

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title	Funding Code	Type of engagement	Duty Station:
Evaluation Immunization Lead Consultant	1.SH220020 –WBS 575R/A0/11/101/001/ 017 2.SC220010 - WBS 575R/A0/11/101/001/ 003	<input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	ECARO
Purpose of Activity/Assignment: Evaluation Immunization programming at the system-level in Europe and Central Asia region (5 Country Case Studies and Synthesis Report)			
<p>Scope of Work:</p> <p>1. Introduction</p> <p>As part of organizational learning and accountability towards UNICEF’s result areas, ECARO planned an evaluation of immunization programming as part of its Regional Office Management Plan, 2022-2025. This Terms of Reference (ToR) is a multi-country, systems-level evaluation of immunization programming in selected countries of the UNICEF Central Asia and Europe region (ECA). This ToR outlines the context of the evaluation, conditions and requirements for the evaluation as well as its scope, objectives and future use, and the technical requirements that the prospective evaluation team should meet.</p> <p>2. Evaluation Context</p> <p>Vaccinations play a critical role in preventing early-childhood infectious diseases and enabling children to grow into healthy adults, and in particular support Sustainable Development Goal 3: “to ensure healthy lives and promote well-being for all at all ages.” Immunization routinely reaches more households than any other health service and brings communities into regular contact with the health system, which provides an effective platform to deliver other primary health care services.¹ Towards that end, UNICEF embeds immunization programming as part of high impact interventions within its Strategic Plan, 2022-2025² and its programmatic goal that <i>every child, including adolescents, survives and thrives, with access to nutritious diets, quality primary health care, nurturing practices and essential supplies</i>. For UNICEF Europe and Central Asia (ECA) region, immunization is a Flagship Result Areas for Thriving.</p> <p>Despite the achievements of immunization programmes in the ECA region in recent decades, as a result of COVID-19 pandemic, immunization rates are decreasing and uneven across and within countries. Vaccine-preventable disease, long thought to be largely absent from the region with 15 middle income countries and four high income countries, has resurfaced, revealing the vulnerability of seemingly protected populations. Despite relatively high immunization coverage during last five years with DTP3 and MMR coverage – between 92-96%, , there are significant inequities among and within countries. Half of the countries in the region have DTP3 coverage below the target (95%) and 38% of countries have subnational coverage below 80%. A similar situation exists for measles first dose coverage, with half of the countries having national MCV1 vaccination rates below 90%. There are significant equity gaps by geographical area, income, urban/rural location, and particularly among marginalized populations, such as Roma. For example, according to latest MICS data in Serbia 70% of Roma children are vaccinated comparing with 89% non-Roma, in Kosovo, only 55.2% of Roma children are vaccinated comparing with 90% non-Roma. The figure below shows how only two countries in the region improved immunization rates since pandemic started. Of the 18 countries with declines, three are over ten percentage points.</p>			

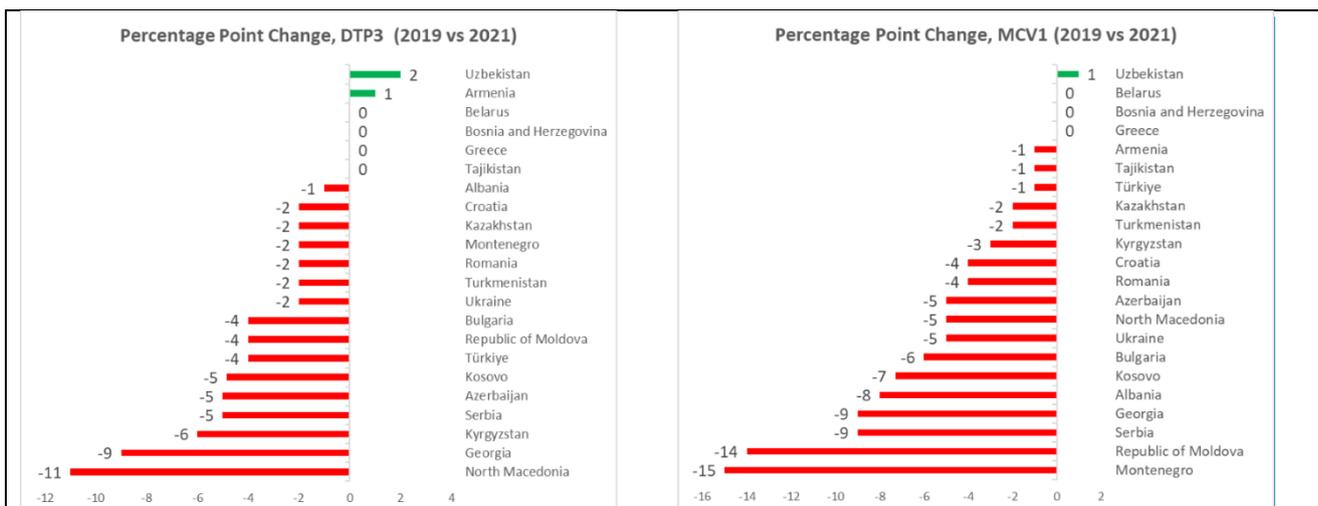


Figure 1: Percentage point changes in DTP3 and MCV1 in the ECA region, 2019 vs 2021

*Kosovo data is 2020 vs 2021

Data source: WUENIC

Further, it is estimated that the region has 178,878 zero dose children, with Türkiye, Ukraine and Kyrgyzstan accounting for more the 50 percentage of those children.³ Identified challenges to immunization include weak political commitment, poor governance and weak health systems, and concerns about the financial sustainability of national immunization programmes, especially in middle-income countries. Over 70 per cent of unimmunized children live in MICs.

Aside from programmatic challenges, which may affect immunization coverage, there is growing vaccine hesitancy across the region. This is influenced by people’s concerns related to the vaccines safety, myths and misconceptions (often disseminated through traditional and social media/online content), anti-vaccination (or so called ‘pro-choice’) movements, but also by a decreasing trust in the health system, health professionals and quality of services, influenced by negative past experiences.

Evidence also suggests that although health professionals are the most trusted source of information for caregivers, they rarely engage in meaningful communication to provide the necessary information, and to address fears, false beliefs and concerns, due to poor interpersonal communication skills and limited time for interaction. This has grown during the COVID-19 pandemic with an excessive information, obfuscating the understanding of the general population on appropriate solutions, which was defined as WHO as an “infodemic”. Infodemics can hamper the effective public health response and create confusion and distrust among people.

Many of the factors affecting demand for immunization could be addressed through cost-efficient and high impact behavioural insights (BI) solutions by removing existing barriers that would, for instance, ease the decision making process of caregivers; improve the quality of interaction between health professionals and caregivers; and improve the ways immunization services are designed and delivered, etc.

3. Object of the evaluation

For ECA region, the regional flagship aims specifically **to increase (where numbers are low), and sustain (where numbers are adequate), immunization coverage with a systems-strengthening focus to ensure greater likelihood to sustained improvements to the provision, utilization, quality, efficiency of services.** As such, UNICEF with its partners support governments to reinforce immunization programmes, as part of health system strengthening, to ensure they are well organized and financed to reach out to every child with life-saving vaccines. These feed into organizational objectives and measured by the following indicator: **By 2030, all countries in the region have 95% of children at national level and at least 80% of children in every district vaccinated with DTP/Penta 3.**

The regional level work on health system strengthening to improve immunization rates contributes global frameworks of the Sustainable Development Goals (SDGs) and UNICEF’s Strategic Plan, as show in the table below.

Table 1: Health and immunization goals, SDGs and UNICEF Global Strategic Plan

SDG Target <ul style="list-style-type: none"> • 3.2 by 2030, end preventable deaths of newborns and children under 5 years of age; • 3.3: by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases; • 3.8 achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Also, contribute to SDGs: 1; 4; 5; 9; 10; 11;17.	Global UNICEF Strategic Plan Goal Target (1.6 (b-ii)): 64 countries have at least 80% of the children vaccinated with DTP/Pent 3 in every district
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ECA Regional Strategic Approaches to immunization

Programmatically, the countries in the region, work closely with governments and partners to address identified bottlenecks and bolster the following pillars to strengthen immunization programming in the health care system:

Table 2: Key areas of UNICEF’s building blocks in immunization

Key building block Activities/Interventions	
1	Strengthening leadership, governance and sustainable financing
	Focus on development of National Immunization Strategies and programs, strengthening Intersectoral Coordination Committees, support costing of immunization plans, and budgeting.
2	Improving the evidence base and building strong and responsive immunization information systems
	Support strengthening data collection and reporting systems, including digitalization, conduct surveys/studies to inform evidence-based decision making
3	Strengthening supply chain and procurement capacities
	Supply chain and vaccine management assessments, increase capacity on planning, forecasting, procurement and supply chain management; support procurement of vaccines
4	Building health workforce for quality service delivery and immunization promoting
	Capacity building of health professionals and frontline workers to improve the quality of immunization services and communicate effectively with parents
5	Strengthening resilience and emergency response capacities for diseases outbreaks
	Support development of outbreak preparedness and response plans
6	Strengthening Health Sector capacity for demand creation
	Build country capacity to better understand and respond to vaccine hesitancy, including through social listening platforms/mechanisms. Focus on strategies to reach out to the most excluded groups.

In addition to special attention to the two remaining GAVI eligible countries – Kyrgyzstan and Tajikistan – the programme will increase the focus on middle income countries support. These efforts will be enhanced by an expansion of RO team with additional one staff member and four consultants by 2023 to provide technical support to country offices.

Another shift in context is the response to COVID-19, which has created a stronger role for UNICEF in immunization programming in the region with increased visibility and engagement with governments. UNICEF has the opportunity to leverage this pivotal moment to increase capacity of routine immunization, including in addressing inequities and vaccine hesitancy at national and subnational levels.

The Health section supported six countries in root cause analysis of low immunization coverage at subnational level and development of improvement plans. These include Bosnia and Herzegovina, Moldova, Montenegro, North Macedonia, Romania and Ukraine.

The region developed a Strategy Note in 2022 to address vaccine hesitancy and strengthening demand (under building block 6). The implementation of the Strategy is supported by a new and growing Social and Behavioral Change (SBC) Section in ECARO, which has a stronger reliance on using behavioral insights in development of policies and programmes. The SBC section has been active in providing technical support to COs and countries to diagnose and

address demand-related barriers to vaccination uptake through applied behavioral insights solutions; mapping of institutional capacity needs and entry points for mainstreaming demand promotion for four case study countries (Armenia, Georgia, Kyrgyzstan, Moldova); social media listening; implementing and measuring the effectiveness of social media interventions; building health workers' capacities on interpersonal communication for immunization, among other activities.

In addition, the ECARO Health section has worked with Early Childhood Development Section of the RO on the development of immunization training module for home visitors.

4. Rationale, purpose and use of evaluation

Rationale: As a flagship priority, the object of the evaluation was identified as part of the UNICEF ECA Regional Office Management Plan, 2022-2025. This is a particularly relevant evaluation given the limited number of health-focused evaluations in the region with only eight since 2017 per UNICEF's Evaluation and Research Database. With the decreasing rates of immunization coverage, noted disparities within and across countries, and the growing increase in vaccine hesitancy, the evidence emerging from this evaluation will be instrumental to inform the region's strategic approach to addressing immunization needs at the national and sub-national levels. The evaluation should further interrogate the progress in country with the focus on outcomes and impacts, but also for looking specifically at key common bottlenecks, and exploring where and what types of effective solutions to those bottlenecks have been implemented by national governments including those conducted with support of UNICEF and why they were or were not successful. Therefore, the evaluation will be important for identifying good practices, and sharing experiences on what worked across the region to inform next stages of strengthening immunization programmes.

Purpose: The purpose of the evaluation is to provide a rigorous assessment of national governments' and UNICEF's results to date (outcome and impact level) in contributing to the immunization coverage – taking into consideration considerable variability across countries and sectors. This will provide objective assessment of strengths and weaknesses in approaches taken by different countries as well as insights on how to address possible system level bottlenecks. The evaluative focus is on **contribution** of multi-layered strategies and policies to the observed outcomes and impacts. The evaluation will also be a formative and forward looking, being an important learning opportunity, both for UNICEF and its partners, especially governments in deriving lessons from the experience and existing evidence that can bring attention to the policies and good practices to successfully tackle more than one determinant to improve vaccination coverage.

Use and Users: The primary users of the evaluation will be the UNICEF ECARO Health and SCB sections, UNICEF Country Offices, national health government counterparts, operating national and regional partners in the country. The evaluation will be used to inform programming at country level and help finetune regional technical assistance to countries.

5. Objective of the evaluation

The objective of the evaluation include:

1. To assess the impact of immunization programming in the health care system, looking at both supply and demand, and understand what worked and what did not in improving immunization coverage, especially for the hard-to-reach individuals/communities, how and why;
2. To determine the effectiveness, impact, coherence, relevance and efficiency of immunization programming with a system's lens;
3. To assess the actual and potential contribution of UNICEF work to the national and sub-national progress (outcome and impact) in immunization coverage, especially the hard-to-reach individuals/communities;
4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening immunization programming within the health care system.

6. Scope of the evaluation

Temporal scope: The evaluation will focus on the last 5 years, period 2018 – 2022.

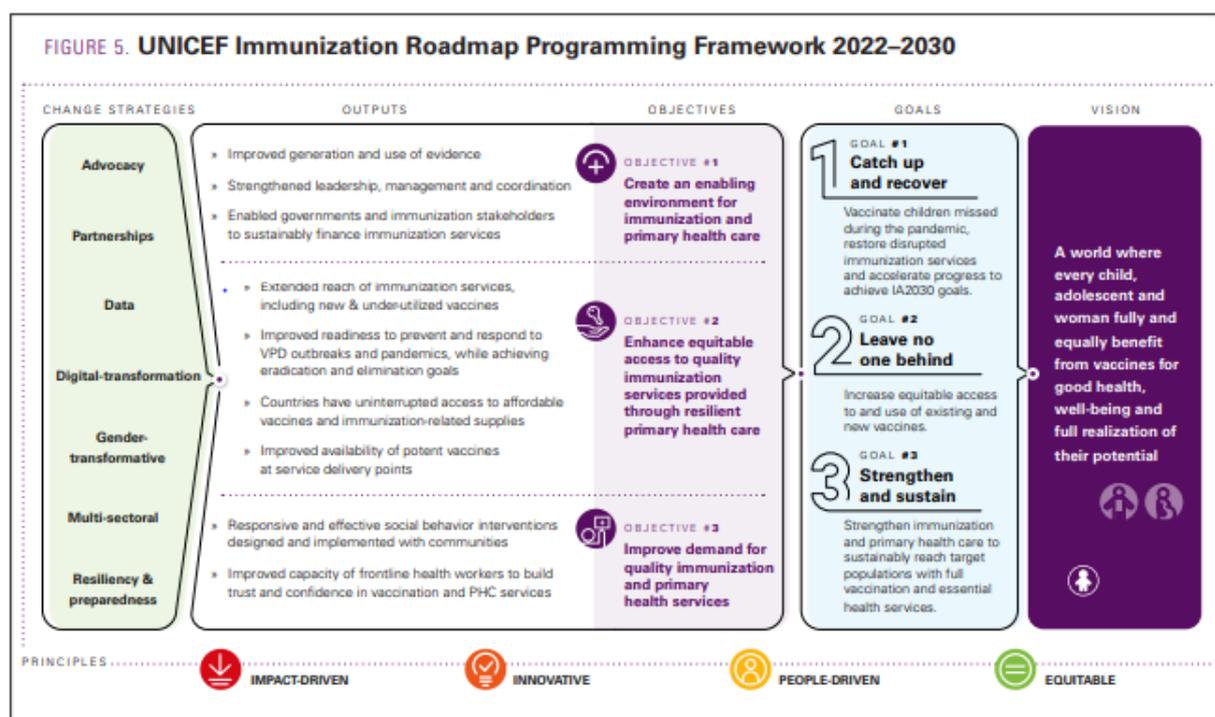
Thematic Scope: The evaluation will examine the immunization programming in the health care system at national and potentially sub-national level with a focus on UNICEF’s programmatic implications listed under Section 3. Additional attention will be paid to Area 6: demand creation given its increased relevance and attention.

Geographic Scope: The evaluation will be regional for Europe and Central Asia, with five in-depth case studies.

7. Framing documents to understand successful immunization programming and intended results within the context of the health care system

To inform the development of the evaluation approach and conceptual understanding of the approach to strengthening the system for immunization programming. Few key global and regional documents and roadmaps are highlighted below:

Figure 2: UNICEF Immunization Roadmap Programming Framework (2022-2030)



- European Vaccine Action Plan 2015-2020 [Link](#)
- European Immunization Agenda 2030 (World Health Organization) [Link](#)
- Immunization Agenda 2030 [Link](#)
- Nurturing Care Framework for early childhood development by the World Health Organization (WHO), UNICEF, the World Bank and other partners, 2018 [Link](#)

8. Evaluation Questions

This systems-level evaluation would examine the overall contribution to maintain and sustain high vaccination coverage in the region by learning from five country case studies, which will be selected as part of the inception phase of the evaluation. The evaluation would look at factors and approaches that have a positive or negative effect on improving vaccination coverage rates. Key evaluation questions, organized by the OECD-DAC criteria⁴, include:

Relevance

1. To what extent have national health care systems responded to the immunization needs of children, especially the most vulnerable?

2. To what extent has UNICEF responded to address immunization rates? To what extent has it adapted to respond to changes and trends? *(UNICEF-specific)*

Coherence

3. To what extent key partners can influence the strengthening of the system for immunization, performance and sustainability? To what extent does partner interaction play a role?
4. To what extent UNICEF has been aligned to the key influencing stakeholders for immunization to improve vaccination coverage in the ECA region? *(UNICEF-specific)*

Effectiveness

5. What drivers or group of drivers influence the change in immunization coverage, positively or negatively, looking at both demand and supply?
6. To what extent have health care systems been able to reach the most vulnerable and address issues of inequity in its immunization programming?
7. To what extent is demand for immunization (e.g BI solutions, communication, IPC training, etc) embedded into health systems and integrated into national immunization programmes, budgets and policies?
8. To what extent has UNICEF positioning played a role to address existing bottlenecks in immunization coverage? *(UNICEF-specific)*
9. To what extent has UNICEF enabled results to improve vaccine acceptance and confidence at the system level? *(UNICEF-specific)*

Efficiency

10. What have been the most impactful investments?
11. How efficient are health system's immunization policies and programmes to identify and address potential bottlenecks or inefficiencies?
12. How responsive is the national health system to respond to behaviors of stakeholders in the system, including healthcare providers, and caregivers? Is there a process in place to understand and respond to behavior changes into ongoing efforts to improve vaccination rates?

Impact

13. What has been the impact of the national health system's policies and programs to improve vaccination rates over the past 5 years on the overall vaccination coverage, vaccine-preventable disease incidence, and perceptions and behaviors of key stakeholders, such as healthcare providers, and caregivers?
14. To what extent UNICEF has influenced key stakeholders that resulted on changes of vaccination rates? *(UNICEF-specific)*

It is anticipated that the questions will be narrowed as part of the inception phase. Depending on the needs and interests of stakeholders in the case study countries, additional sub-questions may be added as part of the scoping in the inception phase.

9. Evaluation approach and methodology

The approach and methodology of the evaluation should be guided by UNICEF's revised Evaluation Policy⁵, the Evaluation Norms and Standards of the United Nations Evaluation Group (UNEG)⁶, UNICEF Procedure for Ethical Standards in Research, Evaluations and Data Collection and Analysis⁷ and UNICEF's reporting standards. Proposals should set out an approach and methodology for data gathering (primary for five countries and secondary for focus countries and overall in the region). It will also include methodology for data processing and data and evidence analysis allowing theory-based evaluation of impact and outcome. Moreover, applicants are welcome to suggest ideas about how they would approach this assignment in order to complete it as efficiently and timely as possible.

It is envisaged that the evaluation will be theory-based. The evaluation questions are formulated as per [OECD-DAC evaluation criteria](#). Additional cross-cutting issues such as relevant human rights, including child rights, equity and gender equality are also examined. The evaluators will be expected to adopt a user-driven approach to the development of an evaluation strategy that will guide the work over the next years. It is important to note that the evaluation is focused both on the accountability and learning purposes.

It will be a multi-country evaluation and the proposed data gathering, processing and analysis methodology should allow a rigorous comparative analysis of cross-country data to ensure that the country specific reports are 'comparable' and conclusions are transferable across the region. Multi-country approach provides a unique opportunity for a comparative view and cross-country fertilization and learning. In particular, the overall design should suggest centralised approaches to conceptual/theoretical framework, data collection and analysis including a common approach to country ToCs (or programme theory). In other words, the overall methodology should identify certain aspects of ToCs that should be kept similar across all focus countries for comparative and synthesis purposes. Country ToCs should be developed and validated as part of the inception phase of the evaluation.

The evaluation team together with UNICEF ECARO Evaluation section will clarify strategies for meetings the expressed expectations. The team will, furthermore, review the TOCs documented for the individual countries with a view to verify evaluability, devise strategies for how to manage possible data limitations. Available data include situation reports, administrative data, Results Assessment Module (RAM), Annual Reports, assessments and survey data, etc. The evaluation team will also find that disaggregation of data, at times, is limited, and baseline data unavailable, which will influence assessment of changes.

The team will be expected to explain its approach to triangulation and quality assurance of all evaluation deliverables and to clarify, how it plans to engage key evaluation stakeholders to promote participation, ownership and utilization of the evaluation. The evaluation design should also consider the issues of gender and equity and mainstream them throughout the evaluation according to UNICEF Guidance on gender⁸ and disability integration⁹.

10. Evaluation Process

The evaluation will be structured in the following main phases defined by accompanying activities as described below. It is foreseen that the lead consultant will be required first to lead the inception phase with the strong engagement and support by a member of the RO Evaluation team. The rest of the team will be selected based on the outcome of the inception report to then proceed with the other phases of the evaluation.

INCEPTION PHASE

The inception stage is key in further exploring the feasibility of the appropriate approaches and designs to this evaluation to meet ECARO goals, and consequently identification of country cases (based on objective, purposeful sample criteria), evaluation team profile to meet the requirements of the agreed methodological design.

The inception phase must include but not be limited to the following:

Initial Briefings: Brief introductory interviews with staff from UNICEF's Regional Office will inform the detailed planning of the evaluation methodology. Once the initial desk review is completed, there will be a joint and separate call(s) with wider stakeholders to introduce the contractor's evaluation team to the key evaluation stakeholders, including members of an Evaluation Reference Group (ERG) established as a sounding board for the evaluation to foster transparency and participation and to review key evaluation deliverables. ERG composition will be discussed and agreed during the inception stage. It is planned that there will be a regional and country level ERG.

A Desk Review: The evaluation team will commence the evaluation with a document review for which an electronic library was set up. In addition, the team will explore any/all statistical data from line ministries, any type of statistical information available and relevant. The purpose of the review will be to familiarise with the country immunization component of the health care system and start working on the methodology and inception report. The desk review will also be helpful in considering the scope of and specific aspects of the immunization systems to be included (or not) in the evaluation and fine-tune the object of evaluation per selected case study countries.

Refinement of the evaluation methodology: The evaluation team leader will work on the methodology in consultation with key stakeholders, including refinement of evaluation questions (and potentially narrowing the scope of the evaluation questions) and exploring the most appropriate and feasible approaches. The methodology will share a common shared structure to ensure comparability and transferability of the conclusions. This will lead to identification of country cases, and full evaluation team profiles (ToRs). Once countries are identified, online workshops will be

organised with UNICEF COs and stakeholders in each to (i) elicit expectations and interests from the evaluation; (ii) inform (re)formulation additional (sub)questions, and (iii) construct and validate country ToCs.

An Inception Report (IR): An inception report¹⁰ will be submitted that demonstrates impartiality, and that aligns with UNICEF’s quality standards. Based on the desk review, the IR will provide a contextual description and focus; justifications of proposed changes to the evaluation ToR; and a detailed methodology of the proposed feasible approaches to answer evaluation questions (including analytical evaluative methods at the country and regional level); refined theoretical framework; country ToCs; a description of the quality assurance mechanism, refined desk review outputs, and etc. The IR will also outline evaluation team’s strategies for management of data gaps, or data reliability issues, and it will include ethical considerations relating to primary data generation and use, as per UNICEF guidelines. Attached to the IR will be an evaluation matrix outlining evaluation questions, sub-questions, judgement criteria/indicators and benchmarks, assumptions, data sources and instruments/methods; mapping outputs which will be refined for the Evaluation Report; a work plan with a timeline; team profiles; and an overview of the division of labour between the evaluation team members (national and international). The IR will be subject to quality assurance: a review conducted by internal evaluation stakeholders and the ERGs (through a virtual presentation), an ethical review – should the proposed data gathering involve vulnerable groups, sensitive subjects and/or use of confidential data – and, finally, quality assurance by ECARO external assessment entity that requires a satisfactory rating for the field mission to proceed and be considered an acceptable product.¹¹ The evaluation will proceed to implementation only on acceptance of a quality assured and approved evaluation design. The approval of the IR will mark the completion of the Inception Phase.

IMPLEMENTATION AND CONSULTATION STAGE

The evaluation will follow the design agreed in the Inception Report.

Hybrid data collection: Following the inception phase, an eight-week hybrid data collection will be organised during which primary and further secondary data will be generated and collected. The hybrid approach to data collection will require the team leader to travel to focus countries. National consultants in each selected country will be the primary vehicle for data collection, analysis and in-country validation in each country. The team will present the preliminary findings to the key stakeholders and ERGs before drafting country evaluation reports.

Data analysis and writing up a country evaluation report (CER) for each focus country: The evaluators will follow the approach to data analysis outlined in the IR. The evaluators will prepare a draft country evaluation report that will be subject to a review undertaken by RO, ERGs and the Evaluation Manager and an external quality assurance that requires a satisfactory rating. Following the first review of the draft report and the initial quality assurance, the evaluators will incorporate the comments provided as appropriate and prepare a next draft. There will be several rounds of comments and revisions (3-4). Once a final draft report has been approved, evaluators will present the evaluation findings and recommendations to the RO, COs and ERGs. The CER will comply with UNICEF’s reporting standards and be no longer than 60 pages excluding annexes. The CER will be rated in UNICEF’s Global Evaluation and Research Oversight System (GEROS)¹², and will be published on UNICEF’s global website.

Synthesis Report: Once country evaluation reports are finalised, the team will start working on the synthesis report and present the preliminary analysis to the RO before drafting the report. The RO report once drafted shall meet the same quality criteria as country evaluation reports and will be subject to the similar quality review processes.

11. Ethical Considerations

Considering UNICEF’s strategic agenda to harness innovation and deepen the evidence base to drive and sustain global progress towards the realization of children’s rights, ensuring ethical conduct in evidence generation is imperative. This is necessary both in its own right and as a significant contributor to ensuring quality and accountability in the evidence generation process, especially when it involves children. The evaluation should be conducted in strict adherence with UNEG ethical guidelines and code of conduct. The evaluation team will also sign a non-disclosure agreement.

The team should identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. At this stage, it is not anticipated that evaluation will engage

children under 18 and other vulnerable groups of the population in data collection. However, should bidders propose otherwise, all evaluation deliverables will be subject to ethical approvals through the regional LTA holder.

12. Roles and Responsibilities in the Evaluation Process

The activity will be managed by the ECARO Evaluation section and conducted by external contractor(s). The RO will be responsible for the day-to-day oversight and management of evaluation and for management of the budget. The RO will assure the quality of evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines and provide quality assurance checking that the findings and conclusions are relevant and proposed adaptations are actionable. All major deliverables will be reviewed firstly by RO (zero draft) and then by the Advisory Board and COs. The country evaluation reports will also be approved by Governments of the focus countries represented by ERG members. The Final Synthesis report will be approved by the UNICEF Regional Director for ECA. UNICEF's responsibilities include timely provision of all required information, guidance and feedback on all deliverables. The contractor is expected to produce products as per defined tasks and deliverables and revise them based on feedback to be provided by UNICEF.

Two Evaluation Reference Groups will be set up. Further discussion is needed on the form and membership of such groups, but it is envisaged that the RO ERG will consist of relevant RO advisers, WHO and GAVI counterparts, UNICEF HQ representation, and other relevant stakeholders; and will be co-chaired by the ECA Regional Health Advisor and ECA SBC Advisor. It will provide guidance and supervision to the evaluation and subsequent evaluation. A similar role will be played by national ERGs:

The evaluation Manager will have the following responsibilities:

- Lead the management of the evaluation process (design, implementation and dissemination and coordination of its follow-up)
- Convene the regional ERG meetings; Facilitate the participation of those involved in the evaluation design
- Coordinate the selection of evaluation contractor(s);
- Safeguard the independence of the exercise and ensure evaluation products meet quality standards
- Connect the evaluation contractor(s) with the wider programme units, senior management and key programme stakeholders, and ensure a fully inclusive and transparent approach to the evaluation
- Facilitate access to all information and documentation relevant to the evaluation, as well as to key actors and informants who should participate information-gathering methods
- Provide overall guidance and administrative support; Oversee progress and conduct of evaluation, the quality of the process and the products
- Manage/support relationship between COs, partners, etc
- Approve the deliverables
- Take responsibility for disseminating and learning
- Disseminate the results

The CO Eval focal points will have the following responsibilities at the country level:

- Support the Manager with the management of the evaluation process at the country level
- Review deliverables and serve as co-manager of country case study reports
- Convene the country ERG meetings; Facilitate the participation of those involved in the evaluation design
- Safeguard the independence of the exercise and ensure evaluation products meet quality standards from the CO perspective
- Maintain contacts and act as a first line of contact for the evaluation manager and evaluation team
- Facilitate access to all information and documentation relevant to the evaluation, as well as to key actors and informants who should participate information-gathering methods
- Provide overall guidance and administrative support; Oversee progress and conduct of evaluation, the quality of the process and the products
- Support evaluation manager in organising round tables/workshops as required

The CPS will have the following responsibilities:

- Provide technical assistance to the evaluation in terms of providing comments on the reports
- Share any documentation of UNICEF programmes/projects

- Give access and help with approaching relevant partners
- Support with any other technical issues as required

The ERG will:

- Review and provide comments and feedback on the quality of the evaluation process as well as on the evaluation products
- Facilitate the communication/presentation of results to COs and relevant partners at the regional and country level

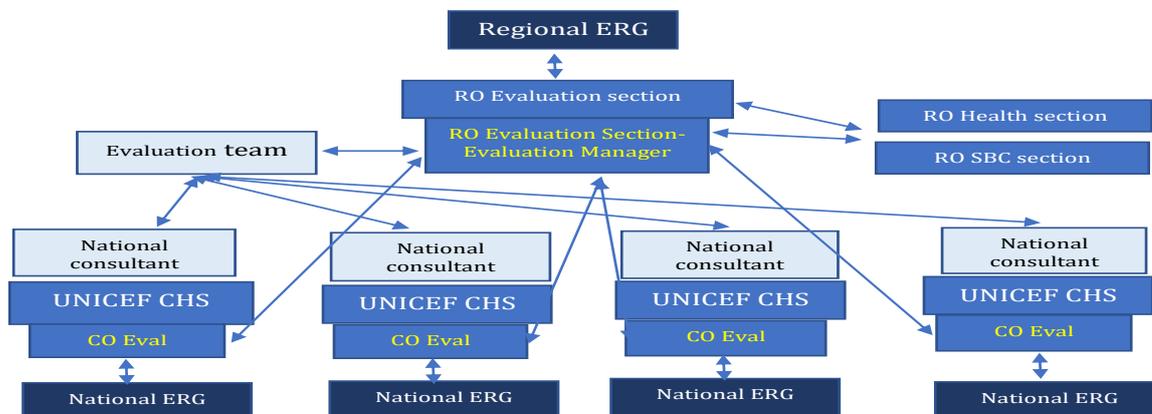
The evaluation team will report to the evaluation Manager and conduct the evaluation by fulfilling the contractual arrangements in line with the TOR, UNEG/OECD norms and standards and Ethical Guidelines; this includes developing of the inception report, drafting and finalizing the final reports and other deliverables, and briefing the commissioner on the progress and key findings and recommendations, as needed. The evaluation team should also adhere to UNICEF's Evaluation Policy, to UNEG's ethical guidelines for UN evaluations and to UNICEF Reporting Standards. Evaluation team members will sign a no conflict-of-interest attestation. The evaluation contractor(s) must demonstrate personal and professional integrity during the whole process of the evaluation. The evaluation team members must respect the right of institutions and individuals to provide information in confidence and ensure that sensitive data cannot be traced to its source. Further, the team must respect ethics of research while working with children including using age appropriate consent forms, age appropriate data collection, and principle of do no harm. Furthermore, the team and its members must take care that those involved in the evaluation have an opportunity to examine the statements attributed to them. The evaluation process must be sensitive to beliefs, manners, and customs of the social and cultural environment in which they will work. Especially, contractor(s) must be sensitive to and address issues of protection, discrimination and gender inequality. Furthermore, the evaluation team is not expected to assess the personal performance of individuals and must balance an assessment of management functions with due consideration of this principle.

The **Lead consultant** will be in charge of leading the entire process and be responsible for timely and quality deliverables of the entire process as well as of the evaluation outputs. As part of the inception phase, the Lead consultant, in consultation with the evaluation manager, will create the profiles (ToRs) based in each focus country who will be responsible for data collection and analysis (and possibly writing up) under the supervision of the Team Leader.

13. Evaluation Management and Governance

The multi-country evaluation will be managed by the ECAR Evaluation Section. The evaluation manager will work in collaboration with Health and SBC section of UNICEF Regional Office in Europe and Central Asia, UNICEF Country Offices and UNICEF Evaluation Office (EO) in NY. The ECAR Evaluation Section will be the key focal point for the evaluation team and handle day-to-day evaluation management. At CO level, focal points will be assumed by the Evaluation focal points (CO Eval) supported by CO Health Specialists (CHS) who will provide more technical support. Such a share of roles will ensure independence and impartiality of the evaluation. Two types of Evaluation Reference Groups will be set up at the regional and national levels. Figure 3 presents an initial vision of the management which is open to further fine-tuning.

Figure 3: Structure of the evaluation management



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:

Child data role YES NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Budget Year: 2023	Requesting Section/Issuing Office: Evaluation/ ECARO	Reasons why consultancy cannot be done by staff: UNICEF evaluations are always conducted by externals to uphold independence and abide by UNEG Norms and Standards	
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:			
Consultant sourcing: <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
If Extension, Justification for extension:			
Supervisor: Ashley Wax <i>Ashley Wax</i>	Start Date: 1 July 2023	End Date: 1 July 2024	Number of Days (working) 65 DAYS

14. Workplan and deliverables

A tentative time frame for the evaluation is provided below. The evaluation is expected to be completed within **11-12 months upon signing the contract of the Lead Consultant** (target commencement and end date is: June/July 2023 – June/July 2024). CERs are to be completed by March 2024. This might be subject to change depending on the prevailing situation on ground at the time of the evaluation.

Work Assignment Overview			
Tasks/Milestone:	Deliverables/Outputs:	Timeline	Estimate Budget
Kick-off	Contract signing; initial briefings	One week	
Inception	Initial desk review	12 weeks	
	EA workshops for country case studies		
	Round tables/workshops to discuss an initial methodology		
	Producing a draft detailed Inception Report (IR)		
	Internal and external quality assurance (QA) review including ERGs and COs presentations; ethical review process if required (first review is done by a manager, then by a wider small team, then CO and finally ERG)		
	Incorporation of received feedback		
	Several drafts and then final inception report		
(after selection of team members) Implementation and consultations (CER)	Hybrid data collection in focus countries and RO	18 weeks	
	Data analysis and conducting round tables/workshops to share preliminary findings, lessons learned and recommendations		
	Writing up the first draft country evaluation report for each CO		
	Further discussions of lessons learned and recommendations with each CO		
	Further refinement of country evaluation reports		
	Internal/external quality assurance (QA) review including ERG and COs presentations (first review is done by a manager, then by a wider small team, then CO and finally ERG)		
	Incorporation of received feedback		
	Finalising country evaluation reports		
Implementation and consultation (Synthesis report)	Presentation of preliminary findings of synthesis report	14 weeks	
	Analysis and writing up a draft synthesis report		
	Further discussions of lessons learned and recommendations with each country		
	Further refinement of synthesis report		
	Internal/external quality assurance (QA) review including ERG and COs presentations (first review is done by a manager, then by a wider small team, then COs and finally ERG)		
	Incorporation of received feedback		
	Final synthesis report and powerpoint		
	Presentation of synthesis report		

The evaluation process at all stages should follow UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. Expected deliverables are listed in the Table 7 below:

Table 4: Expected Deliverables and timing and estimated LOE

Deliverables	Timing	Estimated LOE
Initial desk review products as follows (one by one):	Within 12 weeks of inception stage	20 days
<ul style="list-style-type: none"> • Initial design proposal (general picture) and refined evaluation questions 		
<ul style="list-style-type: none"> • Details of the overall methodology and clear object of evaluation/unit of analysis per country 		
<ul style="list-style-type: none"> • Further details and refined methodology 		
<ul style="list-style-type: none"> • Country case study selection and team member profiles (ToR) 		
Workshops with COs (a separate event for each country) to agree the overall methodology and approach and two ERG presentations (for each ERG) and RO		
Draft and final evaluation IR		
Round table/workshops with COs, RO and ERGs to share preliminary results of country evaluation reports (separate country events, separate ERG presentations, a separate regional ERG presentation, a separate RO event)	Within 18 weeks of implementation and consultation stage (CER)	25 days
Special workshops with COs to discuss recommendations and lessons learned for country evaluation reports (separate country office events)		
Draft and final country evaluation reports (depending on the number of countries) along with a sharp executive summary and clear powerpoint presentation		
Round table/workshops with COs, RO and ERGs to present final results of country evaluation reports (separate country events, separate ERG presentations, a separate regional ERG presentation, a separate RO event)		
Round table/workshops with COs, RO and ERG to share preliminary results of synthesis report (a joint event for UNICEF, a separate event for ERG)	Within 14 weeks of implementation and consultation stage (synthesis report)	20 days
Special workshops with RO and COs to discuss recommendations and lessons learned for synthesis report (a joint event for UNICEF and one RO event)		
Draft and final synthesis report along with a sharp executive summary and clear powerpoint presentation. All reports must be proofread and edited in English.		
Round table/workshops with COs, RO and ERG to present final results of synthesis report (a joint event for UNICEF, a separate event for ERG)		

15. PAYMENT

Payment is contingent on approval by the Evaluation Manager and will be made in three instalments:

- A. 30% upon clearance and acceptance of Inception Report (including activities suggested above)
- B. 40% upon clearance and acceptance of CERs (including activities suggested above)
- C. 30% upon clearance and acceptance of synthesis report (including activities suggested above)

Estimated Consultancy fee	60,000 USD		
Travel International (if applicable)			
Travel Local (please include travel plan)			
DSA (if applicable)			
Total estimated consultancy costsⁱ	60,000 USD		

<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><i>*Minimum requirements to consider candidates for competitive process</i></p>	<p>Knowledge/Expertise/Skills required:</p> <p><u>The Evaluation Team Leader should have the following qualifications:</u></p> <ul style="list-style-type: none"> • Advanced university degree, preferably in evaluation, social studies or a related field. A combination of relevant academic background and relevant work experience may be accepted in lieu of the advanced university degree • At least ten years' experience in evaluation, including experience of evaluating health programmes (immunization is highly preferable, social and behavioral change is advantageous) and familiarity with UNICEF and the UN system (CVs required) • Previous work experience with UNICEF and familiarity with immunization programming, institutional development, policy dialogue, organizational development, monitoring evaluation and learning • Previous solid experience of designing and leading systems-level designs and documented professional experience in conducting rigorous independent evaluations that meet professional evaluation standards • Proven experience of using techniques/approaches (mentioned above) in previous evaluations • Previous experience of evaluations conducted in ECA region and managing big teams • Understanding of Sustainable Development Goals and its relation to UNICEF work in ECAR • Familiarity with UNICEF and procedures • Strong analytical skills and statistical data analysis experience • Ability to produce content for high standard deliverables in English • Sensitivity towards ethics with regards to human and child rights issues, different cultures, local customs, religious beliefs and practices, personal interaction and gender roles, disability, age and ethnicity • A strong development background with a profound understanding of development and Human Rights-Based programmes <p><i>*Listed requirements will be used for technical evaluation in the competitive process</i></p>
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<p>Evaluation Criteria (This will be used for the Selection Report (for clarification see Guidance))</p> <p>A) Technical Evaluation (e.g. maximum 75 Points) B) Financial Proposal (e.g. maximum of 25 Points)</p> <p>-</p> <p>-</p>
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<p>Administrative details: Visa assistance required: <input type="checkbox"/> Transportation arranged by the office: <input type="checkbox"/></p>	<p><input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based: If office based, seating arrangement identified: <input type="checkbox"/> IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input type="checkbox"/></p>
<p>Request Authorised by Section Head <i>Mirella Hernani</i></p>	<p>Request Verified by HR:</p>
<p><i>Approval of Chief of Operations (if Operations):</i> _____ <i>Approval of Deputy Representative (if Programme)</i> _____</p> <p style="text-align: center;"><i>Representative (in case of single sourcing/or if not listed in Annual Workplan)</i></p> <p style="text-align: center;">_____</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.

The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts. UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.