



Standard Bidding Documents REQUEST FOR PROPOSALS

INDIVIDUAL CONSULTANT

CONSULTANCY TO EVALUATE THE CAMPAIGN ON ACCELERATED REDUCTION OF MATERNAL MORTALITY IN AFRICA

Country:	Ethiopia
Funding source:	African Union Commission
Sector:	Social Affairs
Project name:	AUC
Procurement type:	Services
Title:	CONSULTANCY TO EVALUATE THE CAMPAIGN ON ACCELERATED REDUCTION OF MATERNAL MORTALITY IN AFRICA
Loan number	N/A
Contract/Bid No.:	AUC/SAD/C/155
Deadline:	Friday 28 th July 1 2017 , 15:00 hours local time,

Background

The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) is a major initiative of the African Union Commission (AUC) aimed at promoting and advocating for renewed and intensified implementation of the Maputo Plan of Action for reduction of maternal, newborn and child mortality in the Africa region. The Campaign was launched in May 2009 under the theme: “Africa Cares: No Woman should Die while Giving Life”.

The campaign’s vision is to build on existing efforts to improve maternal, newborn and child health across Africa – particularly by sharing best practice; generating and sharing data on maternal, newborn and child health; advocating for increased political commitment and mobilizing domestic resources in support of maternal, newborn and child health as well as communicating with the wider African public and inspiring action.

The campaign mission is to accelerate actions across Africa to reduce maternal, newborn and child mortality. The campaign is anchored on three main priorities namely positive messaging, sharing good practices and lessons learned, and intensification of program and communication activities aimed at reducing maternal, newborn and child mortality in Africa.

The main objective is to expand the availability and use of universally accessible quality health services, including those related to sexual and reproductive health that are critical for the reduction of maternal and child mortality. The focus is not to develop new strategies and plans, but to ensure coordination and effective implementation of existing ones. CARMMA aims to renew and strengthen efforts to save the lives of women who should not have to die while giving life. CARMMA believes in ensuring accountability: every single

loss of a mother's or child's life should be accounted for.

The campaign focuses on:

- a) Building on existing efforts, particularly best practices;
- b) Generating and providing data on maternal, newborn and child health;
- c) Soliciting stakeholder goodwill, increasing political commitment, and mobilizing domestic resources in support of maternal and newborn health, and
- d) Accelerating actions to reduce maternal and infant mortality in Africa.

Since its inception, 46 African Union Member States have launched and successfully domesticated the campaign with others on track to do so. The countries have not only launched the campaign but have implemented activities aimed at improving political commitment and leadership for Maternal, Newborn and Child Health (MNCH). At the continental level, the campaign has established a data platform, reviewed the status of MNCH and held a number of high level events to share experience and advocate for better health for the African mothers and children. Activities at continental and national level have enabled the campaign to achieve a lot in improving reproductive, maternal, newborn and child health including increased allocation of resources for health generally and MNCH specifically.

Despite the tremendous decline in child and maternal mortality, the continent fell short of the required rate of decline to achieve MDG 4 and 5 targets. A number of African countries made firm progress and managed to attain the MDG 4 and 5 targets. However, much still need to be done as over 70% of women and children continue to die from preventable causes. Maternal, Newborn, Child and Adolescent Health (MNCAH) is unfinished business requiring renewed focus, vigour, and determination in the post-2015 period. Alongside this, there should be renewed efforts and attention to putting in place strong accountability mechanisms to end preventable maternal and child deaths, address health system challenges as well as sociocultural barriers to health. In addition, ownership of the bold and ambitious Africa-wide aspirations in Agenda 2063 is critical for Africa to determine its own destiny.

Purpose of the Evaluation

The Campaign on Accelerated Reduction of Maternal Mortality in Africa has been implemented in AU member states since 2009. The evaluation seeks to determine the relevance/appropriateness, effectiveness, efficiency, impact and sustainability of the campaign. In addition the evaluation is intended to determine how the campaign should move forward in the context of Agenda 2063, Agenda 2030, UN Secretary-General's Global Strategy on Women's, Children's and Adolescents' Health and other global initiatives on maternal, newborn, child and adolescent health.

Objective and Scope of the Assignment

The evaluation will be guided by the following specific objectives:

1. To determine whether campaign objectives, outcomes and impact were achieved;
2. To determine the effectiveness of the campaign focus, structure, ownership and coordination arrangements;

3. To detail the opportunities, challenges and lessons learnt in implementing the campaign at continental, regional and country level;
4. To determine the policy and practice implications of the campaign at continental, regional and country level; and
5. To make recommendations on technical and structural adjustments to the campaign to effectively contribute to the attainment of Agenda 2063, Agenda 2030, UN Secretary-General's Global Strategy on Women's, Children's and Adolescents' Health as well as any other global commitments.

Tasks and Responsibilities of the Assignment

The consultant will:

- Work with the AUC Department of Social Affairs (DSA) team and liaise with Member States, Regional Economic Communities (RECs) and partners for data to carry out the evaluation;
- Review relevant literature;
- Collect any additional data that may be required to facilitate the evaluation;
- Clean and analyze data; and
- Prepare and present an inception, draft and final evaluation reports as agreed on by AUC.

The consultant must be ready to start work immediately upon appointment. The maximum number of days allowable for the consultancy work shall not exceed forty (40) working days/man days and must be finalized on or before 30th September 2017. Operational issues related to this consultancy will be managed by the Commission. For the period of the assignment, the consultant will be required to work for some days (as may be determined from time to time) from the African Union Commission Headquarters in Addis Ababa, Ethiopia.

The assignment will cover the entire Africa continent. The consultant is expected to work directly with the Department of Social Affairs and liaise with partners, RECs and Member States as well as any other partners as may be determined by the Commission for any technical and operational support required during the consultancy.

Deliverables

The following will be the expected deliverables:

- Inception report detailing the methodology to be employed in the evaluation including a detailed activity plan, data quality assurance plan and budget;
- Draft evaluation report for comments by AUC, RECs, Member States and partners;
- Final evaluation report to be delivered in hard bound copies and a soft copy in MS Word;
- A complete dataset in SPSS/STATA or any relevant data analysis program including code book; and
- Original transcribed qualitative data.

Qualification and Experience

The Consultant would be selected based on the following minimum educational and experience criteria:

Education

- have a PhD in health sciences/demography /health economics or other related field

Experience

- have proven and demonstrable relevant experience of not less than ten (10) years in evaluating health programmes; the consultant must have taken the lead role in such assignments
- have demonstrated (previous) experience and training in monitoring and evaluation;
- have working knowledge of the sexual reproductive health landscape of the continent including the continental health policy instruments such as the Continental Policy Framework on SRHR, Maputo Plan of Action and Agenda 2063 among others;

Language

- be fluent in English and/or French

The African Union Commission now invites eligible **Individual Consultants/Teachers** to indicate their interest in providing the services. Interested candidate must provide information demonstrating that he/she has the required qualifications and relevant experience to perform the services. Consulting firms may propose individual consultant, but only the experience and qualifications of the individual shall be used in the selection process, and that his or her corporate experience shall not be taken into account, and the contract would be signed with the proposed individual.

For evaluation of the expressions of interest the following criteria will be applied:

- a) General Education Qualification and Relevant Training (20 points);
- b) Experience Related to the Assignment (25 points);
- c) Technical approach and methodology (40 points)
- d) Work plan (10 points)
- e) Language (5 points);

Interested candidates are requested to submit the following documents for AUC's consideration:

- a) Technical Proposal not exceeding 8 pages on:
 - understanding and interpretation of the TOR
 - methodology to be used in undertaking the assignment
 - time and activity schedule
- b) Financial proposal not exceeding 1 page
 - Consultant's daily rate in US\$
 - Other costs e.g. travel
 - Total cost
- c) Personal Capacity Statement
 - Relevant experience related to the assignment (include samples of two most recent similar works and/or references for the same)

- Contacts of at least 3 organizations previously worked for
- Curriculum Vitae of the Consultant (s)

Further information can be obtained at the address below during office hours 8:00-13:00hrs and 14:00-17:00 hours Local Time.

Proposal must be addressed to the contact below and submitted by email not later than 15:00 hour's local time, July 27, 2017.

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