

## Summary

Type of Contract (tick the appropriate box)			Institutional Contract	
Title	Evaluation of Mobile Health and Nutrition Team Support to Health Service Provision in Remote, Pastoralist Regions of Ethiopia.			
Purpose	Evaluation of Mobile Health and Nutrition Team strategy to cost effective provision of emergency and non-emergency health services delivery and capacity building.			
Expected fee	Subject to bid: Planning figure \$300,000			
Location	Somali, Afar regions with consultations in Addis Ababa.			
Duration	Maximum 3 months			
Start Date	September 2013			
Reporting to	Centrally: James McQuen Patterson; Field: Steering Committees, Willis Ouma Aguta (Somali) Ahmed Mah (Afar)			
Budget Code/PBA No	TBD			
Project and activity codes				

## Background

Mobile health and nutrition teams (here after MHNT) started in the Somali region on a small scale in 2004 to address gaps in access to essential health services by providing free, life-saving curative, preventive and promotive health services in times of crisis. Under the supervision of the Public Health Emergency Management Unit (PHEM), disease surveillance is also a key contribution. At the start of the initiative, Somali region healthcare services were poorly developed with few health facilities constrained by insecurity, distance and high service fees.

In general, MHNTs consist of a vehicle, driver, two regionally deployed nurses and two locally appointed pastoralist Health Extension Workers (p-HEW) regularly supplied with free medicines, basic equipment, nutritional supplements, and WASH materials.

Since its inception in 2004 the number of MHNT deployed in Ethiopia has continued to rise in response to each emergency. In 2004 in Somali region, 8 UNICEF-supported RHB-run MHNTs were deployed in response to drought and measles outbreaks. In 2006, following the positive feedback of this initial deployment, 16 teams were re-deployed during a severe drought. These teams continued to provide services in priority woredas (districts) agreed each quarter with emergency health and nutrition partners. In 2009, the number of government-run teams in Somali region expanded to 20 and again to 24 UNICEF supported, government run MHNT in 2011 each in response to each new crisis.

Alongside government run MHNTs, international NGOs (INGOs) working in Somali have deployed additional MHNTs, generally operating in a similar manner, but often with specific project defined variations. During the HOA crisis of late 2011, the total number of deployed MHNTs reached over 50 teams in Somali region alone. In Afar, 4 MHNTs were started in

## Justification for evaluation

The regional government, UNICEF and several other partners have made considerable investments in the MHNT strategy in recent years. Broadly there is a general appreciation of the live-saving contribution of such teams in times of crises and admiration for their dedication to providing life-saving emergency health services. Monitoring visits by both internal and external partners have affirmed the vital service MHNT provide. Since 2009, there has been no evaluation of their work to appraise the cumulative results and impact of MHNTs on reducing excess mortality and morbidity in times of crises.

The rapidly evolving context in which MHNT work requires new thinking, insight into integrating MHNT work, where possible, into the supporting the rapid development of the health system. An evaluation is expected to bring unique insight and contributions to this important agenda.

## Overall objective and evaluation research questions

Under the overall objective of evaluating the current and future contributions of MHNT the following two research questions are to be addressed:

1. What is the effectiveness and efficiency of MHNT for providing emergency health and nutrition services in the pastoralist regions of Somali and Afar? Including:
  - a. What are the key, quantifiable and qualitative results / impact of MHNT work?
  - b. What is the range of costs for MHNT service provision compared to other approaches for delivering (or not delivering) health and nutrition services in pastoralist areas?
2. What is the community level perception of the service, service quality provided by MHNTs? For the health needs of the community,
  - a. Are MHNTs accessible, available
  - b. Are MHNTs providing the range of services required; what is missing?
3. What are the current and potential / unrealised contributions/distractions of MHNTs towards the development of pastoralist health care delivery services?

In answering each of these research questions, key observations and recommendations are expected to be offered from the evaluation to guide the evolution of MHNTs in the medium-term.

## Steering committee

Two steering committees will be set up for this evaluation, one in Somali Region and one in Afar Region. The head of the regional health bureau and the head of the BoFED will serve as the co-chairs of the evaluation. The UNICEF health officer will serve as the secretary of the committee. Other members of the steering committee will be co-opted by the chair and the

- Hard and electronic copies of all secondary reference materials obtained during the evaluation in a reference binder
- Note summarizing general stakeholders consultation meeting
- Hard and electronic copies of all primary data collected
- Preliminary report and presentation (5x hard copies)
- Final, bound report and accompanying presentation (20x copies)

### Use of Evaluation Standards

The steering committee and their evaluation contractors will be expected to adhere to the UN evaluation standards in all elements of the delivery of the evaluation.

### Intellectual Property Rights

All intellectual property rights in the work to be performed under this agreement shall be vested in the Bureaus of Health, Regional Government of Afar and Somali, Ethiopia, and UNICEF, including without limitations, the right to use, publish, translate, sell or distribute, privately or publicly, any item or part thereof. The Bureaus of Health and UNICEF hereby grants to the Recipient Organization a non-exclusive royalty-free license to use, publish, translate and distribute, privately or publicly, any item or part of the work to be performed under this Agreement for non-commercial purposes. Neither the Recipient Organization nor its personnel shall communicate to any other person or entity any confidential information made known to it by the Bureaus of Health, Regional Governments of Afar and Somali, Ethiopia, or UNICEF in the course of the performance of its obligations under the terms of this Agreement nor shall it use this information to private or company advantage. This provision shall survive the expiration or termination of this Agreement.

The core evaluation reports will be issued by the steering committee for the evaluation noting in the acknowledgements sections institutions and persons who have made major contributions to their authorship. Further analysis of data collected in the evaluation will first appear as authored working papers in a Government of Afar or Somali/ UNICEF country programme series to be cleared by the evaluation steering committees. Once cleared as working papers the authors will be free to work further on those papers for publication in peer reviewed journals. Contractors will provide the steering committee members with raw data, corrected/verified data once cleaned and programming files that permit replication of results from core evaluation reports.




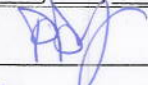
Data collected for the evaluation is the property of the Government of Ethiopia/UNICEF country programme. Master versions of the data, coding protocols and programming code permitting replication of results of core evaluation reports will be kept by the programme. Copies of the data will be distributed to researchers with the permission of the evaluation steering committee of which shall not be unreasonably withheld with a view to helping to disseminate learning derived from the data sets.

### Reporting and Payments

All work is expected to be completed within a maximum of 4 months of signing of contract.

- 20% upon signing of contract

Approval (internal to UNICEF) in addition to Steering Committee

<b>Prepared by</b>	Getachew Haile Emergency Specialist	Signature: 	
		Date: 8/11/2013	
<b>Endorsed by</b>	James McQuen Patterson, Chief Health, ai	Signature: 	
		Date: 8/11/13	
	Ahmed Mah, (on behalf of Steering Committee) APSO, Afar	Signature: _____	Attached.
		Date: ____/____/____	
<b>Endorsed by</b>	Willis Ouma (on behalf of Steering Committee, APSO Somali	Signature: _____	Attached
		Date: _____	
<b>Reviewed by REPOM</b>	Roger Pearson Chief, REPOM	Signature: 	
		Date: 8/4/2013	
<b>Approved by</b>	Peter Salama Representative	Signature: 	
	<i>oic</i>	Date: 8/4/13	

**UNICEF Ethiopia**  
**Front Office**  
**SUBMISSION CLEARANCE**

Date 18 October 2013


**Type of submission:**  
 Document for review  Document for signature  Signature in VISION  Other \_\_\_\_\_  
Re: TOR

**Section requesting approval:**

- Deputy Rep's Office/PMU
- Research Evaluation Prog Planning & Monitoring
- Communications for Development
- Health
- Nutrition
- Child Protection
- Education
- Media and External Relations
- Emergency & Field Coordination
- WASH
- Finance
- ICT
- Supply and Logistics
- Human Resources
- Administration
- Other: \_\_\_\_\_

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**Form/document drafted by:** James Map

**Cleared by:**  \_\_\_\_\_ 18/10/13  
Chief of Section (or OIC) Signature and date

**Administrative contact person:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**SUBMISSION STATUS (For Office Use)**

Signed  Apply corrections & resubmit  Need to discuss

Comments: -Looks good. I'd be interested in which primary data they will collect + how.  
rs