

TERMS OF REFERENCE FOR TB PROGRAM AND DATA QUALITY ASSESSMENT IN SOMALILAND, PUNTLAND AND FEDERAL GOVERNMENT OF SOMALIA.

BACKGROUND INFORMATION:

TB burden: Globally, 6.3 million new cases of TB were reported in 2016, equivalent to 61% of the estimated incidence of 10.4 million. Somalia has one of the highest TB incidences rates in the world estimated at 274/100,000 with a prevalence rate of 491/100,000 and estimated mortality (excluding HIV/TB) rate of 64 per 100,000 population. According to the latest UNFPA report, Somali population is estimated to be 12.3 million. TB continues to contribute to the disease burden in Somali, with the latest WHOTB report estimating a case detection rate (CDR) of only 49%, meaning 51% for all the cases (estimated) are being missed or undetected and majority of these are believed to be at the community level. In the last 5 years, case notifications have shown continued fluctuation and decline.

TB Program in Somalia: In Somali, TB control service provision is managed under the National Tuberculosis Programme (NTP) within the Ministry of Health (MOH). However, after the collapse of the central government in Somalia in 1990, TB control service provision have been implemented through key partners who consist primarily of international and national Non-Governmental Organizations (NGOs) with WHO providing the technical expertise in collaboration with Somalia government. From 2004, TB control have been funded chiefly by the Global Fund for AIDS, Malaria and TB (GFATM). World Vision (WV) is the principle recipient. Further, the government contributes to the implementation through provision of infrastructure, security support and facilitation of the NGOs involved in the TB control.

Despite being at its infancy stage and the complex political and security in the country, the Somali government has made progress in TB control and management. Access to TB services has generally improved through an increase in the TB Management Units (TBMUs) and laboratory network for microscopy services implemented according to the Stop TB Partnership global DOTS strategy. With uninterrupted funding from the Global Fund since 2004, access to TB

services and treatment have increased from 12 TBMs in 1995 to 95 by December 2017. Quality diagnosis and treatment resulted in a treatment success rate of 87% which is above the 85% global threshold. In 2017, the government finalized the development of the second National TB 2018-2022 strategic plan. This was followed by the completion of the monitoring & evaluation (M&E) plan that will guide the implementation of the strategic plan. The Strategic Plan contributes to the Somali Health Policy goal of improving the health status of the population through health system strengthening interventions and providing quality, accessible, acceptable and affordable health services that facilitate moving towards Universal Health Coverage (UHC) and accelerate progress towards achieving the health-related Sustainable Development Goals (SDGs).

Without diminishing the TB control and management progress made in Somali, TB program have not expanded as desired. There has been a slow progress in improving the existing infrastructure to increase their capacity as well as establishing new health facilities to meet the community needs or ensuring quality of the services. Required additional resources in terms of workforce, infrastructures, equipment and supplies have been limited. At present, the Global Fund supported TB program in Somalia is implemented by World Vision International Somalia Program (WVS) working in with other Somalia TB program implementing partners. The Somalia Global Fund Steering Committee (GFSC) and the TB Coordination Team (TBCT) provide the Country Coordination Mechanism (CCM) for the program.

TB Program Quality Assessment:

Periodically, it is key for staff and partners to step back and reflect on the quality of work for several reasons including but not limited to identifying areas that need improvement and inform decision-making process. Additionally, such a process can play a big role in improving knowledge sharing across the organization. The programming principles provided a measure against which the quality of the program is assessed.

TB Data Quality Assessment: A functional health information system is an integral part of a successful public health management program. Collection of TB data is paramount for the provision of high-quality patient care, aid staff in providing adequate services, monitor programme

performance and policy development. Over and above collecting TB data, it is of utmost importance to be able to collect the right type and quantity of data to support the intended use.

THE SERVICE & SCOPE OF THE CONTRACT:

Overall objective:

To assess the TB program and data quality in Somaliland, Puntland and Federal Government of Somalia

Specific Objectives:

The assignment has three specific objectives:

1. To assess the WV Somalia Global Fund program characteristic against WV programming principles and highlight areas of strength and weaknesses;
2. To assess the **VALIDITY, RELIABILITY, TIMELINESS, PRECISION** and **INTEGRITY** of the data;
3. To make recommendations based on the assessment results to improve the data quality in the three NTP regions; and
4. Develop a training material based on the recommendations given (in specific objective 2) and train a team of National ToTs.

Proposed Questions

Program quality Assessment

1. To what extent is the program making progress toward the impact it seeks to achieve?
2. To what extent is the program based on a thorough analysis of the underlying population needs?
3. To what extent is the program testing and adapting its Theory of Change?
4. To what extent is the program made up of a coherent set of initiatives that are working together to achieve the transformation envisioned by the impact goal?
5. To what extent does the program have an impact measurement and learning system in place?
6. To what extent does the program contribute to broad movements for social change?
7. To what extent is the program leveraging key financial and human resources to maximize the program impact and ensure sustainability?

8. To what extent does the program incorporate technical guidelines or standards?

Data Quality Assessment

1. Is the data adequate and clear enough to represent the intender results?
2. Are the data collection processes and analysis methods stable and consistent?
3. Is the data available at a useful frequency, is it current, and timely enough to influence management decision-making?
4. Is the level of detail sufficient to permit management decision-making?
5. Is there sufficient safeguards to minimize the risk of transcription error or data manipulation?

METHODOLOGY:

Study area: Somaliland, Puntland and Federal Government of Somalia _____

Target Population: Sampled TBMUS, selected key personnel from the three NTP regions that make up Somalia and partners

Study design: Cross-Sectional study

Study duration: Approximately 41 days. Actual dates to be determined during inception meeting.

PROCESS:

The successful consultant, in close collaboration with World Vision and MoH will carry out updating of the tuberculosis reporting framework.

The successful proposal will be reviewed by the technical research team including WHO before commencement of the exercise. A constant communication with World Vision will be ensured. Upon completion of updating the reporting framework, the consultant will develop an implementation plan to rollout the new updated tools and build the capacity of ToTs to roll out the use of the updated tools in all TBMs carrying out TB diagnosis, treatment and prevention interventions in the region. The updated reporting framework and implementation plan will be presented to the technical team before roll out. The assignment report on the assignment will also be presented to the technical team before a final report is printed and submitted to World Vision for final approval.

OUTPUT

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- 1) At inception, the consultant is expected to submit a detailed inception report and plan on how the review and capacity building will be carried out including the desktop review process and comprehensive methodology.
 - 2) Final report both in soft and 5 hard copies including all data sets used during the survey

Deliverables, reporting and project schedule

1. Participation at the kick-off meeting at World Vision Premises and the detailed report on the discussions and conclusion of the kick-off meeting, including the key issues discussed and decisions made (to be delivered two weeks after the kick-off meeting).
2. The updated project work plan for the entire duration of the contract, including general methodological approach, milestones and timelines in accordance with the objectives of the project and decisions of the kick-off meeting.

3. The two-page synopsis of the project outlining the general scope and purpose of the project to the relevant stakeholders for their information about the project (to be delivered two weeks after the kick-off meeting).
4. The work plan, including study protocol, describing study design, methodological approach, analysis plan, expected outputs and timelines
5. Detailed high quality summary report on the assignment performed (to be delivered according to the approved project work plan or 1 month before expiring of the contract).
6. High quality summary report on the assignment performed (to be delivered 1 month before the end of this contract).
7. A detailed report that should include review findings, realistic and achievable recommendations and next plan of action. The intended target audience for the reports are:
TB programme implementers and policy makers at national & international level as well as World Vision Somalia.

Conditions:

1. Sharing with WHO Somalia

Since WHO has technical mandate for TB, the results need to have the approval or at least an acknowledgement from World Health Organization Somalia. In this regard, World Vision will share the Terms of Reference with WHO Somalia. World Vision will also share the methodology of the study, the framework, results and analysis with WHO Somalia once the consultant provides them.

2. Immediately after completion of the assignment, a summary report should be presented for discussion by the main stakeholders – (WV, MoH, WHO).
3. Once this is agreed then the final report will be printed.

MANAGEMENT OF THE ASSESSMENT

While executing this assignment, the consultant and the parties involved shall be guided by the protocol summarized in the matrix below:

No	Stakeholder	Stakeholder / role
1	Consultant	Undertake the assignment based on the approved design and methodology and timeline
2	GF/PR technical team	Initiate the TOR and seek approval from WV Lead the technical recruitment of consultant Provide technical and managerial leadership to the consultant throughout the study process
3	WV QA / GF Technical team / NTP	Technical reviews to the ToR, Inception report, study design & methodology Participate in the technical evaluation of consultants Review draft report and recommend approval or non-approval
4	Supply Chain Manager	Advertise and complete bid selection processes
5	WV QA / GF Technical team / WHO / NTP	Review of the study findings

Essential qualifications required for this job

The following minimum qualifications are required for this job:

- Candidate must be a master's degree holder preferably in statistics or a comparative field.
- Competency in monitoring & evaluation and knowledge on TB programming and reporting.
- Should have minimum of 3 years' experience in carrying program and data quality assessments
- Candidate with previous experience in conducting similar assignments in the region will have an added advantage
- Have excellent knowledge of both written and spoken English and be computer literate
- Must be familiar with Somali cultures, norms and customs

LOGISTICS

World Vision will provide logistical support, including visa application, facilitation in arranging meetings with partners and relevant authorities. The consultant will be provided with an air ticket to and from the country of origin to Somalia. World Vision will also cover food and accommodation costs including vehicles required to carry out field assignments.

TIMEFRAME

Activity	Location	Timeframe (days)
Nairobi meeting the GF PR team	<i>Nairobi</i>	1
Inception report preparation including data collection tool development	<i>Nairobi</i>	6
Training of enumerators & Facilitators	<i>Somalia</i>	6
Data collection & Analysis	<i>Somalia</i>	20
Preparation of Draft report	<i>Nairobi</i>	4
Assimilation of comments	<i>Nairobi</i>	1
Final Report	<i>Nairobi</i>	3
	Total	41 days

Requirements:

Qualified and interested parties are asked to submit the following;

Letter of interest in submission of a proposal

A detailed technical proposal clearly demonstrating a thorough understanding of this ToR and including but not limited to the following;

- Consultant/Company Profile
- Description of the Methodology and Sample Size Determination
- Demonstrated previous experience in similar assignments and qualifications outlined in this ToR (with submission of at least two most recent reports)
- Proposed data management plan (collection, processing and analysis).
- Proposed timeframe detailing activities and a work plan.
- Team composition and level of effort of each proposed team member (include CVs of each team member).

A financial proposal with a detailed breakdown of costs for the study quoted in United States dollars.

Note:

As part of the Consultant selection process, the best candidates will be requested to prepare draft inception report and make a presentation of the same to the Global Fund Technical Team to inform the final decision on award of the Contract.

Applications should be submitted electronically to: mailto:somo_supplychain@wvi.org on or before **Monday the 25th June 2018 at 16:00 Hours East African Time**, with attachments in pdf and a subject line: **“Request for Proposals for TB PROGRAM AND DATA QUALITY ASSESSMENT IN SOMALILAND, PUNTLAND AND FEDERAL GOVERNMENT OF SOMALIA”**

Provision of Taxation as per the Kenya Revenue Authority on Technical Fees:

A 5% withholding tax is levied on the payment of technical services fees (as well as professional and management fees) where the services are provided by a resident/resident firm in Kenya.

The rate is 20% where the service provider is a non-resident/non-resident firm, unless an applicable tax treaty provides otherwise.

Consultant firms must be able to demonstrate their tax compliance status at the time of bidding for this assignment as WVS will only engage with tax compliant individuals/firms

The proposal that complies with all the requirements, meets all the evaluation criteria and offers the best value for money shall be selected and awarded the contract. Any offer that does not meet the requirements shall be rejected.