

TERMS OF REFERENCE (UPDATE OF THE PREVIOUS TdR)

TITLE/PURPOSE	Real-Time Assessment of UNICEF's support to the COVID-19 vaccine roll out and immunization programme strengthening in the Latin America and the Caribbean region
RECRUITING OFFICERS	<i>Regional Evaluation Advisor and Regional Advisor, Survive and Thrive</i>
CONTRACT MODALITY	<i>Institutional contract</i>
LOCATION OF ASSIGNMENT	<i>The RTA will combine in country visits and remote consultations</i>
LANGUAGE(S) REQUIRED	<i>Spanish and English</i>
DURATION OF CONTRACT	<i>8 months, from End December 2021 to July 2022</i>

1. BACKGROUND AND CONTEXT

1.1. Utilizing COVID-19 vaccine roll out to strengthen health systems in LAC

Equitable and fair access to vaccines is an essential contribution to ending the COVID-19 pandemic, while routine immunization programmes are key to prevent outbreaks of other diseases.

Through the COVAX Facility – a joint initiative by Gavi, WHO, CEPI and UNICEF, – UNICEF works with manufacturers and partners on the procurement of COVID-19 vaccine doses, as well as freight, logistics and storage. While the PAHO Revolving Fund leads vaccine procurement for Latin America and the Caribbean (LAC), UNICEF supports vaccine roll out through a large spectrum of activities, ranging from cold and supply chain strengthening, logistics, digital health and innovation to risk communication and community engagement. UNICEF's specific actions vary from country to country, depending on government needs, UNICEF in-country capacity, and the presence and role of other actors.

As of mid-September 2021, all countries in the region have introduced COVID-19 vaccines. However, large across and in-country disparities and inequities exist in regard to availability and access to the-19 vaccines. While some countries in LAC have already vaccinated more than 72% of their population and have expanded services to children, others have not even covered 0.1% of their population.ⁱ

Containment measures and fear of infection have limited access to and use of health services during the pandemic, including primary health care and preventative services like immunization, antenatal check-ups and growth monitoring.ⁱⁱ This has had and continues to have immediate and long-term impacts on maternal and child health and wellbeing.

Already prior to the COVID-19 pandemic, health indicators of children, adolescents and women in the region showed large inequities, related to unequal access to and quality of services.ⁱⁱⁱ Immunization coverage in LAC was already declining. In 2019, 2 out of 10.3 million children under one year of age were not fully vaccinated with DTP (diphtheria, tetanus, pertussis) and the regional DTP3 coverage

was 81%.^{iv} DTP3 coverage has further dropped to 77% in 2020.^v A total of 1.4 million children had not received any DTP vaccine dose (“zero dose children”).

COVID-19 vaccine delivery is a potential entry point and opportunity to improve overall health outcomes, considering intermediary planning objectives on quality, equity, efficiency, accountability, sustainability and resilience.^{vi} Through an approach of health systems strengthening (HSS), immunization outcomes specially for underserved populations can be enhanced, and missed opportunities be maximized through Primary Health Care (PHC) platforms.

At the same time, there is a risk that COVID-19 vaccinations compete with routine immunization, by absorbing scarce human and supply resources.

Against this backdrop, UNICEF aims to make sure that routine immunization is not jeopardized by COVID-19 vaccination and that instead, UNICEF can capitalize on the COVID-19 vaccine roll out to support countries in making investments for the future by strengthening health systems, with emphasis on primary health care and immunization programmes. It is envisaged that COVID-19 vaccines will be mainstreamed into government immunization systems.

2. PURPOSE AND OBJECTIVES

2.1. Assessment purpose

UNICEF’s Regional Office for Latin America and the Caribbean (LACRO) will conduct a real-time assessment (RTA) of UNICEF’s role in rolling out COVID-19 vaccine in LAC, including how this has been, or is able to, contribute to the overall immunization programme, PHC and health systems strengthening. In particular, the assessment aims to show how COVID-19 vaccine roll out has contributed to strengthening routine immunization services.

As part of the continuous-learning assessment approaches, this RTA shall commence in Q4 of 2021, while vaccine roll out is still ongoing. It was deliberately termed ‘assessment’ (not an evaluation) and designed to be a reasonably light process that regions could adapt to suit their own needs.

The purpose of the RTA is to inform a forward-looking reflection on the implementation of the national and regional office response to COVID-19 vaccine introduction. It will include an assessment of both the Regional Office’s and COs’ comparative advantage in the roll out of COVID-19 vaccination, and how this has been leveraged to strengthen routine immunization services and primary health care in LAC, particularly for the most vulnerable populations. Also, the RTA will assess the effectiveness, coherence and equity of the LACRO and CO support to the roll out of COVID-19 vaccinations.

The RTA aims to assess the quality of the roll-out of the Covid-19 vaccination in the region, while also providing early insights on the outcomes achieved. Findings will be consolidated across countries and at the regional level, with a view to identify trends and generate cross-country learning and timely actions to strengthen the ongoing response.

With improved response implementation as its main purpose, the real-time assessment will contribute to annual reporting as well as the 2021 Humanitarian Action for Children appeal (HAC) on the Access to COVID-19 Tools (ACT-A).

The findings from the assessment will contribute to the ongoing support to the roll out of COVID-19 vaccinations. In addition, it will provide medium- and longer-term recommendations to strategically position UNICEF in routine immunization and the health sector.

As the assessment is forward looking, its evidence-based findings and recommendations will inform UNICEF’s LACRO and COs crisis response 2021 and 2022 strategic and operational priorities, and strengthen its partnerships with governments and other both in fast-changing contexts as well as towards the establishment of a more sustainable response to the Covid=19 vaccine roll out.

2.2. Specific RTA objectives

The objective of the RTA is to inform a forward-looking reflection on the following three issues:

1. The current implementation of UNICEF LACRO and CO's support to the COVID-19 vaccine roll out.
2. Achievements in the roll out of COVID-19 vaccines.
3. The repositioning of UNICEF in overall immunization programme strengthening.
4. UNICEF to adjust routine immunization in the future identifying concrete strategic, programmatic and advocacy actions.

To do so, the RTA will assess the quality of the planning, coordination and delivery of action across different technical areas (health, comms, C4D, supply, T4D etc.), while also providing early insights on the outcomes achieved.

In this context, the RTA will:

- Assess the quality of delivery across different aspects (health, comms, C4D, supply, T4D etc.), while also providing early insights on the outcomes achieved.
- Assess whether and how COVID-19 vaccine roll out has improved internal CO structures and processes.
- Assess the appropriateness of institutional priorities developed at country and regional levels and the articulation with the strategies developed at country level.
- Retrospectively assess results^{vii} and identify emerging good practices of its response at the country and regional level.
- Identify country office and regional level successful strategies and lessons learned as well as review the relevance, effectiveness, coherence, and quality of the support provided by the RO and COs, and
- Appraise partnerships, coordination mechanisms, strategies as well as response modalities which enable UNICEF to better respond and support the transition from humanitarian response towards a more long-term response (the nexus).

During the process, the evaluation team will assess regional and country strategies in their Covid-19 vaccine roll out validate their appropriateness and effectiveness and help stimulate reflection to inform the next phase of UNICEF's Covid-19 vaccine roll out response to this regional crisis throughout the organization.

Findings will be further consolidated and synthesized across countries, with a view to identify trends and generate cross-country learning and timely actions to strengthen the ongoing response in the region.

2.3. Evaluation Criteria and Questions

The evaluation team will use the OECD DAC evaluation criteria: relevance, effectiveness and coherence. These criteria have been selected by LACRO together with the countries involved in this assessment. The evaluation team should consider human rights-based approach (HRBA) and a gender perspective as crosscutting issues when answering all the evaluation question. During the inception phase, the evaluation team will be requested to review the below suggested questions as well as to refine and prioritize them, where applicable, together with key stakeholders.

Table 1: Evaluation Criteria and Questions

Evaluation Criteria	Evaluation Questions
Relevance	<ol style="list-style-type: none"> 1. To what extent are UNICEF LACRO and COs supporting the roll out of COVID-19 vaccination in the region, and responding to/meeting governments' and, partners local health sector needs and priorities, particularly for the most vulnerable populations and at-risk groups? (this should also take into account any possible delays in routine immunization related to COVID-19 vaccination activities).
Effectiveness	<ol style="list-style-type: none"> 2. Which COs have effectively managed to prioritize equitable access of COVID-19 vaccines and were most effective in reaching the most vulnerable population groups? Are these leading to effective use of resources and equitable outcomes? 3. To what extent were meaningful partnerships and coordination mechanisms established to ensure equitable COVID-19 vaccine roll out and? How could these be better leveraged in the future for routine immunization? 4. What are the early lessons (for Country Offices, the regional office and headquarters) that are emerging from UNICEF's support to Covid-19 vaccine roll out? What are the emerging positives from the response? What have been the greatest challenges in responding to the COVID-19 crisis so far? 5. How can UNICEF's contribution to the COVID-19 vaccine roll out be utilized to mainstream COVID-19 vaccination into routine immunization programmes and to better reach zero dose children in the future?
Coherence	<ol style="list-style-type: none"> 1. What is UNICEF's added value in COVID-19 vaccine roll out in the LAC Region (particularly, when compared to other UN agencies)? 2. To what extent were meaningful partnerships and coordination mechanisms established to ensure equitable COVID-19 vaccine roll out ? How could these be better leveraged in the future for COVID-19 vaccination and routine immunization?

2.4. Evaluation audiences and expected use

The primary audience of this assessment are both COs and LACRO management; the secondary audience includes HQ and development partners. LACRO and COs need the information to strengthen their role in the roll out of COVID-19 vaccination, and to be able to better leverage their role to strengthen immunization programmes, primary health care and health systems. Findings from the RTA will, more specifically, inform potential adjustments to the 2022 appeals and the next round of CO planning (Country Programme Documents / Annual Work Plans).

This assessment can also be of interest to donors and implementing partners, both governmental and non-governmental, as well as beneficiaries and communities, as a mechanism to strengthen transparency and share experiences and identify lessons learned.

Key stakeholders such as national counterparts are expected to be part of the evaluation reference group from the inception phase in order to strengthen validity and buy-in of the process. In addition, whenever possible the assessment will seek to include meaningful participation of duty bearers (governments) and rights holders (civil society and programme beneficiaries) to promote ownership and utilization of findings.

The RTA assessment report will be available on UNICEF external evaluation websites once completed and quality checked. As noted, the findings of this assessment will contribute to the global continuous

learning initiative focused on the COVID-19 response that the Evaluation Office is implementing with the UNICEF LAC COVID-19 RO and COs. The findings will be used as one of several information and evidence streams that will feed into the eventual summative evaluation of the UNICEF response to the COVID-19 crisis.

3 SCOPE OF WORK

3.1. Time scope

The period under review will be Q1 to Q4 2021. The timeframe to be analysed shall comprise activities conducted from January through October 2021 (Q1-Q3 2021).

3.2. Organizational level scope

The organization scope of this RTA will remain internal to UNICEF. However, the RTA report will be made available in line with UNICEF's standard principles on RTA data sharing.

3.3. Geographic scope

The RTA will assess COVID-19 vaccine roll out both at the regional and country level. Upon consultation with UNICEF LACRO, three to four countries will be selected for an in-depth review with travel to the respective countries and two countries for specific desk-based case studies reports.

4. METHODOLOGY AND APPROACH

4.1. Overall design and approach, and report outline

The design of the assessment will be non-experimental and adopt a utilisation focused and theory-based approach in assessing the effectiveness and coherence of the UNICEF response to the Covid-19 vaccine roll out against their intended aims.

The methodology is expected to be a 'light-touch' exercise: (a) be reasonably rapid; (b) use a simplified process that would be suitable for implementation; and (c) have minimal burden on LACRO and CO staff and external stakeholders. The methodology will also have to provide a sufficient range of useful and relevant insights and be adequately triangulated to give reasonable confidence in the findings.

Mixed data collection methods will be used as far as possible. The assessment will include the collection and analysis of qualitative and quantitative data both at the regional and country level. To the extent possible the methodology of the RTA will involve gathering comparable data through qualitative and quantitative research. The methodology will be used to answer the evaluation questions and criteria outlined in section 2.4 of this TOR.

The formative nature of this RTA will facilitate adaptive learning, with the intention to rapidly inform decision-making. Through a utilization-focused approach, the assessment will inform the decision-making process of senior staff across the Latin America and the Caribbean region in terms of their ongoing UNICEF LAC RO and CO response to COVID-19 vaccine roll. With a strong focus on utilisation, the approach of this RTA assessment will concentrate on engaging with the principle users of the evaluation process and report. including UNICEF country and regional offices, key stakeholders and focal points in national government' ministries and departments, representatives at sub-regional and national level as far as possible, and UN partner organisations in each country.

While adopting a similar 'shared learning' approach, the proposed RTA will gather information (remotely) from UNICEF staff as well as partners, frontline workers, and the target population, to the extent possible. 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 will be used. The presence of other ongoing/planned initiatives, at regional and country

level, to generate information on the UNICEF response to COVID-19 will be carefully mapped out to ensure alignment and minimize overlap with the RTA.

Participatory approaches will be adopted as far as possible, but given the potential access constraints, these could either entail in-country or virtual means. Overall, the RTA assessment requires an analysis at the national and regional levels. Considering the strategic level focus, it is expected that evidence will be collected primarily through online surveys and remote interviews which deemed to be necessary to answer evaluation questions, can also be gathered from a review of secondary sources.

The methodology described in this section is indicative and participating evaluators are expected to adapt and integrate the approach and propose adjustments needed to undertake this RTA assessment. The proposals should also refer to methodological limitations and mitigation measures.

The evaluators will assess the options and describe in detail the suitable methods to meet the purpose, scope and objectives of this RTA assessment. The methodology will then be discussed and further shaped in consultation with the UNICEF LACRO Survive & Thrive and Evaluation teams in the inception phase.

It is suggested the assessment use the following normative frameworks to determine the merit or worth of UNICEF's role in COVID-19 vaccine roll out and to strengthen UNICEF's position in routine immunization in Latin America and the Caribbean:

- UNICEF Framework for Health Systems Strengthening and COVID-19 Vaccine Delivery and Program Implementation^{viii}
- UNICEF HSS Framework for HSS and COVID-19 vaccine delivery and program implementation^{ix}
- The COVID-19 global evaluation coalition framework^x
- The UNICEF/WHO Immunization Agenda 2030 (IA2030)^{xi}; and
- The normative evaluation framework developed by the OECD DAC Network on Development Evaluation (EVALNet)^{xii}.

4.2. Theory of action reconstruction

The evaluation team should reconstruct an overarching theory of action to visualize UNICEF's intervention logic for both the COVID-19 vaccine roll out and the immunization programme strengthening at the regional and national levels (drawn from a combination of regional and countries' strategies and the RTA's goals and objectives).

The reconstructed theories of change action make explicit the key causal steps and assumptions regarding how UNICEF's response to Covid-19 vaccine roll out is intended to work both at the regional level and in each of the selected country offices. In an iterative process, engaging UNICEF staff and partners, the evaluation team will extract information from project documents and in combination with existing literature to revise or develop a causal narrative on how these interventions work in practice in order to explore how the interplay between existing literature, project documents and an evolving causal framework can help to better understand how this RTA assessment contribute to development outcomes. A validation and consultative process is expected before the end of phase 1 involving country offices and the regional office.

4.3. Limitations and possible mitigation measures

As In designing the methodology and timeframe, the evaluator shall take the COVID-19 pandemic situation into account. The timeframe proposed in this TOR is indicative and subject to review.

The RTA assessment may be carried out in country or virtually depending on conditions on the ground in each country. Access to the internet or to a computer can be a problem for key informants, as many countries and its government and national interlocutors may work from their homes. These limitations will be reflected in the RTA assessment progress reports from each country. UNICEF staff and partners can work remotely with on-site support from UNICEF/LACRO evaluation team. Safety comes first and no stakeholder, consultant or UNICEF staff can be put at risk.

4.4. Data triangulation

RTA assessment findings, conclusions and recommendations should be based on triangulated evidence. Multiple sources should be used to ensure that the findings can be generalized to the response and were not the results of bias or the views of a single agency or type of actor. Three types of triangulation methods are envisaged: 1) cross reference of different data sources (surveys, interviews and documentation), 2) triangulation through the different M&E regional focal point evaluators, and 3) review by UNICEF Staff and participants through the respondents' validation meeting and consultation with UNICEF.

Triangulation should allow the team to determine how much weight to put on different sources of information. The triangulation efforts will be tested for consistency of results, noting the inconsistencies do not necessarily weaken the credibility of results, but may reflect the sensitivity of different types of data collection methods. This is to ensure validity, establish common threads and trends, and identify divergent views.

The RTA assessment needs to follow the UNEG Norms and Standards for Evaluations (2016) and the UNICEF Ethical Guidelines. It also needs to respect UNEG Guidance on integrating Human Rights and Gender Equality in Evaluation and the UN-SWAP Evaluation Performance Indicators.

4.5. Ethical considerations

UNICEF supports evidence generation conducted in full compliance with ethical considerations, including during evaluations, research and data collection. Ethical considerations will be assessed and documented, and clearance will be sought before data collection can commence. The ethical review will include the complete set of RTA assessment documents including proposal, inception report, TOR, and related data collection instruments (interview guide), and other tools as applicable (consent form, protection protocol).

Documentation for ethical clearance will be prepared by the participating evaluator in accordance with the requirements of the available Internal Review Board (IRB). The participating evaluator will describe in the proposal how the assessment is designed and undertaken in accordance with ethical recommendations as set out in UNEG Ethical Guidelines^{xiii} and the UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015), and whether an IRB is available to the participating evaluator. If no IRB is available, UNICEF will facilitate access.

During the RTA assessment process, full compliance with all UNEG and UNICEF ethical guidelines will be required. All informants should be offered the possibility of confidentiality, for all methods used.

4.6. Management and Response

To execute the RTA, LACRO will recruit a team leader/senior consultant (recruited as individual consultant) who will be responsible for research and data collection at the country level, analysis and reporting. The consultant will be managed by the Regional Evaluation Advisor and the Regional Survive and Thrive advisor.

4.7. Dissemination of results

Dissemination of results and of any interim products must follow the rules agreed upon in the contract. Unauthorized disclosure is prohibited. Any sensitive issues or concerns should be raised, as soon as they are identified, with the evaluation manager.

The results of the RTA assessment will be shared to the primary and secondary audience through the dissemination of the final evaluation report. Additionally, virtual workshops with key partners will be held in each country. During this virtual workshop the evaluation team will present the key findings and results and discuss the operationalization of the recommendations towards ensuring that the findings are shared and understood.

5. EVALUATION DELIVERABLES AND TIMELINE

The RTA assessment is expected to be completed within 8 months (by August 2022). The timeframe outlined in Table 2 is tentative. The final workplan will be determined in the inception phase. This provides an estimate of the envisioned workload (evaluation timeline). A workplan table should be developed by the evaluation team including the details and proposed milestones and dates to conduct the different evaluation activities and planned data collection.

It can be updated regularly in alignment with COVID-19 developments and related measures put in place by the Governments in the region.

Table 2: Tentative timeline for the RTA, by deliverable

Deliverable	Indicative Timeline
1. Inception report including methodology and approach for the assessment	January 2021
2. Draft country reports (one per country)	February-April 2022
3. CO workshops to validate emerging findings and recommendations	May-June 2022
4. Validation workshops at the RO and CO level	June 2022
5. Draft regional synthesis report (regional synthesis), including strategic recommendations	June-July 2022
6. Final synthesis report	August 2022
7. Webinar on key findings and recommendations for all UNICEF offices in LAC /NYHQ	August 2022
Total	All deliverables are to be submitted by August 2022.

Inception Report (draft and final). An inception report in English at the beginning of the assignment for review by UNICEF. The inception report is the output of the detailed desk review, and preliminary/informal consultations/interviews (if any), with a detailed methodology, sampling framework and time frame for the proposed data collection methods. This report will be circulated for feedback and endorsement by UNICEF, prior to the start of data collection, to ensure that the evaluation is in line with the expectations of UNICEF LACRO and UNICEF Staff for this exercise.

Draft RTA Report (valid for country office-15,000 words and regional synthesis-20,000 words). A draft evaluation report in English including background, detailed methodology, analysis of data and preliminary findings. The report will be presented by UNICEF during a stakeholder workshop that will gather key stakeholders, (i.e. UNICEF staff, IPs, government representatives, donors). *Note: If needed UNICEF will conduct a stakeholder workshop to present the draft evaluation report to key stakeholders, discuss preliminary findings and garner inputs.

Final RTA Report both at country offices and regional synthesis. A final draft evaluation report, incorporating feedback from the stakeholder workshop and any other feedback channels. The consultant is expected to produce the final report within two weeks (14 days) of submission of the feedback/comments. Presentation of Evaluation Findings and Recommendations.

A PowerPoint presentation with visuals (diagrams and graphs) highlighting key findings, lessons learned and recommendations. This presentation will be used to brief key stakeholders.

Report structure:

The Country Office reports and Regional Office Report should have the following structure:

Relevance, effectiveness (quality and timeliness) and coherence of a) UNICEF's support to the COVID-19 vaccine roll out in LAC and b) UNICEF's support to COVID-19 vaccine roll out can contribute to immunization programme strengthening and health systems as a whole.

In addition, lessons learned, conclusions and recommendations on how UNICEF in LAC can leverage its global expertise and strategically position itself (to further strengthen national immunization programmes to leave no one behind and deliver life-saving vaccines to the most vulnerable and un- and under vaccinated population groups, in the context of health systems strengthening).

6. RESPONSIBILITIES AND REQUIRED COMPETENCIES AND QUALIFICATIONS

Team Composition and responsibilities:

The evaluation will be conducted by (at least) a 3-person team including 2 international consultants (one team leader, one sectoral subject matter expert) and at least 1 national consultant (desirable one national consultant for each country of field visit). UNICEF calls for gender-balanced and culturally diverse team composition where possible.

The team leader/senior consultant will be responsible for undertaking the following tasks:

- a) work closely with the Regional Office to customize the design of the RTA.
- b) develop a realistic work plan for the assessment.
- c) conduct a thorough desk review of existing evidence/information that will be harnessed by the RTA.

Qualifications Required:

- Evaluation team lead must have an advanced degree (Masters or PhD) in Evaluation, Social Sciences, Development Studies or another relevant discipline.
- Sectoral team member must have an advanced degree (Masters or PhD) in Public Health, Medical Science, Social Sciences or another relevant discipline.
- The institution must possess at least 10 years' experience in conducting evaluations or similar assessments in health, epidemiology, public health emergencies, health system strengthening, or social research with an emphasis on mixed methods data collection and analysis.
- CVs of involved professionals must be made available upon submission of a technical proposal.

- Fluency in English and Spanish is a pre-requisite; knowledge of French or Portuguese is an asset.

Experience required:

- Familiarity with immunization programmes and health systems in Latin America and the Caribbean.
- Experience in qualitative and quantitative data collection, analysis and synthesis.
- Experience working with governments, NGOs, UN agencies or other relevant development partners.

Required Qualifications:

Team Leader

- i) extensive experience in evaluation and RTAs, preferably with a UN agency
- ii) experience in conducting and managing multi-disciplinary evaluations and RTAs, including evaluating rapid onset emergencies for UNICEF, other UN agencies or other international partners at the global, regional or country levels.
- iii) experience in evaluation of health, epidemiology, public health emergencies, health system strengthening, social research or other technical expertise relevant to this evaluation would be an asset
- iii) knowledge of latest methods and approaches in humanitarian evaluation/RTAs, especially participatory methods and accountability to affected populations.
- iv) familiarity with UNICEF's emergency response, including the Core Commitments to Children preferred
- v) excellent oral and written communication skills (in English and Spanish)
- vi) knowledge of qualitative and quantitative methods
- vii) experience managing a team
- vi) experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards

Senior Evaluator

- i) extensive experience in health, epidemiology, public health emergencies, health system strengthening, social research or other technical expertise relevant to this evaluation
- ii) familiarity with UNICEF's programmes in emergency contexts highly desirable, and of UNICEF's corporate emergency procedures preferred.
- iii) familiarity with emergency response and emergency response evaluation, including the Core Commitments to Children
- iv) knowledge of qualitative and quantitative methods
- v) experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards
- vi) excellent ability to communicate and write in English and Spanish

At least one National consultant: Desirable one National consultant for each country of field visit

- i) experience working on research, studies or evaluations
- ii) experience in primary data collection in affected communities; including leading focus group discussion and participatory methods
- iii) qualitative data analysis skills
- iv) experience in programme monitoring
- v) experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards
- vi) good ability to communicate and write in English and Spanish

8. EVALUATION OF THE PROPOSAL

In making the final decision, UNICEF considers both technical and financial aspects. The Evaluation Team first reviews the technical aspect of the offer followed by the review of the financial offer of the technically compliant vendors.

The proposals will be evaluated against a technical and a financial proposal (see below for more details).

The technical proposal should address all aspects and criteria outlined in this Request for Proposal and include the following items: cover letter referring to the required qualifications, timeline, workplan, proposed methodology, and 3 contact references from previous work experience.

- Good documentation, communication and report writing skills.
- Able to work in a multicultural environment.

9. DURATION

The evaluation expert shall be recruited for 8 (eight) months:

TENTATIVE End December 2021 to August 2022.

EXPECTED LEVEL OF EFFORT PER CONTRACT IS 120 WORKING DAYS IN TOTAL FOR ALL THE TEAM

10. SUPERVISION AND COORDINATION:

The Regional Evaluation Advisor and the MNCH Specialist will serve as the focal points for supervision of the contract. They will work in close collaboration with the Regional Adviser, Survive & Thrive and other team members. The contractor will have regular calls with the LACRO team to follow-up progress made. They will also introduce the contractor to the staff in the UNICEF country offices.

Technical Evaluation

Table 3: Technical Evaluation

A Maximum of 70 points will be assigned to the technical proposal.

Technical Criteria	Maximum points
Company reliability and relevant experience (years of experience undertaking this type of assignment; thematic and geographic relevant previous experience.) If available hyperlinks and references should be provided. The organization profile and capacity (aptitude, availability, previous experience (2-3 samples of work in last 3 years), references, multi-country presence or proposed partnership, administrative and logistic support) will be reviewed.	5
Proposed methodology, evaluation framework, work plan and limitations (with alternatives) for meeting the deliverables in the ToR. Key consideration will be given to the comprehensiveness, clarity, relevance, logic, rigor, realism, practicality creativity and level of effort)	30

Team profile and capacity (experience, qualifications, references, mix and complementarity of expertise, availability, time allocation)		35
Key consideration will be given to the team leader and team members experience: relevance in terms of geographic and thematic experience and experience in conducting evaluations in humanitarian settings and of multi-sector programs for children. CVs should include links to relevant evaluations as well as references (3) for each team member and if available for the company.		
Total Maximum obtained for Technical Criteria	(Note: the total maximum score must be equivalent to the weight assigned to the technical score)	70
Minimum score for technical compliance		50

Price Proposal

The financial proposal will have a maximum of **30 points** assigned and should be broken down for each component of the proposed work, based on an estimate of time taken which needs to be stated. The financial proposal should include a detailed budget:

- Consultant fees and number of days per team member
- Travel costs (as per UN guidelines) with explanation of budget assumptions with regard to planning, team composition, field work, etc.
- Any other expenses (including insurance, etc.)

The Financial Proposal must be organised in such a manner that it reflects the inputs shown in the technical proposal and distinguishes between Fixed Costs and estimate Reimbursable Costs against approved expenses. The following level of detail is requested as per example below:

A) Fixed Costs.

Provide details and subtotals for each of the following headings:

- *Professional fees - Course Development. Give number of people, person days and rate.*
- *Professional fees - Course Delivery. Give number of people, person days and rate for all courses.*
- *Professional Fees - Final report and course resource pack. Give number of people, person days and rate.*
- *Others*

B) Reimbursable costs

Provide well defined and itemized details for all estimate costs that the Bidders consider being reimbursable.

Add grand sub-total for above reimbursable estimate cost items.

Travel, if applicable –

- *Please note, for travel to countries - it will be decided based on need and mutual agreements with UNICEF country offices.*
- *For capacity building and the regional workshops – please only include estimated cost for consultant, workshop materials and travel. The cost for the participants and venue will be covered by UNICEF regional/country offices.*

- *The selected organization will be responsible for all travel costs - flights, daily subsistence allowance etc. Any travel involved should be budgeted according to UN Travel Standards as a ceiling. The Financial Proposal shall include a cost breakdown for the work phases as per the ToR, detailing the types of roles proposed and person days required, and related expenses and any other cost elements deemed relevant.*

The proposal shall include a payment schedule linked to clearly defined milestones.

All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization.

The format shown below is suggested for use as a guide in preparing the Financial Proposal. The format includes specific expenditures, which may or may not be required or applicable but are indicated to serve as examples. Travel and per diems will not be noted, as this will later be determined and finalized by UNICEF and the chosen bidder.

Please note that price proposal and technical proposal must come in separate documents or your proposal will be invalidated.

10.1. Financial Evaluation

The total amount of points allocated for the price component is **30**. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

Max. Score for price proposal * Price of lowest priced proposal

Score for price proposal X = -----

Price of proposal X

Example

The Price Proposal must be organised in such a manner that it reflects the inputs shown in the technical proposal and distinguishes between Fixed Costs and estimate Reimbursable Costs against approved expenses. The following level of detail is requested:

A) Fixed Costs.

Provide details and subtotals for each of the following headings:

- *Professional fees - Course Development. Give number of people, person days and rate.*
- *Professional fees - Course Delivery. Give number of people, person days and rate for all courses.*
- *Professional Fees - Final report and course resource pack. Give number of people, person days and rate.*
- *Others*

B) Reimbursable costs

Provide well defined and itemized details for all estimate costs that the Bidders consider being reimbursable.

Add grand sub-total for above reimbursable estimate cost items.

C) Savings.

Provide details of any offers and savings relating to, but not necessarily limited to, the following:

- *Earlier payment savings as detailed in section 1.16 of this RFP (also as included on the Proposal Bid Summary Sheet).*

- *Please note, for travel to countries - it will be decided based on need and mutual agreements with UNICEF country offices.*
- *For the capacity building and the regional workshops – please only include estimated cost for consultant, workshop materials and travel. The cost for the participants and venue will be covered by UNICEF regional/country offices.*
- *The selected organization will be responsible for all travel costs - flights, daily subsistence allowance etc. Any travel involved should be budgeted according to UN Travel Standards as a ceiling.*

Price Proposal: It should include complete cost breakdown based on number of days and professional level of services provided, stipulating the amount of fees to be charged and any travel involved, observing as ceilings the UN standard of accommodation for travel.

The Price Proposal shall include a cost breakdown for the work phases as per the ToR, detailing the types of roles proposed and man days required, travel assumptions and related expenses and any other cost elements deemed relevant.

The proposal shall include a payment schedule linked to clearly defined milestones.

All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization.

The format shown below is suggested for use as a guide in preparing the Financial Proposal. The format includes specific expenditures, which may or may not be required or applicable but are indicated to serve as examples. Travel and per diems will not be noted, as this will later be determined and finalized by UNICEF and the chosen bidder.

Component #	Proposed Person (Job title/function)	All-inclusive rate (Personnel)	No. of days proposed	Total Cost in US\$
1. Item 1:				
1.1 Personnel				
1.2 Other				
Subtotal Expenses:				
2. Item 2:				
2.1 Personnel				
2.2 Other				
Subtotal Expenses:				
2.3 Reimbursable Travel Cost*				
2.3. Other				
Subtotal Expenses				
3. Item 3:				
3.1 Personnel				
3.2 Editorial				
Subtotal Expenses:				
3.3 Reimbursable Travel Cost*				
Subtotal Expenses:				
Subtotal fixed cost:				
Subtotal reimbursable cost				
Grand Total**				

***Travel**

Please note, for travel to countries, the contractor will be responsible in administering its own travel and the cost therein should be included in the financial proposal.

Travel expenses shall be calculated based on economy class travel, regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence

allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC)

Number of travellers, duration and dates of travel and travel locations will be agreed with UNICEF and the contractor prior to being arranged, undertaken and expensed.

****Payment Provisions**

UNICEF's policy is to pay for the performance of contractual services rendered or to effect payment upon the achievement of specific milestones described in the contract. UNICEF's policy is not to grant advance payments except in unusual situations where the potential contractor, whether a private firm, NGO or a government or other entity, specifies in the bid that there are special circumstances warranting an advance payment. UNICEF will normally require a bank guarantee or other suitable security arrangement.

Any request for an advance payment is to be justified and documented and must be submitted with the financial bid. The justification shall explain the need for the advance payment, itemize the amount requested and provide a time schedule for utilization of said amount. Information about your financial status must be submitted, such as audited financial statements at 31 December of the previous year and include this documentation with your financial bid. Further information may be requested by UNICEF at the time of finalizing contract negotiations with the awarded bidder.

ⁱ WHO Coronavirus Dashboard Vaccination, available here: <https://covid19.who.int/>.

ⁱⁱ [Tracking the situation of children during COVID-19 - UNICEF DATA](#) and [Tracking the situation of children during COVID-19 - August 2020 - UNICEF DATA](#)

ⁱⁱⁱ EWEC-LAC Baseline report, forthcoming

^{iv} WHO-UNICEF Estimates of National Immunization Coverage (WUENIC), revision 2019 / The World Population Prospects – 2020 revision, UN Population Division, New York, USA

^v UNICEF Immunization coverage estimates data visualization, available at:

<https://data.unicef.org/resources/immunization-coverage-estimates-data-visualization/>.

^{vi} Bull World Health Organ 2017;95:537–539 | doi: <http://dx.doi.org/10.2471/BLT.16.187476>.

^{vii} During the inception phase, the selected institution will further scope UNICEF's LAC RO & COs RTA "results".

^{viii} The Framework for HSS and COVID-19 vaccine delivery and program implementation aims to support governments and partners to identify the opportunities to strengthen health and other sectoral systems when developing and implementing the workplan for COVID-19 vaccine. The proposed actions consider health-system-wide and gender responsive approaches, which include multi-sectoral participation and integrated people-centered health service delivery. The framework offers a menu of actions, considering criteria for health system strengthening for designing, selecting and implementing programs: 1) interventions that have benefits beyond immunizations programs 2) address policy or organizational constraints, or strengthen relationships between the health systems functions 3) produce permanent system impact beyond the duration of the input 4) Tailored to the context (constraints and opportunities) 4) Clearly defined roles for country institutions and strengthened by the intervention.

^{ix} UNICEF Framework for Health Systems Strengthening and COVID-19 Vaccine Delivery and Program Implementation, available here: <https://www.corecommitments.unicef.org/kp/unicef-framework-for-hss-and-covid-vaccine-april-8-2021>.

^x The COVID-19 Global Evaluation Coalition, available here: <https://www.covid19-evaluation-coalition.org/>.

^{xi} Immunization Agenda 2030, available here: <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>.

^{xii} OECD Evaluation criteria available here:

<https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

^{xiii} UNEG Ethical Guidelines, available here: <http://www.uneval.org/document/detail/1914>.

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