## Evaluation of WHO’s Contribution in Somalia

**Call for Expressions of Interest**

WHO is initiating an independent evaluation of its contribution in Somalia. The purpose of this call for expressions of interest is to identify one or more qualified independent evaluators to undertake this exercise, which will be managed by the WHO Evaluation office in Geneva with the close collaboration of the WHO Eastern Mediterranean Regional Office and the WHO Somalia country office. Terms of reference (ToR) are currently being finalized for this evaluation, but this call for expressions of interest sets forth the broad parameters of the exercise. Its specific contours will be identified in the forthcoming ToR and further refined during a brief inception phase at the outset of the evaluation.

### **Background**

The WHO Evaluation Office (EVL), the WHO Eastern Mediterranean Office (EMRO), and Somalia COs will conduct an evaluation of WHO’s contributions at the country level, to understand whether WHO is achieving its desired strategic results and effectively facilitating and leveraging national efforts for achieving health for all. This evaluation of WHO's contributions in Somalia aligns with the WHO’s 2018 Evaluation Policy [[1]](#footnote-1)and the Thirteenth General Programme of Work (GPW 13)[[2]](#footnote-2). It is included in the organization-wide evaluation work plan for the 2024–2025 biennium[[3]](#footnote-3). The purpose of this evaluation is to:

• Draw lessons learned and recommendations to support the development of the next WHO Country Cooperation Strategy Document

• Strengthen the accountability of WHO to donors, national stakeholders, Member States, and the Executive Board

The goal is to evaluate the contributions of WHO's (all three levels) interventions to the outcomes and impacts, focusing on addressing Somalia's health priorities. These include areas like universal health coverage (UHC), health emergencies, social determinants of health, and Polio Eradication, guided by the Country Cooperation Strategy (CCS) 2021-2025[[4]](#footnote-4), as well as other strategic documents such as the Somalia Health Sector Strategic Plan III (HSSP III) 2022-2026[[5]](#footnote-5), Somalia United Nations Sustainable Development Cooperation Framework (UNSDCF)[[6]](#footnote-6), and the Somalia National Development Plan (NDP 2020-2024)[[7]](#footnote-7).

Based on the principle of national ownership, this evaluation will be conducted in collaboration with the Somali stakeholders. The evaluation timeline in 2025 will allow its findings to inform the development of the new CCS aligned with WHO's 2025–2028 global strategy[[8]](#footnote-8) and to the new Somalia strategic documents. The evaluation will be conducted in close collaboration with the Federal Government of Somalia, Federal Member States, WHO Somalia country office, and WHO Regional Office for the Eastern Mediterranean.

These Terms of Reference (ToR) outline the framework for a comprehensive evaluation of WHO's contributions in Somalia, spanning from 2020 to 2025, aligned with the objectives of the current CCS and the response to challenges and opportunities experienced by the country during this period.

### **Purpose/ Objectives/Scope**

**Purpose**

This evaluation aims to assess WHO’s contributions to Somalia’s health sector from 2020 to 2025. It focuses on evaluating the relevance, coherence, coordination, effectiveness, efficiency, and sustainability of WHO's interventions in alignment with the Country Cooperation Strategy (CCS) 2021–2025, Somalia’s national health priorities, and Somalia's population needs in the context of protracted crisis, COVID pandemic and impact of climate shocks.

This evaluation will provide evidence-based recommendations to:

• Enhance WHO’s future programming.

• Inform the development of the next CCS and operational plans.

• Improve resource mobilization and allocation.

• Align with Somalia’s evolving health challenges and opportunities

Given the impending completion of the current CCS, this evaluation will contribute valuable insights into WHO’s role and effectiveness in achieving these goals, identifying actions required to improve progress during the remaining period of the current CCS cycle and recommending any update/revision of the current priorities or priorities to be considered in the next CCS cycle.

#### **Objectives**

The objectives of this evaluation are to:

1. Asses the contribution of the WHO, through its CCS, to progress toward the triple billion targets of the GPW13 – globally – and the health-related SDGs in Somalia.
2. Evaluate the extent to which CCS objectives and targets have been achieved, including relevant indicators in the CCS results framework[[9]](#footnote-9).
3. Identify key success factors and emerging good practices as well as challenges, gaps, risks, and areas for improvement.
4. Draw lessons and recommendations to inform both the remaining period of the current CCS and the new WHO Country Cooperation Strategy design and implementation to improve WHO’s strategic positioning in Somalia.

**Scope**

The evaluation will assess key results achieved and strategies applied within the current WHO country cooperation strategy. It will cover the four strategic priorities planned, adjusted and implemented during the period 2020 – 2025.

The implementation of the strategy and the monitoring and reporting system are part of the scope. Besides the assessment of the intended effects of the strategy, the evaluation also aims at identifying potential unintended effects. As a complement to the assessment of the strategy components, the evaluation team will also assess the strategy monitoring and evaluation system. The evaluation will cover the period of 2020 to until the fieldwork of the evaluation is completed. The Country Cooperation Strategy evaluation is planned to feed into the design and implementation of the new CCS cycle 2026 to 2030.

**Programmatic scope:**

This evaluation covers all WHO interventions across four strategic priorities from 2020 to 2025, including Outbreak and Crisis Response (OCR), Polio Eradication efforts, and any other special programmes implemented by WHO in Somalia. It will include humanitarian and developmental efforts, collaboration with government entities, regional partnerships, and WHO’s roles in multilevel health coordination.

The evaluation covers the entire duration of the CCS (2021-2025), and the COVID-19 response, and assesses WHO’s contribution to:

* **Universal Health Coverage (UHC)**: Promoting integrated health services, particularly through primary health care.
* **Enhancing Health Security**: Enhancing preparedness, surveillance, and emergency response.
* **Promoting healthier populations: Addressing Social Determinants of Health, including** non-health factors impacting health outcomes.
* **Strengthening Health Governance**: Supporting effective health policies, systems, and governance frameworks.
* **Outbreaks and Crises Response (OCR)**
* **Polio Eradication** efforts

**Geographical scope:**

The evaluation will cover the entire population across all regions of Somalia, considering various contexts, including both urban and rural areas. It will also assess WHO’s interventions targeting specific groups, such as internally displaced persons (IDPs) and health care providers. Even though the evaluation covers the entire Somalia geographical scope, consultants’ travel could be prioritized to Mogadishu and visits to other locations scheduled according to relevance and security conditions.

## Target audience and expected use

The primary intended users for this evaluation include WHO internal stakeholders (the WCO Somalia, WHO Eastern Mediterranean Regional Office, and WHO Headquarters) and key external stakeholders, particularly the Government of Somalia, the UN Country Team (UNCT), and donor agencies. To ensure maximum utility and alignment with stakeholders' needs, each primary user group will engage in targeted feedback opportunities, including participation in key interviews, workshops, briefings, and validation sessions, as part of an iterative approach to co-create recommendations. This will also involve periodic consultations with the WCO Somalia, and Evaluation Reference Group (ERG) to ensure alignment with regional priorities and adapt findings for broader WHO application. Each stakeholder's specific interest in the evaluation outcomes is outlined to ensure relevance and contextual alignment. The evaluation data and findings will be customized to meet the specific needs of each stakeholder group.

## Indicative evaluation questions

#### Relevance

1. To what extent have WHO’s vision, strategies, and interventions aligned with Somalia’s national and local health priorities, needs, and policies?
2. To what extent has the WHO in Somalia adapted to changes in population priorities and emerging health needs, particularly those of vulnerable groups such as IDPs and refugees, in response to new or evolving humanitarian crises over time?

#### Coherence & Coordination

1. To what extent are WHO’s interventions and priorities in Somalia consistent internally across WHO three levels, and externally with other development partners working in the health sector in Somalia?
2. To what extent has WHO in Somalia contributed to the functioning and consolidation of existing UN system-wide and Health sector coordination mechanisms for both development assistance and humanitarian action?

#### Effectiveness

#### To what extent have the planned outputs and outcomes on UHC, health security, healthier populations, health governance, Polio eradication, and OCR, including respective CCS indicator targets, been achieved?

1. What factors contributed to or hindered the success of WHO interventions across priority areas, and what are the key challenges, lessons learned, gaps, and areas for improvement?
2. To what extent have the WHO programmes in Somalia integrated cross-cutting issues of health equity, gender equality, human rights, and disability?

#### Efficiency

1. To what extent are WHO’s internal M&E systems, resource management, and external relations/donor-facing communication mechanisms in place and functioning to support WHO's performance in Somalia?
2. What resource mobilization measures and tools should WHO Somalia adopt to secure flexible funding for the next strategic phase in Somalia's fragile context?

#### Sustainability

1. To what extent has WHO contributed to building national capacity for long-term health outcomes, and how likely are WHO-supported initiatives to be sustained within the Somali health system?

## Methodology

Evaluation Approach The evaluation approach will adhere to the standards and principles of evaluation at WHO, particularly transparency, inclusiveness, participation and human rights and gender responsiveness. Furthermore, the CCS evaluation will adopt a mixed-method approach and use qualitative and quantitative data collection, processing and analysis methods. This Evaluation approach will be in line with the 2018 WHO Evaluation Policy along with its 2022 Handbook. It will also be aligned with UNEG standards, norms and principles, in addition to OECD/DAC criteria. Moreover, the evaluation will abide by the UNEG Ethical Guidelines and Code of Conduct, in particular it will rely on the “UNEG Handbook on Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance”.

**Theory-based Approach**

The CCS evaluation will rely on a theory-based approach that illustrates how and why WHO contributed to the expected results of the Somalia country cooperation strategy. To do so, the independent evaluation team will reconstruct of a theory of change (ToC) underlying the country cooperation strategy to determine whether and to what extent WHO activities contributed to changes at output and outcome levels that ultimately contribute to the achievement of impact. Evaluators will review and, in a second step, test the ToC by collecting evidence on observed results, causal pathways and contextual factors to verify whether the expected chain of results manifested and whether assumptions of why the results were expected to occur hold true. This approach therefore will facilitate an understanding of the performance when implementing the WHO Somalia country strategy. In addition, using the ToC as guidance for the evaluation will strengthen the robustness of the Country Strategy results and provide a clear picture of what works, does not and why.

**Participatory Approach**

The CCS evaluation will ensure a participatory and inclusive process by establishing an Evaluation Reference Group (ERG), which will include stakeholders and partners who will follow the evaluation process from the beginning to the end. The Evaluation Team will consider the participation of partners and stakeholders in the evaluation process. This includes direct and indirect partners such as national federal and member states government(s), international and national NGOs. The evaluation will ensure that the Somali population including women, girls and young people are part of the evaluation process and that their perspectives and opinions are collected. This inclusive approach is important to generate diverse views on the country strategy implementation performance and achievement of expected outcomes.

**Mixed-methods Approach**

The methodology outlined in this section is provided as a guideline. Evaluators are encouraged to adapt and refine the approach as needed during the inception phase to effectively meet the evaluation's purpose, objectives, scope, and questions. The adaptations may include adjustments to the evaluation design, approaches, sampling strategy, data collection and analysis methods, and the evaluation framework. Any methodological limitations should be identified, along with corresponding mitigation measures. It is proposed that the evaluation adopts a mixed-methods approach, integrating both quantitative and qualitative data collection techniques to provide a thorough assessment of WHO's contributions.

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations through field visits, as appropriate. The qualitative data will be complemented with quantitative data to minimize bias. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries of WHO support through triangulation of collected data.

A mixed-methods, grounded on utilization and theory-based approaches, will ensure a comprehensive assessment of WHO’s contribution to Somalia’s health sector:

* **Document Review**: Analysis of the WHO-Somalia CCS, UNSDCF, WHO project, programmatic and financial reports, and related national health documents.
* **Quantitative Analysis**: Review of CCS target achievements per indicator, health indicators, and program outcomes using WHO and partner monitoring data.
* **Stakeholder Interviews**: In-depth interviews with WHO staff, national and regional health authorities, UN agencies, donors, Health care providers, and community representatives.
* **Focus Group Discussions**: Engage with healthcare providers and service beneficiaries to gain qualitative insights on WHO’s work.
* **Surveys:** A brief survey to capture the perspectives of WHO EMRO/HQ stakeholders could be explored.
* **Case Studies:** In-depth theme-based studies of specific WHO programs to highlight best practices and lessons learned.

**Triangulation and Data Analysis**

To enhance the validity and reliability of findings, data triangulation will involve cross-referencing insights from document reviews, KIIs, and FGDs against quantitative data from health outcome reports and SDG indicators. Discrepancies or convergences across these sources will inform a nuanced understanding of WHO’s contribution in Somalia.

The data analysis will aim to answer the core evaluation questions by synthesizing insights from quantitative and qualitative data sources. This will include examining trends, identifying patterns in responses, and triangulating across data types to validate findings. The analysis framework will follow the OECD-DAC criteria to ensure comprehensive and coherent results. To ensure data validity, checks will include cross-referencing data sources, comparing findings from various stakeholders, and corroborating information against national health statistics. Regular discussions with the Somalia WCO, and the Evaluation Reference Group will support the consistency and reliability of emerging findings.

**Evaluation Norms and Standards**

The evaluation will be conducted in line with the WHO Evaluation policy[[10]](#footnote-10). The evaluation will follow the principles outlined in the WHO Evaluation Practice Handbook,[[11]](#footnote-11) the United Nations Evaluation Group Norms and Standards for Evaluation (2016[[12]](#footnote-12)) and its Ethical Guidelines[[13]](#footnote-13). It will also respect the UNEG Guidance on integrating Human Rights and Gender Equality in Evaluation and the UN-SWAP Evaluation Performance Indicators.

## Deliverables and Timeline

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| **Phase** | **Timeline** | **Activities and Deliverables** |
| **Inception** | Feb-Mar 2025 | Document review, methodology design, **inception report** |
| **Data Collection** | Mar- Apr Mar 2025 | Interviews, focus groups, field visits/mission in Somalia |
| **Data Analysis & Reporting** | Apr-May 2025 | Analyze findings, **draft evaluation report,** Validation workshop |
| **Dissemination & Publication** | May-June 2025 | Stakeholder workshop, **Final report,** dissemination |

### **Composition and profile of the evaluation team**

The evaluation will be conducted by a Team lead and a public health specialist and will be supported by one or two national consultants. The evaluation will be managed by a team comprising the Regional evaluation officer (Evaluation Manager), Somalia country office focal point, and HQ senior evaluation officer. WHO Evaluation Office will provide quality assurance support and advise on the process to ensure adherence to United Nations Evaluation Group (UNEG) norms and standards, including maximum independence and impartiality of the evaluation. An evaluation reference group will be established to advise on the process and to provide feedback on key evaluation deliverables (i.e., the inception report and draft evaluation report).

## Evaluation Team Leader/Senior Evaluator

Team Leader is responsible to prepare and ensure the quality of the key deliverables of the evaluation (inception report; draft report, final report; ppt presentation and a two-page evaluation brief. S/he is expected to consult and incorporate feedback on those deliverables in a timely manner.

* + Qualifications:

1. Relevant professional qualification, preferably at the academic (Master’s or PhD) level in public health, social or political sciences, economics, development studies, or a related field.
2. At least 15 years of experience in conducting evaluations preferably in the areas of public
3. health/economics or development and experience in country-level strategic / programme evaluations, with previous experience in Somalia or the Horn of Africa.
4. Demonstrated knowledge of public health and humanitarian/emergency programmes and country response to public health emergencies, health systems strengthening, and Primary health care
5. Proven experience in conducting participatory and utilization-focused evaluations, qualitative and quantitative data collection methods, analysis of data, and experience in handling data limitations
6. Experience evaluating the incorporation of health equity, gender equality, human rights, and other equity issues in programmes
7. Appropriate knowledge and skills of the evaluand with relevant experience in performing similar evaluations involving organizational reform in multilateral or United Nations organizations.
8. Strong interpersonal skills and ability to work with people from different backgrounds to deliver high-quality products within a short period
9. Excellent writing, analytical, and communication skills in English and Arabic.

**Expected level of efforts:** 40 days for evaluation

**Public Health Specialist**   
The Public Health Specialist plays a critical role in curating evaluative evidence that will inform the development of the next WHO Country Cooperation Strategy (CCS) for Somalia. He/she ensures the integration of evidence-based insights derived from the evaluation into strategic recommendations for future CCS development, complementing the Team Lead's efforts. The role focuses on analyzing and synthesizing evaluation findings to align with Somalia's health priorities and WHO’s strategic objectives.

The Public Health Specialist is responsible for:

1. Conducting a detailed analysis of Somalia’s health situation using evidence collected during the evaluation, focusing on all key areas including Universal Health Coverage (UHC), health emergencies, and social determinants of health.
2. Identifying and interpreting key trends, gaps, and opportunities within the evaluation findings that align with the development of health policies and strategies.
3. Contributing to the preparation of analytical reports and summaries that inform the evaluation’s recommendations.
4. Supporting the evaluation team in integrating health equity, gender equality, and rights-based approaches into the analysis.
5. Collaborating with the Team Lead and other stakeholders to ensure the evaluation’s deliverables are evidence-driven and meet WHO standards.
6. Providing technical input during stakeholder consultations and validation workshops to ensure that findings and recommendations are robust and actionable.

**Qualifications:**

* Advanced degree in public health or a related field.
* A minimum of 10 years of experience in public health programming, with a focus on evidence synthesis, health system evaluations, and policy recommendations.
* Expertise in areas such as Universal Health Coverage (UHC), non-communicable diseases (NCDs), and emergency health response.
* Proven experience in evaluating health systems and producing analytical outputs for strategic planning.
* Strong understanding of WHO’s frameworks, including Country Cooperation Strategies and their alignment with national priorities.
* Familiarity with Somalia’s health context or experience in fragile settings is highly desirable.
* Excellent analytical, communication, and stakeholder engagement skills.

**Expected level of effort:** 25 days for evaluation

## National Evaluation consultant (s)

The national consultant(s) (*preferably two*) will contribute to the evaluation design, data collection at the country level, and report writing as needed.

* + **Qualifications**:

1. Relevant professional qualification, preferably at the academic (Master’s) level in public health, social or political sciences, economics, development studies, or a related field.
2. At least 8 years of experience in conducting evaluations or data collection preferably in the areas of public health/economics or development and experience in country-level strategic evaluations
3. Demonstrated knowledge of public health and emergency programmes
4. Proven experience in understanding evaluation principles, collecting qualitative and quantitative data collection, analysis of data and experience in handling data limitations
5. Understanding of health equity, gender equality, human rights and other equity issues in programmes
6. Previous experience with evaluation for UN and/or other multilateral organizations
7. Strong interpersonal skills and ability to work with people from different backgrounds to conduct data collection in different settings
8. Excellent analytical and communication skills in English and Arabic.

**Expected level of effort**: 30 days for inputs to evaluation. The level of effort can be split into 15 days each in cases where two national consultants are proposed instead of one.

## How to apply:

Interested candidates should submit their application by **25 January 2025** to [evaluation@who.int](mailto:evaluation@who.int). Please specify “Expression of Interest – Evaluation of WHO’s contribution in Somalia” in the email subject line.

The expression of interest should include:

* A short narrative description of the bidding team’s experience (covering the thematic area, geographical area, evaluation type), understanding of the assignment (max.3 pages)
* CVs
* Examples of recent, relevant engagements and roles of the team members proposed (up to 5)
* Expected daily fee for each of the consultants and any other expenses (and total budget)
* Confirmation of the availability between February 2025 and June 2025

Short-listed candidates may be invited to a short telephone interview as part of the final selection process.

1. [WHO Evaluation policy](https://apps.who.int/gb/ebwha/pdf_files/EB143/B143(9)-en.pdf?ua=1#:~:text=The%20purpose%20of%20this%20policy,the%20United%20Nations%20Evaluation%20Group.) [↑](#footnote-ref-1)
2. [Thirteenth General Programme of Work (GPW 13)](https://iris.who.int/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf?sequence=1) [↑](#footnote-ref-2)
3. [WHO evaluation work plan for the 2024–2025 biennium](https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_31-en.pdf) [↑](#footnote-ref-3)
4. [Country Cooperation Strategy for WHO and Somalia 2021–2025](https://www.who.int/publications/i/item/9789290211280) [↑](#footnote-ref-4)
5. ## [Health Sector Strategic Plan III (HSSP III) 2022-2026](https://moh.gov.so/so/wp-content/uploads/2022/11/Health-Sector-Strategy-Plan-III.pdf)

   [↑](#footnote-ref-5)
6. [Somalia United Nations Sustainable Development Cooperation Framework 2021 - 2025](https://unsdg.un.org/sites/default/files/2020-11/Somalia-UNSDCF-2021-2025.pdf) [↑](#footnote-ref-6)
7. [Somalia National Development Plan, 2020-2024](https://mop.gov.so/wp-content/uploads/2022/07/Somali-National-Development-Plan-9-2020-2024.pdf) [↑](#footnote-ref-7)
8. [Fourteenth General Programme of Work, 2025-2028](https://www.who.int/about/general-programme-of-work/fourteenth) [↑](#footnote-ref-8)
9. While the CCS is the main reference for this evaluation, the evaluation will extend beyond the CCS and the CCS results framework to include work conducted outside the CCS in response to specific needs or opportunities. [↑](#footnote-ref-9)
10. [WHO Evaluation Policy (2018)](https://www.who.int/publications/m/item/evaluation-policy-and-frameworks) Geneva: World Health Organization; 2018. [↑](#footnote-ref-10)
11. [WHO Evaluation Practice Handbook](https://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf;jsessionid=F80A4F71DDC4495B24E6E27D18F8A81F?sequence=1). Geneva: World Health Organization; 2013. [↑](#footnote-ref-11)
12. Norms and Standards for Evaluation. New York: United Nations Evaluation Group (http://www.unevaluation.org/document/detail/1914); 2016 and UNEG Ethical Guidelines for Evaluation, United Nations Evaluation Group Foundation Document, UNEG/FN/ETH(2008) (<http://www.unevaluation.org/document/detail/102> ). [↑](#footnote-ref-12)
13. Norms and Standards for Evaluation. New York: United Nations Evaluation Group (http://www.unevaluation.org/document/detail/1914); 2016 and UNEG Ethical Guidelines for Evaluation, United Nations Evaluation Group Foundation Document, UNEG/FN/ETH(2008) (<http://www.unevaluation.org/document/detail/102> ). [↑](#footnote-ref-13)