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| TITLE/PURPOSE          | TOR template for use by CO in contracting an international consultant as part of the <b>Real-Time Evaluation (RTE) of the UNICEF ongoing response to COVID-19 in Sao Tome</b> |
| CONTRACT MODALITY      | <i>Individual consultant (international)</i>  |
| LOCATION OF ASSIGNMENT | <i>Sao Tome. Remote work will be combined with field work</i>   |
| LANGUAGE(S) REQUIRED   | <i>Portuguese and English</i>   |
| DURATION OF CONTRACT   | <i>October 2020 – December 2020 (most of the work will be concentrated in October-first half of November) with <b>25 effective working days</b></i>                           |

## 1. Background

Since the start of the outbreak in December 2019, the new coronavirus disease (COVID-19) has spread to over 215 countries and territories. As of 16 August 2020, there has been an estimated 21.294.845 **confirmed cases** of COVID-19, including children, and nearly 761.779 deaths reported.<sup>1</sup> As noted by the UNICEF Executive Director, children are “*the hidden victims of the COVID-19 pandemic.*”<sup>2</sup> During the second and third quarter of 2020, lockdowns and school closures, in particular, have been affecting children’s education, mental health and access to basic health services and raising the risks of exploitation and abuse. In order respond to such dire scenario, UNICEF has recently revised its Humanitarian Action for Children (HAC) appeal to **US\$1,620,132,267**<sup>3</sup>. Such renewed effort is aimed to fulfil three key objectives: (i) to meet the needs of the affected children, communities, health systems and health structures; (ii) protect the affected populations and environment against the disease; and (iii) address the pandemic immediate health and socio-economic impacts.

### The COVID-19 Response across the West and Central African Region (WCAR)

Since the COVID-19 outbreak in early 2020, national governments and development partners in the West and Central Africa Region (WCAR) have worked closely to roll out an adequate response to the pandemic. Confronted with a host of unprecedented health threats and socio-economic challenges, those managing the COVID-19 response in the region have tried to launch innovative and relevant programs that could: (i) rapidly adapt to the continuously evolving context; (ii) respond to both the emerging needs observed on the ground and those ones that have long existed before the COVID-19 emergency started (e.g. human, financial, technical needs) and, finally, (iii) meet the envisaged beneficiaries’ expectations.

As part of its engagement to hall the COVID-19 pandemic, UNICEF has developed a series of strategic response plans at multiples levels (global, regional, national). All such plans have a common feature: they are equally aimed to reduce the (i) health and (ii) socio-economic impacts of the crisis, as spelled out in the COVID-19 Response Theory of Change, developed by the Evaluation Unit of the UNICEF Regional Office for West and Central Africa (WCARO). More specifically, the responses rolled out on the ground by UNICEF and

<sup>1</sup> WHO Situation Report 16 August 2020: <https://covid19.who.int/>

<sup>2</sup> <https://www.unicef.org/press-releases/un-launches-global-humanitarian-response-plan-covid-19-pandemic>

<sup>3</sup> UNICEF Coronavirus (COVID-19) Global Response, <https://www.unicef.org/appeals/covid-2019.html>

its global, regional and in-country partners seek not only to reduce morbidity and mortality and limit transmission and protect individual from the exposure to virus, but also to curb the deterioration of human capital, human rights, social cohesion and livelihoods.

In order to do attain such ambitious goals and ensure, as much as possible, the continuity of essential social services for children, women and vulnerable populations during the pandemic, UNICEF and other in-country partners across the region have translated all these strategic plan into a panoply of interventions in multiple areas, namely:

- Health system strengthening (provision of personal protection equipment and other materials, training, etc.);
- Infection Prevention and Control (IPC);
- Monitoring and research (including epidemiological investigations;
- Rapid response;
- Risk communication and community engagement;
- Social protection activities and other actions to limit the socio-economic impact of the epidemic;
- Support to maintaining basic social services (health, education, etc.);
- Strengthening UNICEF's humanitarian response capacity;
- Strengthening coordination;
- WASH.

## Context in Sao Tome

In Sao Tome and Principe, from Apr 6 to 20 September 2020, there have been 908 confirmed cases of COVID-19 with 15 deaths. (source: <https://covid19.who.int/region/afro/country/st>)

Not long after the COVID-19 outbreak in the region, the Sao Tome government prepared an action plan aimed to (i) reduce the transmission, mortality, and socio-economic impact of COVID-19 nationwide; and (ii) ensure adequate protection of both the country's population and environment.

As part of the national response, Sao Tome also established a government-level committee tasked with the supervision and monitoring of the execution of the Plan e in a variety of sectors. This committee (the National Council for Preparation and Responses to Disasters or CONPREC) is coordinated by the Prime Minister and Head of the Government, assisted by the Minister of Health (serving as the executive secretary) and is made up of the representatives of the key line ministries with a more vested interest and participation in the COVID prevention, preparation, response and recovery (Education, Planning and Finance, Infrastructure, Natural Resources and Environment, Defense and Internal Order, Agriculture Fisheries and Rural Development, Labor and Social Affairs and State Secretariat for Social Communication and Regional Secretariat for Social Affairs and Communication).

UNICEF has made an effort, too, to contribute to the national response to COVID-19. In particular, it aligned its strategy with the UN joint multi-sectoral COVID-19 response strategy which, in turn, rests on (i) the national COVID-19 contingency plan developed under the leadership of the national Ministry of Health; and (ii) the package of socio-economic measures identified by the intersectoral task force of the Government.

The UN joint multi-sectoral COVID-19 strategy specifically aims at mobilising financial resources and promoting concerted and coordinated UN support to the country's response, in order to prevent and contain the COVID-19 outbreak in Sao Tome and Principe.

The UN intervention strategy is focused on the following areas of intervention:

- In the immediate term, the strategy aims to answer the country's existing needs in term of health surveillance, health care, risk communication and access to water, hygiene and sanitation (WASH) services;
- In the medium and long term, interventions will help to prevent and address the socio-economic impacts of the epidemic on the public and private sectors, including education, nutrition, maintaining access to routine health services, food security, child and women's protection and social protection, tourism, and agriculture.

The overall strategy goal is to minimise the humanitarian consequences of the epidemic on the country's population, also in line with the country commitment to "Leaving no one behind", as spelled out in the Agenda 2030.

Furthermore, the UNICEF response is aligned with the 2020 WHO global Strategic Response Plan (SRP) and the 2020 UNICEF COVID-2019 Humanitarian Action for Children (HAC) appeal. Overall, UNICEF is aiming to reach a total 50,000 people with preparedness and/or response activities in the following pillars<sup>4</sup>:

- Limit human-to-human transmission and protect individuals from exposure to COVID-19;
- Minimize morbidity and mortality due to COVID-19;
- Prevent and address the secondary impact of the outbreak – minimize the human consequences of the outbreak; and
- Enhance risk reduction and in-country preparedness including coordination.

Geographical prioritization – UNICEF STP has prioritised its interventions in the Agua Grande District and the capital area, which are home to 67% of the country's population. The two areas were prioritised in light of their high risk of transmission: their territory includes large commercial cities with an airport and seaport and feature intense human travel with significant number of travellers from within and outside, including tourists. The population living in the targeted areas is estimated to be of nearly 50,000 people.

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<sup>4</sup> The activities included in each pillar are consistent with the WHO Country Guidance and the National Preparedness and Response Plan developed by the Government of Sao Tome and Principe with support from the various Development Partners.

The following list of activities and implementation sites provides an overview of the geographical and thematic scope of the UNICEF response to the COVID-19 in Sao Tome and Principe. This list is not exhaustive and will need to be completed after discussion with the UNICEF CO at the beginning of the assignment.

#### Box 1: List of UNICEF response interventions in Sao Tome and Principe

- Support to the Ministry of Education in building the capacity of primary schools and kindergartens to contain the spread of the pandemic, by installing handwashing facilities in 25 schools and with the prospect of extending it to 55 more.
- In case management, UNICEF provided the Ministry of Health with MPP kits, including laser thermometers, for the protection of 52 health professionals and 28 oxygen concentrators for the management of severe cases of COVID-19.
- Production and dissemination of various audiovisual materials (videos, songs, billboards, radio and television spots) through which it has been possible to reach all families and communities with key messages focused on Covid 19, ensuring the universality of people's knowledge about the new coronavirus.
- Door-to-door sensitization sessions by community health workers in all districts of the country, enabling more than 90% of them to access credible information on how to prevent COVID 19.
- Technical and financial support for the reactivation of four community radio stations (Rádio Farol in Santa Catarina, Rádio Tlachá in Neves, Rádio Lobata and Yogo in Porto Alegre), extending access to information to populations in the most peripheral areas of the country.
- In conjunction with the Social Inclusion Programme, technical and financial assistance to the process of signalling and support for adolescents and young people in street situations, carried out in the 5 districts of the Island of Sao Tome.
- In partnership with the Social Inclusion Programme, acquisition of computer equipment (12 laptops) and internet access (15 routers and unlimited internet for a period of three months) for the staff of the central and local services of the Ministry of Labour, Solidarity, Family and Vocational Training.
- The development of messages/advice transmitted to children and those in their care via radio and a television programme for psychosocial support and child protection ;
- In conjunction with the Child Protection Programme, the acquisition of computer equipment, technical and financial assistance to the signalling and support process for adolescents and young people in street situations, carried out in the 5 districts of the Island of Sao Tome.

## 2. Need for Learning and adaptation during COVID-19 response

The HQ UNICEF Evaluation Office issued [2 technical notes](#) in March and April 2020 to guide evaluative initiatives aimed at responding to the organization's evidence generation needs as the response evolves. The Evaluation Office (EO) in New York UNICEF HQ and the COVID-19 Secretariat have since launched the continuous learning evaluation of the global response (including the *Fly of the Wall*), and some regional and country offices have embarked on other initiatives to inform their response.

Almost five months into the pandemic, **overseeing the quality of the UNICEF response** on the ground is being consistently recognized by the Emergency Management Team (EMT) as a challenge that Country Office (COs) face, due especially to the unusual remote working modalities. In an operating environment that is further

**rapidly changing** and calls for continuous adaptation, there is an urgent need for an in-depth understanding of the ways in which countries are actually responding to this crisis through means which go beyond current reporting efforts in order to inform leadership decision making.

In this context, a **Real-Time Evaluation (RTE) of the UNICEF ongoing response to COVID-19 at the country level** is scheduled to take place in various countries in all UNICEF regions. This TOR covers the evaluation of the COVID-19 response in Sao Tome. The other 5 CO involved in this exercise include: Chad, Cote d'Ivoire, DRC, Gabon and Mauritania.

At a time when countries across the world are further grappling with the socio-economic consequences and secondary costs of what started as a public health crisis, this evaluation provide a precious opportunity to pause, take stock and reflect on how to adapt further as the crisis unfolds, while preparing for both the **next round of HAC and next generation of workplans**. Therefore, the evaluation is particularly timely and relevant for UNICEF CO across the region.

The RTE should be also seen as a means to support the UNICEF Regional Office for West and Central Africa (WCARO) in its oversight role vis-à-vis the implementation of the CO response to COVID-19. This evaluation will be managed by the Regional Office with contractual support from the CO and overall coordination support from EO, also in collaboration with the COVID-19 Secretariat

### 3. Purpose and objectives

#### Purpose

The purpose of the RTE is to inform a **forward-looking** reflection on the current **implementation** of the country offices (COs) response to COVID-19. Through the generation of timely and relevant evidence on how to best enhance the UNICEF response to COVID-19 in the region (on both the strategic and operational fronts), this evaluation aims to inform the planning of UNICEF work in this areas within and beyond the 6 priority countries which this exercise will focus on.

#### Objectives

This RTE will include a critical and yet rapid estimation of:

- **The effects that the COVID-19 pandemic had on basic services**, particularly for the most vulnerable population and of activity initiated as a response to COVID-19;
- The implications of the COVID-19 response on **UNICEF's regular/pre-COVID programme delivery (e.g. the extent of their repurposing for responding to COVID-19)**;
- The **quality of the related delivery**;
- while also providing **early insights on the outcomes achieved**.

Findings generated through this RTE will be further **consolidated across countries and regions, with a view to identify trends** and generate **cross-country learning** and **timely actions** to strengthen the ongoing response beyond each individual country's borders.

#### 4. Overarching questions

The RTE will be guided by the following **4 overarching questions** (more detailed questions will be included in the different data collection instruments aimed to some of the COVID-19 response key stakeholders):

1. *How effectively is the CO implementing the response to COVID-19 so far?<sup>5</sup> How is the **quality** of the response to COVID-19 being affected by remote working modalities and the generally constrained operating environment?*
2. *How well is the CO adapting to the needs of the population, including the **socio-economic impact** of the pandemic?<sup>6</sup> How have these **needs been determined** in each country? (will include gauging: target setting, required capacity, early insights on results achieved so far and where most value is added);*
3. *What are the **early lessons** (for CO/RO/HQ) that are emerging from the implementation of the response? What are the emerging positives from the response? and what have been the greatest challenges in responding to COVID-19 so far? Are there discernable trends that are applicable to **different settings** (i.e. urban/rural; low-resource/high-resource settings etc.)?*
4. *What **more** should be done? What should be done **differently** to enhance COVID-19 response programming for children and their communities?*

#### 5. Approach and methods

##### Overall approach

This evaluation builds upon and expands further an **Operational Reviews** format. It is a real-time exercise, featuring ‘live learning processes’ whose objective is to help UNICEF CO teams and leaders (as well as their partners) understand ‘for themselves’ through fruitful discussions and exchange of ideas, ‘what happened’, ‘why it happened’, and ways to sustain strengths and improve on weaknesses.<sup>7</sup>

While adopting a similar ‘**shared learning**’ approach as the one characterizing an Operational Review, the proposed RTE will gather information (**remotely**) from **UNICEF staff as well as partners, other frontline workers, and the target population**, to the extent possible. This way the RTE will not only be informed by internal/UNICEF sources but external ones as well.

The RTE will be a ‘light-touch’ exercise that will employ a **mixed-methods** approach including qualitative and quantitative data collection. Given the **unfolding COVID-19 pandemic**, related travel risks and the significant disruption experienced by countries, virtual data collection including online surveys and remote interviews

<sup>5</sup> Due to the fluid operating context, the use of COVID-19 response Country Plans as the ‘unit of analysis’/reference point in the RTE was not deemed appropriate. Following discussions, the focus of the question therefore shifted from the implementation of COVID-19 **plans** to the implementation of the **response** to COVID-19. This question will entail gauging the adaptation of the response over time, including vis-a-vis pre-COVID programme delivery

<sup>6</sup> This question will include an assessment of the effects of COVID-19 on access to basic services, including for the most vulnerable segments, to the extent possible.

<sup>7</sup> <https://www.alnap.org/help-library/after-action-review-technical-guidance>

will be preferred. **However, intra-community data collection (including through the use of Photo Voice and other child-focused evaluation methods) will be envisaged when and where possible in most of the countries involved in this exercise.**

The presence of other ongoing/planned initiatives, at regional and country level, to generate information on the UNICEF response to COVID-19 will also be carefully mapped out to ensure alignment and minimize overlap with the RTE.

### Data collection

Data collection will take place at three different levels:

- **National:** at least 10 KIIs will need to be conducted with cluster/sector leads, Partners NGOs, Government (mainly Ministry of Education and Ministry of health) and private sector (ex: community radio stations);
- **Sub National:** (selection of 1 or 2 sub national level sites). For each one of the communities included in the sample, at least of 2 schools (primary, secondary) and 2 health centers will need to be visited. At each site, direct observation along with KII and focus groups discussion will be held with front lines workers, such as health workers, community health workers and teachers/head of school. Other infrastructures supported by UNICEF will also need to be the object of the field visits. (ex: mainly WASH in schools/health centers)
- **Community level:** Photo Voice work sessions as well as participatory videos will be realized by UNICEF Implementing Partners in collaboration with the national consultants (Note: community level can also be urban and peri-urban areas of the Capital). UNICEF will provide telephones mounted with cameras to different groups in the same community (each group would be made up of 5-6 individuals) during a given week and the results of their work (pictures and films showing the impact of the COVID-19 on their daily lives as well their coping strategies) will be shared with the rest of the community for a more exhaustive discussion on some of the issues depicted by the groups. Photos and videos produced will be analysed by the consultants with support from the UNICEF WCARO Evaluation Unit.

### Instruments

The following are examples of instruments that can be used for data collection:

- Short Survey Monkey questionnaire aimed at all **UNICEF Cos in WCAR:** to ensure a widely consultative process at the level of each CO, the instrument will be sent to UNICEF CO Representatives for the Country Management Team (CMT) to respond;
- Short survey monkey questionnaire aimed at the **implementing partners' staff based in the country 's capital** (Govt, CSOs, private sector);
- **Phone surveys and phone calls** with implementing partners and frontline workers;
- Collaborative and participative discussion with various stakeholders through digital whiteboard<sup>8</sup>;
- Follow-up in-depth remote Key Informant Interviews (KII) with UNICEF Staff, implementing partners (Govt and CSOs) at CO levels, etc.
- Other innovative methods to capture, from an equity perspective, the 'voice of the community' will be explored to the extent possible. This would include a glimpse of what is happening within communities affected by the COVID-19, including their level **engagement** in response (the possibility exists for a short survey to be administered through **U-report** in districts where UNICEF)

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<sup>8</sup> Exemple : <https://en.linoit.com/>



- Photovoice, participatory videos, focus groups discussions, participatory activities with youth in affected communities

### Data Analysis

As this real-time evaluation will rest on a mixed method approach, it is expected that the data be analyzed both quantitatively (e.g. frequency tables and other descriptive statistics) and qualitatively (e.g. through coding and content analysis)

### Sampling:

In light of the real-time nature of this exercise and given the concrete learning needs amongst UNICEF staff and its partners, the suggested sampling is mostly purposive. In particular, the Selection of sub-national level locations where to conduct fieldwork will be based on accessibility, level of services supported by UNICEF and availability of stakeholders (including availability of IPs to support the conduct of community participatory activities, with a special focus on youth and children).

To help build on the **external stream of evidence and avoid the risk of duplication**, information pertaining to the response that is already available at the country level (e.g. U-reporters, phone banks at community level, 3<sup>rd</sup> party monitoring data, KAP studies/other assessments such as needs assessments, sitreps, response plans from UNICEF and from the Governments, etc.) will be explored. That would eventually inform the final choice of methods and data collection tools.

To ensure the soundness of findings generated, attention will be given to the **validation** of information gathered to reduce **potential biases**.

To enrich learning, EO is proposing to conduct **2 rounds** of assessments, with the first round (R1) planned to yield findings in early **Q4 2020**, and the second round (R2) in 2021.

## 6. Scope

Initially the intention was to sample a number of UNICEF-supported countries based on their ability to illustrate a diversity of profiles against a range of criteria. In line with the principles of following ROs lead and attempting to minimize duplication of effort, it was instead agreed in August 2020 that ROs would select countries based on regionalized rationales and upon where relevant activities were already taking place<sup>9</sup>.

In WCARO, the following Countries Office were selected to take part in this first phase of the RTE: Chad, Cote d'Ivoire, DRC, Gabon, Mauritania, and Sao Tome and Principe.

<sup>9</sup> The EO will produce a retrospective framework of these RO-selected countries in early September 2020 using criteria such as i) geography (region); ii) CO size; iii) government capacity and systems to respond to outbreak; iv) outbreak size/level of disruption of basic services; v) focus of UNICEF CO's programmatic response (e.g. social protection; child protection; education etc.), or a **combination of any of these criteria**. This framework will a) support reporting at the global level and b) allow the EO and the RTE Task Team to identify if the RO-selections will support a global representative analysis or additional selections will be required. Given that a number of ROs would like to apply the CO survey to all Countries in their regions, then sample a number of countries for in-depth data collection, this is expected to supply much of the comparative data required for Phase 1.



Thematically, the assessment will focus on the UNICEF **public health response** and the **early stages of the socio-economic response**. The sampling approach adopted in each region may ultimately further determine the thematic focus of the assessment.

The focus and approach for the **2<sup>nd</sup> round** of the RTE (R2) including the countries to select in R2, will be determined on the basis of the 1<sup>st</sup> round (R1).

## 7. Evaluation Users and Uses

This exercise has the potential to offer timely insights on different levels. Primary users will be the **UNICEF management at the country level** who would harness the RTE's findings to improve **ongoing implementation** of the response to COVID-19. Findings from the RTE will, more specifically, inform potential adjustments to the **2021 appeals** and the **next round of CO planning**.

The wealth of information generated from an extensive sample of countries can also represent a valuable asset for the **oversight role of regional offices**, and to **HQ**, with a view to informing **broader forward-looking strategic decision-making** across typologies of countries and responses. If completed as planned, the evidence generated will inform RMT discussions on the response in the Fall of 2020. Making a timely report to inform the RMT discussion will be deemed critical and must be prioritized.

The findings of the assessment are also expected to plug into the **global [continuous learning initiative](#)** around the COVID-19 response that EO is currently implementing with the COVID-19 Secretariat, and importantly, will be used as one of several information/evidence streams which will feed into the eventual **L3 summative evaluation** of the response to COVID-19 (that EO plans to conduct in 2021).

Information gathered will be analyzed and trends identified and presented in a **digital interactive report**. The RO in collaboration with the different consultants working in each one of the 6 countries, will produce a regional report on the RTE. The RTE's findings will be presented and discussed as appropriate, with findings from Round 1 expected to inform the fall RMT.

## 8. Management and Resources

Besides informing the CO planning of the COVID-19 response, this RTE is intended to support the **oversight** role of **Regional Directors**. It will therefore be managed **by ROs**, through the **Regional Evaluation Advisors (REvAs)**, who will work closely with the Regional Emergency Advisors and the Deputy Regional Directors. To expedite the delivery of the RTE. The **Humanitarian Evaluation Portfolio (HEP) in EO and the COVID-19 Secretariat** will support the RTE and ensure a coordinated approach. Specifically, the following are envisioned as the key roles and responsibilities:

- REvAs will confirm the **selection of countries** involved in the RTE in each round, and will work with the EO to ensure a suitably diverse range of countries;
- A small taskforce, comprising REvAs and HE, will **co-develop the tools** that will drive the exercise. While this 'toolkit' with templates will be available to collect, analyze and use data from COs, each region will plan for the execution of the RTE, with the understanding that **specific regional adaptations** in such tools and approaches may take place, as needed;
- REvAs and their evaluation teams will be responsible for **consolidating findings** at the level of *their respective region*, the UNICEF Evaluation Office (EO) will, in turn, be responsible for consolidating findings, identifying trends and generating learning *across* regions;
- EO will keep all informed, provide cross-region insights and advice, when needed, with a view to ensure the RTE's continuous relevance and utility.

## 9. Timeline

A **tentative timeline** for Round 1 of the RTE is presented below:

### Expected deliverables

| Deliverables   | Deadlines   |
|--|-------------|
| Contribution to the Analysis of the quantitative survey launched by the Regional Office on Survey Monkey     | October 16  |
| Transcripts of all KIIs conducted at national and Sub national level and observation sites check list filled | October 26  |
| Analysis of U reports if used  | October 26  |
| Country-level report following the template provided by UNICEF   | October 26  |
| Results of the Photo voice work and participatory videos   | November 30 |

## 10. Required Competencies and Qualifications

The UNICEF Regional Office will be supported by at least one external consultant in each one of the CO involved. In Sao Tome, the external consultant will be international consultant and he/she will with help with the research and data collection tasks at the country level, analysis and reporting.

The international consultant team is expected to execute the following tasks:

- Work closely with the RO to design and implement the RTE;
- Execute the RTE to respond to the questions stipulated in the terms of reference (or subsequent revisions of the RTE questions);
- Generate Assessment products and deliverables in accordance with contractual requirements.

The Consultant will work closely with UNICEF regional evaluation staff.

### ***Required Qualifications of the external consultant***

#### **Senior Evaluator**

- A post-graduate or master's degree in social science, development studies, international relations or economics.
- Extensive knowledge of humanitarian, development and humanitarian-development nexus programming, debates and ways of working.
- At least 7 years' experience in conducting and managing multi-disciplinary evaluations – in particular global, strategic evaluations and joint evaluations – UNICEF, other UN agencies or other international partners.

- iv) Extensive knowledge of and experience in current evaluation methods and approaches, particularly formative and forward-looking approaches, participatory methods, and supporting accountability to affected populations.
- v) Extensive experience with inter-agency cooperation at headquarters and in the field.
- vi) Familiarity with UNICEF's programming.
- vii) Excellent oral and written communication skills (in English); knowledge of other UN languages a key advantage.
- viii) Expertise evaluating/assessing public health emergencies is highly desirable.
- ix) Extensive knowledge of qualitative and quantitative data collection methods and analytical methods and techniques.
- x) Proven experience managing an evaluation team.
- xi) Experience in generating strategic, useful and action-oriented recommendations to senior management and programming staff.
- xii) Experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards.

## 11. Application Submission Modalities

UNICEF accepts applications from **International individual contractor**.

All applications should contain the following documents:

I. Technical Proposal which would include at least the following:

- Candidate's CV
- Example of one evaluation report produced by the consultant
- Methodology note (max 2 pages), which shall cover the following:
  - Understanding of the evaluation purpose
  - An adequate conceptual framework and evaluation methodology
  - Proposed timeframes (hour/days)
  - Clear definition of roles and responsibilities for the execution of the mandate

Applicants are strongly encouraged not to repeat the text from Terms of Reference but rather to demonstrate a critical understanding of it in their methodology note. This note shall remain a technical document and not a motivation letter.

II. Financial Proposal:

- Detailed budget breakdown (in US Dollars).

The proposed financial offer must be all inclusive (include fees, logistics (DSA and Tickets) and indirect costs (publishing, reprography)). Fees will be negotiated and agreed upon before contract is signed.

Applicants are strongly encouraged to email their technical and financial evaluation offers (proposals should be submitted separately, to the following email address [aneto@unicef.org](mailto:aneto@unicef.org)

**Deadline for applications:** 30 September 2020

The technical proposal shall be submitted in a separate file, clearly named/marked: “Technical Proposal.” No financial information should be included in the Technical Proposal. The technical offers will be noted according to the assessment grid provided in Table 3.

*Table: Technical offer assessment grid*

| Number | Assessment criteria   | Sub-criteria   | Score | Total score |
|--------|---|--|-------|-------------|
| 1      | Understanding of ToRs   | Understanding of ToRs <i>(according to the value added of the technical proposal)</i>  | 10    | 10          |
| 2      | Methodology   | Methodological reference framework to address evaluation questions <i>(according to the relevance of the methodological framework for answering evaluation questions)</i>  | 10    | 25          |
|        |   | The quality and robustness of sampling strategy <i>(according to the relevance and consistency of the proposed data collection and sampling methods for answering the evaluation questions)</i>                        | 10    |             |
|        |   | Data analysis methods <i>(according to the relevance and consistency of the proposal for answering the evaluation questions)</i>   | 5     |             |
| 3      | Organizational capacity of the evaluation team to execute the mandate | Evaluation Work Plan <i>(according to the relevance of the proposed timeline for the delivery of expected outputs)</i>   | 5     | 10          |
|        |   | Roles and Responsibilities of the Evaluation Team members <i>(according to the appropriateness of the distribution of roles and responsibilities for the achievement of expected results within the required time)</i> | 5     |             |
| 4      | Expertise and experience of the Team Leader                           | Expertise of the Team Leader <i>(according to the conformity with the required profile and the expertise evaluation in general and in equity-focused and gender and human rights-based evaluations)</i>                | 5     | 10          |
|        |   | Experience of the Team Leader <i>(according to the quality of the evaluation report submitted as part of the proposal, and the consultant's)</i>   | 5     |             |

|  |   |   |   |           |
|--|---|---|---|-----------|
|  |   | <i>experience in evaluation in general and in the targeted thematic area in particular and as an evaluation team leader)</i>  |   |           |
| 5  | Expertise and experience of the Evaluation team members | Expertise of the team members<br><i>(according to the conformity with the required profile, the expertise in the targeted thematic area, knowledge of the national context and evaluation and research methods)</i> | 8 | 15        |
|  |   | Experience of the team members<br><i>(according to the experience in evaluation in general and in the thematic targeted area)</i>   | 7 |           |
| Total Score attributed to the technical proposal |   |   |   | 70 points |

**The financial proposal** shall contain the Offer with cost breakdown and must cover all expenses related to the evaluation including the desired remuneration, accommodation costs, travel costs (economy class), travel insurance and others. The IT and communication equipment necessary for the proper implementation of the evaluation will be the responsibility of the consultant. It should be noted that the costs of organizing meetings or technical workshops will be borne by UNICEF. The financial offer shall be presented separately from the technical offer and clearly named/marked "Financial Proposal". It will only be examined for offers that are considered technically valid (minimum score of 50 points in the technical assessment).

The evaluation firm can suggest a different payment schedule in their proposal. This will be considered during the assessment of the proposal.