

**WHO – ETHIOPIA**

**CONCEPT NOTE**

**FOR**

**THIRD-PARTY MONITORING (TPM)**

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## CONCEPT NOTE - THIRD-PARTY MONITORING

<b>TPM purpose</b>	<ul style="list-style-type: none"><li>- To monitor, verify and assess effectiveness, efficiency, and impact of WHO emergency operational response;</li><li>- To provide services of monitoring and verifying dispatch, delivery and receipt of emergency medical supplies procured by WHO and provided to implementing partners in Ethiopia.</li></ul>
<b>Period of TPM</b>	<ul style="list-style-type: none"><li>- Six months (extension will be subject to availability of funding and service satisfaction)</li></ul>
<b>Start Date</b>	<ul style="list-style-type: none"><li>- As soon as tender process is completed</li></ul>
<b>TPM Focal person / Reporting line</b>	<ul style="list-style-type: none"><li>- Team Lead, Emergency Preparedness and Response Cluster (EPR), WHO Ethiopia / M&amp;E unit</li></ul>

### 1. BACKGROUND

WHO Member States face increasing numbers of emergencies with health consequences from multiple hazards, including infectious disease outbreaks, conflicts, natural disasters, chemical or radio-nuclear spills, and food contamination. Many emergencies are complex, with more than one cause, and have significant public health, social, economic, and political impacts. WHO has specific responsibilities and are accountable for emergency operations under the International Health Regulations (IHR) (2005) and within the global humanitarian system as the Interagency Standing Committee (IASC) Global Health Cluster Lead Agency. These responsibilities include detection and risk assessment, situation analysis of a public health event or emergency, and events or emergencies requiring an operational response by WHO. The organization's operational response to emergencies is managed through an Incident Management System (IMS) application. WHO's critical functions for emergency response under the IMS are Leadership, Partner coordination; Information and planning, health operations and technical expertise; Operations support and logistics; and Finance and administration.

Currently, WHO in Ethiopia is responding to several disease outbreaks and emergencies in Ethiopia including conflicts in Northern Ethiopia, drought, cholera, measles, malaria etc.

As the lead agency for the Inter-Agency Standing Committee Global Health Cluster, WHO is providing both coordination and operational support to implementing partners under the framework of Health Cluster Coordination and provides health service implementing partners with emergency medical supplies for prioritized locations based on the humanitarian response plan.

WHO is also providing emergency medical supplies as part of the health response to both government health facilities and implementing partners in Ethiopia. From November 2020 to June 2023, WHO delivered more than 2,000 metric tons of medical supplies to health facilities and implementing partners in Ethiopia. This is done through direct last-mile delivery by WHO to health facilities and dispatch sites where health partners implement health services. Various donors fund medicines and medical supplies provided by WHO.

### 1.1. Scope of Third-Party Monitoring

- **Goal of the TPM:** The TPM aims at providing an external mechanism for augmenting WHO's existing monitoring capacities and the implementing partners, verifying the efficiency of WHO's emergency and essential health assistance through provision of medical supplies.
- **Geographical scope:** The TPM will cover regions or areas affected by different emergencies in Ethiopia.
- **Time frame:** The TPM will cover an initial period of 6 months with extension subject to funding and service satisfaction. The TPM will start following the completion of the tender process
- **Monitoring scope:** The TPM exercise may also cover all medical supplies and equipment donated by WHO to implementing partners (Government entities and non-state actors) for outbreak and emergency response activities in Ethiopia. The TPM will also cover the stock level rate and consumption reports of the medical supplies.

### 1.2. Objectives of the Third-Party Monitoring

The implementation of WHO's emergency medical supplies distribution and utilization requires a rigorous monitoring process to ensure transparency, accountability, and compliance. To achieve this, an external agency/consultants will be engaged for Third-Party Monitoring (TPM), ensuring performance evaluation and timely response to beneficiaries. The primary objective of the TPM is to assess the efficiency of WHO's emergency and essential health assistance through provision of medical supplies.

The TPM service provider is tasked with conducting monitoring visits that will verify the dispatch, delivery and receipt of emergency medical supplies procured by WHO. This is part of WHO's commitment to transparency and Accountability to the Affected Populations (AAP), donors, and Ethiopian government.

The third-party monitoring has the following specific objectives:

- Provide services of monitoring and verifying dispatch, delivery and receipt of emergency medical supplies procured by WHO and provided to implementing partners in Ethiopia.
- Verify whether the project funded supplies were distributed in accordance with the response objectives and donor agreements;
- Assess the effectiveness, efficiency, and impact of the distribution and use of medical supplies in addressing the health needs of affected populations during outbreak and emergency response and ensuring they are used for the intended purposes;
- Ensure accountability and transparency in the distribution process;
- Monitor and verify the operational response in terms of availability, utilization, and quality, including beneficiaries' feedback.

Information to be gathered during the TPM process is for the purpose of:

- i. Ensuring accountability by enabling beneficiaries to provide feedback in a safe, secure, and dignified manner;
- ii. Identifying challenges and recommend corrective actions that will help address the needs of the affected populations;
- iii. Facilitating lessons learnt and best practices for accurate and objective feedback;
- iv. Availing an opportunity for beneficiaries to participate in the decision making that affects their lives;
- v. Complementary tool to strengthening the ongoing monitoring efforts and ensure the efficient utilization of resources.

### **1.3. Methodology**

- The TPM process will be guided by WHO's data protection principles that emphasize data principles of security, protection, collection, processing ownership, ethical considerations in terms of confidentiality and consent, accuracy, consistency, compliance, and

transparency. The stated principles will guide the TPM process especially during the data collection, processing, storage, and reporting stages.

- WHO will provide the selected TPM service provider with specific details that require monitoring. WHO will also provide a list containing location and beneficiary contact information. Should the beneficiary contact information not be available on the list, WHO will provide the TPM service provider WHO's focal point in the specific regions and information on the respective local authorities in the regions to be assessed.
- The contracted TPM service provider will ensure information flow is well coordinated with WHO via WHO's M&E unit at the Country Office in Addis Ababa to ensure transparency and consistence throughout the TPM process. The interviews with the beneficiaries will be conducted according to the humanitarian principles of "do-no-harm" and WHO's code of conduct and ethical standards.

## **2. WHO's PROCEDURES OF PROCUREMENT, DISTRIBUTION, AND UTILIZATION OF MEDICINES AND MEDICAL SUPPLIES**

### **2.1. Procurement of medicines and medical supplies**

- WHO procures medicine and medical supplies using its own procurement channel and through its network of globally renowned pharmaceutical manufacturers and other medical suppliers. Through its supply chain system, the organization ensures medicine and medical supplies are procured and delivered safely from the source to the intended beneficiaries working in collaboration with partners in-country.

### **2.2. Dispatch and distribution of medicines and medical supplies**

#### **2.2.1. To health cluster partners**

- Partners fill in the WHO core pipeline requisition form.
- Indications for requisitioning medical supplies include target populations, new population displacement, events with mass casualties, disease outbreaks, rupture of the regular supply chain in exceptional circumstances, and other justifiable acute Public Health events.
- The partner sends the requisition form to the Health Cluster Coordinator (HCC).

- Criteria for review include the partner's profile, location of response, target population, Public Health event, existing health services provided, level of clinical services, engagement in the health cluster at the region (weekly reporting), type and modality of response, duration of response and current stocks of implementing agencies as well as priority within the overall health cluster response plan.
- The HCC confirms with the Emergency Health Operations and Technical Expertise (HOTE) Team the availability of stocks, working in collaboration with Operations Support & Logistics (OSL).
- The HOTE team will initiate an internal WHO memo for approval which will be used for release of supplies from the WHO warehouse.
- The logistics unit processes the release of the supplies from the warehouse.
- The HCC will notify the requesting partners that they can collect the kits from the warehouse.

### **2.2.2. To Regional Health Bureaus (RHBs) and Health Facilities**

- Development of supplies request by RHB/PHI and submission to WHO regional hub /sub-office for offline review by the WHO joint regional and national supplies review team.
- WHO Regional Hub Coordinator/sub-office (or person delegated) calls for a meeting of the joint regional and national supplies review team to review request within 1 day of receipt of request.
- Review, decline/approval of supply request by joint review team. The joint supplies review team will use a set criteria/check list to review the request before approval. The team will confirm availability of the supplies at national level with National OSL team.
- RHB/PHI makes official supply request to WHO national level HOTE for that region through the Regional Hub coordinator or delegated person supplies focal point. The submission should include detail of consignee e.g., address/location where supplies will be sent, name, phone number and email address of focal point.
- WHO national level HOTE for that region places request in Bizagi (WHO platform) for processing. He/she should indicate OSL team lead as final approver at this stage of initiating e-memo. He/she then sends request to EPR team lead for clearance. In the request he/she attaches the set criteria/checklist that was used to review request.
- EPR team lead clears supply request for preparation and dispatch by OSL team.

- OSL will finalize preparations and dispatch to RHB/PHI/last mile destination through a predetermined transporter as part of Long-Term Agreement system (LTA).

### **2.3. Health partners distribution and utilization of medicines and medical supplies**

By accepting the supplies, the implementing partner agrees to:

- Notify WHO once the kits are delivered to the intended location of response.
  - Complete the consumption report and submit to WHO at the end of every month. This report contains information on type and number of kits received during the month, number of kits utilized in the month, remaining stock of kits, location of response, target population, number of beneficiaries reached in the month, Public Health event, type and modality of response, and level of clinical services.
  - This report also contains information on type and number of kits received during the month, number of kits utilized in the month, remaining stock of kits, location of response, target population, number of beneficiaries reached in the month, Public Health event, type and modality of response, and level of clinical services.
- Report on indicators of service delivery through the weekly health cluster reporting mechanism.

## **3. WHO'S CURRENT MONITORING AND EVALUATION FRAMEWORK FOR EMERGENCY MEDICAL SUPPLIES PROVIDED TO HEALTH PARTNERS**

Overall, monitoring of WHO's operations in the country is guided by its internal existing monitoring systems aligned to the organization's global General Program of Work for 2022 to 2023 (GPW 13); additionally, programs are implemented in line with specific donor agreements.

Currently, the Incident Management System is in place for the different emergencies led by a designated Incident Manager providing ongoing day-to-day technical support, oversight, and supervision of activities in accordance with program objectives.

The Health Cluster Coordination platform is active with a health cluster coordinator at National and Sub National levels. WHO is the cluster lead and is responsible for the cluster's day-to-day



running. Through the cluster, WHO coordinates and mobilizes partners. The cluster reports to the Office of the Humanitarian Coordinator (OCHA).

### **3.1. Output monitoring**

Indicators and targets for the health response achieved by the partners are set out in the Humanitarian Response Plan (HRP). Partners provide weekly reports based on activities implemented to the health cluster coordination platform using the 5W matrix. The information includes quantitative and descriptive weekly activities. Targets achieved by partners are triangulated and used to make recommendations to WHO for new requests received. Aggregated information on periodical achievements is shared with WHO and OCHA. Outputs for achievements against HRP targets are tracked monthly.

### **3.2. Process monitoring**

Currently, health partner activities concerning medical supplies provided are monitored under the health cluster coordination mechanism and through field visits and monitoring by WHO field officers. Physical monitoring includes on-site visits at points of service delivery. The on-site visits are for monitoring and assessing gaps and challenges that can be addressed through the health cluster. WHO's role in the health cluster is to provide leadership and participate in monitoring and assessment missions to ensure that partners are active at targeted locations. Feedback at locations is collected from local health authorities and a sample of beneficiaries receiving health services at the locations. The health cluster prepares the monitoring mission schedule while WHO field officers conduct spot checks during day-to-day field missions.

This evidence will be additional to the waybills and donation forms signed by the partner, which show acknowledgement of receipt of supplies and the reports on implementation through the 5W weekly health cluster reports.

### **3.3. Outcome monitoring**

This is done by evaluating achievements against the indicators set out in the HRP.

## **4. ROLES AND RESPONSIBILITIES OF THE THIRD-PARTY MONITOR**

WHO will contract a third-party monitoring partner who will work with the organization, the partners receiving WHO support and the beneficiaries (patients and/or health facilities staff) in a

collaborative spirit to ensure that the objectives of the delivery of operational response/medical supplies are met. The roles of each party are here summarised below:

#### **4.1. World Health Organization**

- Manage TPM process and its progress;
- Facilitate regular coordination and information flow between all relevant stakeholders;
- Conduct independent field monitoring visits to ensure quality assurance and service credibility of the TPM;
- Organize monthly meetings with the TPM provider to review progress, plans, and other relevant issues pertaining to the TPM process;
- Ensure the quality of the monitoring visits by providing details of supplies provided;
- Provide to the TPM the list of partners and sites to be visited based on dispatches done;
- Receive documents showing the verified delivery of supplies and keep a register of such documents;
- Procure emergency medical supplies as outlined in its procurement plan;
- Upon receipt of the goods in Ethiopia, will notify relevant stakeholders of the availability of the emergency medical supplies;
- Through the health cluster, WHO shall receive requests vetted by the health cluster coordination to provide support with emergency medical supplies to implementing partners at prioritized locations based on the HRP;
- WHO shall process the request and provide supplies to the partners within 7 working days. Unless otherwise requested, partners will collect the medical supplies from WHO Adama warehouse;
- WHO will avail a list of supplies provided to the health partner by sharing the waybill and donation certificate;
- A general standardized tracking sheet will be shared with the TPM detailing good supplied and feedback;
- WHO shall email the third-party monitor about dispatches to the implementing partners with a waybill attached quantifying the supplies provided;
- Update the WCO risk register taking into consideration TPM findings.

- **WHO will set up a specific beneficiary complaint/feedback mechanism which refers only to supplies, kits, and medicines procured and distributed in the framework of WHO-led initiatives.**

#### **4.2. Beneficiaries**

- The beneficiaries who include patients, health facility staff etc. will share feedback, data, and information in a safe, secure, and dignified manner as requested by the TPM team.

#### **4.3. Implementing partners**

- Provide requests for emergency medical supplies with health cluster coordination based on number of beneficiaries while stating the targeted locations.
- Provide access to the TPM to view and inspect waybills and donation forms for supplies provided by WHO.
- Provide access to the TPM to view and inspect all supplies provided by WHO once goods have arrived at the intended location.

#### **4.4. TPM service provider**

The TPM Service provider will:

- In close consultation with WHO, provide at the inception of the contract a TPM operational plan detailing how the data will be collected and reported within the agreed timeframe as indicated in the contract. The TPM operational plan will include a process to identify and evaluate Hot Button Issues (HBIs).
- Carry out an independent satisfaction survey of the beneficiaries targeted and implementing partners (who have requested kits/medicines/supplies) in the implemented projects.
- Submit to WHO a comprehensive survey or data collection or TPM report aimed at but not limited to the following:
  - To validate activities/supplies/medicines implemented or delivered to intended beneficiaries and report on significant accomplishments.
  - In case of medical supplies/medicines distribution, to document and report on the distribution of WHO medical supplies/medicines including any identified gaps

observed during field visits encompassing feedback on access, usage, quality, and relevance by beneficiaries.

- To identify major HBIs, issues or challenges with regards to the implementation of specified WHO projects. If an HBI is identified, the TPM contractor shall immediately inform WHO and present a plan for mitigation measures.
  - To enable the assessment of the effectiveness, efficiency, and impact of the distributed medical supplies/medicines in addressing the health needs of the affected population during outbreaks and emergencies.
- Conduct monthly progress update meetings with WHO.
  - Submit monthly progress reports to WHO detailing trends analysis related to the availability, utilization, and quality of the operational response.
  - Monitors, verify and generate information and evidence on the effectiveness of the delivery and utilization of emergency medical supplies/medicines provided to health partners at intended healthcare delivery sites.
  - Conduct monitoring visits to the locations where WHO delivers its operational response in coordination with national health counterparts and implementing partners. To carry out the visits, the TPM uses data collection and verification tools discussed agreed and approved with the WHO.
  - Prepare and consolidate monthly activity reports for submission to the WHO as per reporting requirements agreed upon with WHO during the scoping phase.
  - Through monthly progress reports, identify and present issues to WHO in a timely manner for corrective action, using the classification system agreed upon with WHO, in coordination and consultation with counterparts and implementing partners.
  - Develop a tracker system to follow up on the progress of the findings and corrective actions agreed upon with WHO in coordination and consultation with counterparts and implementing partners.
  - Coordinate with WHO to review data collection and verification tools based on lessons learned during the previous rounds of monitoring and verification.
  - Make physical visits to assess operational response as agreed in specified donor agreement.
  - Make physical visits to beneficiary site quoted by the health cluster partner in the request form for medical supplies/medicines. Verify good receipt at the stated beneficiary site

through a physical inventory. The Physical inventory will be done against the waybill issued by WHO and signed by the health partner.

- Verify the status of supplies/medicines vis a vis consumption (to be measured by using the proxy indicator of health services utilization, such as in and outpatient consultations)
- Complete a checklist that shall be signed by both the implementing partner and/or beneficiary and the TPM representative.
- Submit a copy of the inventory verification to WHO while keeping a copy on record.
- Document any concerns related to WHO medical supplies/medicines and share these as feedback to WHO.
- Submit a report within 5 working days after each site visit to WHO.
- Agree with WHO after receiving the TPM findings through the monthly reports, on a min-max timeframe for WCO to address the TPM visits findings.
- At request, attend the monthly WHO/Donor updates and shall provide an update on TPM implementation.
- Document lessons learned and objective feedback by identifying challenges and recommending corrective actions to address needs appropriately and efficiently.
- Conduct any other relevant tasks related to the TPM process as requested by WHO.
- To prepare and share an ad hoc plan on the feasibility of random visits.

## **5. ADMINISTRATIVE ARRANGEMENTS**

- The WHO country office will enter and issue a contractual agreement to the TPM based on the TOR as per the donor requirements.
- WHO EPR Team Lead at WHO Country Office shall act as the main focal person for the TPM contracted service provider.
- An Officer will be designated as the main focal point for the TPM field representative.

## **6. PLANNING, COORDINATION AND MONITORING TOOLS**

### **6.1 Inception Phase**

Inception phase (within the first month of the TPM contract)

- Have inception phase meeting(s) with the responsible WHO technical officer(s) for orientation on objectives, expectations, and overall plan of work.
- Develop specific working methodology, including sampling modality.
- Based on the agreed-upon methodology, develop, and finalize monitoring indicators, checklists, data collection tools and reporting formats that align with the operational response's technical requirements.
- Hire field monitors and train them to undertake field monitoring and spot checks of the WHO led operational response.
- Organize training sessions for field monitors on sector-specific and component interventions to ensure conceptual clarity.
- Coordinate with all concerned stakeholders to collect required information, using prescribed checklists/tools for reporting to WHO and conducting field verification.

## **6.2. Regular and routine plan of work**

- Verify actual implementation based on agreements between WHO and implementing partners (Ips), and report on key achievements by the Ips and health counterparts (where applicable) during the operational response.
- Document and report any identified gaps observed during the field visits, including end-user feedback on access, use, quality, and relevance.
- Document and report any identified gaps, including the effectiveness of the operational response from the view of the end-user, including gender and protection of affected communities.
- Verify, to the extent possible, whether goods and contracted services (where applicable) were supplied/completed according to the required specifications and technical standards.
- Verify the status of delivery and distribution of medical and non-medical supplies.
- Verify and document programme delivery performance of implementing partners and document issues about safeguarding.
- Hold regular coordination and de-briefing sessions with WHO and relevant field offices to present and discuss the field-monitoring report and follow up with WHO as per the agreed schedule and format on the implementation status of TPM findings.
- Monitor, document and report on security-related incidents and other impediments to humanitarian activities/access.

### 6.3. Alternative plan in case of change of context

Given the geographical settings where the TPM team will carry out the verification, an alternative plan for the TPM would be to shift from physical visits to remote TPM options should security and safety conditions prevent the TPM teams to visit the health facilities. Such alternative remote TPM options should be agreed in advance with WHO.

## 7. EXPECTED DELIVERABLES AND REPORTING REQUIREMENTS

The following are the expected deliverables and reporting requirements of the third-party monitoring Service provider will be required to abide by:

- **TPM Plan of operation:** At the commencement of the agreement, a TPM operational plan will be drafted by the TPM service provider in close consultation with WHO specifying the standard operating procedures of the monitoring activities. TPM recommendations and findings tracker will also be developed (format and modality of access to be determined between WHO and the TPM team). **The final TPM Plan of operation will be shared with the BHA counterparts for their input and feedback.**
- **TPM Flash bi-weekly report:** An email notification will be sent to WHO specifying places visited and activities monitored.
- **TPM monthly reports:** A comprehensive narrative report (as a follow up to the flash report) of all monitored activities in the month will be sent to WHO with observations and concrete and applicable recommendations.
- **TPM Final report:** A comprehensive final narrative and financial of all monitored activities during the contractual period will be sent to WHO with observations, findings and concrete and applicable recommendations as stipulated in the contract. **The final report will be shared with the BHA counterparts.**
- **Project update meetings:** Regular monthly progress update meetings virtually or face to face at the WHO office or as deemed necessary.

### 7.1. Indicators and Criteria

- WHO together with the contracted TPM team will agree on the indicators and criteria against which the operational response or distribution of medical supplies will be evaluated.

- The TPM process will specify benchmarks or standards for aspects such as timeliness, accuracy, and appropriateness of the operational response or medical supplies distribution and use.

## **7.2. Essential Requirements of a field monitoring visit**

- A field-monitoring visit requires a team of field monitors (male and female staff) to spend adequate time at the site and at a suitable level of intervention to verify the status of the operational response.
- The time allocated to a field visit depends on several context-specific factors, including but not limited to access to the visit's location, type of location, and size and scale of the operational response. The average time ranges from one to ten days.
- One visit is equal to one location (for example, a health facility). In each location, the TPM is expected to apply the data collection and verification tools agreed upon with the WHO IMT.

## **8. THIRD-PARTY COMPANY DATA COLLECTION AND VERIFICATION METHODS AND TOOLS**

The following data collection and verification methods and tools are to be considered by the TPM team, in agreement with WHO. *(The list is not exhaustive but can be further adjusted depending on the specific operational response requirements)*

- Employ relevant data collection methods including but not limited to field visits, interviews, surveys, document reviews, and any technology or tools.
- Facility Questionnaire: to collect general information on service availability and quality of services, as well as readiness indicators of the target health facility.
- Beneficiary Questionnaire: to collect information regarding the type of medical service and quality of services beneficiaries received from the health facility and the beneficiaries' satisfaction level.
- Medical Supplies and Equipment Questionnaire: to verify that delivered medical supplies are categorized by the TPM based on the distribution plans shared with them by the IMT Health.
- Environment Safeguard Questionnaire: to collect information regarding compliance to environmental safeguards measures observed by monitors.



- Health Services Utilization Questionnaire: to collect data on the utilization of medical supplies received and other relevant health services.
- Operational Support Questionnaire: to collect data on the operational support provided to health facilities.

### **8.1. Independence and Impartiality**

- The TPM process will ensure independence, transparency, and impartiality of the monitoring process.
- The TPM provider must be impartial and independent from all aspects of management or financial interests in the entity being monitored. During the period of the contract, no member of the TPM provider should be employed by or have any financial or close business relationship with any of WHO entities being monitored. The TPM provider and any of its contracted individuals should declare any potential conflict of interest which may affect or compromise their ability to conduct neutral and independent service. Failure to declare conflict of interest may be considered and may lead to a review of the expected deliverables from the TPM with possible negative impact on the contract of the TPM.
- Avoid conflicts of interest and ensure objectivity.

### **8.2. Data Management and Confidentiality**

- Ensure compliance with WHO data protection and confidentiality standards.
- Due to sensitivity of certain data all Information gathered during the TPM process cannot be shared with any third party without WHO authority.
- All reports, data, tools or templates and databases will be solely owned by WHO and may not be distributed to any internal/external party. Any breach of this provision will result in an immediate termination of the contract.

## 9. ANNEX

### 9.1. Terms of Reference (ToR) for the Third-Party Monitoring Service Provider

The detailed ToR is attached.

#### **Company/ Key Personnel Minimum Qualifications and Experience**

##### **1. TPM Service Provider**

##### **Consultancy Company**

- Minimum of 5 years of demonstrated professional experience delivering services in the country or the similar complex environment.
- Strong work experience in providing consultancy on monitoring, data analysis, reporting, and field-based research/interview or survey services in Ethiopia.
- Demonstrate proven capacity to carry work in all parts of Ethiopia through the existence of well-established networks.
- Proven capacity to engage experienced team from the region where TPM is to take place.
- Experience of working with the UN system, bilateral donors, and NGOs in delivering monitoring, evaluation, data collection, analysis, and reporting activities.
- Willing to avail senior management to discuss progress against contract deliverables.
- Capacity to arrange all logistical and security arrangements independently for field work  
*(The contracted TPM service provider is expected to organise its logistics and security arrangements. Logistics and other budget costs constitute the offer price).*

The team should be composed of one Team Leader supported by a team of data analyst/s and TPM field monitors to ensure the successful implementation of the assignment. Team Leader will be the principal monitoring expert with an extensive experience in monitoring humanitarian response and will oversee the entire process and be responsible for the quality of all deliverables.

The Team Leader must have:

- Master's degree preferably in social sciences, research methods or business administration with minimum seven years of relevant experience in conducting, supervising and coordinating Third Party Monitoring of service delivery of donor funded development/humanitarian projects.
- Experience in managing, designing, and conducting monitoring of humanitarian interventions on behalf of multilateral and bilateral organisations and NGOs in Ethiopia.
- Extensive understanding of the local context in Ethiopia.

- Demonstrated ability to deliver high-quality written reports in English and to engage effectively with stakeholders at all levels.
- Proven capacity to make use of the technology and software (word, excel, Kobo, data analysis software etc.)
- In-depth knowledge of and experience in the work of WHO and/or other similar UN organizations or development agencies.
- Efficient and timely communication and reporting skills.
- Knowledge of human rights, equity, and gender-based approaches to programming, policies, and strategies.

The Team Leader will be supported by a team of data analyst/s and field monitors. The team will be responsible for timely and accurate monitoring of the field situation and data collection.

- University degree preferably in **pharmaceutical and/or medical studies**, social sciences, research methods, administration, etc.
- At least three years' experience in monitoring humanitarian projects.
- Gender balance for TPM monitors is strongly encouraged based on the country context.
- Extensive understanding of the local context in Ethiopia, knowledge of local culture and languages that are spoken by the communities is essential.
- Excellent English writing skill to produce concise, well-justified, technically-sound and to-the-point survey/monitoring reports.
- Proven capacity to make use of the technology and relevant software.

*\*\*Data analysts must also be responsible for data analysis and have at least 5 years of experience in statistical analysis.*

## 9.2. KPIs

### TPM Selected Key Performance Indicators

#### Tentative Key Performance Indicators

#	Indicator	Unit of Measurement	Denominator and Numerator	Comments
1	Number of kits <i>dispatched</i> from WCO to RHB, IPs, and Last mile delivery in the specified period.	Number	NA	To check the number of kits dispatched or distributed to the beneficiaries from WHO warehouse
2.	Number of kits <i>received</i> by RHB, IPs, and Last mile delivery in the specified period.	Number	NA	To check the number of kits received by RHB, IPs, and Last mile delivery received in the specified period
3	Number of physical monitoring visits conducted to the locations where the WHO delivers its supplies	Number	NA	Physical monitoring includes on-site visits at points of service delivery. Verify good receipt at the stated beneficiary site through a physical inventory
4	Number of completed consumption reports submitted to WHO at the end of every month	Number	NA	This report contains information on type and to to To assess the number of kits received during the month, number of kits utilized in the month, remaining stock of kits, location of response,
7	Proportion of completed checklist that shall be signed by both the implementing partner and/or beneficiary and the TPM representative.	Proportion		
8	Proportion of copies of the waybills, donation forms or	Proportion		

#	Indicator	Unit of Measurement	Denominator and Numerator	Comments
	acknowledgement of receipt of supplies signed by the partner/Facilities			
9	Proportion of a weekly, monthly and quarterly progress report submitted per agreed upon ToR.	Proportion		
10	Number of incidents or concerns documented and reported to WHO	Number		
11	Average number of days spent for supplies to be dispatched from WHO warehouse after request submitted by partners or government counterparts	Number		To reduce the delay / to make fast the process of dispatch
12	Proportion of WHO branded kits dispatched to partners or government counterparts	Proportion		Aimed to improve WHO visibility and to creatively brand its supplies to reflect WHO and donors.
14	# Independent satisfaction survey	Number		
15	Operational plan submitted by TPM within the agreed timeframe as indicated in the contract	Yes/ No		detailing how the data will be collected and reported within the agreed timeframe as indicated in the contract

### Health Operations Team Focal points at National Level

Name and email address of technical officer	Regions covered
Team lead; MAINA, Jane Wangechi; jmaina@who.int	Addis
MOHAMMED, Gudisa Geleta; gmohammed@who.int	Oromia, Gambella, B/Gumuz
HASSEN, Siham Ibrahim; hassens@who.int	SNNPR, SIDAMA, SWER, Afar
WASSIE ASEMAHAEGNE, Eshetu; wassieasemahaegn@who.int	Somali, Dire Dawa, Harari
Juliet Ajok; julieajok@gmail.com	Tigray, Amhara

### Revision history:

Approved on:

Approved by:

Signature

### Health Operations Team Focal points at National Level

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Team lead; MAINA, Jane Wangechi; jmaina@who.int	Addis
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Juliet Ajok; julieajok@gmail.com	Tigray, Amhara

### Revision history:

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Approved by:

Signature

### 9.3.3. Check list for review request for reviewing request from WHO

Step	Activity	Activity conducted Yes/No	Comments
1	Has joint supplies review team formal meeting been organized/called to discuss request, by who?		
2	Did the joint supplies review team review this request		
3	Are all attachments present; consumption report, approved/signed request from official of organization, request letter describing context and need, all details of consignee e.g., address/location where supplies will be sent, name, phone number and email address of focal point.		
4	Has applicant attached list of <b>exact names</b> of health facilities that will benefit from the supplies; <b>attach the list to submission to WCO.</b>		
5	What is the population coverage of each health facility; attach <b>the list to submission to WCO.</b>		
6	What is the disease burden/prevalence in the location of the facility where you intend to send the supplies. Attach the latest 1-month prevalence of diseases in that location for submission to WCO or current outbreak status (prevalence rate). If possible, also mention population at risk.		
7	Has WHO sent similar supplies to the same location in the past through government counterparts or through a health partner, if yes, how long ago and the amount of supplies? If yes, is it realistic to make a new request for the same location.		
8	After your review of the consumption report shared, is the consumption report, ok?		



9	Do you think the quantity of supplies requested is reasonable based on the disease burden in the final locations that the supplies will be sent. Are the items requested proportional to the disease burden in the destination. If yes; indicate under comments the reasons/justification for your decision.		
10	Does WHO central level have all the items requested at Adama or Regional level		
11	Updated WHO stock availability shared?		
12	Based on decision number 10, attach list of approved quantities for onward forwarding to WCO.		

Name of region/ Partner	
Date request received at WHO regional office/sub-office	
Request from who	
Request number	

### Health Operations Team Focal points at National Level

Name and email address of technical officer	Regions covered
Team lead; MAINA, Jane Wangechi; jmaina@who.int	Addis
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**Signature of team that reviewed the request:**

	Name of Regional Level members	Signature and Date	National Level members	Signature and Date

**Final decision by team: Tick/Highlight decision below**

Approved	Rejected	Sent back to applicant for further amendment
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**Endorsed by Regional Hub Coordinator:**

	Name of Regional Hub Coordinator	Signature and Date

Date forwarded to National level HOTE team for onward processing in Bizagi:

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**Timelines:**

1. Once a request is received at WHO Regional hub/Sub-offices, the process described above should take a maximum of 2 days (48hrs) (**Stage 1**), then HOTE will input the request into Bizagi Stage 2 – which is the next SOP.
2. After approval of request by Joint Supplies Review team and the Regional Coordinator, the Regional Hub Coordinator should forward this form and attachments within half a day to HOTE focal point for entry into Bizagi and formal process starts (**Stage 2**), as highlighted in the attached SOPs for requesting supplies from WHO.

