**UNICEF & WFP Mozambique**

**TERMS OF REFERENCE**

**Real Time Evaluation of the Social Protection response to Covid-19 in Mozambique**

**Purpose:** To undertake Real Time Evaluation of the Social Protection response to Covid-19 in selected provinces of Mozambique and establish the mechanisms of continuous programmatic learning.

1. **Background and Context**

**Background**

Despite almost two decades of exponential economic growth, Mozambique remains one of the poorest countries in the world, ranking 180 of 189 countries in the latest Human Development Report (2019)[[1]](#footnote-2). A multidimensional analysis of deprivation among children shows that almost one in two Mozambican children can be considered poor, which is higher than the general population and notably higher than neighbouring countries[[2]](#footnote-3). Deaccelerated economic growth since 2016 and increased socioeconomic inequality has strengthened the need to share growth improvements more broadly and protect poor and vulnerable populations, especially women and children, against socioeconomic vulnerabilities[[3]](#footnote-4).

For ten million children of Mozambique who have already been living in some form of poverty, Covid-19 means a deeper and more prolonged poverty and the denial of their basic rights. The 2020 coronavirus pandemic already shows a very significant socioeconomic impact, down turning signs of slow economic recovery, and negatively affecting the most vulnerable populations[[4]](#footnote-5). COVID-19 is expected to drive a severe economic slowdown globally, with forecasts projecting GDP growth rate at -3 per cent, much worse than in the 2008-9 financial crisis. The impact is likely to reinforce pre-existing gender inequalities, affecting especially women and girls since they represent most informal workers in urban areas and are disproportionally responsible for caring of children, elderly and sick. Persons with disabilities, who face barriers to access economic means under normal circumstances, will also be hit harder. The pandemic is likely to increase the number of working poor, with informal workers rapidly falling below the poverty line[[5]](#footnote-6).

Both the global context and internal executive decisions will affect income security and worsen living conditions of children, women and people with disabilities in Mozambique. On the one side, the country will not be able to isolate from the global demand slump that could raise unemployment by as much as 7 to 10 percentage points from the current rate of 20 per cent, according to Government projections[[6]](#footnote-7).

On April 1st 2020 the Government of Mozambique declared a State of Emergency that restricts movement, affecting travel and trade, partially closed borders and suspended economic activities. While helping to slow down the spread of the virus, these measures put millions of livelihoods at risk. Income lost in households will be directly channeled to children as families might adopt negative coping strategies.

Unless rapid action is taken to mitigate impacts on urban areas, which are highly exposed to sudden changes in global and domestic market dynamics[[7]](#footnote-8), it is likely that the higher costs of living and restrictions to mobility and work will worsen access to food and services, generate social unrest and increase levels of violence, including gender based violence.

The provision of sexual and reproductive health services, including maternal health care and gender-based violence related services, are central to women and girls’ rights and wellbeing. The diversion of attention and critical resources away from these services as a result from COVID19 response efforts may result in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases.

**Programme description**

Following the onset of the coronavirus pandemic, the Government of Mozambique decided to mitigate the socioeconomic impact of the COVID-19 through the scale up of social protection benefits. As co-chair of the Technical Advisory Group (TAG) of the sector’s response to COVID-19, UNICEF has supported the activation of shock-responsive social protection by drafting a joint concept note with the World Food Programme (WFP), the International Labour Organization (ILO) and the World Bank (WB); facilitating joint communications with the Government of Mozambique, in particular, with Ministry of Gender, Children and Social Action (MGCAS) and National Institute of Social Action (INAS); and contributing to a Joint Operational Plan in which UN agencies are able to support Government for implementation.

Both Government and partners have agreed to prioritize urgent support to urban and peri-urban areas, where the effects of the slowdown of economic activities and disruptions in the functioning of urban economies are expected to be severe and immediate. Current social protection response[[8]](#footnote-9) include:

* Horizontal expansion in urban and peri-urban areas through a rapid registration of approximately 990,000 new beneficiaries. This will be done in two phases, with phase one (fully funded) covering 280,000 households and phase two (funding to be confirmed) covering 710,000 households. The selected programme for expansion (PASD-PE Pandemics) will deliver MZN 1500 (equivalent to approximately USD 25) monthly for 6 months to each household, starting in October 2020. The areas (‘bairros’) of intervention were selected through geographical targeting using multidimensional poverty maps developed by MEF using 2017 census data. Within the selected areas, INAS applies vulnerability prioritization criteria[[9]](#footnote-10). All transfers are expected to be done using Mobile money, outsourcing payments through financial service providers for swift operationalization of cash transfers and reduction of health risks.
* Vertical expansion consisting of a top-up equivalent to three-months of regular benefits[[10]](#footnote-11) to all existing social protection beneficiaries (approximately, 530,000 households) in all country, paid through regular ‘cash in hand’ approach.

UN agencies (UNICEF and WFP) have made their resources and capacities available to Government of Mozambique to provide technical support to INAS during identification, enrolment, monitoring, communication to beneficiaries and payments; as well as to enrol, monitor, communicate and pay to beneficiaries in specific geographic locations where UN could complement Government efforts. The latter would have UN agencies working within the Government plan and sharing beneficiary information with INAS monitoring and information system (e-INAS).

As part of this national response strategy, UNICEF and WFP will jointly reach approximately 80,000 households with cash transfers in selected areas in Tete and Zambezia provinces following the Government’s *PASD-PE Pandemics* design. The programme adopts a ‘cash plus’ approach in which cash transfers will be complemented with a C4D intervention and referrals to adequate services to address sexual exploitation and abuse cases and gender-based violence cases.

The goal of the social protection response is to increase resilience of the most vulnerable population in Mozambique, with a focus on children, women and people with disabilities, throughout the COVID-19 pandemic. For this purpose, unconditional cash transfers (MZN 1500 per month for six months, delivered in two payments) and key messages on nutrition, gender and protection will be delivered to poor and vulnerable households in urban and peri urban areas.

It is expected that cash transfers will allow families to access food and basic services (including nutrition and sexual and reproductive; water/sanitation and protection services) and decrease overall household stress and disputes over limited economic resources. By the end of the program, beneficiary households will have maintained or improved pre-COVID19 nutritional status and general wellbeing, including prevention and recourse in cases of gender-based violence.

It is expected that C4D messages delivered to household heads/main recipients of the cash transfer and reinforced through community mobilization efforts (as much as possible in the pandemics context) will provide households with key information on good nutritional practices, self-care and health seeking behaviours, gender roles and gender-based violence. By the end of the program, beneficiary households will have increased knowledge about nutrition, gender and gender-based violence and improved access to services in relation to these matters.



**Programme Stakeholders**

The main users for this evaluation are UNICEF, WFP and the Government of Mozambique (MGCAS and INAS). The primary stakeholders are the agencies’ and Government staff responsible for executing and managing the response, including staff based in Provincial offices. The evaluation team/consultant will interview both the agencies’ staff and the staff of key partners.

Definition of roles and responsibilities will guide the joint implementation of the two UN agencies. This will be operationalized through clear channels of communication, with a Focal Point (FP) of this programme in each organization to whom communication from the other agency should be directed.

Table 1. Division of roles and responsibilities between WFP and UNICEF

|  |  |
| --- | --- |
| Activity  | Responsibility |
| Coordination with Government of Mozambique MGCAS/INAS, assuring alignment with the Social Protection response to COVID19 | Joint: WFP/UNICEF through the Technical Advisory Group (TAG) and with direct trilateral communication with MGCAS/INAS |
| Coordination with INGC, assuring complementarity with overall response plans to COVID19 | Joint: WFP/UNICEF through INGC Focal Points at each Agency, with attention to both Food Security and Social Protection clusters/plans. |
| Identification of beneficiaries | WFP will request INAS lists of potential beneficiaries/candidates to the PASD-PE Pandemics |
| Verification and enrolment of beneficiaries | WFP and its implementing partner will conduct remote and community-based verification and enrolment of INAS pre-lists.UNICEF will support engagement of local CSOs in verification (community level) to assure sensitization and inclusion of vulnerable groups. |
| Contract, payment and reconciliation with Financial Service Provider/Mobile Network Operator | WFP |
| Development of C4D key messages on COVID19, gender and nutrition | UNICEF  |
| Production of C4D materials as required | UNICEF |
| Agreements with partners (CSOs) for community mobilization/engagement, programme communication and C4D  | Joint WFP/UNICEF |
| Delivery of behavioural messaging campaigns through multiple channels (mobile phone, community mobilization when possible) | UNICEF |
| Community engagement and accountability platforms | WFP will set up and manage Linha VerdeUNICEF will support recording, referrals and follow up of protection cases (including GBV) |
| Referrals of PSEA cases | Joint WFP/UNICEF |
| Monitoring and EvaluationMonitoring of enrolments and paymentsMonitoring of C4D and protection casesReal time evaluation | WFPUNICEFUNICEF |

1. **Real Time Evaluation Purpose, Objectives and Scope**

The overall goal of this evaluation is to assess the **appropriateness**, **effectiveness**, **coordination and cohesion** of the shock responsive cash transfers during the 2020 COVID emergency. It will have a strong learning purpose that a) assure that a short feedback loop (between collection[[11]](#footnote-12), treatment and communication of results) enabling decision-makers to adapt implementation according to identified issues and act accordingly in the early phases of the response; b) identifying operational and programmatic lessons that will help to improve preparedness, response and planning for shock-responsive social protection; c) strengthen UNICEF and WFP accountability towards the programme beneficiaries and their communities, partners and other key stakeholders. Finally, it will stimulate institutionalisation of real time monitoring efforts within ongoing and future social protection programmes in Mozambique.

The primary objectives of this real time evaluation are:

1. Assess the extent to which the proposed targeting mechanism and programme design (cash plus modality) is relevant and appropriate to vulnerable individuals’ needs (e.g. exclusion and inclusion error) and identified community priorities (geographical targeting);
2. Assess the degree to which gender sensitive strategies were effective to reach differential results for woman, men, girls and boys in vulnerable populations;
3. Understand the extent to which shock-responsive social protection (PASD-PE) is able to or has potential to deliver intended short and mid-term outcomes, in particular, to deliver a gender sensitive and/or transformative intervention
4. Examine the coherence and coordination of shock responsive social protection efforts and their alignment and complementarity to government and partners’ strategies;
5. Highlight implementation lessons and make recommendations for improving the design of the shock-responsive social protection with sensitivity to women and children.

Knowledge generated by the real-time evaluation (RTE) and embedded monitoring efforts will also inform the broader Government plan, allowing INAS to learn and adapt programming within a very short time based on UN and Government’s experience in the response. The results of the RTE will contribute to institutional learning in Mozambique and in the global shock-responsive community of practice.

The RTE team/consultant should identify lessons learned and recommendations based on its findings. The conclusions and the underlying findings should be based on triangulated data and evidence that the team has gathered through different sources . The team should make no more than five to ten primary recommendations at the national (country offices) and sub-national level (field offices)s. Any recommendations for the implementation team should be discussed with them before the finalization of the report. Similarly, any recommendations for UNICEF and WFP country offices should be validated through a discussion before the report is finalised.

**Scope**

The RTE will build on the agile monitoring efforts set up as a part of overall real time learning strategy. It will cover the Social Protection Response to Covid-19 components led by UNICEF and WFP. The geographic coverage comprises urban and border districts targeted by UNICEF and WFP joint implementation: Moatize (Tete) and Quelimane and Milange (Zambezia).

The evaluation will have to incorporate gender sensitive and human rights informed lenses throughout all stages of the evaluation process.

1. **Evaluation Criteria and Preliminary Evaluation Questions**

The evaluation will be guided by selected evaluation criteria and by key evaluation questions which are presented below. They will be further refined during the inception phase.

**Appropriateness**: The evaluation will seek to assess the extent to which the response is tailored to local needs, increasing ownership, accountability and cost-effectiveness, as well as whether the shock-responsive cash grant strategy has been sensitive to the political economy and capacity conditions in place. It will assess both whether the project reached the most vulnerable children and woman in the targeted communities, as well as if changes in the emergency context affected its relevance.

* Do cash transfers and ‘ cash plus’ approach respond to vulnerabilities and risks of the targeted populations?
* How are beneficiary needs now changing? Is the response addressing current needs?
* Was the programme delivery design (e.g. remote enrolment and mobile payment system) considerate of beneficiaries' connectivity limitations/access to mobile phone amongst vulnerable populations?

**Effectiveness:** The evaluation will assess the extent to which the program results have been achieved, and whether the emergency cash transfer and the delivery of behaviour change communication on Covid-19 prevention and gender based violence (GBV) demonstrate a reasonable contribution at immediate outcome level, including any differential results across groups of women and people with disabilities.

* To what extent was the targeted population, including children, woman and people with disability, timely identified, targeted and reached through current selection mechanisms?
* To what extent the size of the transfer meets the consumption needs of the targeted population during the Covid-19 shock?
* Did children, woman and people with disabilities participate in the decisions of how to spend the grant?
* Does the transfer, its regularity and modality of payment prevent negative coping strategies?
* Does the emergency cash transfer strategy have the potential to influence positively the nutritional behaviour of beneficiaries during the Covid-19 shock?
* How effective is the communication strategy in increasing knowledge about and promoting positive (help-seeking) behaviors in relation to gender-based violence?
* How effective is the feedback and complaints mechanism in detecting and responding to (including referrals to appropriate services and follow-up capacities) cases of sexual exploitation and abuse and/or gender-based violence?
* How effective is the communication strategy in increasing awareness about gender roles and equal participation of women, men, girls and boys in household decisions?
* How effective is the engagement of women’s associations throughout program implementation in promoting women’s participation in social protection, responding to specific gender needs within social protection programs and increasing capacity of grassroots associations in social protection sector?

**Coordination and Cohesion:** The evaluation will assess the extent to which the social protection response systematically used policy instruments to deliver social assistance in a cohesive and effective manner under emergency and humanitarian conditions. Such instruments (adapted to the humanitarian context) can include strategic planning, gathering data and managing information, mobilising resources and ensuring accountability, negotiating and maintaining a serviceable framework with national and local political authorities.

* To what extent has the response been aligned and complementary to efforts of the government and broader humanitarian community?
* What have been the biggest successes/lessons learned in coordination? What were the challenges?
1. **Evaluation Approach and Methods**

The evaluation methodology will adhere to the United Nations Evaluation Group (UNEG) Norms & Standards. The RTE will use mixed method approach and build on the mix of rapid contactless methods of data collection appropriate for the COVID19 environment as well as more ethnographic, observational approaches suitable for social distancing requirements. The applied methods can be adjusted in accordance with government restrictions during COVID19.

The detailed evaluation design will be developed by the evaluation consultant during the inception phase, in close consultation with the UNICEF and its partners. Opportunities for constructing a counterfactual to measure programme outcomes must be considered in light of budget and programmatic limitations. Considering the response will be rolled out in phases, the evaluation team/consultant can compare the outcomes between initial groups and those added at the later stage to assess the impact of the intervention and differential results.

Specifically, establishing a baseline using monitoring and rapid survey data have to be discussed within the short timeframe from the start of the survey[[12]](#footnote-13). The possibility of using pre-registered, but not selected, individual to compose a comparison group may be considered, pending a detailed analysis of the final selection criteria.

The design should specify how data collection and analysis methods integrate gender considerations throughout the evaluation process, including to the extent possible, inclusion of girls and boys, women and men, as well as a range of programme stakeholders.

It is expected that the team will prioritise remote and contactless data collection methods, to mitigate the risk of spreading Covid-19 through the communities. Suggested methods are:

Quantitative

* + Beneficiary mobile survey and phone interviews: the team shall collect data from shock-affected people to determine their expressed view of the programme activities and verify the achievement of programme effects. SMS surveys can be used to rapidly reach beneficiaries (since phone numbers are used for mobile payments), and phone interviews can complement data collection reaching illiterate beneficiaries and allowing for in-depth interviews. Non-beneficiaries can be reached for comparison analysis through the same means, through a database of pre-registered numbers which were not selected for the intervention.
	+ Secondary data analysis: where appropriate and feasible the RTE will analyse monitoring data gathered on cash transfer implementation and communication feedback activities, official monitoring data from e-INAS system, WFP's monitoring data on payments to beneficiary households; WFP's partner (NGO) monitoring reports on program implementation on the ground; Linha Verde (complaints and feedback mechanism); C4D feedback collection through SMS; women’s network of grassroots organizations at provincial level monitoring or feedback collection reports.

Qualitative

* + Key informant telephone interviews (under snowball sampling approach): the team is expected to interview senior country staff, as well as the staff of partners responsible for programme implementation, government representatives, representatives of the affected population and civil society leaders. The team will annex the interview guide or guides to the inception report and to the draft and final reports.
	+ Guided observation: if possible, the evaluator and the team will conduct field visits to observe the response implementation directly and to conduct beneficiary interviews. Structured observation guides should be developed for data collection by Support staff from UNICEF and WFP, based in the targeted provinces, and not directly responsible for the implementation.

Monitoring data that will fed into RTE is expected to be collected from the start of the implementation via SMS every two weeks, using the same system setup for the Behaviour Change Communication messages. Each round of data collection should have an average of five questions with limited number of characters – as per SMS specifications. It should be noted that these data collection rounds will serve purposes of monitoring and evaluation, requiring intersectional negotiations for the number and type of questions of each subject. The database with answers and respondents’ profile will be made available by UNICEF (CAP Section).

The evaluation will be conducted at an output and immediate outcome levels. The evaluation will be utilization-focused to inform the real-time and future social protection responses to shocks in Mozambique. The approach will be essentially deductive, trying to identify critical success factors from the assessment of appropriateness, effectiveness and coordination of the response.

It will also be highly participatory, and the evaluation team/consultant will serve as ‘facilitator’, encouraging and assisting field staff, and grassroots associations and CSOs involved in the program, to look critically at their operations and find creative solutions to identified programmatic problems.

The inception phase will clarify and finalize the evaluation questions based on the above limitations.

1. **Specific Tasks, Deliverables and Timeline**

The key stages of this evaluation and tentative timeline will be the following:

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| --- | --- | --- |
| **Timeline** | **Activity** | **Deliverable 1** |
| ***2 weeks after the start of the contract*** | **Inception phase*** Preparation of draft inception report and data collection tools;

• Engagement with stakeholders on formulating and agreeing evaluation questions;• Preparation of instruments for data collection,* Ethical approval process

Finalization of inception report, and translation into Portuguese | **1. Draft inception report and instruments**Recipients: members of the evaluation reference group**2. Presentation of the draft inception report and instruments – in person or via video link – to the Evaluation Reference Group and wider group of partners and UNICEF staff;****3. Final inception report (plus completed revision trail addressing all comments)**Recipients: members of the evaluation reference group, UNICEF and WFP staff managing evaluation.  |
| **Payment: 20% of the total contract value** |
| ***3 weeks after the inception phase*** | **Data collection phase**• Pre-testing and piloting of instruments • Enumerator training * Field work plan

• Preparation of interview transcripts, • Population of evaluation matrix. | 1. **De-brief/feedback with UNICEF staff after each round of data collection with emerging findings and lessons learned on the evaluation process.**
 |
| **Payment: 30% of the total contract value** |
| ***3 weeks after the data collection phase*** | **Drafting, validation and completion phase*** Data analysis and drafting
* Preparation of a PowerPoint presentation on emerging findings, conclusions and recommendations
* Engagement with stakeholders on draft report review.
* Preparation of evaluation and policy briefs.
 | **5. Validation of Preliminary findings, conclusions and recommendations – in person or via video link with key evaluation stakeholders, including the Evaluation Reference Group.**Recipients: members of the evaluation reference group**6. A complete first draft evaluation report**Recipients: members of the evaluation reference group  |
| ***1 week after last round of comments*** | **Final approval*** Finalization of report: before approval report will go through at least two revision rounds by an external party against UNICEF GEROS quality criteria.
* Preparation of summary PowerPoint presentation
 | **7. A final evaluation report (plus completed audit trail addressing all comments).** The main findings should be visualised through graphs and and infographics. Gender should also be included as a cross-cutting theme throughout the findings. The approval process for the final report included at least two rounds of revisions with UNICEF MCO and UNICEF ESARO.Recipients: members of the evaluation reference group**8. Final PowerPoint presentation that summarizes the evaluation findings.**Recipients: members of the evaluation reference group and wider group of partners**9. Evaluation brief.** A summary of the key evaluation points, with a maximum of 4 pages, illustrated with data and infographics.Recipients: members of the evaluation reference group.**10. Support in UNICEF dissemination efforts.** Presenting and sharing the results in a web-based conference and supporting wider communication efforts upon request.Recipients: national and international stakeholders. |
| **Payment: 50% of the total contract value** |

Important notes:

* Data transfer to UNICEF archive: Raw data gathered in the exercise are transferred in an organized archive that will permit follow-on users to replicate or extend the analysis. Suitable care is to be taken in assuring the anonymity of respondents and documented in inception and final reports.
* All evaluation products (including dissemination products) should be submitted first in English and the final versions translated into Portuguese by the professional translation service. The financial proposal should include all-inclusive fees.
* Some data collection activities can be sub-contracted. If so, this should clearly indicated in the financial proposal (which types of services are subcontracted, at what rate and duration);
* Regular communication with direct supervisor of this consultancy and core programme staff will be required to monitoring work progress.
* The format of and page limits for the final deliverables will be decided in the inception period. A high value will be placed on products that are concise and communicate well with different audiences. Thus, the final products should be edited, translated into Portuguese and produced to include simple infographics and print layout in an easy to read format (Graphic design and translation may be subcontracted by the individual consultant).
* Payments will be processed upon acceptance of the corresponding deliverable and against an invoice that will reference the contract and deliverable numbers.
1. **Management Arrangements and Quality Assurance**

The evaluation team/consultant will bear in mind that the emergency response has already placed a large workload on staff members and will ensure that their research adds as small a burden as possible, while fulfilling the aim of the evaluation. For this reason, if required, evaluation field visits will be combined with field visits for programme operations.

The evaluation team/consultant will be under direct supervision of the UNICEF Social Policy Specialist and oversight of the Research and Evaluation Specialist. The consultant will share the implementation plan prepared in consultation with the Evaluation Reference Group and will inform the supervisor of any problems arising from the detailed planning.

The evaluation team/consultant will have short meetings with the RTE reference group during the inception phase, half-way through the fieldwork and after finalizing field work to discuss and validate the evidence collected through this evaluation. The reference group has no authority to direct the evaluation or to edit the report, but the evaluation team/consultant should take the group’s views into account, and if the team takes a different approach from that recommended by the advisory group, this should be explained.

The evaluation team/consultant will immediately inform the supervisor and the advisory group of any serious issues regarding the integrity or effectiveness of the programme encountered during the evaluation research.

Quantitative data collection through SMS using the RapidPro platform (as a part of data monitoring efforts) will be implemented by UNICEF CAP Consultant. The CAP consultant will be responsible for sending the surveys and sharing a database with the responses. The RTE consultant is expected to work in close collaboration with RapidPro consultant throughout the process.

1. **Ethical Considerations**

The evaluation team/consultant should adhere to the following UN and UNICEF norms and standards and is expected to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Copies of all these documents will be provided upon request:

* United Nations Evaluation Group (UNEG) Standards for Evaluation in the UN System
* United Nations Evaluation Group (UNEG) Norms for Evaluation in the UN System, including impartiality, independence, quality, transparency, consultative process
* Ethical Guidelines for UN Evaluations and the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis will guide the overall process
* UNICEF adapted evaluation report standards and GEROS
* The evaluation should incorporate the human rights-based and gender perspective and be based on results-based management principles and logical framework analysis.

The evaluation team/consultant is required to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Owing to the envisaged participation of human subjects in the evaluation, the evaluation team/consultant should seek ethical review board approval either from a recognized Institutional Review Board in Mozambique or via UNICEF’s LTA for ethical approval.

1. **Expected Background and Experience of the Evaluation team/consultant**

The evaluation will be conducted by an individual consultant - national consultants are highly encouraged to apply. Shall the consultant wish to submit a proposal with an assistant evaluator, it is encouraged to involve a young and emerging evaluator. The consultancy will be Maputo-based with possible field visits to the implementation sites for data collection.

**Responsibilities:**

The evaluation consultant is expected to execute the following tasks:

1. Develop a realistic work plan for the evaluation;
2. Execute the evaluation to respond to the questions stipulated in the terms of reference (or subsequent revisions of the evaluation questions);
3. Generate evaluation products and deliverables as shown in the table above, and in accordance with contractual requirements;
4. Provide written responses to comments from the reference group, and update report accordingly; and,
5. Provide regular updates to the Evaluation Managers

**Required qualifications**

**Academic qualifications:**Graduate degree in Social Science or relevant discipline (economics, sociology, psychology, international relations, evaluation).

**Work Experience**

* 5-year experience in conducting evaluations in emergency contexts, preferably with an UN agency
* Experience in conducting and managing multi-disciplinary evaluations, including evaluating rapid onset emergencies for UNICEF, other UN agencies or other international partners at the global, regional or country levels.
* Verified experience in evaluation in Mozambique, preferably in emergency contexts.
* Experience working in cooperative and rapid changing environment.
* Knowledge of latest methods and approaches in humanitarian evaluation, especially participatory methods and accountability to affected populations, and RTEs
* Verified knowledge of qualitative and quantitative methods and specific experience in remote data collection methodologies (previous experience with RapidPro is considered an asset)
* Experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards

**Specific knowledge, competencies, and skills required**

* knowledge of UNICEF’s programmes in emergency contexts highly desirable, and of UNICEF’s corporate emergency procedures preferred.
* Social protection or other technical expertise relevant to UNICEF’s emergency operations.
* Excellent oral and written communication skills (in English and Portuguese)
1. **Evaluation Process**

Interested consultants are requested to submit their financial proposals and a relevant written sample of their work within two weeks of announcement*.* After the opening, each proposal will be assessed first on its technical merits and subsequently on its price.

The proposal with the best overall value, composed of technical merit and price, will be recommended for approval. UNICEF will set up an evaluation panel composed of technical and procurement staff and their conclusions will be forwarded to the internal UNICEF Contracts Review Committee, or other relevant approving authority.

The evaluation panel will first evaluate each response for compliance with the requirements of the terms of reference (ToR). Responses deemed not to meet all the mandatory requirements will be considered non-compliant and rejected at this stage without further consideration. Failure to comply with any of the terms and conditions contained in this ToR, including provision of all required information, may result in a response or proposal being disqualified from further consideration.

All shortlisted proposals will be reviewed by the selection panel

The selection of the consultant will be based on a “best value for money” principle. Interested candidates should, in addition to submitting their CV and cover letter, indicate their all-inclusive fees (subcontracting costs, etc.) for the services to be provided. ***Note: this consultancy will be conducted remotely for the whole duration of the contract.***  The technical evaluation criteria are stipulated below.

**Technical Evaluation Criteria:**

|  |  |  |
| --- | --- | --- |
| Item | Technical Criteria/Qualifications  | Max. Points |
| 1 | **Education**  | **10**  |
| 1.1 | Advance university degree in relevant Social Science discipline  | 10 |
| 2 | **Work Experience**  | **35** |
| 2.1 | At least 5 years in designing and conducting evaluations in emergency contexts | 15 |
| 2.2 | Knowledge of latest methods and approaches in humanitarian evaluation, especially participatory methods and accountability to affected populations, and RTEs | 10 |
| 2.3 | Work in emergency responses and in South East Africa and/or Mozambique context | 10 |
| 3 | **Technical Skills and Knowledge**  | **35** |
| 3.1 | Proven skills in research/evaluation methodologies (quantitative, qualitative or both) | 20 |
| 3.2 | Social protection or other technical expertise relevant to UNICEF’s emergency operations | 10 |
| 3.3 | Writing skills English and Portuguese | 5 |
|  | ecblank**Total Technical Score** | **80**  |
|  | **Minimum Technical for pass to financial assessment** | **60** |
|  | *Only those candidates meeting the minimum technical score will be eligible for further review.* |

1. **Administrative Issues**
* Payment will be made upon delivering of the deliverables listed above that meet UNICEF quality standards.
* Translations of evaluation deliverables and interpretation services are the responsibility of the consultant and should be included in the bid.

**Annex A. Monitoring Framework**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Expected Results**  | **Indicators**  | **Baseline Data**  | **Targets**  | **Data Sources**  | **Data Collection Methods**  | **Frequency**  |
| **Outcome level**  | Increased proportion of beneficiary HHs with an ‘acceptable’ score. | Food Consumption Score (FCS) | TBD | TBD | Household head | In-person or remote data collection at household level | Twice: baseline and endline |
| Increased proportion of beneficiary HHs with an increased dietary diversity score. | Dietary Diversity Score (DDS) | TBD | TBD | Household head  | In-person or remote data collection at household level |  Twice: baseline and endline |
| Decreased proportion of beneficiary HHs using consumption-based coping strategies because of lack of food. | Reduced Coping Strategies Index (rCSI) | TBD | TBD | Household head | In-person or remote data collection at household level |  Twice: baseline and endline |
| Decreased percentage of beneficiary HHs not using coping strategies. | Livelihoods-based Coping Strategies Index (lCSI) | TBD | TBD | Household head | In-person or remote data collection at household level |  Twice: baseline and endline |
| Increased proportion of beneficiary HHs who spent less than 50% of their budget (estimated through an expenditure module) on food in the last 30 days before data collection.  | Food Expenditure Share (FES) | TBD | TBD | Household head | In-person or remote data collection at household level |  Twice: baseline and endline |
|
| Maintenance of nutritional status of beneficiaries during the Covid-19 shock  | Food Insecurity Experience Scale (FIES), Household level | TBD  | TBD  | Household head | SMS survey | Before payment; After 30 days from first payment; After 30 days from last payment |
| Improved access to GBV support services during the Covid-19 shock  | Proportion of Linha Verde referrals who receive a basic set of psychosocial and medical services. | TBD  | TBD  | Linha Verde | Service reports  | Monthly |
| Number of women/girls reporting incidents of gender-based violence per 10,000 population in the response area | TBD  | TBD  | Linha Verde | Service reports  | Monthly |
| Maintained consumption capacity of beneficiaries during the Covid-19 shock | Number of distress sale of productive assets and debt accumulation | TBD | TBD | Household head | SMS Survey | Before payment; After 30 days from first payment; After 30 days from last payment |
| Proportion of beneficiaries engaged in high-risk and harmful productive activities | TBD | TBD |  |  |  |
| Increased knowledge of beneficiaries about Covid-19 and GBV prevention | Proportion of women and girls beneficiaries who demonstrate knowledge of available services, why and when they would be accessed | TBD | TBD | Female Beneficiaries | SMS Survey | Bi-monthly |
| Proportion of beneficiaries who think it is never justifiable for a man to beat his wife/partner | TBD | TBD | Beneficiaries | SMS Survey | Before the first round of messages; after the delivery of last round of messages |
| **Output level**  | Emergency cash transfer paid to beneficiaries in selected (peri)urban areas through mobile money | # of HHs enrolled in COVID19 emergency cash transfer Proportion of emergency payments delivered on time to participant HHsProportion of female recipients of emergency cash transfersProportion of people with disabilities receiving emergency cash transfersBeneficiary satisfaction rate with transfer delivery |  | 30,000 TBD65%15%70% | UNICEF/WFP e-INASPartner NGO | Beneficiary database/MIS Payment reports | OnceMonthlyOnceOnceBi-monthly |
| Total amount of cash transferred to targeted beneficiaries |  |  | UNICEF/WFP e-INASPartner NGO | Beneficiary database/MIS Payment reports | Monthly |
| Delivery of key messages on Covid-19 prevention and gender  | Proportion of beneficiaries receiving messages on Covid-19 prevention Proportion of beneficiaries receiving gender related messages  | N/A   N/A  | 70%   70%  | UNICEF/Partner NGO  | C4D reports  | Once  |

1. [Human Development Report 2019](http://hdr.undp.org/sites/default/files/hdr_2019_overview_-_spanish.pdf) [↑](#footnote-ref-2)
2. 46.3% poverty among children in *Multidimensional Child Poverty in Mozambique,* MEF-UNICEF, 2019. [↑](#footnote-ref-3)
3. *Mozambique Economic Update: Shifting to More Inclusive Growth*, World Bank Group, Washington DC, 2018. [↑](#footnote-ref-4)
4. IMF projections in November 2019 had Mozambique showing signs of economic recovery, with economic growth expected at 6% for 2020. [↑](#footnote-ref-5)
5. *Socioeconomic impact of Coronavirus in Mozambique – UN Situation Analysis and Policy Recommendations*, UN in Mozambique, Maputo, March 30th 2020 [↑](#footnote-ref-6)
6. *Socioeconomic impact of Coronavirus in Mozambique – UN Situation Analysis and Policy Recommendations*, UN in Mozambique, Maputo, March 30th 2020 [↑](#footnote-ref-7)
7. The 2018 Poverty Assessment by the World Bank finds evidence that smallholding farmers do not have a strong market orientation and retain production for household self-consumption. Under this assumption, rural areas would mitigate their exposure to market fluctuations at least in the short term. [↑](#footnote-ref-8)
8. As presented by MGCAS on May 4th, 2020. [↑](#footnote-ref-9)
9. Households headed by elderly, people with disabilities, or people living with chronic diseases; households headed by children; households headed by pregnant women with no income source; households headed by women with 6 or more dependants; households with children and/or with elderly, people with disabilities, or people living with chronic diseases; households hosting displaced population. Source: INAS Response Plan, Eligibility Criteria of New Beneficiaries, 25/08/20. [↑](#footnote-ref-10)
10. Current regular social protection monthly benefits are: Basic Social Subsidy (PSSB): MZN 540 to MZN 1,000 depending on household size; Productive Social Support/Public Works (PASP): MZN 1,050). [↑](#footnote-ref-11)
11. Within the constraints of COVID-19 social distancing environment and driven by the ethics principle of ‘do no harm’ approach’, data collection will focus remote approaches using telephone or other mobile technology. The sampling will be informed by programme targeting criteria. [↑](#footnote-ref-12)
12. Limited monitoring data gathered by the SIB system. Rapid Pro will not reach 50% of beneficiaries, according to latest registration data. This can be overcome if government distributes cellphones to all beneficiaries. [↑](#footnote-ref-13)