding (IYCF) participants service satisfaction and to compare baseline findings. The evaluation will also assess the effectiveness of CMAM performance indicators according to SPHERE Standards and Somalia IMAM guideline. It will also document best practices, lessons learned, challenges, and opportunities encountered during the program's implementation and design phases in the project locations. It aims to generate knowledge for learning, informing future program design and implementation, inform decisions on continuation or adjustments. Insights will be shared with stakeholders to support continuous improvement, ensure accountability for the outcomes, with accountability typically taking precedence over learning in emergency contexts. and effective decision-making in humanitarian nutrition programming.

2. SCOPE AND OBJECTIVES OF THE EVALUATION

The evaluation will be a final evaluation and will assess the effectiveness in improving nutrition and other outcomes as per the logical framework. The evaluation will cover all project locations in Baidoa District of Bay Region of Somalia, and the complete project duration as specified in the project proposal document.

The evaluation will:

1-Assess the project's relevance by examining whether the funding and support provided align with the local needs, priorities, and possibilities, including those of local partners.

2- Evaluate the achievement of the project's outcomes and results as defined in the project's logical framework, focusing on Improvements in nutritional status of children and PWLs in Baidoa through direct treatment of acute malnutrition and enhanced capacity of the government and nutrition cluster partners to deliver quality NiE programs.

3- Document challenges, programmatic lessons learned, and key recommendations for future project improvements and similar interventions.

2.1 The Specific Objectives of the Final Evaluation.

- Establish extent to which the project achieved its intended objectives and deliverables.
- Assess the impact of the project to the target population.
- To assess the knowledge of caregivers on Infant and Young Child Feeding (IYCF).
- To compare baseline and endline results to measure the program's overall impact on the knowledge.
- To identify gaps in knowledge, behavioural patterns and identify cultural beliefs that create barriers to infant and young child feeding.
- To measure project participants' satisfaction with nutrition services, disaggregated by sex, age, and disability, and to assess the extent to which project participants' needs were addressed through nutrition service provision and compare results against the 80% target.
- To measure all indicators as outlined in the log frame, compare the results with targeted values outcome as per objective verifiable indicators, assess outcomes and update the log frame accordingly.
- To provide recommendations based on the survey findings to strengthen future nutrition activities.

2.2 Logical framework indicators of the project

Outcome: Improved nutritional status of children and PLWs in Baidoa through direct treatment of acute malnutrition and enhanced capacity of the government and nutrition cluster partners to deliver quality NiE programs.

1.1 By the end of the project, 70% of targeted caregivers have improved knowledge of IYCF, compared to the baseline values collected at the start of the project, disaggregated by sex, age and disability status

1.2 By the end of the project, 9,236 children with [specify: moderate / severe] acute malnutrition receiving therapeutic treatment, disaggregated by sex, age and disability status

1.3 By the end of the project, 80% of caregivers reporting to be satisfied with the services offered at the health facilities (both static and mobile) supported under the project (target: 80% of target group), disaggregated by sex, age and disability status

Output 1.1: Severely and moderately acute malnourished children under 5 and PLWs have access to life-saving nutritional services at health facilities.

1.1.1 By the end of the project, 16,896 caregivers reached through the SBCC sessions about key IYCF practices.

1.1.2 By the end of the project, 4,278 caregivers trained on family-led MUAC, disaggregated by sex, age and disability status.

- 1.1.3 By the end of the project, 9,236 children (6-59 months) with [specify: moderate / severe] acute malnutrition receiving therapeutic treatment, disaggregated by sex, age and disability status
- 1.1.4 By the end of the project, 1,342 PLWs supported through the provision of micronutrient supplements
- 1.1.5 By the end of the project, >75% (According to SPHERE Standard) of children (6-59 months) discharged from the treatment program as successfully recovered, disaggregated by sex, age, and disability status.
- 1.1.6 By the end of the project, 30 mother to mother/father to father support groups established and fully functional (groups continue to hold regular meetings)
- 1.1.7 By the end of the project, 1,450 mothers with infants from 0-5 months enrolled to MAMI outpatient care package

Output 1.2: Relevant technical capacities for NiE programming of the health workers from Southwest State Ministry of Health and national nutrition cluster are strengthened.

- 1.2.1 By the end of the project, 50 participants trained on (IYCF-E) disaggregated by sex, age and disability status
- 1.2.2 By the end of the project, 30 participants trained on (MHPSS) disaggregated by sex, age and disability status
- 1.2.3. By the end of the project, 30 participants trained on (Clinical Management of Rape (CMR)) disaggregated by sex, age and disability status
- 1.2.4 By the end of the project, 100% of project staff are knowledgeable on how to safely proceed when identifying a case for referral to specialized services, disaggregated by sex, age and disability status.
- 1.2.5 By the end of the project, 30 participants trained on (SGBV) disaggregated by sex, age and disability status
- 1.2.6 By the end of the project, completed safe referrals made to specialised service providers according to referral pathways are documented, disaggregated by sex, age and disability status
- 1.2.7 By the end of the project, 30 participants trained on (MAMI) disaggregated by sex, age and disability status
- 1.2.8 By the end of the project, 50 participants trained on (CMAM) disaggregated by sex, age and disability status
- 1.2.9 By the end of the project, 27 participants trained on (protection mainstreaming), disaggregated by sex, age and disability status
- 1.2.10 By the end of the project, 100% of trained participants are aware of the community feedback and response mechanism and know how to use it, disaggregated by sex, age and disability status
- 1.2.11 By the end of the project, 3 trainings conducted by the nutrition cluster supported by the project

3. USERS OF THE EVALUATION

The intended users of the evaluation results are divided into primary and secondary users, each with distinct roles in utilizing the findings.

Primary Users:

1-Welthungerhilfe Project Staff: To assess project effectiveness, identify areas for improvement, and integrate lessons learned into future project design and implementation.

2- Project Participants: To inform understanding of the impact of the project on their communities and provide feedback for future projects.

3- Project Partners: To enhance collaboration, align activities with evaluation insights, and improve the effectiveness of joint efforts.

4- Welthungerhilfe Head Office: To assess the return on investment and make informed decisions about future funding allocations and support.

Secondary Users:

1- Cluster: (other Humanitarian Organizations): To learn from the project's experiences and best practices and apply these insights to their own interventions.

2- Donor: To understand the impact of funded projects, foster transparency and accountability, and guide future funding decisions.

4. EVALUATION QUESTIONS (AND CRITERIA)

The evaluation will address the following evaluation questions based on the OECD DAC criteria of Appropriateness/relevance, Effectiveness, Coherence, Sustainability/ Connectedness, and Impact. It was decided to limit the evaluation to these Five criteria to go into depth and focus on finding out how well the intervention was suited for the needs expressed in the project participants, how effective the measures were, and which impact they have had on the lives of the people in Baidoa. ensure that programs are effective and responsive to the needs of the target populations. Additionally, questions will be raised about the usefulness of the project as a tool to respond to the various humanitarian crises in Baidoa district.

4.1 Relevance / appropriateness

a. Alignment with Participant Needs:

- To what extent did the project's objectives and design address the immediate needs of the participants?
- How well did the project adapt to the evolving needs of different participant groups, including children, women, the elderly, and people with disabilities?
- What barriers to access were identified that may have prevented certain groups or individuals from benefiting from the project? How were these barriers addressed, and what strategies were implemented to enhance coverage?

b. Relevance to Partner Institutions:

- In what ways did the project support and enhance the capabilities of local partners to respond to humanitarian crises?

c. Stakeholder Engagement and Feedback:

- How effectively did the project incorporate feedback from participants and stakeholders to ensure its continued relevance and appropriateness?

4.2 Effectiveness

a. Achievement of Objectives:

- How effectively did the project enable the target population to meet their needs, particularly in terms of access to access, and affordability of nutritious diets, and providing quality essential nutrition-specific and sensitive services for all, and addressing of basic needs?
- To what extent has the CMAM program been effective in enabling the target population to meet their nutritional needs, in alignment with Sphere standards and standard CMAM performance indicators (e.g., cure rates, defaulter, and death rates)?

b. Outcome Level Indicators:

- How did the project perform against the key outcome indicators as stated in the Log Frame?

c. Inclusion of vulnerable groups:

- How effectively did the project identify and reach the most vulnerable and marginalized groups, including children, women, the elderly, and people with disabilities?
- Were there any groups that were underrepresented or missed by the project's interventions?

d. Effectiveness of Interventions:

- Which specific interventions (e.g., access to life-saving nutritional services, capacity building for NiE programming of the health workers, Ministry of Health and national nutrition cluster from Southwest State) were most effective in achieving the project's objectives?
- Were there any interventions that were less effective, and if so, why?
- Were there any innovative solutions or best practices that emerged from overcoming these challenges?
- How efficient were the monitoring and evaluation systems in tracking project progress and informing decision-making?

4.3 Impact

WHH has recently developed a new definition of impact stating that: "*Impact refers to the outcomes that are either contributed to or directly attributed to interventions, which are relevant to those affected by hunger and poverty.*" Hence, there is a clearer distinction made between outcomes and impact by emphasizing causality, meaning that strong evidence must be presented that shows that the outcome was caused (partially or in full) by the intervention. The subsequent questions shall be applied following this logic and shall focus particularly on the causality link:

a. Overall Impact on Participants:

- What have been the significant short-to medium-term changes in the lives of participants as a result of the project's interventions? Have there been any long-term changes as well?
- How has the project contributed to improvements in health, nutrition conditions, and overall well-being of the target population?

b. Impact on Vulnerable Groups:

- How has the project specifically impacted vulnerable groups such as children, women, the elderly, and people with disabilities?
- Are there any notable differences in impact among these groups that can be contributed to the interventions?

c. Community-Level Changes:

- a. How has the project influenced community practices and behaviors related access to nutrition services and Nutrition programs should not only address immediate malnutrition but also contribute to the long-term health and development of the population. **Unintended Impacts:**

- What unintended positive impacts have emerged from the nutrition project's interventions?
- Are there any unintended negative impacts, and if so, how were they addressed?

d. Comparison with Baseline:

- How do the current conditions of participants and communities compare with the baseline data collected at the project's start/beginning of the year (in case of changing participants)?
- What measurable improvements can be attributed to the project's interventions?

e. Participant Perceptions:

- What stories or testimonies illustrate the project's impact?

4.4 Coherence

Application to Nutrition in Emergencies: Effective coordination across sectors (e.g., health, WASH, food security) is essential to align nutrition programs with broader emergency responses, maximizing impact and minimizing duplication.

Evaluating intervention coherence includes examining internal and external aspects:

- **Internal Coherence:** Focuses on the alignment and synergy between the intervention and other initiatives by the same institution or government, ensuring adherence to relevant international standards and norms.
- **External Coherence:** Assesses the intervention's consistency with efforts by other actors in the same context, emphasizing complementarity, harmonization, and coordination to enhance value and avoid overlap.

4.5 Sustainability/ Connectedness

- **Application to Nutrition in Emergencies:** Though emergencies often focus on short-term relief, sustainability in nutrition could mean building local capacity, involving community health workers, or ensuring that local systems are strengthened to continue addressing malnutrition after the emergency response phases out.
- The criterion of **connectedness** replaces the sustainability criterion used in development evaluations. It assesses the extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

5. EVALUATION DESIGN AND METHODOLOGY

The evaluation will employ a mixed-methods approach, including quantitative surveys, qualitative interviews, focus group discussions, and direct observations. Data will be disaggregated by key demographic factors, including gender, age, and disability status, to ensure inclusivity and comprehensive analysis. The process will include extensive engagement with stakeholders—participants, local communities, project staff, government and local authorities, and partner organizations—to capture diverse perspectives and enhance data reliability. Ethical standards, including confidentiality and informed consent, will be strictly observed throughout. The final evaluation design and methodology will be refined in consultation with the selected candidate, following a review of their proposal and results from any interviews conducted with top-ranked applicants

- The evaluation methodology has to allow for gender-age-disability-disaggregated data, showing how Children, males and females as well as people of different age groups and with or without disabilities benefit from the project.

- The methods and data sources should be triangulated for enhancing the validity of evaluation findings.
- Existing data (e.g. baselines, secondary data, data stemming from the project feedback and complaints mechanism) must be included, where appropriate, for the evaluation's purpose and scope.
- The evaluation will employ both qualitative and quantitative methods, utilizing primary and secondary data sources. The approach will involve comprehensive data collection and analysis to ensure a robust evaluation of the project's effectiveness, relevance and impact.

Data Collection Methods:

A-Primary Data Collection:

- **Interviews: Conduct Key Informant Interviews (KII)** with project participants, implementing partners (IP) project staff, non-IP staff (e.g., community leaders), and other stakeholders.
- **Most Significant Change (MSC) Tool:** Use the MSC technique to capture qualitative stories of significant changes experienced by participants.
- **Surveys:** Implement participant surveys to gather quantitative data on project outcomes and impacts.
- **Outcome harvesting or comparison group:** To align with WHH's new impact terminology appropriate tools should be used to properly measure the link between intervention and outputs/outcomes translating to actual impact.
- **Field Visits:** Conduct site visits to observe project activities and gather contextual information.
- **Photos and Videos:** Collect substantiating photos and videos to provide visual evidence of the project's impact.

A. Secondary Data Collection:

- **Document Review:** Analyze existing project documents, including the original proposal, M&E plan, work plans, monitoring data, monthly/quarterly reports, and other relevant materials.
- **Data Review:** Examine existing datasets and monitoring data to supplement primary data collection.

Methodology:

- **Mixed-Methods Approach:** The evaluation will use a combination of qualitative and quantitative methods to triangulate data and ensure comprehensive analysis.

- **Participatory Techniques:** Engage stakeholders, including participants, in the evaluation process to gather diverse perspectives and enhance the validity of findings.
- **Ethical Considerations:** Conduct the evaluation in compliance with GDPR data protection regulations. The evaluator must sign an understanding to ensure the protection of personal data collected during this assignment. The evaluator will elaborate on data collection and protection methods, including the tools and IT equipment used for data storage and the duration of data storage, in the inception report.

6. MANAGERIAL ARRANGEMENTS / ROLES AND RESPONSIBILITIES

The WHH MEAL team will take the overall coordination of this Final evaluation with the successful consultant. Additionally, WHH Head of Project, GREDO Project Manager and MEAL focal person will closely oversee the Final survey process and provide timely support as required.

Support from WHH and GREDO team

Welthungerhilfe, working in close coordination with GREDO will be responsible for the following:

- Share all necessary documents with the consultant to finalize the methodology and data collection tools
- Community mobilization and making appointments with other key study participants
- Provide input for study methodology, data collection tools, and report.
- Guidance and coordination throughout all the phases of final evaluation, keeping communication with the consultants throughout all phases
- Review the draft report
- Approve and sign the final report draft

The successful consultant will be responsible for the following tasks

The consultant will design and conduct the Final evaluation and set out the benchmarks according to the project's indicators considering regional variations and integration across themes. The consultant will also present the findings to Welthungerhilfe and GREDO.

Specific tasks:

- Review of key documents that include the Final evaluation ToR, proposal documents, and the project log frame.
- Designing the Final evaluation Produce an inception report with a detailed work plan and methodology to be used with respect to the quantitative household survey, provide a description of how data will be collected including the sampling frame, data sources, analysis plan, and drafts of data collection tools such as questionnaires, submit and present these for review and agreement with the project team before the exercise. Develop an implementation plan for

the fieldwork The consultant will prepare an evaluation matrix in-line with the project's log frame

- Conduct training on the tool and sampling (including data protection and research ethics) for the enumerators and supervisors.
- Conduct field data collection, including supervision, quality control
- prepare a draft report and discuss with the project team the initial results
- Conduct validation workshop final presentation capturing main findings with Welthungerhilfe.
- Produce final evaluation report with Final evaluation values (updated log frame) and other annexes (including but not limited to raw and clean datasets, data collection tools, sampling strategy, fieldwork plan, evaluation matrix)

Country Office staff:

- Help with setting up interviews and meetings with stakeholders, though transport and logistics will need to be organized by the consultant. WHH will not be liable for any logistical support.

7. DELIVERABLES AND REPORTING DEADLINES

All the Deliverables will be submitted to WHH soft copy (unless otherwise noted below).

- 1- **An inception report:** The consultant will share his/her inception report that details the evaluation design (rationale, methodology), data collection tools, and a detailed work plan within 1-3 days of engagement, to be approved by WHH
- 2- **Data collection tools:** Both Household Survey and qualitative data collection tools will be developed by the consultant. All tools must be reviewed and approved by WHH prior to the commencement of data collection, analysis, and interpretation.
- 3- **Validation meeting:** A meeting, online, discussing the main findings of the draft report, including project staff, partner staff, WHH MEAL staff, once data collection has ended.
- 4- **Log Frame Alignment:** Updated project log frame is required with endline indicator values.
- 5- An -Final Evaluation report
- 6- **Raw and clean final datasets**
- 7- **Draft Evaluation Report:** The evaluator will prepare a draft evaluation report with details of findings, recommendations and lessons learnt for review by WHH and partners.
- 8- **Final Evaluation Report:** The evaluator will share a final evaluation report after incorporating the comments from WHH and project partner.
- 9- **Photos of Evaluation Activities:** The evaluator will provide photos documenting the evaluation activities, such as Focus Group Discussions (FGDs) and interviews (while being mindful of confidentiality concerns), as part of the report. Additionally,

relevant photos of the project activities from the WHH archive should be used to illustrate the context and work conducted during the project. WHH signed consent form is needed for every photo taken.

8. RESOURCES AND AVAILABLE DATA

A range of existing information/documents will be made available to the evaluator upon notification of the award. This will include (but is not limited to): the proposal of the project, the Log Frame, baseline reports, monitoring data, and any other relevant documents.

The project team will facilitate and coordinate the endline process with the relevant stakeholders, paying the professional consultant fee. The consultants will take care of other related costs; (facilitate their own transport, accommodation, etc. during the assignment).

9. TIME FRAME / SCHEDULE

The duration of the assignment will be 39 working days. This evaluation will begin on 10th December 2024; preliminary works may begin earlier, such as developing the tools and reviewing the initial proposal documents. Below is a tentative schedule prepared to guide the evaluator in developing the evaluation workplan

	Activity	Duration
1	Document review, desk research & initial consultation and draft inception report by the evaluator(s)	3 WDs
2	WHH and GREDO meeting to discuss the inception report, project details and answer any questions the evaluator(s) have	1 WD
3	Finalize inception report and detailed work plan, including sampling methodology	3 WDs
4	Development of tools and familiarize with tools developed by WHH to be applied	3 WDs
5	Setting up and training of enumerators on the tools using mobile data collection	3 WDs
6	Data collection/ /interviews and data cleaning/ analysis	12 WDs
7	Debriefing meeting with relevant stakeholders	1 WD
8	Preliminary endline report	5 WD
9	Draft Final endline Evaluation Report Note: WHH will be responsible for reviewing the first draft report within 3 WDs of receipt and will provide feedback to the evaluator(s).	5 WDs
10	Finalizing Final Report, final endline report and Validation workshop	3WDs

10. CONFIDENTIALITY

All documents and data acquired from documents as well as during interviews and meetings are confidential and to be used solely for the purpose of the evaluation.

The deliverables as well as all material linked to the evaluation (produced by the evaluator(s) or the organization itself) is confidential and remains at all times the property of Welthungerhilfe.

11. EXPERTISE OF THE EVALUATORS

This survey would require a consultant able to work in the study area without limitations.

Expected Profile of the Lead Consultant

This evaluation assignment is open to evaluators with substantial experience in the services outlined. To be considered for the services described herein, the consultants must meet the following criteria:

- o Advanced degrees in nutrition and dietetics, Public Health Nutrition, or monitoring and evaluation/ epidemiology/ statistic with a strong focus on emergency nutrition and nutrition indicators/ assessments, or a relevant area.
- o The consultant should have 3 years experience in the assessment of standard IYCF indicators according to 2021 WHO IYCF indicator guide.
- o The consultant firm should at least have five years' experience in conducting similar nutrition, IYCF KAP survey, SMART, CMAM coverage assessments in Somalia.
- o The consult firm must have at least five years of proven expertise in CMAM programs, including conducting excellent CMAM program reporting and data analysis, and CMAM reporting skills in Somalia.
- o Minimum of 3 to 5 years of experience evaluating humanitarian programs implemented by international aid organizations; experience with European Union and German-funded programs is an advantage.
- o A demonstrated high level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
- o The lead consultant must have demonstrated experience and expertise in designing and managing evaluation (endline) studies for similar projects and in delivering agreed outputs on time and within budget. (to provide copies of reports on similar work in the last 3 years).
- o Experience of working with local communities and non-governmental organizations (Essential).

- Knowledge of data protection regulatory requirements, including GDPR, ensuring the protection of personal data collected during evaluations.
- Excellent writing, editing, attention to detail and organizational skills (Essential).
- Fluency in English (Essential). Fluency in Somali (Maay dialect) (An Asset).

All applicants should include the following: Cover letter, Technical and Financial proposals.

12. TECHNICAL AND FINANCIAL OFFER

Applicants have to provide:

- A technical and financial offer.
- All insurances are the responsibility of the evaluator(s).
- The consultant has to quote the travel, accommodation, per diem, vehicle rent need during data collection and enumerator training costs in the financial offer.
- Soft copies of relevant documents will be provided by Welthungerhilfe.
- Welthungerhilfe/GREDO staff will facilitate community entry and contacts to other interviewees.
- Laptops need to be provided by the evaluator(s).
- Offers have to be signed or should include the phrase “valid without signature”.
- The technical part of the offer should include reference to the perceived feasibility of the ToR. (If required, including suggestions for specific evaluation questions.)
It should also include a brief description of the overall design and methodology of the evaluation and a workplan/adaptations to the workplan at hand (maximum 4 pages).
- The financial part includes a proposed budget for the complete evaluation. It should state the fees per working day (plus the respective VAT, if applicable), the number of working days proposed and other costs (e.g. visa costs and other logical costs). Proof of professional registration and taxation is also required (e.g. by providing the evaluator(s) tax number).

Please note that we might make use of the option to invite the evaluator(s) having submitted the top-ranked offers for an interview prior to the selection of the final offer.

■ Note

- All insurance is the responsibility of the consultants / firms.
- Soft copies of relevant documents will be provided by WHH, and GREDO.
- The consultant will, if pay all taxes that may be demanded by the government.
- GREDO will facilitate community entry and contacts of other interviewees.
- Laptops need to be provided by the consultants.
- The consultants will be responsible for their own transport and accommodation.

Offers will be accepted by individual consultants, commercial companies, NGOs and academics until **5:00 PM 10th December 2024**.

Offers shall be submitted via Somali Jobs to Welthungerhilfe to the email address below: procurement.somaliland@whh.de