

# Procurement notice for Monitoring and Verification Services

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<b>Project:</b>	Fund Manager for the Supply Component of the Somali Health and Nutrition Programme (SHINE Supply)		
<b>Our reference:</b>	376106	<b>Your reference:</b>	PO7751
<b>Prepared by:</b>	Jan de Haan	<b>Date:</b>	27/02/2020
<b>Approved by:</b>	Patricia Schwerzel	<b>Checked by:</b>	Jan Borg, Anselm Okoro, Wilma Meeus
<b>Offers by:</b>	15.03.2020	<b>Expected Contract Date</b>	20.03.2020
<b>Submit to:</b>	<a href="mailto:Jan.dehaan@mottmac.com">Jan.dehaan@mottmac.com</a>		

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## 1 Introduction

The Somalia Health & Nutrition Programme – SHINE Supply Component aims at supporting the Regional and/or District Health Offices in managing the provision / access to basic health and nutrition services as defined by the Essential Package of Health Services.

The DFID-funded SHINE programme is the successor of the Joint Health & Nutrition Programme (JHNP) and the Health Consortium for the Somali People (HCS) programmes that were implemented between 2012 and 2016.

The JHNP programme aimed at achieving 'improved health and nutrition status of the Somali people contributing to a reduction in maternal and child mortality'. The defined programme outcome was 'Increased use of reproductive, maternal, new-born and child health (RMNCH) and nutrition services that are available, accessible, affordable, of acceptable quality and adaptable'. The JHNP was a pooled fund with contributions of multiple donors that was implemented in nine (9) regions in three zones:

- Lower Juba, Galgaduud and Banadir in the Central South Zone
- Nugaal, Mudug and Bari in Puntland
- Togdheer, Awdal and Sanaag in Somaliland

The DFID-funded HCS programme was implemented in three regions – one region in the Central South Zone (Gedo Region), Puntland (Karkaar Region) and Somaliland (Sahil Region) by a Consortium led by Population Services International (PSI).

At the end of JHNP and HCS implementation, a number of contributing bilateral donors to the pooled JHNP fund identified previously supported regions for their continued health and nutrition sector support, which these donors now support.

The overarching DFID SHINE Business Case (BC) was approved by Ministers in November 2015, with a total programme value of £89m. SHINE is a 5-year programme to reduce mother and child deaths in Somalia by improving the supply and demand for improved health and nutrition services. The programme aims to strengthen Somali Health Authorities (SHAs) oversight of basic service delivery and contribute to the wider state building agenda.

The SHINE programme comprises five components:

- The CHANGE component - essentially the successor of the HCS programme. CHANGE is implemented in three regions, previously covered by HCS, i.e. Sahil Region in Somaliland, Karkaar Region in Puntland and Gedo Region in Central South Somalia. The implementation of the CHANGE programme started in 2016 and is led by PSI.
- The SHINE Commodity Security component that should ensure the provision of adequate essential medicines and supplies for EPHS delivery in selected SHINE Supply regions. The provision of key EPHS commodities started in 2017.
- The SHINE Supply component, which comprises the Fund Management for provision of EPHS services (90%) and support to Health System Strengthening (HSS) (10%). Mott MacDonald was awarded the contract as Fund Manager of the SHINE Supply component, which is being implemented from 1st July 2018 – 30th June 2021.
- The Demand Creation component, that aims at strengthening demand for and uptake of available health services through the development, piloting, testing and scaling up (through partners) of appropriate behaviour change interventions across Somalia. This programme is implemented by PSI.
- The UNICEF Supply component that ensures the provision of EPHS services in Somalia, Somaliland and Galmudug (2 districts each).

This Terms of Reference refers to the SHINE Supply component and more specifically to the support to HSS. For HSS implementation, Mott MacDonald has formed a Consortium with three partner consultancies, i.e. IPA, THET and CGA. Together with the Mott MacDonald International Health Group (Mott IHG), the Consortium is capable of providing support in the design and/or refinement of particular systems related to specific health system functions through technical assistance, capacity development and subsequent mentoring/coaching of dedicated officers deployed at the Federal MoH, the Somaliland MoH and MoHs of Puntland and more recently established Federal Member States.

The SHINE Supply programme currently supports three Implementing Partners (IPs) that are delivering services across three regions and 16 districts. The regions are Awdal and Togdheer in Somaliland and Banaadir and Galgaduud of the FGS. These terms of reference and the work requested herein are only for Banaadir and Galgaduud.

## 2 Aim and Objective

Extreme security conditions pose a considerable challenge to BMB Mott MacDonald as the Fund Manager for the SHINE programme. While the company has the capacity and capability to visit areas within the country, there are substantial limitations that prevent free movement and observation of Implementing Partner activities on the ground. These limitations are particularly relevant for field visits in Banaadir and Galgaduud to conduct monitoring of Implementing Partner activities when the security environment does not allow SHINE Supply staff to visit particular regions. The contracted organisation is not expected to replace SHINE Supply's own monitoring activities. Rather it is intended to be a call-down service when SHINE Supply's own staff are unable

to mobilise to selected areas, and in some cases to supplement the Programme's monitoring with further details and observations.

### 3 Scope of Work

#### Routine monitoring:

- Checking for evidence that payments to health workers are being dispatched regularly and appropriately.
- Verify reported staff are at medical facilities and functioning.
- Inform programme management of any urgent issues that need management attention in a timely manner. Documenting evidence in reports.

#### Verification

Verify logframe and facility data, such as:

- Verifying facility level services: nutrition, family planning.
- Verification of stockouts of medical commodities
- Verifying standards of equipment.
- Verifying supportive supervision and resolutions have been implemented.

#### Due Diligence Monitoring:

- Due Diligence Monitoring comprises routine monitoring of contractor's field implementation, checking progress

against actual reported progress, and conducting investigations as needed.

- Note any observations of concern in their conduct of work, citing fiduciary, security and safeguarding risks.
- Where problems are identified, it may include investigations.

#### Political Economy Monitoring

- Report on any observed changes in the local political economy environment. Citing changes in governance, financing, social developments etc.

### 4 Activities

#### Routine monitoring:

- a. Visit to IP office and coordinate field visits.
- b. Conduct visit at the Regional Medical Office and District Medical Office.
- c. Interviews with health officers, and medical facility staff.

**DDM includes the following:**

- a. Review of project reports and comment.
- b. Visits to contractor's main offices and field officers to interview contractors about implementation, with a particular focus on identification of operational problems and actions taken to overcome these problems.
- c. Visits to health facilities to interview affected parties, including IP staff. The focus will be on identification of operational problems and actions taken to overcome these problems, and consideration of implementation constraints arising from the level of competency and performance of local agents.
- d. Interview stakeholders and affected groups with the aim of establishing whether there are issues requiring investigation, and to solicit opinions of affected parties on the intervention.
- e. Conduct spot-checks at health facilities.

### **Political Economy Monitoring**

- a. Interviews with local Ministry of Health officials, project staff and key local stakeholders.

## **5 Deliverables & Reporting**

Reports will be required on an ad-hoc, call-down basis when either the security conditions prevent SHINE Supply staff from monitoring or when additional reporting is requested to supplement existing reporting.

A reporting template will be shared with the contractor upon contracting. Reports are expected a minimum of 2 weeks after the field visit has been completed.

## **6 Contracting Modality**

A standard service sub-contract will be used, subject to both Mott MacDonald and DFID Terms and Conditions.

## **7 Requirements**

Organisations may apply.

### **General Profile**

- The organisation must be able to mobilise project monitors to Galgaduud and Banadir.
- The organisation has worked as in a similar role for a large donor funded programme.
- Ideally the organisation has experience with the health sector.
- The organisation has strong standards of duty of care, it takes sufficient measures to assure the safety and security of their staff.
- Strong capacities in drafting monitoring reports.
- Ideally experience in drafting political economy reports.
- The organisation has the required insurances for undertaking this work.

## 8 Submission

Bidders are expected to submit the following documentation:

### A. Technical Proposal, which contains the following sections:

- Relevant work experience
- Profiles of key and support staff with relevant experience
- Demonstration of capability to conduct monitoring and field verification services

### B. Financial Proposal

Please include details on:

- All-inclusive fees per day
- Airfares
- Daily subsistence per consultant when travelling, per location.
- Costs associated with production of documents, reports and presentations etc per call-down
- Costs associated with local transport

The applicants should note that the provided prices should be expressed in GBP. Prices should remain valid for the duration of the agreement.

## 9 Evaluation

The proposals shall be evaluated as per the following criteria:

- The demonstrated capacity to deliver the services (60%)
- The experience of staff and the organisation (20%)
- Costs – average, all inclusive rates per assignment (20%)

### Clarifications

All queries related to this request for proposals should be emailed to [jan.dehaan@mottmac.com](mailto:jan.dehaan@mottmac.com) with copy to [patricia.schwerzel@mottmac.com](mailto:patricia.schwerzel@mottmac.com) before the date specified in this invitation letter.