

TERMS OF REFERENCE

VACANCY ANNOUNCEMENT FOR CONSULTANCY

Vacancy Open Period: February 4- February 18, 2020

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| Title | CONSULTANCY TO UNDERTAKE EVALUATION OF THE UN H6 JOINT PROGRAMME REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCAH) 2015-2020 |
| Hiring office | UNFPA Kenya Country Office |
| Background | <p>Improving Maternal, Newborn and Child health is a key global agenda and is a priority for the Government of Kenya as is reflected in its Vision 2030, the Constitution of Kenya 2010 and the Health Sector Strategic and Investment Plan 2014-18. The maternal mortality ratio remains high at 362, a decrease from 488 deaths per 100,000 live births, according to the Kenya Demographic and Health Survey of 2014 and 2008/2009. This national MMR estimate however, obscures the disparities at county level.</p> <p>UNFPA in conjunction with University of Nairobi, Population Studies and Research Institute (PSRI) carried out a rapid situational analysis based on 2009 Population and Housing Census on the burden of maternal mortality and its distribution. This analysis showed MMR values ranging from 187 maternal deaths per 100,000 live births in Elgeyo Marakwet County to 3,795/100,000 live births in Mandera County. The study ranked all the 47 counties based on their estimated maternal mortality ratio (MMR) and 15 Counties were noted to contribute about 98% of maternal deaths. The 10 highest MMR burden counties are Mandera, Wajir, Turkana, Marsabit, Isiolo, Siaya, Lamu, Migori, Garissa and Taita Taveta.</p> <p>Kenya was a recipient of the RMNCH Trust Fund grant of US\$ 14.9 million in support of prioritized activities to address bottlenecks and gaps on reducing preventable maternal and newborn deaths in the six high maternal mortality burden counties of Mandera, Wajir, Marsabit, Isiolo, Lamu and Migori. The funding was channeled through UNFPA, UNICEF and WHO and the activities were implemented between July 2015 and December 2016 by the County Departments of Health, Liverpool School of Tropical Medicine (LSTM), National Council for Population and Development (NCPD), the Kenya Red Cross (KRCS) and Amref Health Africa.</p> <p>In March 2016, six UN agencies (UNFPA, WHO, UN Women, UNICEF, UNAIDS and World Bank) organized themselves in a UN H6 partnership to operationalize and intensify efforts to implement the UN Secretary General's Global Strategy for Women's and Children's Health. As the funding from the RMNCH Trust Fund ended in 2016, the UN H6 agencies joined forces and secured funding from the Embassy of Denmark (Danida) to implement a second phase of the UN Joint Programme on RMNCAH (2017-2020). Leveraging on successes from the first phase, the UN H6 partners in the current second phase continued to support the reduction of maternal and newborn mortality in the six high burdened counties in Kenya.</p> <p>Joint Programme RMNCAH Objectives</p> |

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| | <p>The RMNCAH Project was designed with the overall goal being to contribute to the reduction of maternal and newborn morbidity and mortality in the six high burdened counties by increasing utilization of integrated, quality reproductive, maternal, newborn, child and adolescent health, HIV and gender-based violence (GBV) services. The project supported activities aimed at operationalizing three core strategies, namely:-</p> <ol style="list-style-type: none"> 1. Scale up access and improving quality of integrated RMNCAH, HIV and GBV services (e.g. renovations, trainings in BEmONC, introducing maternal waiting homes, procurement of commodities and equipment). 2. Generate community demand for uptake of life saving reproductive health, HIV and GBV services (e.g. introducing transport and TBA vouchers and other demand side financing initiatives, work with religious and other leaders and robust community health strategy). 3. Strengthen institutional capacity at county level (e.g. providing embedded technical assistance, enhancing coordination, developing core strategic planning documents, improving health information systems, and integrating continuous quality improvement into support supervision through the Kenya Quality Model for Health to target human performance factors). <p>End Term Evaluation</p> <p>This programme evaluation is envisaged as an in-depth analysis to assess progress made in achieving planned results, including efficiency in the utilization of resources. The report will also be used to account to donors and other involved stakeholders. The primary target group of the evaluation report are the UN H6 partners, the Government of Kenya, Development Partners and the Implementing Partners. Findings from the evaluation will be disseminated to these audiences at a report validation and results dissemination workshop as well as other platforms such as social media and websites/ portals.</p> <p>Therefore, UNFPA Kenya Country Office, on behalf of the UN H6 partners is seeking for two consultants (to work as a team) to conduct RMNCAH Project review in six counties ie. Mandera, Wajir, Marsabit, Isiolo, Lamu and Migori.</p> |
| <p>Objective of the consultancy:</p> | <p>The objectives of the review are:</p> <ol style="list-style-type: none"> (i) Relevance: - To assess the relevance and contribution of the RMNCAH programme to the national and county plans e.g. Kenya Health Sector Strategic Plan (2013-2017), County Health Strategic Plans. (ii) Effectiveness: - To assess the extent to which the programme implementation successfully achieved the stated objectives, including establishing how Implementation framework enabled or hindered achievements of the results chain i.e. what worked well and what did not work well. (iii) Efficiency: - To assess the extent to which the programme objectives have been achieved, with the appropriate amount of resources (funds, expertise, time, administrative costs, etc) |

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| | <p>(iv) Sustainability: - To assess the continuation of benefits after its termination, linked, in particular, to their continued resilience to risks.</p> <p>(v) Coordination: - To assess the coordination of the Programme implementation among UN H6 partners and the programme counties.</p> <p>(vi) To generate a set of clear forward looking and actionable recommendations logically linked to the findings and conclusions. These recommendations will include specific guidance on the designing of future support to strengthening counties' capacity on RMNCAH.</p> |
| <p>Scope of the review, Description of services, activities or outputs:</p> | <p>The RMNCAH End Term evaluation will cover interventions carried out during the programme period (2015-2020). The evaluation will cover all of the following counties where the programme was implemented: Migori, Isiolo, Wajir, Marsabit, Lamu and Mandera. The evaluation should assess all three programme objectives and the impact of the programme on the county capacity to sustain the interventions and results gained.</p> <p>The evaluation will cover the technical aspects of the programme as well programme management and the crosscutting aspects such coordination, monitoring and evaluation and partnerships.</p> <p>RMNCAH Project Evaluation Questions</p> <ol style="list-style-type: none"> 1. To what extent is the RMNCAH programme adapted to national and county needs and policies? 2. To what extent did the interventions supported by the programme in all areas contribute to the achievement of planned results (objectives)? 3. To what extent have the H6 Partners made good use of its human, financial and technical resources to pursue the achievement of the objectives defined in the RMNCAH programme Document? 4. To what extent has RMNCAH programme supported interventions contributed to the capacity development and service delivery in the 6 Counties and addressed the most pertinent needs? 5. What are the main comparative strengths of H6 Partners in Kenya and how are these perceived by the national, County and international stakeholders? 6. To what extent are the H6 Partners coordinated in implementation of the RMNCAH programme, including adherence to the Implementation Framework. 7. To what extent have the partnerships established by RMNCAH programme promoted the national ownership of supported interventions, programmes and policies? 8. Any other pertinent questions (proposed by consultants) <p>Approach and Methodology</p> <p>The review will adopt an inclusive and participatory approach, involving a broad range of partners and stakeholders at both national and county levels. The stakeholders may include representatives from the government, civil society organizations, the private-sector, UNFPA, WHO, UNICEF, UNAIDS, UN Women, World Bank, other bilateral donors and most importantly, the beneficiaries of the programme.</p> |

During the inception stage, the consultants will conduct a comprehensive desk review to define the review design, including data collection and analysis methods and required tools. The proposed methodology is to be outlined in the inception Report prepared by the consultants with inputs from the RMNCAH Technical working group.

Main tasks and Responsibilities

1. Develop and present a detailed inception report outlining brief preliminary desk review, data collection tools and methodology, work plan and budget.
2. Conduct desk review and analyze the programme documents including but not limited to: programme proposal, Implementation Plan and Framework, reports, national health sector plan, RMNCAH Framework, respective county health sector strategic plans and annual work plans.
3. Conduct key informant interviews with national stakeholders e.g. the Ministry of Health as shall be guided by the UN H6 Technical team.
4. Make field visits to all the six counties to evaluate programme implementations:
 - a. Conduct Key informant interviews stakeholders in the respective counties.
 - b. Conduct focus group discussions with beneficiaries (community level) in the selected counties.
5. While addressing the above, the consultants will be required to review/assess the following questions:
 - a) Analysis of the relevance of the programme in relation to the national health sector priorities – to what extent did the objectives of the programme contribute to the national health sector strategic plans?
 - b) Analysis of the achievements of the programme in relation to the expected results
 - c) Analysis of the performance and efficiency of programme 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
 - d) Analysis and possible synergies with other RMNCAH initiatives and funds such as the Global Financing Facility and the World Bank Transforming Health Systems
 - e) Determine the efficiency of the process of execution and the working relationships of the UN H6 partners in the programme.
 - f) The prospects of sustainability of results achieved in service delivery and HSS, including the catalytic nature of the project.
 - g) The added value of the RMNCAH Initiative and the lessons learned.
 - h) Recommendations for future support to the target counties to strengthen their capacity on RMNCAH in alignment to national policies and strategies such as the Kenya Health Sector Strategic Plan, the Universal Health Coverage strategy and the Primary Health Care strategy.

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| | Make presentations and facilitate during a report validation and results dissemination meeting with representatives from the UN H6 and implementing partners. |
| Duration and working schedule: | February - May 31 st 2020 |
| Place where services are to be delivered: | Nairobi and Six project counties (Mandera, Wajir, Marsabit, Migori, Lamu and Isiolo). NB: Travel to Mandera and Lamu will be subject to prevailing security situation. |
| Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.) | <p>The team of consultants will produce the following deliverables:</p> <ul style="list-style-type: none"> • A Design report that includes an evaluation matrix for the RMNCAH programme evaluation • Draft zero report after field phase which captures preliminary findings. • A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the review, to be presented and discussed with the UN H6 partners, MOH and other partners during the foreseen at the end of the field phase; • Draft report to be presented at a report validation meeting. • A final review report, both narrative and in power point format for dissemination in acceptable quality. <p>Special notes:</p> <ul style="list-style-type: none"> • The assignment will commence no later than March, 2020. • The consultants are expected to visit the six project field sites and the offices of other implementing partners during the period April, 2020. • A draft report shall be submitted to UNFPA KCO no later than May 8, 2020. • The final report shall be submitted to UNFPA no later than May, 27, 2020. • The final report should not exceed 30 pages and include an executive summary of maximum 3 pages including recommendations for strategic direction as well as appendices. The executive summary should be readable as a standalone document. <p>Roles and Responsibilities of the consultants (A team of two required)</p> <ul style="list-style-type: none"> ▪ A Lead consultant with overall responsibility for the production of the draft and final reports. S/he will coordinate the work of the team and will also be responsible for the quality assurance of all deliverables. The lead consultant should have a good knowledge of Kenya’s national development context and be fluent in English and Kiswahili. At the synthesis phase, she/he will be responsible for putting together the first comprehensive draft of the report, based on inputs from the SRH expert. ▪ A sexual and reproductive health expert will provide expertise in sexual, reproductive and maternal health and adolescent health. Besides her/his technical expertise, the sexual and reproductive health expert should have a good |

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| | <p>knowledge of the national development context and the devolved system of governance and be fluent in English and Kiswahili. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final report.</p> |
| Monitoring and progress control | <p>Weekly email and/or calls with UNFPA M&E Specialist and programme Coordinator to discuss progress share work drafts and reports and take decisions on the way forward.</p> |
| Supervisory arrangements | <p>The successful candidates will administratively be under the overall supervision of the UNFPA KCO M&E Specialist but will report directly to, and work collaboratively with the RMNCAH Senior programme Coordinator for the assignment</p> |
| Expected travels | <p>Travels to all six programme Counties and other Implementing partner offices within Nairobi. NB: Travel to Mandera and Lamu will be subject to prevailing security situation.</p> |
| Required expertise, qualifications and competence, including language requirements: | <p>Lead Consultant</p> <ul style="list-style-type: none"> ▪ An advanced degree in either Public Health, Social Sciences, Population studies, Statistics or Demography. ▪ 10 years’ experience in conducting evaluations in the field of health, sexual reproductive health and rights including for UN agencies and/or other international organizations; ▪ Experience in working with the national and devolved system of government. ▪ Excellent data analysis skills in qualitative and quantitative methods. ▪ Excellent reporting writing skills. ▪ Ability to work in a team. <p>Sexual and Reproductive Health expert</p> <ul style="list-style-type: none"> ▪ An advanced degree in either Medicine, Health Economics, Epidemiology or Biostatistics. ▪ Specialization in public health; ▪ 7 years’ experience in conducting evaluations in the field of health, Sexual reproductive health and rights for UN agencies and/or other international organizations; ▪ At least 7 years’ professional experience preferably in programme/project management in the public sector at national level. ▪ Good knowledge of issues of reproductive health and rights and how this impacts on women and the young. ▪ Experience in working with government institutions, NGOs and/or donor institutions. ▪ Experience in leading and / or advising on the implementation of public health programmes or projects, particularly in the area of reproductive health, maternal health and adolescents and youth ▪ Working experience in the Kenya Health sector; ▪ Excellent data analysis skills in qualitative and quantitative methods. ▪ Excellent report writing skills. ▪ Familiarity with UN operations; |

| | <ul style="list-style-type: none"> ▪ Ability to work in a team. <p>Important Note: The consultancy involves desk work, which the consultants are expected to deliver using own equipment and work space.</p> | | | | | | | | | | | | | | | | | | |
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| Inputs/ services to be provided by UNFPA | <p>Review of tools/ reports with timely comments; oversight of field activities. The field visits shall be facilitated by and arranged in consultation with UNFPA. UNFPA will facilitate logistics for the stakeholders 'meetings.</p> | | | | | | | | | | | | | | | | | | |
| Other relevant information or special conditions, if any | <p>Remuneration and Duration of contract</p> <p>Payments shall be done in 3 phases: upon submission of the following reports:</p> <ul style="list-style-type: none"> • Upon approval of the Design Report 20% • Upon satisfactory contribution to the draft evaluation report 40% • Upon submission of the final End Term Evaluation report 40% <p>UN Consultancy Rates for Local Consultants and Experts will apply.</p> <table border="1" data-bbox="456 856 1422 1352"> <thead> <tr> <th></th> <th>Lead Consultant</th> <th>SRH Specialist</th> </tr> </thead> <tbody> <tr> <td>Desk review and drafting of inception report</td> <td>4 days</td> <td>3 days</td> </tr> <tr> <td>Field phase (data collection)</td> <td>24 days</td> <td>24 days</td> </tr> <tr> <td>Drafting the report</td> <td>8 days</td> <td>5 days</td> </tr> <tr> <td>Dissemination/stakeholder meeting</td> <td>1</td> <td>1</td> </tr> <tr> <td></td> <td>37 days</td> <td>33 days</td> </tr> </tbody> </table> <p>Final report shall be submitted to UNFPA no later than May, 27, 2020</p> <p>FUND CODE: KEN09RMD/RMNCAH-EVAL/UZJ28/PU0074</p> | | Lead Consultant | SRH Specialist | Desk review and drafting of inception report | 4 days | 3 days | Field phase (data collection) | 24 days | 24 days | Drafting the report | 8 days | 5 days | Dissemination/stakeholder meeting | 1 | 1 | | 37 days | 33 days |
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| <p>Interested candidates are requested to send their expression of interest, curriculum vitae and a sample of previous similar work to Kenya.recruit@unfpa.org by 18th February 2020</p> | | | | | | | | | | | | | | | | | | | |