1. Background

Since the re-importation of the wild polio virus type 1 (WPV1) into the Somalia in April 2013, 32 immunization campaigns have been carried out. These efforts successfully resulted in a drop in cases from 194 during 2013 to five cases in 2014 – all in Mudug region, Puntland. All five cases occurred in nomadic-pastoralist families residing in villages outside the known large settlements. These villages are described as ‘accessible’ but difficult to reach due to remoteness and/or security challenges. Only one of the five cases had received age appropriate dose OPV; that child was vaccinated while visiting a neighboring village. Immediate aggressive SIA plans were implemented so as to stop this new focus of transmission. Last polio case had onset on 11 August 2014. The security situation in large parts of Somalia, especially South Central Zone including Mogadishu, remain volatile and adversely impacts health care delivery to Somali women and children including polio SIAs. Armed conflict and clan clashes are hampering humanitarian access in many parts of the country. In Mogadishu and most parts of the South Central Zone, Al Shabab continues to conduct asymmetrical attacks against Government, UN agencies and security establishments, severely curtailing all but the most essential movement of aid workers for lifesaving activities. Recent attack of UNICEF vehicle in Garowe, Puntland on 20 April 2015 killed 4 UNICEF staff (including 2 who worked for polio) and injured 5 others. Polio program activities which require high quality and timely implementation of the SIA activities have been hampered considerably. Security situation is being assessed and additional efforts are being made to minimize risk. Routine immunization program continues to be weak with very low immunization coverages. Due to killing of polio staff, support to routine immunization program has been stalled due to implementation of new security guidelines and reduction in staff footprint inside Somalia. Recent Polio Outbreak Assessment in June 2015 has concluded that:

- In spite of significant challenges the team has demonstrated its ability to deliver a diverse mix of innovative strategies which reach and mobilize both the broad population and higher risk groups.
- Since the last assessment in October 2014 a number of new strategies have been implemented – including but not limited to:
  - Establishing a SM network with more than 3000 mobilizers trained and reporting activities
  - Implementing enhanced strategies to reach security affected and nomadic populations - mapping of sites where nomad and migrant populations stay as well as sensitization of more than 300 nomadic elders in Puntland
  - Production and airing of an 18 part interactive radio serial in partnership with BBC Media Action with integrated messaging on polio, RI and other health issues
  - Although too early to fully evaluate the impact of these strategies, refusal numbers remain low and there is some evidence that high risk groups particularly in Puntland are now more excepting of immunization services and are better covered during SIAs.
· Excellent vaccine logistics system through pre-positioning of vaccine in hubs despite challenges; Some last mile issues in establishing cold chain for newly accessible areas in SCZ
· Huge improvement in vaccine management since last assessment – all levels reporting vaccine utilization data

Somalia polio program continues to implement the planned polio SIA campaigns despite challenges and looks forward to implement remaining HOA TAG and OAM recommendations. Two NiDs and 1 SNID are planned between July – December 2015.

The SM Net currently includes about 3323 community mobilizers, 131 district & 22 regional SM Coordinators in Somalia. The organogram of the SM Net can be presented as follows:

Note: The Polio SM Net is managed in coordination with the MOH structure. The community mobilizers are engaged for campaigns only (3-5 days) & in South Central zones the NGOs manage the Community Mobilizers in collaboration (PCAs) with the UNICEF State offices.

Since its inception in 2013 when recruitment of community mobilizers marked the initiation of the SM Net, it has come a long way. In early 2014 the Regional & district & regional SM coordinators were recruited, equipped and placed in their duty stations in Somalia. Their training concluded by October 2014. The Community mobilizers were also trained in IPC skills (Yet to conclude in South Central Zone).

The SM Net is made up of 3323 dedicated community mobilizers (CMs) from local communities in Somalia, (covering about 300 households each) who go house-to-house in their designated areas. CMs engage with households and community leaders on polio-plus topics and precede vaccination teams to immunize children during polio immunization campaigns.

District Field Assistants (DFAs) are engaged during campaigns to supervise CMs in Puntland & Somaliland, whereas the NGOs in South Central Zone have their own Supervisors for the CMs. DFAs coordinate the overall management of CMs (supportive supervision), networking and advocacy at the community level during SIAs. DSMCs are responsible under RSMC supervision in developing and implementing a district-specific communication plan (DCP) for polio eradication and
routine immunization. They also coordinate partnership activities in the programme at the district level.

At the district level, District SM Coordinators (DSMCs) work in close coordination with DPOs to provide technical assistance in building strong alliances with community, developing influencer networks, working with NGOs, charities and individuals at the community level. When necessary DSMCs work at the community levels to provide support in identifying and immunizing every missed child. Part of the DSMC contribution is the preparation of a resource map outlining under-served groups like Nomads and migrants so that they can be engaged constructively to assist immunization in these communities.

At regional level, a Regional SM Coordinator (RSMC) is placed as the overall supervisor of three/four to five districts, and is responsible for managing communication and social mobilization activities in the region, supporting District SM Coordinators in mapping out communication gaps/issues and reporting to the zonal level. There is also a Zonal SM Coordinator (ZSMC) who supports coordination at zonal level with MOH and UNICEF.

The UNICEF zonal offices in Hargeisa, Garowe and Mogadishu are responsible for overall management of SM Net programming in the high-risk districts in close coordination with the World Health Organization and Ministry of Health (MoH). UNICEF Somali Support Centre (USSC) in Nairobi provides technical assistance on communication reviews, media and advocacy, monitoring, research and evaluation, capacity building initiatives and IEC materials.

2. Rationale for the Research Activity

Though Somalia is a non-endemic country, it’s last case of polio was recorded on 11 August 2014 and in August, 2015, Somalia completed 1 year without any Polio case, which coincided with Nigeria being declared Non-endemic and Africa completing 1 year without any Polio case reported. While none of the zones in Somalia have not reported any case for more than one year, it is essential that very high immunity against polio is maintained to guard against any potential re-importation which could lead to devastating outbreaks, and thus the performance of SM Net remains a key factor in maintaining community level demand for OPV until Somalia is no longer at risk and when Polio is eradicated. It is also essential that UNICEF evaluate the strategies and approaches of the SM Net, and the impact that it has had in generating community demand for OPV, trust in health service delivery and the potential ability of the SM Net to deliver on broader child survival and development initiatives in order to guide next steps in transforming the extensive infrastructure that has been built up in and around the SM Net for the continued benefit of children in these high risk areas, or for replication in other areas.

The Somalia polio programme is modeled on the global gold standards, and UNICEF has been charged by the Outbreak Assessment (ORA) mission & the Technical Advisory Group (TAG) to document its innovations, lessons learned and best practices to be replicated in other contexts. With Pakistan, Afghanistan and Nigeria having recently replicated the principles of the SM Net in their own contexts to meet similar needs for community engagement, a thorough evaluation of the SM Net in a post-polio Somalia and an evaluation of its potential transition is timely for both the Somalia situation and to help serve as a model for other programmes and for other public health initiatives that could benefit from such an investment.

The evaluation will generate evidence to determine the outcomes & impact of the SM Net on activities including coverage of polio immunization activities and support for immunization in general, with the feasibility to deliver on other child survival and development interventions and efficiency and effectiveness of its management and structure, and determine the key lessons learned.
2.1 Specific Objectives of the Evaluation

- Establish a vision for the SM Net and the theory of change in coordination with the UNICEF staff & program managers & specialists.
- Assess the relevance of SM Net, i.e. whether the design and interventions of SM Net were in line with community needs—was this correct intervention for the needs of the programme at the time it was introduced? Does the program promote equity?
- Assess the effectiveness, i.e. the extent to which the objectives of the network have been achieved—knowledge and awareness of OPV & Immunization and other interventions as appropriate for the context, community trust in health services, demand for OPV and immunization and adoption of key behaviors such as taking children to immunization services when offered;
- Assess the efficiency, i.e. evaluating whether its resources have been used economically and within the specified timeframe; and cost of the programme for comparison
- Assess the sustainability, i.e. what systems are in place or are required to sustain the approaches and tools of SM Net?
- Assess the impact i.e. the extent to which the SM Net has contributed to the success and results of the polio eradication programme in Somalia.
- Make recommendations in consultation with UNICEF staff on the potential use and feasibility of this network for use in Routine immunization and other health related mobilization and service delivery like Maternal & child health (MCH) initiatives.

3. Use of the findings

It is expected that the evaluation will deliver a thorough analysis of the SM Net's work in supporting polio and immunization activities, it’s successes, failures and shortcomings in both programmatic relevance and its HR structure. The evaluation will provide recommendations to be considered for determining the future of the SM Net in 2015-2018 period and for replication of similar networks for immunization or other public health initiatives.

The evaluation will also provide information to guide improvements to the programme management and structure, determine whether there are any untapped alternatives, unintended outcomes and whether the programme goals are appropriate and useful.

The findings will also demonstrate the potential roles the SM Net could play in supporting other child survival and development Programmes.

Finally, the evaluation will provide lessons to the remaining endemic countries where structures similar to the SM Net have been put in place (Afghanistan and Pakistan) to guide strategies, management and subsequent evaluations of these investments.

4. Scope of evaluation activity

The evaluation will examine the impact of the SM Net on various outputs & outcomes, including intended and unintended outcomes. The evaluation will determine the impact of the SM Net on the reduction of refusal households and increase in coverage in access-compromised areas. The evaluation will take place in randomly selected districts in all the zones of Somalia. The evaluation will cover the period from 2013 to the present in all aspect of the evaluation.
Specifically, the scope of evaluation will include documenting the vision for the SM Net and the theory of change in coordination with the UNICEF staff & program managers & specialists.

4.1 Assess the Relevance of SM Net,

- Whether the design and interventions of SM Net were in line with programme needs
- Whether the SM Net approach has been relevant to achieve the results of the polio eradication programme?
- Were the contextual realities in the programming environment taken into account in the design and implementation of strategies/interventions? With what success?
- To what extent were the objectives of SM Net achieved / are likely to be achieved (support social mobilization for polio and routine immunization) for polio?
- Whether and how the SM Net intervention / approach have responded to priorities or programme strategies that may have changed over the years?
- The extent to which the expected results of SM Net are consistent with the results in the context of the polio eradication programme in Somalia.
- To what extent SM Net has been able to mobilize the community for polio in Somalia and raise awareness

4.2. Assess the Effectiveness

- The extent to which the objectives of the network have been achieved—knowledge and awareness of OPV, routine services and other interventions as appropriate for the context, community trust in health services, demand for OPV and routine and adoption of key behaviors such as taking children to immunization services when offered;
- Whether and how SM Net intervention have contributed to reaching the worst-off groups.
- The extent to which the SM Net intervention has contributed to the results of polio eradication programme
  - What is the community perception of CMs as an important front-line worker for IPC on Polio and immunization?
  - What is the role of the SM Net, notably the RSMCs, DSMCs as managers and CMs as the major source of information for Polio and immunization?
  - How much can the reduction in refusal rates for OPV doses by communities be ascribed to the role played by SM Net notably the RSMCs, DSMCs & CMs?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- What difficulties/constraints did the SM Net encounter? Are there any gaps in the operational model?
- How effective were the strategies adopted by the SM Net in addressing resistance to replicate other programme intervention?

4.3 Assess the Efficiency

The evaluation will measure how economically resources/inputs (funds, expertise, third party management of human resources etc.) contributed to programme results-i.e. eradication of polio in Somalia. More specifically the evaluation will address the following questions:

- Did the polio programme use resources in the most economical manner to achieve polio eradication results?
Were any economical alternatives feasible? How did the MOH/NGO influence human resources contribute to polio eradication objective?

- How costs for reaching the ultimate mile (most excluded communities for polio and immunization) compare with alternative systems to deliver?
- Were the outputs (benefits) of SM Net in line with inputs (costs) provided? What are the benefits and cost of the programme for comparison between the zones?

### 4.4 Assess the Impact

The evaluation will assess the impact of the SM Net in terms of primary and secondary long term effects of their operation in terms of Polio cases and AFP immunization rates.

- The extent to which the SM Net has contributed to the success and results of the polio eradication programme in Somalia.
- To what extent has the SM Net driven awareness and behavior change by addressing refusal to OPV
- Positive changes in knowledge, attitude and practice related to polio and immunization
- To what extent have the knowledge level of communities on polio vaccination/OPV increased?
- To what extent SM Net contributed in implementation of the operational plan to reach the access-compromised communities like nomads with effective messaging?

Secondary data analysis is suggested for districts with and without SM Net or SM Net established very late & without community mobilizers (e.g. in Lower Juba) for some key indicators where data is comparable to see impact, i.e.

- Decrease in resistance for OPV in campaigns.
- Increase in house to house coverage.
- Coverage of HRGs and underserved populations like Nomadic pastoralists
- Update and implementation of micro-plan for Polio & Social Mobilization.
- Increase in involvement of local influencers in campaigns.

### 4.5 Assess the Sustainability

- To assess the acceptance and ownership by community of the role of CMs as a front-line worker for IPC on polio and RI
- To assess the acceptability of service providers and other stakeholders on CMs as a first contact for polio and immunization in the community and as a change agent; and,
- To understand the links between service delivery personnel, vaccinators and Health workers with CMs and whether CMs' role is complementary to these functionaries.
- To what extent can the SM Net be replicated in other contexts/countries/for other child health interventions? (Materials, tools, strategies, approaches and interventions to the context)
- Can District field Assistants (DFAs) adopt the tools and supportive supervision aspects of the SM Net?

### 5. Methodology

The research will be requiring a mixture of quantitative and qualitative analysis. Quantitative analysis, including desk reviews of Acute Flaccid Paralysis – AFP/Non – Polio AFP & immunization (including Administrative, Post campaign assessment-PCA & Independent
monitoring) data, will look at changes in social-cognitive variables that contribute to OPV coverage and uptake of immunization in SM Net and non SM Net areas. Qualitative research will uncover attitudes and perceptions among SM Net workers, other health service sectors and in communities about the strengths and weakness of the SM Net.

The qualitative assessment will include In-Depth Interviews (IDIs) and Focused Group discussions (FGDs) with a minimum of 5% (182) community mobilizers and their settlement community members (stakeholders) will have to be visited and included in In-Depth Interviews and Focused Group discussions. This is in addition to 10% (14) District & at least 5 Regional Social mobilization coordinators with their WHO & MOH counterparts. National & Zonal MOH, UNICEF and SM Net staff and partners (WHO and 1-2 Implementing partners) in all 4 zones of Somalia must be included in the evaluation process.

<table>
<thead>
<tr>
<th></th>
<th>IDIs</th>
<th>FGDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Mobilizers</td>
<td></td>
<td>182</td>
</tr>
<tr>
<td>DSMC &amp; DPOs</td>
<td>14 each = 28</td>
<td></td>
</tr>
<tr>
<td>RSMC, RMOs, RPOs</td>
<td>5 each = 15</td>
<td></td>
</tr>
<tr>
<td>Zonal MOH, SM Net, UNICEF &amp; WHO staff</td>
<td></td>
<td>As per availability but essential in each zone</td>
</tr>
<tr>
<td>Implementing Partners</td>
<td></td>
<td>2 in South &amp; 2 in Central zone, 1 in North east &amp; 1 in North west zone</td>
</tr>
</tbody>
</table>

Selection of districts for field visits to be done such that it ensures representation for all the 4 zones in Somalia and at least 50% (10) of the Regions are visited. Proportional representation of the Urban 42%, Rural 23%, Nomadic 26% and IDP 9% stakeholders is to be ensured for communities selected for visit.

<table>
<thead>
<tr>
<th>10 Regions &amp; 14 districts to be visited</th>
<th>Urban</th>
<th>Rural</th>
<th>Nomadic</th>
<th>IDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Settlements/Villages to be visited having community mobilizer for IDIs &amp; FGDs</td>
<td>77</td>
<td>42</td>
<td>47</td>
<td>16</td>
</tr>
</tbody>
</table>

5.1 Desk review

The evaluation suggests a thorough desk review of available documents/literature including programme documents, process documents, progress reports/presentations and secondary data analysis on Acute Flaccid Paralysis – AFP/Non – Polio AFP & immunization data (including Administrative, Post campaign assessment-PCA & Independent monitoring) and the KAP data and other data available.

As a part of the secondary data analysis, it is proposed to:

a. Conduct analysis for output-level data available from SIA monitoring in intervention districts (with SM Net presence) and non-interventions districts (without SM Net presence) to determine the impact;

b. Conduct analysis of KAP studies available in SM Net interventions areas to determine impact; and,

c. Conduct a cost analysis (evaluation) of the SM NET in selected districts. This will provide data on the relevance of the SM Net and its possible use to support other programs.

5.2 Qualitative assessment
A qualitative assessment will be conducted, including in-depth interviews with representatives of key stakeholders at all levels - National, Zonal, District and Sub-district, including partner agencies (MOH, CORE and WHO) and UNICEF staff.

This desk review will help to understand the function and management of the SM Net, its strengths and weaknesses, its operational and management issues, etc, which will feed into the final report of the evaluation.

In the second stage of this qualitative assessment, it is suggested to conduct in-depth interviews (IDIs) among Front-Line Workers like vaccinators, DFAs and district level functionaries, if required. The objective is to determine their perception of the work of the SM Net DSMCs, RSMCs & CMs, and evaluate the support from, coordination with, and relevance of the SM Net.

The methodology suggested here will be further detailed in consultation with the agency and suitable modifications may be incorporated as per need.

For the evaluation, an advisory group, composed of relevant internal and external experts on polio and related research, will be established to provide substantive guidance to the evaluation process.

### 6. Schedule of Tasks & Timeline

The evaluation needs to be completed in 18 weeks from the date of signing the contract; the tentative starting date is 10 February 2016. Suggested schedule of activities is given below:

<table>
<thead>
<tr>
<th>Task</th>
<th>Tentative Timeline</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inception report, including revision of research questions, identification of indicators, need for additional data collection and finalization of tools (after which field research can start as described in task 5)</td>
<td>3 weeks</td>
<td></td>
</tr>
<tr>
<td>2. Secondary data analysis (Meta-analysis of KAP) and SIA data analysis and Cost analysis (Task 1 and 2 will be done simultaneously)</td>
<td>3 week</td>
<td></td>
</tr>
<tr>
<td>3. Draft report on secondary data analysis (task 2)</td>
<td>1 week</td>
<td></td>
</tr>
<tr>
<td>4. Feedback from Joint coordination group on draft report</td>
<td>1 week</td>
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<tr>
<td>5. Qualitative assessment with key stakeholders (IDI with community level stakeholders and partners)</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td>6. Preparation of first draft of evaluation report and PowerPoint (covering desk assessment, and field research, tasks 2 and 5)</td>
<td>3 weeks</td>
<td></td>
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<tr>
<td>7. Feedback on draft evaluation report</td>
<td>2 weeks</td>
<td></td>
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<tr>
<td>8. Revision and submission of final evaluation report</td>
<td>2 weeks</td>
<td></td>
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<tr>
<td>9.</td>
<td>Presentation of findings to Advisory Group and other stakeholders</td>
<td>2 weeks</td>
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</tbody>
</table>

**Remark:** Some of these tasks can be done simultaneously, such as tasks 1 and 2 to save time. The timeline above indicates which tasks need to be sequential.

### 7. Estimated duration of contract

As indicated above, evaluation will take 16 weeks and planned to start by February with a final product submitted by May 2016.

**Deliverables**

- Inception Report including final research design, methodologies, sample questionnaire and other tools to be used during the evaluation and timeline, (task 1)
- Draft secondary data analysis report including meta-analysis of KAP and SIA data (task 3),
- Draft report of the evaluation - approx. 40 pages (task 6)
- Final Evaluation Report outlining the Status, Progress, Constraints, and Success, key recommendations (not more than 50 pages excluding attachments) (task 8)
- PowerPoint presentation of the findings and recommendations of the Evaluation to the Coordination Group and UNICEF (task 9)
- All the data from conception to end of assignment is the property of UNICEF. The evaluation institution should had over all completed questionnaires, records and electronic data bases (in excel) to UNICEF along with final report

**Structure of Evaluation Report:**

The evaluation report should consist of following:

- Title page
- Forward
- Table of contents
- Acknowledgement
- Executive summary with the purpose of the evaluation, key findings, conclusions and recommendations in priority order
- Introduction
- Purpose of evaluation
- Key questions and scope of the evaluation with information on limitations
- Approach and methodology, including limitations
- Findings and conclusions, including evidence of potential impact
- Recommendations linked with findings
- Lessons learned
- In addition, the final report should contain the following annexes;
  - Terms of reference for the evaluation
  - Itinerary
  - List of meetings attended
  - List of persons interviewed
  - List of document reviewed
  - Any other relevant material

### 5. Qualifications & Experience required

It's important that the evaluation team is led by someone with substantial experience in evaluation and the team includes someone knowledgeable of polio or routine immunization programming and understands the role of communication in health promotion.
Given the complexity of the assignment, it is anticipated that this evaluation is conducted by a highly-experienced agency. The bidders should propose the size and composition of the evaluation team to be led by a highly professional and experienced team leader. The key qualifications of the team leader include:

- At least ten years of professional experience in evaluations with strong evidence of understanding global standards, theories, models and methods.
- Proven experience in designing, leading and conducting evaluations of similar scope, including:
  - statistical analysis,
  - programme monitoring and evaluation methodology, technology and tools
  - critical analysis of organizational strategies
  - cost analysis
- Understanding of UNICEF programme policies, strategies and approaches an asset.
- Knowledge of current trends, issues, programme modality, policies of the MOH of Somalia related to UNICEF’s work in polio eradication and other health and child survival programmes.
- Understanding of UNICEF Mission Statement and Guiding Principles
- The proposed team leader of the bidding agencies should submit the report of the two most recent evaluations for which s/he served as a team leader
- The team must have a communications specialist, M&E specialist and a research specialist with experiences both of quantitative & qualitative research of an appropriately large scale in with a security situation similar to that in Somalia. Local access in Somalia is required with knowledge of Local language and dynamics.

Note: 1 Somali speaking person required for each team visiting the field

<table>
<thead>
<tr>
<th>6. Duty Station</th>
<th>Nairobi based</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Official travel involved</td>
<td>Somalia all zones and select regions</td>
</tr>
<tr>
<td>8. Amount budgeted in AWP for this activity (US $)</td>
<td>USD 300,000</td>
</tr>
<tr>
<td>9. PIDB code</td>
<td>Please select one of the following Generic Intervention Codes:</td>
</tr>
<tr>
<td></td>
<td>□ 60: Analysis, research, and studies</td>
</tr>
<tr>
<td></td>
<td>□ 61: Data, data bases, surveys and statistics</td>
</tr>
<tr>
<td></td>
<td>x 63: Evaluations</td>
</tr>
<tr>
<td>10. Supervisor:</td>
<td>The Polio Eradication Unit’s Manager will be overall supervisor this study but for day to day management this study will be managed by unit’s Monitoring and Evaluation Specialist.</td>
</tr>
<tr>
<td></td>
<td>Signature of PO: __________________________ Date_12 Nov 2015___</td>
</tr>
</tbody>
</table>
b. Signature of the Supervisor: ___________________________
   Date __________

c. Signature of the Section Chief: _____________________
   Date __________

A. Confirmation of amendments:

   Name of P.O.: ________________________________

   Signature of PO: ____________________________
   Date ________________

   Signature of the CFO: _______________________
   Date ________________

   Signature of the Section Chief: _______________
   Date ________________

B. TOR approved by:

   __________________________________________
   Deputy Representative, Programme