

TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS/ CONSULTANTS

PART I		
Title of Assignment	National or International Consultancy: Real Time Evaluation of UNICEF'S Response to the COVID-19 Outbreak Crisis in Malawi	
Section	Research, Evaluation and Knowledge Management Section (REKM)	
Location	International consultancy – remote work National consultancy – based in Lilongwe	
Duration	5.5 months	
Start and End Date	From: July 15, 2020	From: December 30, 2020

BACKGROUND

COVID-19, a disease caused by the virus SARS-Cov-2, has been declared a pandemic and is creating an unprecedented emergency globally. WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC) on 30th January 2020.¹ The outbreak continued to engulf the entire globe in a short period of time with Malawi reporting its first case on the 2nd of April 2020. The rapid escalation of COVID-19 at global and country levels have clearly and quickly transformed the pandemic from a pure health event into a broader and much more complex phenomenon, which has immediate and medium term social and economic consequences on the society at large and on vulnerable communities in particular. The first three cases of COVID-19 in Malawi were recorded on April 2, 2020 in Lilongwe. Since then the cases have reached 555 with 5 deaths and 69 recoveries spread across 26 districts as of 15 June 2020. 97 of those cases are local transmission while 443 are imported. Districts affected are Lilongwe (77), Kamuzu International Airport (6) Blantyre (71), Zomba (8), Chikwawa (4), Nkhonkhotakota (4), Thyolo (13), Mwanza PoE (271), Mulanje (2), Nsanje (11), Mangochi (14),Machinga (11), Phalombe (1), Rumphu (1), Mzimba (3), Balaka (4), Dowa (4), Kasungu (3), Dedza (8), Salima (9), Ntcheu (11), Chiradzulu (1), Mzuzu (10), Chitipa (1), Nkhatabay (5) and Karonga (2)².

Since the onset of the emergency, UNICEF Malawi (MCO) has worked closely with the Government, WHO, the designated UN agency leading COVID-19 preparedness and response, to support the Government in developing and implementing its COVID-19 preparedness and response plan. MCO's prompt action to ensure presence at National, District and Community level has been appreciated by the Government as well as by UNICEF Regional Office and HQ.

The UNICEF MCO included some coronavirus-related preparedness and response activities in its annual response plan in January 2020 alongside with its regular Ebola Viral Disease (EVD) and Cholera response plans. This was part of a multi-agency UN health systems support and resilience grant application with the UK Aid for International Development (DfID). The declaration of the epidemic as a public health emergency of international concern (PHEIC) brought urgency to some preparedness measures. Points of entry at Lilongwe and Chileka International Airports were targeted for prevention, with training of staff on 31 January, and on 01 February all border crossings land and air were provided with health declaration forms, infrared thermometers, WASH facilities, HTH for infection prevention and control, as well as masks and gloves for port health officials and immigration forces that came in direct contact with travelers. Since then prevention and response activities are scaled up across the country with health workers training, distribution of PPE supplies, nationwide Communication for Development (C4D)/ Risk Communication and Community Engagement (RCCE) activities and technical support to national and sub national COVID-19 coordination efforts. Further details of UNICEF and its

¹ World Health Organization website: Coronavirus timeline

² Public Health Institute of Malawi- Daily updates.

partners' response to the COVID-19 outbreak are provided in **Annex B** to help the evaluation teams understand the current status and scope of response.

JUSTIFICATION

UNICEF Malawi intends to commission a Real Time Evaluation (RTE) of its COVID-19 crisis response to provide real-time feedback and learning and inform the on-going UNICEF COVID-19 response by ensuring that evaluation serves for timely learning and adaptation. The RTE will be implemented at the earliest stage of UNICEF's COVID-19 crisis response to ensure that real time evaluation data is considered alongside monitoring and other data to contribute to evidence-informed decision-making throughout the response.

PURPOSE OF THE EVALUATION

The main purpose of the RTE is to inform UNICEF management and support decisions in adjusting the Country Office COVID-19 response. The RTE will produce ongoing findings on a fortnightly basis which will be presented at meetings of the Malawi COVID-19 Taskforce to allow for fast and timely operational course correction. The RTE will further provide recommendations on UNICEF Malawi overall emergency preparedness and readiness for effective and efficient response to emergencies, including recommendations on improvement of ongoing preparedness, response plans and contingency plans. Recommendations of linking the humanitarian and development efforts of UNICEF Malawi Country office will be provided as well. Where appropriate, relevant findings may also be shared with the government, UN and civil society partners involved in the COVID-19 crisis response and is expected to be used by them to increase learning, accountability, collaboration and a more effective and targeted response. The evaluation can bring lessons for to other regional countries through dissemination by UNICEF ESARO.

SCOPE OF WORK/OBJECTIVES OF THE EVALUATION

The evaluation key objectives are to:

- a) Evaluate in real time the effectiveness, efficiency and relevance of UNICEF Malawi's COVID-19 emergency response and provide related recommendation to UNICEF Malawi Senior Management for immediate corrective actions.
- b) Provide real time feedback to the UNICEF Malawi COVID-19 Taskforce to allow timely operational adjustments on UNICEF's COVID-19 response
- c) Evaluate the effectiveness, efficiency and relevance of UNICEF Malawi COVID-19 Accountability to Affected Populations, including the engagement of UNICEF's implementing partners, government, UN and CSO partners and beneficiaries in shaping UNICEF's crisis response and reinforce UNICEF's accountability to them.
- d) Identifying challenges and bottlenecks and act as a real time lessons learning exercise on what works and what does not work for girls, boys, men and women from various socio-economic groups including the marginalized ones in order to promptly adjust and help improve planning and performance and allows for ongoing correction of the crisis response.
- e) Collect joint and harmonized data that can be used in a summative evaluation of the response.

EVALUATION SCOPE

Institutional scope: While noting the multi-agency dimensions in the COVID-19 response, in particular, the role played by other agencies, including WHO, this RTE is limited to evaluating the work of UNICEF Malawi and its down-stream partners, in responding to COVID-19 pandemic outbreak. However, such evaluation needs take into account the wider framework of the COVID-19 response, including that of the government counterparts (both at national and sub-national/district level), the UN system as a whole, the donor community, the international non-governmental organizations and national civil society organizations and agencies involved in the response, in analyzing the respective role UNICEF Malawi plays in this national response mix and the related expectations of stakeholders in regard to UNICEF's response. Within UNICEF, the evaluation will focus on the COVID-19 response implemented by UNICEF Malawi, however will assess interactions, roles responsibilities, support and expectations from the UNICEF East and South Africa Regional OFFICE (ESARO) and UNICEF's headquarters in New York and UNICEF's Supply Division in Copenhagen (in relation to emergency supplies and procurement services provided).

Programmatic scope: The 'UNICEF Malawi COVID-19 Response Plan (April 2020 – December 2020)' reinforces the 'integrated approach' to the emergency response, bringing together Health, Education, Child and Social Protection, WASH, Nutrition and Communication for Development (C4D) to prevent and control infections, ensure continuity of education, promote positive behaviors preventing transmission and ensuring protection of children rights, especially of the most vulnerable. The RTE will focus on the effectiveness, efficiency and relevance of the programmatic response, the success or failure of convergence between sectors, the comprehensiveness of the response in regard to identified needs, the uptake of innovations in emergency response, the level of internal coordination contributing to success or failure factors, the roles of Operations in supporting programme delivery and the level of community engagement across the response. The RTE will evaluate the effectiveness, efficiency and relevance of the external coordination and partnership, level of integration and complementarity of actions vis a vis various actors such as public sector, UN system, donor community and civil society organizations involved in the COVID-19 response.

Geographic focus: It is recognized that the full extent of the outbreak has not yet materialized but will affect various localities which may shift over time. The evaluation team will consider the districts most affected by the outbreak, and at the inception phase will establish a methodology for sampling and possibly visiting (COVID restriction permitting) affected localities where UNICEF provides its emergency COVID-19 response. Additionally, the RTE will evaluate the level of geographic convergence of UNICEF sectoral approach.

Resources: While the evaluation will give priority to the programmatic and operational issues noted above, close attention will also be given to human, supply and financial resources as factors supporting or constraining programme delivery. The evaluation will consider issues of human and financial resource mobilisation, deployment and management, including the consequences of utilizing resources from existing programmes to support the COVID-19 response.

Time frame: The evaluation will consider the entire span of the COVID-19 emergency response in Malawi (an estimated response time of 8 to 12 months), starting with the declaration by WHO of COVID-19 outbreak as a Public Health Emergency of International Concern (PHEIC) on January 30th, 2020.

EVALUATION CRITERIA AND KEY EVALUATION QUESTIONS

The RTE will address the evaluation criteria for humanitarian response and proposes to look at the following Key Evaluation Questions under each criterion. The evaluation team will be expected to use three indicative questions to prepare a detailed evaluation design matrix with adequate sub-questions for each criterion.

APPROPRIATENESS:

- To what extent are the activities undertaken as part of UNICEF's Malawi COVID-19 crisis response in line with national sectoral Covid-19 Response Plans and with UNICEF Regional and global COVID-19 response plans and related guidance?
- To what extent are the activities undertaken as part of UNICEF's Malawi COVID-19 crisis response tailored to the local context in different districts to respond to the different needs of girls and boys, women and men, and families from disadvantaged, marginalized and vulnerable populations?
- To what extent does UNICEF Malawi was able to adapt and respond and/or influence donor community priorities in the COVID-19 crisis response?
- Was UNICEF Malawi COVID-19 response agile and timely and commensurate to the needs?
- To what extent are the current corporate planning tools and frameworks (HAC/CPD etc) fit for purpose in the context of an unprecedented global pandemic?
- How has the demands of the COVID-19 response and its associated containment measured impacted upon the partnership strategy of the office (CSOs, LNGOs, INGOs, local Govt, private sector and Academia)?
- What course correctors have already been successfully employed and what more could be done?

COVERAGE:

- To what extent are the key stakeholders and target populations of the emergency response covered under UNICEF Malawi interventions?
- Where key stakeholders and target populations adequately identified, targeted and reached under respective sector approach and in a cross-sectoral manner?
- Are UNICEF provided services (including relevant risk communication messaging) accessible to boys and girls, men and women from vulnerable populations, including children and adolescents with disabilities and out-of-school children?
- What programmes are most susceptible to a loss in quality and outcomes if monitoring and evaluation is compromised due to a sustained lack of access?
- What opportunities exist to enhance remote monitoring and use of TPMs, private sector?

EFFICIENCY:

- Is UNICEF's response allocating optimally time and resources (including monetary and human resources) to achieve its objectives given the COVID-19 operational environment?
- Are there any inefficiencies associated with implementation of the crisis response (e.g. low awareness and uptake among different gender groups of different ages and socioeconomic statuses, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages, myths, fake news and misinformation)?
- Were supplies procured and distributed timely to meet the needs of affected populations?
- How efficiently UNICEF Malawi was able to organise its work in view of implementation constraints, such as movement restriction, elections impacts and other external events?
- How efficient were the data collection mechanisms established and was the use of data to inform programmatic approaches utilized efficiently?
- Was the use of COVID-19 donor resources efficient and relevant to the beneficiaries' needs?
- How efficient and agile was UNICEF in the use of RR resources in support to COVID -19 response?
- To what extent is data collection disaggregated by sex, age, location, disability?
- How is UNICEF Malawi addressing CoTM and supporting returnee migrants in the context of COVID-19?
- Do national and international teleworking modalities over a protracted period allow for a level of results that is comparable under normal working modalities?
- How do you ensure duty and care and performance management in such circumstances?

EFFECTIVENESS:

- To what extent was UNICEF Malawi able to adapt as the situation unfolded on the ground and contribute to reducing the COVID-19 impact on children and their families and on UNICEF staff?
- To what extent the intended UNICEF Malawi COVID-19 response immediate, intermediate and longer-term outputs and outcomes are being achieved?
- Was UNICEF able to effectively overcome bottlenecks in implementation of the crisis response?
- Were there gaps in UNICEF response?
- Were there instances where the UNICEF Malawi crisis response failed to reach particular groups of boys and girls, men and women from vulnerable/marginalised populations, and if so, what are the main reasons?
- To what extent UNICEF Malawi ensured that innovations contribute to positive impact of UNICEF response?
- To what extent UNICEF Malawi emergency response's engagement with youth and communities applied a "do no harm" principle, while also ensuring safety from sexual exploitation and abuse of the young girls and boys as well as its staff and counterparts?
- To what extent gender considerations were taken into account in UNICEF Malawi COVID-19 response?
- Did the COVID-19 response jeopardize UNICEF Malawi support to continuity of service provision?
- What role has the UNICEF Malawi played to influence the socio-economic policy and support provided and in pipeline from IFIs to the Government that have improved the situation of vulnerable children affected by the pandemic?
- How did the UNICEF Malawi navigate the particular political constraints apparent in Malawi during the pandemic to promote and ensure that a principled and evidenced based response to the pandemic is adopted by the government and its partners?
- What are the long-term implications for partnership if Government funding drop and demand on UNICEF Malawi to provide services at scale as economy contracts?
- Which strategic partnerships should be expanded to allow greater grass roots reach to build community level resilience?
- What are projected programming consequences from 2021 if NGO partner funding reduces substantially in Malawi?

COORDINATION:

- Are existing coordination mechanisms (both internal and external) functioning effectively and efficiently to facilitate effective emergency response?
- Were the various internal and external coordination mechanisms established relevant to the specifics of the COVID-19 response?
- How efficient was UNICEF Malawi cluster coordination support role?
- What was the value added of UNICEF's coordination role in the national COVID-19 response in Malawi?

CONNECTEDNESS:

- How UNICEF's COVID-19 response in Malawi compares to the response provided by other UN organisations, the government and NGO/CSOs?
- How well connected was UNICEF response to those of other organisations?
- Was UNICEF COVID-19 response delivering on the needs of affected populations?
- Was UNICEF Malawi response able to quickly learn from and apply best practices used by other organizations, neighbouring UNICEF country offices and/or ESARO offices in responding to the COVID-19 crisis?
- How well did the response to COVID-19 in Malawi link with other ongoing interventions of UNICEF at the regional and HQ levels?
- To what extent has UNICEF Malawi innovating in the Malawi COVID-19 response context, and continued to sustain efforts that are seen to be working?
- What innovations in data management, data analysis and remote sensing have yielded results at scale?

- What are the long-term implications for partnership if Government funding drop and demand on UNICEF to provide services at scale as economy contracts?
- Which strategic partnerships should be expanded to allow greater grass roots reach to build community level resilience?
- What are projected programming consequences from 2021 if NGO partner funding reduces substantially in Malawi?

SUSTAINABILITY:

- To what extent and in which ways was UNICEF supported COVID-19 interventions were accounting for sustainability?
- To what extent and in which ways UNICEF supported COVID-19 interventions promoted community resilience, GBV and SEA integration?
- In which ways the learning from the current response is being integrated in UNICEF programming to ensure long-term, sustainable response for an expected protracted pandemic situation?
- What is the programming good practices that can be undertaken at scale in a context of movement restriction and remote management?

The above key questions will be discussed and further refined at the inception phase of the RTE. To answer these overarching questions, the evaluation team will be expected to develop a more specific set of queries/sub-questions as part of the evaluation matrix during the inception phase.

METHODOLOGY

The COVID-19 outbreak is unlike any emergency that countries have previously experienced. It is mammoth in scope and unique in effects. Countries' responses toward this epidemic have been evolving and will continue to do so for some time. Therefore, any attempt at evaluating such an unparalleled emergency response needs to take into account all of its peculiarities. Due to the evolving nature of the response, the overall approach for the RTE is proposed to be a long-term, continuous, phase-wise, implementation-focused approach with an amalgamation of implementation research and developmental evaluation approaches. Therefore, to ensure the methodology is real-time and could help invest the learning back into the emergency response, it needs to be:

- Flexible and iterative allowing for new questions, methods, analysis and feedback
- Driven by questions and issues confronting UNICEF's COVID-19 strategy and management
- Designed to capture system dynamics and surface innovative strategies and ideas ('what works')
- Generating information, reports, and briefs on an on-going basis
- Conducted with an evaluator embedded as a member of the COVID-19 response team

To deal with its multiple challenges, especially the need to collect data and information while ensuring social-distancing and the safety and wellbeing of all involved, multiple types of data collection methods shall be employed, including a desk review of existing secondary data and documentation such as SitReps; Humanitarian AppealsHAC; where feasible ; where feasible rapid need assessments; monitoring indicators and reports; analysis of funding information, HR and supply data; assessment of COs preparedness and contingency plans reflected in the Emergency Preparedness Platform (EPP) etc. Other data sources includes DHIS2 (e-IDSr), geo-spatial data (satellite imagery, drone-acquired imagery and ground truthing), RapidPro, Google analytics and social media analytics.

While using a multi-method approach, the evaluation may focus more on the qualitative design. It may use a time-series observational design to collect and analyse qualitative data rapidly and on a rolling basis to feed back into UNICEF's ongoing response to the pandemic until November 2020. As needed, other methods could include process mapping, forcefield analysis, participatory ranking and/or other approaches. To the extent possible and in view of travel restrictions, this will be adequately supported through qualitative methodologies such as focus group discussions and key informant interviews with a purposive sample of stakeholders (i.e.

affected community members and leaders; UNICEF staff at country/regional/HQ levels; Government representatives; implementing partners; development and humanitarian partners and other UN agencies); and observation, , including by . participating in (observing) related COVID-19 emergency meetings (both external and internal).

Feedback and Adaptive Management

In order to ensure the work is as tangible and useful as possible, the evaluator will employ iterative loops to feed information into decision-making. Some potential avenues include:

- Options memos documenting potential pathways forward and their implications
- Decision logs recording which decisions were made (or not made) and the rationale for why the selected action was taken (or not taken)
- Short presentations during regular team meetings to present or jointly develop recommendations based on data gathered
- Guidinglines, infographics, or other data-driven references

The data-collection schedule should be reviewed and adjusted on rolling basis to address new developments in the epidemic and country's response. In the initial stages, while face-to-face contact is not possible, the RTE may rely on remote data collection through remote meetings and remote interviews (phone calls and online conferencing calls). This may be supplemented by online/email questionnaires and surveys or computer-assisted telephone interviewing (CATI) according to the necessity. A list of key stakeholders will be prepared in consultation with all programmes and will include MCO UNICEF staff, direct implementing partners (MOH, MRCS, CHAI, SWET, MIJ, UP, DCT, PACHI, LIN, Cooper Smith, ADDA, WHO, UNFPA), Government representatives (national, district and local level officials), donors (DfID, GAVI, HSJF, World Bank, China Government, Jack Ma Foundation, IMF, National Bank, Global Fund; and Health Cluster members, other UN agencies. Depending on how the situation evolves, primary data may eventually be collected in-person on small scales using qualitative methods if the evaluation team is given the necessary access and permissions and takes the appropriate precautions for the data collection. Wherever possible, it will be ensured that data collection and analysis will be sex and age disaggregated. The evaluation team is expected to take into account the above indicated methodological approach and propose a detailed methodology with comprehensive details on design, sampling, data collection methods and analytical approaches in their proposal.

Risks and Limitations

This evaluation covers and shall take place during UNICEF's crisis response to the COVID-19 outbreak in Malawi. Anticipated challenges seem to lie in the current operating environment which is diverse and still rather fluid – with countries all over the world affected in different ways and still grappling with the response and mitigation measures to adopt. This means that, while anticipating needs, the evaluation process will have to keep abreast of these changes and steer the focus of the evaluation as it unfolds. Key limitations include the access and availability of data in the COVID-19 outbreak context and the need to balance timeliness with depth of information and well-substantiated findings.

At the time of commissioning, it is uncertain when, or if at all, face-to-face data collection will take place. As such most of the work is designed to be conducted remotely and in self-isolation. Sufficient flexibility has been built into the ToR to allow for adjustment and immediate feedback during the course of the assignment. The current and likely ongoing international travel restrictions along with likely continuation of 14-day quarantine for international travellers, will remain a big challenge for this evaluation. It can be addressed by involving locally-based team members who could engage in on-field activities, if and when allowed. There could also use U-Report and the smart phones project in asking questions to community on UNICEF work Also, a contract amendment is likely to take place once the ability to collect data face-to-face is confirmed. By the time of the finalization of the inception report situation will become clearer and therefore the methodology could be amended accordingly. Moreover, to ensure a quick hiring process, MCO's or ESARO's LTAs for evaluation work will be used.

The RTE cannot provide knowledge of the impact of the response - i.e. it cannot be expected to assess how many children's lives are saved because UNICEF's interventions, or to fully explain the COVID-19 cases curve. Instead, it is focused on providing real-time information and timely recommendations to help improve the on-going response work within Malawi.

Ethical Considerations

The evaluation process will follow the UNICEF Ethical guidelines for evidence generation detailed in UNICEF ethics procedure. From the outset UNICEF Ethics Advisor will be consulted for a thorough advice on all ethical issues. The ToR will be shared for the ethical review and later the inception report of the evaluation will be submitted for an independent ethical review by an external ethical review board. Moreover, the evaluation process will stringently follow the guidelines for evaluations provided by the UNICEF Evaluation Office recently in the wake of COVID-19 outbreak. All relevant policies and guidelines related to ethics will be provided by REKM to the evaluation team at the outset of the evaluation to ensure compliance in letter and spirit. These includes the following documents: United National Evaluation Group (UNEG) Norms and Standards for Evaluation (2016) and Revised evaluation policy of UNICEF (2018), UNEG Ethical Guideline for Evaluation (2008), UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015), UNICEF-adapted UNEG Evaluation Reports Standards (2017), the Global Evaluation Reports Oversight System (GEROS) Handbook (2017) and UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014).

REPORTING REQUIREMENTS/ MANAGEMENT OVERSIGHT

In accordance with UNICEF's evaluation policy, this evaluation will be managed by Chief of REKM as Evaluation Manager, with close technical support from the UNICEF COVID-19 Response Taskforce. As part of the quality assurance mechanism, an evaluation reference group (ERG) will be established with members from key programmes, UN partners, UNICEF Regional Office for Eastern and Southern Africa (ESARO), and the Evaluation Office at HQ. All key deliverables of the evaluation – inception report, and final report – are required to be reviewed by the ERG and accepted by the Chief of REKM before payment is made to the evaluation agency. The final evaluation report will strictly follow "UNICEF Evaluation Report Standards" and UNICEF Evaluation Technical Notes which are aligned with UNEG Standards and Norms. A self-assessment of the draft report against the GEROS UNICEF tool will also be required by the evaluation team.

Feedback to the evaluation team will be provided after the review of each deliverable. Performance evaluation of the supplier will be done at the end of the assignment or whenever a contract amendment is sought.

EXPECTED DELIVERABLES

As mentioned above, the data collection schedule of this RTE is to be revised on a rolling basis. The timeline provided below is an estimate for the first six months (from July to December 2020) of this evaluation and may need to be revised (shortened or extended) depending on the situation. The selected candidate is expected to approach this task with flexibility and be able to respond quickly and with agility to situational demands and new developments.

In alignment with the scope of work as described above, the consultant will be expected to perform the following activities and deliverables as per the schedule and estimated dates below:

Task	Deliverable/Outcome (e.g. Inception, progress, final reports, training material, workshop, etc.)	Estimated # of days	Planned Completion date
Phase 1 – Desk review			

<ul style="list-style-type: none"> – Undertake desk review to inform the methodology, development of the tools and hence conduct the evaluation. The relevant documents include UNEG Norms and Standards, UNICEF procedure for ethical standards in research, evaluation, data collection and analysis, Standards in conducting, crisis response documents, evaluative baseline report for the project, list of key stakeholders and etc). – Develop an inception report with detailed outline of the report – Presentation of inception report to the Evaluation Reference Group (ERG). – Further refine the inception report on the overall evaluation scope, approach, design and timeframe – Provide a detailed outline of the evaluation methodology including data collection tools and a detailed refined questionnaire of research questions 	Draft inception report	5 days	21 July 2020
	Final Inception Report	3 days	24 July 2020
Phase 2 -Data collection and feedback mechanism <ul style="list-style-type: none"> – Data collection and analysis using various methods agreed in the inception report – Interim evaluation findings, lessons learnt shared online with UNICEF COVID-19 taskforce fortnightly throughout the evaluation process – Conduct validation workshop with UNICEF and partners. – 	Interim Evaluation report 1 together with PowerPoint presentation and validation workshop conducted	21 days	24 August 2020
	Interim Evaluation Report 2 together with PowerPoint presentation and validation workshop conducted	20 days	24 September 2020
	Interim Evaluation Report 3 together with PowerPoint presentation and validation workshop conducted.	20 days	19 October 2020
Phase 3 – Final evaluation report	Draft Evaluation report along with infograms	17 days	11 November 2020

<ul style="list-style-type: none"> – Prepare the consolidated report (Phase 1 & 2) in accordance with the UNICEF-Adapted UNEG Evaluation report standards and the report should be logically structured, containing evidence-based findings, conclusions, lessons and recommendations. – Presentation of draft report to the ERG – Conduct validation workshop with UNICEF. – Produce a policy briefs on the emergency planning and response in line with the findings of the evaluation 	Discussion paper and policy briefs	7 days	20 November 2020
	Validation workshop preparation and power point presentation of evaluation findings and recommendations	2 days	24 November 2020
	Final evaluation report incorporating comments from the validation workshop.	6 days	2 December 2020
Total number of days		101	

Evaluation report: The evaluation report should be clear and include the following elements: an executive summary of maximum 4 pages, total report of not more than 30 pages (without annexes), a profile of the evaluated Programme, description of methodology and data collection tools, the main findings, lessons learned, conclusions and recommendations, attachments (TOR, reconstructed Theory of Changes, evaluation matrix and data collection tools, list of persons interviewed etc.). The findings and conclusions of the evaluation will answer the evaluation questions. The lessons learned and the recommendations will provide the link between the results of the evaluation and future emergency response programmes in recommending relevant adjustments and approaches.

However, as the actual starting date may impact the dates estimated in the TOR, the exact timeframes and actual delivery dates will be jointly agreed upon between the consultant and the supervisor upon contract signature.

PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in TOR
- Compliance with the established deadlines for submission of deliverables
- Quality of work
- Demonstration of high standards in cooperation and communication with UNICEF and counterparts

The quality of all evaluation reports (Inception Report and Draft Report) will be assessed by a company external to UNICEF and will be facilitated by UNICEF Malawi. The Contractor will be responsible for ensuring that recommendations for quality improvement of the report(s) are fully addressed.

The Draft Report will be considered as a Final one only after passing through the external quality assessment, addressing all comments and having final positive rating as “Satisfactory” or “Highly Satisfactory”. The Final Evaluation report will be also submitted to the Global Evaluation Reports Oversight System (GEROS) for final quality assessment with feedback provided to the UNICEF Malawi office on the quality of the evaluation (could be shared with contractors upon request).

PAYMENT SCHEDULE

The payment will be tied to submission of acceptable quality deliverables.

S. No.	Deliverables	Expected completion date	Payment ratio
1	Finalize Inception Report - Phase 1	24 July 2020	8 %
2	Interim Evaluation report 1 together with PowerPoint presentation and validation workshop conducted	24 August 2020	20 %
3	Interim Evaluation report 2 together with PowerPoint presentation and validation workshop conducted	24 September 2020	20%
4	Interim Evaluation Report 3 together with PowerPoint presentation and validation workshop conducted	19 October 2020	20 %
5	Draft Evaluation report along with infograms, Discussion paper and policy briefs, Validation workshop preparation and power point presentation of evaluation findings and recommendations and the Final evaluation report incorporating comments from the validation workshop.	2 December 2020	32 %

All payments, without exception, will be made upon certification from the supervisor of the contract, of the satisfactory and quality completion of deliverables and upon receipt of the respective and approved invoice.

Travel (international and local) costs will be reimbursed on actual expenditures and upon presentation of original supporting documents. As per UNICEF operational guidelines, travel for international consultancies, will be in economy class and will use the most economical route.

DESIRED COMPETENCIES, TECHNICAL BACKGROUND AND EXPERIENCE

Academic qualification:

- Advanced Degree in Public Health, Social Sciences or or related field

Work experience:

- at least 7 years of professional experience in conducting evaluations
- Proven experience in quantitative and qualitative research in public health or another social field or human rights area;
- Proven knowledge of Child and Human Rights Based Approach and Result-based Management;
- Familiarity with international frameworks related to humanitarian response
- Familiarity with methods and approaches to and gender responsive evaluation methodologies;
- Demonstrated knowledge of the education system in Malawi is a strong asset;
- Demonstrated experience of work with the Government counterparts in undertaking research, evaluations, reviews in the social field is a strong asset.
- Previous work with UNICEF /other UN agencies and international organizations is an asset.

Technical skills and knowledge:

- Strong gender analytical skills and previous experience researching and evaluating children's issues in Malawi would be of significant advantage.
- Strong knowledge of gender in research and evaluation
- Strong analytical and report writing skills;
- Excellent mastery of English, both oral and written;

Competencies:

- A high level of organizational and coordination skills
- Working with People
- Drive for Results
- An excellent command of the English language – both written and oral
- Ability to produce quality work within a deadline and under pressure
- Highly developed communication skills

Languages:

- English and local languages (Chichewa) for a national consultant.

ADMINISTRATIVE ISSUES

UNICEF will regularly communicate with the consultant/ supplier and provide feedback and guidance and necessary support so to achieve objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work.

As per policy on consultants and individual contractors, the individual will be expected to complete a list of mandatory training, including policies on Prohibiting and Combatting Fraud and Corruption; Prohibition of discrimination, harassment, sexual harassment and abuse of authority and other relevant policies for their information and acknowledgment. Within 5 days of the contract commencement, the consultant/individual contractor is requested to complete the applicable mandatory trainings.

The consultant/evaluation agency will work from their own workplace, with regular phone/Skype meetings with UNICEF Malawi, Research, Evaluation and Knowledge Management Section (REKM) and all other programmes with a clear schedule of online meetings. Representatives from the evaluation team may need to travel for in-person interviews, if travel restrictions were removed at a later stage. The field sites will be determined in consultation with UNICEF and government counterparts once it is safe to travel and collect data face-to-face.

The consultants will provide their own laptop and working space.

CONDITIONS

- The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- The consultant will be based in Lilongwe and also working remotely
- The consultant will be paid an all-inclusive fee (stationary, communication and other miscellaneous expenses) as per the stipulated deliverable and payment schedule.
- Under the consultancy agreements, a month is defined as 21.75 working days, and fees are prorated accordingly for actual days worked.
- The consultant is not entitled to payment for overtime, weekends or public holidays, medical insurance, taxes, and any form of leave.
- Travel expenses for official in-country trips, including living costs, will be covered in accordance with UNICEF's rules and tariffs, by the consultant and reimbursed against actuals, unless otherwise agreed.
- Transport will be provided to the consultant during in-country field travel, if planned and approved.
- No travel should take place without an email travel authorization from section prior to the commencement of the journey from the duty station.
- Standard UNICEF procedures will apply for invoicing and all other financial management requirements set out in the contract.

- Standard penalty clauses will also apply for late and poor-quality deliverables. The supervisor of the contract will provide the consultant with the criteria for the evaluation of the quality of each deliverable.
- Additional details of UNICEF rules, regulations and conditions will be attached to the contract.
- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- The assignment is an on-site/off-site support.

HOW TO APPLY

Interested consultants should provide the following:

1. Curriculum Vitae

Brief technical proposal (no longer than five pages) demonstrating the consultant's understanding of the assignment and approach/methodology to the assignment. The Technical Proposal should include but not be limited to the following: Methodology (Proposed approach to the evaluation, Detailed Methodology / approach to requirement detailing how to meet or exceed UNICEF requirements for this assignment, the Evaluation Matrix), Proposed work plan showing detailed sequence and timeline for each activity; quality assurance mechanism and risk mitigation measures put in place and ethical considerations and how the selected candidate will address them; References (details of similar assignments undertaken in last *three* years including the following information: Title of Project; Year and duration of project; Scope of Project; Outcome of Project and Reference / Contact persons); Work Plan (Proposed work plan showing detailed sequence and timeline for each activity and man days).

2. Financial proposal including a breakdown of their all-inclusive fees (including professional fees, travel, living cost, visa and other costs). Complete the attached form.



Financial
Proposal.xlsx

3. References details

ASSESSMENT

Candidates will be undergo assessment with criteria associated with the TOR split between technical and financial as follows: 70% Technical and 30% Financial with 100 % Total.

The attached Annex A provides a detailed breakdown of the evaluation criteria.



ANNEX A - Technical
and Financial Evaluati

DETAILS OF UNICEF RESPONSE TO COVID-19 OUTBREAK IN MALAWI

2.2.1 The 3Ts: Trace, Test, Treat

Early initiation of surveillance: All Points of Entry (PoE), land and air were provided with surveillance training, and provision of PPE, and travelers are required to register provide contact details and if they came from any countries with local transmission of COVID-19, are then required to self-quarantine in their respective home, with respective District Health Offices (DHOs) paying regular follow up to these people. When these actions were taken by Malawi, no similar initiatives were started in Spain, Italy, and USA, as confirmed from our team members who travelled there. 7,058 travelers that crossed land and air borders were screened at the PoE and followed up at their home self-quarantine. 1,871 of them have since completed their observation period and released from follow up. It is believed this could have helped delay the progress of COVID-19 in the country.

Testing: Malawi had no testing capacity for SARS-CoV-2 at the beginning of the local outbreak. Testing criteria was initially set at high risk travellers who become symptomatic during the quarantine period. Fortunately, no persons became symptomatic on follow-up before testing was instituted. UNICEF contacted Thermofischer Company in South Africa to calibrate an existing PCR machine in PHIM. This helped Malawi to kick start testing by mid-March 2020. Now there are nearly 21,000 test kits available and targeted testing is being conducted. Eleven more testing sites are now operational. The MOH resolved in April to expand testing to include all travelers coming to Malawi, all contacts of confirmed cases, and contacts of these contacts.

Treatment:

Repurposing of ETUs: The Ebola Treatment Units (ETU) that were built around the country have been refurbished, and WASH facilities improved by UNICEF (Mchinji, Mwanza, Blantyre, and Mzuzu). Lilongwe ETU is refurbished by ONS and the MOH for use as isolation units for COVID-19 treatment. Infection prevention and PPE supplies were provided to all by UNICEF. This is to allow the continuity of regular services within the health facilities.

Additional Human Resources: UNICEF mobilized additional manpower to support the COVID-19 preparedness and response in country. COVID-19 Health Cluster Coordinator, Public Health Officer, and Communication Officer were hired and seconded to MOH, PHIM, and HES respectively. Coordination is key in COVID-19 preparedness and response.

Use of prepositioned supplies: Some personal protective equipment (PPE) supplies remained in UNICEF warehouse from a 2019 DfID funded Ebola Viral Disease (EVD) Preparedness and Response project that ended in September 2019; and these supplies were distributed to districts that started seeing cases in April 2019. This was a useful stopgap for the early response and makes the case for a managed strategic supply stockpile. In addition, Local procurement of more PPE supplies were distributed to all district hospitals and central hospitals in Malawi.

Oxygen Plant Process: there is only one company producing and supplying oxygen to all health units in Malawi. With COVID at hand, the demand for oxygen may triple or quadruple in times of response. In view of this short coming UNICEF approached organizations and companies that can support in establishing oxygen plants in some three central locations. UNICEF proposed to DfID and is awaiting response to contract this activity.

In addition to supporting the capacity for treatment of hospitalized cases of COVID-19, providing a local medical oxygen solution has a strong health system strengthening effect in making oxygen available as an adjunct treatment for pneumonia and other conditions and to support safe surgery including Caesarean section.

3.2.2. Data and Other Innovations

Data is key to the success of any epidemic control effort. The Public Health Institute of Malawi (PHIM) has the responsibility of collating tracing, testing, treatment, and recovery information relating to the country response. The Quality Management Department (QMD) of the MOH and partners- including the Kuunika project and St Luke International Norway (LIN) have provided support for the development of an electronic Integrated Disease

Surveillance and Response system (eIDSR for use at points of entry, treatment centres and at the National Epidemiology Unit.

Quarantine: One of the early challenges in the response in Malawi was the collation of information obtained from follow-up of identified high-risk travellers for the 14-day period of self-quarantine. This meant that there were substantial information gaps. To support MOH and strengthen its e-IDSR, UNICEF created an SMS application called mQuarantine, that runs on to allow the registration of and self-reporting of symptoms by persons in quarantine and under suspicion. The tool aims to facilitate real-time tracking of actual and suspicious COVID-19 cases and eventual contact tracing, therefore creating surveillance efficiencies for the MOH teams and community health workers.

Agent-based modelling: Epidemic modelling efforts relevant to the Malawi epidemic have also been carried out by various organisations and researchers. The Imperial College London model (Ferguson et al, 2020)³ has been adopted to Malawi context; Cooper/Smith has also developed an epidemiological model for Malawi using local data. UNICEF is working with Cooper/Smith to build on the model and improve its predictive analytical capability through a collaboration with LIKA University with DFID funding, incorporating bio-epidemiological and mathematical tools, drone-acquired imagery and other dynamic, high-frequency data.

COVID-19 Youth Challenge: Intended to strengthen the involvement of young people in the response and to tap into their skills and potential, UNICEF Malawi in collaboration with Segal Family Foundation and Cartedo have come together to create this challenge. Applicants will undergo psychometric testing and those shortlisted will then receive online training. Those completing the training will then be given a COVID challenge and those with the top 10 best ideas will receive start-up funding and training to develop and launch their prototypes.

District and community feedback: Through the Pillar 3 (Child-friendly, inclusive and resilient communities) and the C4D / Local Governance component, UNICEF MCO is providing through smartphones and the 'For People to See' (4P2C) Data Intelligence Node dashboard a system to allow direct district and community feedback. The smartphones will be distributed to key stakeholders at district level, as well as community or area level who will have an inherent responsibility of linking villagers to the district council through the clusters. Priority will be given to community structures that include area development committees (ADC), area civil protection committees (ACPC), including those overseeing child protection, nutrition among others at area level.

For further information, all SitReps and UNICEF work on COVID-19 can be found on <https://www.unicef.org/malawi/coronavirus-disease-covid-19> for additional information.

3.2.3. Coordination

Early response: UNICEF was one of the key partners as the government of Malawi commenced a process in late January to develop a national preparedness and response plan for COVID-19.

National Coordination: UNICEF moved quickly mobilized UNICEF staff towards the COVID-19 response. MCO also has hired a dedicated COVID-19 Health Cluster coordinator to ensure the coordination process is up to standard, with all actions tracked, regular review of 5Ws (who, what, when, where, why), and funding gap analysis conducted frequently. More COVID-19 personnel were also seconded in the Public Health Institute of Malawi, and Health education Services of MoH to ensure surveillance, laboratory activities, communication, logistics, case management and other pillars are activated and remain functional. In addition to the support provided to the Health Cluster, and due to the Co-leading role in COVID-19 response, UNICEF has advertised cluster coordinator positions for: Nutrition, Education, WASH, Protection and Information Management.

³ Ferguson N, et al. **Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand.** 16 Mar 2020; doi.org/10.25561/77482

Malawi is also implementing a formal cluster approach to emergencies with relevant Government Ministries leading the clusters and a UN agency acting as co-lead to the clusters. As follows:

- Health Cluster – Lead: Ministry of Health; Co-Lead: WHO
- Nutrition Cluster – Lead: Ministry of Health; Co-Lead: UNICEF
- Education Cluster – Lead: Ministry of Education; Co-Lead: UNICEF
- WASH Cluster – Lead: Ministry of Water; Co-Lead: UNICEF,
- Protection Cluster – Lead: Ministry of Gender; Co-Lead: UNICEF

To manage the COVID-19 pandemic a Crisis Management Committee was established by the Government chaired by the Minister of Health.

In addition, overall coordination from government side is ensured by the Department of Disaster Management (DODMA) and from UN side – by the UN Resident Coordination Office. There is no OCHA presence in the country.

Advocacy: UNICEF has engaged in advocacy with government, donors and partners for policies and actions that ensure a strong response and service continuity.

The Ministry of Health (MOH) has endorsed guidelines for use of public face masks. UNICEF in collaboration with DFID is planning to make these masks made available in all peripheral locations and HSAs, for the community to take one for themselves before they approach the HSAs for consultations. Given the shortage of PPE, this is a valid solution to protect HSAs from acquiring COVID-19 from a visiting patient. This has gained support from the Directorate, and presently UNICEF is engaged in the advocacy to ensure the Health Cluster members support this initiative so that production of the community masks at larger. Meanwhile, UNICEF proposed to donors to support the production and distribution of at least a million community face masks. A guidance was issued by the MOH on 30th April on the use of community face masks.

UNICEF started a solid engagement with the Ministry of Local Government and Rural Development as well as Local institutions and Civil Societies strengthening the coordination between District and Central Government, consequently helping us to put people's voices at the heart of our COVID-19 shifting the power imbalances towards an effective decentralization approach

Communication for Development (C4D)/Risk Communication and Community Engagement (RCCE) – internal and external: The RCCE interventions were initiated very early alongside screening at points of entry. Materials developed by UNICEF C4D team in collaboration with the Health Education Section of the MoH and WHO have been an instrumental part of the RCCE work. Therefore, UNICEF scaled up this work in collaboration with the Ministry of Health and Ministry of information in the RCCE and C4D UN/NGOs working group. The following key activities have been part of it:

- Mobile solution (smart phones distributions) to districts in coordination with the key ministries (Local Governance, Information and Technology, Gender)
- Rapid Knowledge, Attitude and Practices (KAP) which were conducted in phases and thematically e.g.:

- Phase 1: KAP focusing on risk communication and misconceptions.

- Phase 2: Psycho-social care (focusing on mental health, violence, discrimination)

- Phase 3: Education (remote learning)

- Phase 4: Other activities

- **U-Report:** As part of risk communication and community engagement, U-Report has developed content for coronavirus for the U-Report chatbot that is used to provide correct COVID-19-related information to young people and other users in communities across the country. The service uses an SMS short code 1117 and the search word CORONAVIRUS.

Rapid Gender Assessment of COVID-19 Response

UNICEF has been part of the inter-agency work on gender integration in COVID-19 response where a rapid gender assessment of the COVID-19 response has been done to identify gender, gender-based violence and sexual exploitation and abuse related issues. Global research findings have shown that COVID-19 has significant social and economic impact on people, especially those living in poverty-stricken countries. Malawi is at more risk due to other significant health challenges that would exacerbate the severity of COVID-19, such as high levels of malnutrition, malaria, anemia, HIV/AIDS, and tuberculosis. For women and girls, the impacts can be much higher due to their social responsibilities as primary caregivers, coupled with childcare and nutrition and farm work. Efforts have also been made to orient implementing partners and clusters on GBV and sexual exploitation and abuse integration.

3.2.4. Supply Management

The global nature of the COVID-19 pandemic posed supply constraints for key products required for the response including key screening, diagnostic, medicines protective equipment and consumables. The novelty of the disease also meant that many of the diagnostic capabilities were being developed from scratch across the globe with unknown reliability and no established performance standards. At global level, UNICEF has now been mandated by the UN to lead the procurement of PPEs for COVID-19. Thus, many partners who pledged their support to this response are choosing UNICEF as their procurement partner. This has called for agility in supply and procurement operations including consideration for local procurement of PPEs, and increased coordination mechanisms among all supply chain partners. Four large procurement calls worth approx. \$9.8million are currently being processed by UNICEF Malawi on behalf of Malawi government and donors. The three procurement requests are the DFID (approx. \$600,000), the Health Sector Joint Fund by KfW/Germany government and Norwegian government (approx. \$2.4 million), GAVI (approx. \$3.3 million) and the World Bank (approx. 3.5 million). The DFID order is being processed through direct procurement by UNICEF Malawi office while the other three is through procurement services by UNICEF Supply Division. The procurement and supply chain landscape remained unprecedentedly challenging. The key challenges are the global shortage of raw materials for PPEs, increase safety and inspection measures and the limited freight/transport options due closed borders. UNICEF has developed a National Tracking Tool for COVID-19 Supplies and Equipment, which has been shared with and adopted by the MOH.

Local Procurement of PPE: Malawi had a late response to the COVID-19 emergency, thus when the first case was reported on 2nd April 2020, there was an urgent need to have the COVID-19 supplies especially the PPEs received in country as soon as possible. UNICEF Malawi supply team and the MOH undertook a Local Market Analysis for possible local procurement of PPE, this included an assessment of the local suppliers and supplies in country and prequalified a few that met the evaluation criteria which is in line with global standards. As at the end of April 2020, UNICEF in collaboration with the MOH, has distributed UK Aid-funded, locally procured Personal Protective Equipment (PPEs) worth approximately US\$ 314,000 to the districts in Malawi. The PPEs include surgical masks (16,800 pieces), N95 masks (18,760 pieces), latex gloves (600,000 pieces), heavy-duty gloves (1,000 pieces) and gumboots (1,500 pairs).

International Procurement: UNICEF has positioned itself as a trusted partner to the MOH and other actors working on COVID-19. This includes the Health Sector Joint Fund, the World Bank, IMF, GAVI, and DfID among other major partners. Partners are requesting UNICEF to procure PPEs on their behalf from the global market. To this end, UNICEF SD is embarking on a \$12 million procurement pooled from the above partners to procure PPEs. The unprecedented supply challenges continue to evolve. Markets remain volatile, with concentration primarily still limited to China. The situation is further complicated by new regulations just issued by Chinese authorities ('Announcement 12'), certificate of export requirements, limited air freight options, and suppliers'

lack of liquidity to gear up production– all of which is having an impact on securing and getting goods out of China. To address these challenges, UNICEF in support of market diversification, is also exploring opportunities for initiating production in other countries – with support of ECAR and ROSA and is working with manufacturers in China to secure waivers after their supplies have been evaluated pre shipment.

3.2.5. UNICEF Pillar Coordination

UNICEF's work is planned on 3 key pillars: Early Childhood, School-age children, and Child-friendly, inclusive and resilient communities; the pillars are underpinned by Programme Effectiveness. COVID-19 is a health problem of emergency proportions with implications across the six domains of well-being for children that constitute UNICEF's mission: health and safety material, educational, subjective, behaviours and risks, and family and peer relationships. UNICEF MCO has constituted an emergency task team with the Deputy Representative as incident leader and the Health & HIV Section chief as incident manager, all section chiefs and key emergency focal points drawn from across the pillars to support planning, logistics, human resources, fundraising, partnerships, information management and communication, and provision of technical support to government and partners.

The objective of cross-pillar coordination is to ensure an optimal and concerted response to the emergency that builds on team synergies and the comparative advantages of individuals, sections, and pillars cross sectoral programming with the ultimate goal of bridging the humanitarian and development nexus protecting service continuity for essential services for children and mitigating the direct effects on the epidemic.

Within UNICEF emergency task team, this has necessitated the re-organisation into 3 interacting teams- a COVID-19 emergency team working on the government and UNICEF's direct response to the epidemic and managing emergency-related grants, a routine programming team working to deliver on the Country Programme Document priorities in the annual work plan under existing grants, and a service continuity team working on health service modification and innovations and service monitoring.
