

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title	Funding Code	Type of engagement	Duty Station:
<p><i>Individual consultant for the evaluation of the programme:</i> Supporting emergency medical assistance and acceleration of vaccine roll out against COVID-19 Infections in Suriname .</p>		<p><input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time</p>	<p>Suriname</p>
<p>Purpose of Activity/Assignment: UNICEF Suriname is commissioning an ex-post evaluation to examine the relevance, efficiency, effectiveness of project interventions carried out as response to COVID-19 with the support of the Dutch Cooperation Aid Organizations in the interior of Suriname. The support included emergency medical assistance and acceleration of vaccine rollout against COVID-19 in Suriname in the period May 2021 to May 2022.</p>			
<p>Background</p> <p>The Republic of Suriname detected its first case of COVID 19 on March 13, 2020. Since April 2021, the country has experienced 5 major waves of the pandemic with increasing cases of deaths and serious numbers of COVID-19 infected cases which were of great concern to the government of Suriname and its partners. In the absence of definitive therapeutic options for the management and control of this disease, vaccination is a primary prevention measure and the best option for controlling the disease and save lives through reduction of severe cases and deaths.</p> <p>The pandemic has also brought the importance of resilient health systems back in focus and exposed weaknesses in health system. The COVID-19 created an urgent need for the revision of Government priorities and for the donor’s group in Suriname. As part of the measures implemented to control the COVID-19 pandemic, the government decided to focus on the health response during the 9 first months of the crisis and to start working on the recovery phase from June 2021 to June 2023. While country attempt to control and interrupt the virus transmission and ensure that people with COVID-19 receive appropriate treatment, health resources, including personnel and facilities were diverted to the response. UNICEF has been working closely with the Ministry of Health in the implementation of the COVID-19 deployment plan by supporting and providing technical and financial support for demand generation, risk communication cold chain, vaccine roll-out planning and preparedness, WASH and Infection Prevention and Control (IPC) in health facilities and school settings and improving planning and coordination.</p> <p>UNICEF continued to support the efforts of the Government for COVID -19 vaccine, program planning and management in the country with a particular focus on UNICEF’s key mandate areas – Cold Chain and Vaccine Supply Management, and Communication and Community Engagement and coordinate health section and with supply and other sections for a coordinated response. In this regard to respond adequately across the country in coordinating vaccine supplies, risk communication, community engagement, capacity building and strengthening of the cold chain in response to COVID-19 the financial support of the Dutch Natcom was requested and received with as main objective of the proposal to accelerate the vaccination</p>			

against COVID-19, and to strengthen the Case management protocols, particularly for infected children, in order to ensure the control of the pandemic and reduce the fatality rate.

The specific objectives included in the proposals were the following:

- Oxygen Concentrators to provide swift and portable support for at least 50 moderately ill COVID-19 patients. Cost based on 10 Litres Per Minute single flow machines.

Target: 52 Oxygen Concentrators

- Addressing vaccine hesitancy and strengthening demand for immunization against COVID-19 for 60,000 (aged 12-39 years) with focus on 2 most at-risk regions living in the peri urban and rural area, covering an estimate of 11,329 inhabitants in Brokopondo and East Suriname and national caregivers of children age 12-18.

o Target: at least 1,000 persons to be vaccinated (52% female and 48% male) in target area in the interior.

- Deployment of IPC-WASH and vaccine mobile cold chain materials in support to 50 mobile vaccination sites, to cover the need of 120 health care workers and “clients” attending the vaccination sites.

Objectives and need for a project evaluation:

In close consultation with the donor, it was decided to have an ex-post evaluation of the project carried out focusing on the relevance, effectiveness and efficiency this to use the findings for future collaborations and develop innovative ways to reach better results.

UNICEF aims to meet people needs in a timely, appropriate, effective, and efficient manner especially the most vulnerable and marginalized. Complex, hard to reach and changing environments including working with other partners to help affected populations during a pandemic can be challenging. It makes it critical then adopt innovative and new approaches in order to deliver in a timely and effective/ efficient manner. The evaluation of the UNICEF response in the interior of Suriname with the support of the Dutch Natcom aims to provide a deeper, more systematic and objective analysis of the projects results. The evaluation needs to provide information if UNICEF with the support of the partner succeeded to reach affected populations with the planned support in an efficient and effective manner and if the program was relevant. This information in turn, should enable the CO to innovate and introduce alternative approaches and mitigation measures that will improve the coverage and quality of future program delivery. The evaluation is important to the CO and the donor and the partnership as it will take stock of the effectiveness, efficiency, and the relevance of the program as response to crises in hard to reach and changing environments.

Scope of Work:

The evaluation covers the period from May 2021 to May 2022 and has the following objectives:

- To determine the effectiveness, efficiency, relevance of the project interventions and to determine the potential scale-up in areas for similar project outcomes.
- To identify enablers, bottlenecks and barriers to the achievement of results.
- To Provide recommendations and lessons learned for the design, management, coordination, implementation as input for future interventions

Scope and Focus/Objectives

The evaluation will provide answers to the following questions: -

Relevance

- To what extent were the implementing strategies of the program appropriate for achieving results?
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- To what extent was the program relevant to increasing the demand of the COVID vaccine
- To what extent was the program relevant to decreasing the COVID vaccine hesitancy?

Effectiveness

- To what extent have planned results in the implementation been achieved?
- What are the major factors influencing the achievement and non-achievement of the results?
- To what extent have efforts contributed to strengthening existing vaccine cold chain program?

Efficiency

- Which management and coordination structure and mechanisms among programme staff and partners have aided/ guided the program implementations?
- What has worked well and what needs to be strengthened?
- To what extent is the fund allocation adequate to implement the strategic interventions?
- To what extent is the strategy designed and implemented in a way to generate solid evidence from monitoring and evaluation to monitor progress against results and to inform adjustments where required?
- To what extent are existing partnerships contributing or strengthened to achieve results?
- What are the enabling factors for and or bottlenecks?
- Was the program delivered in a culturally appropriate manner?

Evaluation process and methodology:

The consultant is expected to work closely with the key officials of the Medical Mission (MM) and the Ministry of Health. This evaluation is qualitative, and the consultant will design, conduct, and analyse participatory In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) with duty bearers, mothers, health workers, community members. Data will be collected from Health workers, health clinics, the communities, other key stakeholders of the MM, others involved in the program development and implementation. The consultant will ensure that the evaluation is guided by the UNEG Norms and Standards (2016): Available from www.uneval.org/document/detail/1914 and UNICEF Ethical guidelines <file:///C:/Users/tpellens/Downloads/2020%20Ethical%20Guidelines%20for%20Evaluation.pdf> and [https://www.unicef.org/evaluation/media/1786/file/UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis.pdf](https://www.unicef.org/evaluation/media/1786/file/UNICEF_Procedure_on_Ethical_Standards_in_Research,_Evaluation,_Data_Collection_and_Analysis.pdf)

Phase 1: Desk review, interviews with key stakeholders, development of research instruments, and submission of inception report

- **Conduct a desk review:** Review will include but not limited to documents related to UNICEF's evaluations requirements; UNICEF's response to COVID-19 and all other relevant program documents; reports from feedback workshops and community engagements- Monitoring documents. Existing quantitative data will also be considered in the desk review.
- **Key stakeholder interviews:** The evaluator will produce a list of stakeholders to be considered for the key stakeholder's interview in close consultation with UNICEF and MM
- **An Inception Report must be submitted.** The inception report will include an evaluation matrix i.e., a table showing how each evaluation question will be answered and how the information will be collected.
- Development of research instruments IDI, FGD, and other instruments

Phase 2: Data collection and analysis

The evaluator is expected to collect and analyze data in accordance with the overall evaluation approach, plan, and timeline specifically:

- Ensure that full contact details of key informants are available, and interviews set up; and that interview questions are translated into the national language(s) as needed.
- Conduct key informant interviews, alone or jointly with his/ her team
- Conduct site-visits and focus group discussions.
- Ensure consistent recording of interview/focus group data according to the agreed templates.
- Follow up with key informants on documentation they offered to provide and names/contact details of other interviewees they identified.
- Support on following up on filling data gaps/collecting missing data.
- Perform other related duties and assignments as and when required.

Phase 3: Data Analysis, sharing of findings and writing of report

The consultant will be responsible for the data analysis, writing the report and presentation of findings utilizing the UNICEF evaluation reporting standards

<https://www.unicef.org/evaluation/media/816/file/UNICEF-Adapted-UNEG-Evaluation-Report-Standards.pdf>

The safety of data during the data collection phase will be the total responsibility of the researcher; all information gathered for this evaluation is the property of MM and UNICEF. No data collected and or reviewed for this evaluation or data to which the evaluator is privileged during time of the evaluation as direct or indirect result of being the evaluator for this evaluation, can be shared and or used by the evaluator neither can s/he approve the use of the whole or any part of it for personal or professional purposes without approval in writing

- The main findings will be presented by the consultant to UNICEF and MM
- The writing of the report should be done in constant communication with UNICEF
- The final report will be approved by UNICEF

Ethical Consideration

To ensure that the key ethical principles for the conduct of evaluation involving human subjects are followed, each potential respondent will be given full information about the evaluation including the purpose and potential benefits of the evaluation, their rights, and how the information collected will be used. They will also be informed that all data will be kept confidentially being only accessible by members of the assessment team. Verbal consent will be collected from all those who agree to participate. (The person receiving the consent and a witness will sign the consent form). All participants will be informed of their right to discontinue their participation at any point and approaches for ensuring confidentiality will be described. [UNICEF's Procedure on ethical standards in research, evaluation, data collection and analysis \(2021\)](#).

Management and governance arrangements

The National Evaluator will be working under the supervision of Monitoring and evaluation specialist and the Education specialist / project focal point. Given the fact that COVID-19 pandemic measures have been lifted or simplified the consultant is expected to carry out data collection mission to the interior to do interviews and propose other data collection methods to collect the data on project interventions. The deputy representative will be the final approver of the evaluation deliverables.

Deliverables and timelines

Deliverable	Main components	Days
Inception Report	<ul style="list-style-type: none"> Clearly outlined work plan including timelines and strategies for each phase of the study including sampling methodology An evaluation matrix i.e., a table showing questions to be answered by the research and how the information will be collected to answer each question. Comprehensive document review report Interview schedule, data collection instruments i.e., FDG guides, IDI guides along with the relevant consent and ascent forms. Outline of final report 	3Weeks (including data collection)
Draft Report (in line with UNEG and UNICEF's Global guidelines on reporting standards)	<ul style="list-style-type: none"> Report based on the agreed outline in the inception report, using collected data transcription of interview, coded transcripts of data according to themes checklists and notes on observations and field visits <p>An Oral presentation of main findings to UNICEF and MOE on:</p> <ul style="list-style-type: none"> Key findings and recommendations Constraints, challenges and other critical factors of research implementation Outline of the next steps 	2 weeks
Final Report (in line with UNEG and UNICEF's Global guidelines on reporting standards)	<ul style="list-style-type: none"> Final Report based on comments on the draft report, together with the Executive Summary no longer than two pages. 	1 week

Child Safeguarding

Is this project/assignment considered as "[Elevated Risk Role](#)" from a child safeguarding perspective?

YES NO If YES, check all that apply:

Direct contact role YES NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

Budget Year: 2022	Requesting Section/Issuing Office: M&E Paramaribo	Reasons why consultancy cannot be done by staff: <i>Evaluation needs to be independent and non-biased</i>	
Child data role If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
More information is available in the Child Safeguarding SharePoint and Child Safeguarding FAQs and Updates			
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please justify:			
Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both		Request for: <input type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)			
If Extension, Justification for extension:			
Supervisor: Prya Hirasingh , M&E Specialist	Start Date: third week of May 2022	End Date: June 30 th 2022	Number of Days (working) 30 days

Estimated Consultancy fee			
Travel International (if applicable)			
Travel Local (please include travel plan)	To be determined in consultation with the stakeholders, Medical mission and the consultant and UNICEF		
DSA (if applicable)	To be determined based on the travel plan (yet to be determined)		
Total estimated consultancy costsⁱ	USD 25,000		
<p>Minimum Qualifications required:</p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines</p> <p>Social sciences</p> <p>Medicine, Public Health, Community Health or related fields (preferably with specialized training in epidemiology, disease control, immunization, health education, and/or healthcare system management)</p>	<p>Knowledge/Expertise/Skills required:</p> <ul style="list-style-type: none"> A minimum of 5 years of professional experience in designing, implementing and supervising Monitoring and Evaluation programmes Proven experience in leading and managing outcome and impact evaluations. Good understanding of evaluation methodologies and UNEG norms and standards for Evaluation. A good understanding of equity issues Proven analytical skills and experiences leading to the ability to identify and evaluate best practices and innovative approaches to be utilized by the project Excellent English writing skills Strong organizational, and presentation skills Proven knowledge of local context; knowledge of local languages is an asset 		
<p>Administrative details:</p> <p>Visa assistance required: <input type="checkbox"/></p> <p>Transportation arranged by the office: <input type="checkbox"/></p>	<p><input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:</p> <p>If office based, seating arrangement identified: <input type="checkbox"/></p> <p>IT and Communication equipment required: <input type="checkbox"/></p> <p>Internet access required: <input type="checkbox"/></p>		

ⁱ Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

Text to be added to all TORs:

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures, and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.