

# TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS/ CONTRACTORS



<b>Title: National Senior Evaluation Consultant for the conduct of “In the Middle of Action Rapid Evaluation” (MARE) of the COVID-19 Response in Sierra Leone</b>	<b>WBS/Funding Reference/Activity/IR:</b>  3900/A0/08/885/001/008	<b>Type of engagement</b>  <input checked="" type="checkbox"/> Consultant  <input type="checkbox"/> Individual Contractor	<b>Workplace of Consultant:</b>  Freetown, Sierra Leone (including travel to districts)
<b>Grant: non-grant</b>  <i>Enter PBA Code</i>	<b>GL Account:</b>  <i>Enter GL Account Code</i>	<b>Fund ID:</b>  <i>Enter Fund Code, e.g. SC160168</i>	

## Background

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

As part of its engagement to halt the COVID-19 pandemic, UNICEF has supported national governments in developing a series of strategic response plans at multiple levels (global, regional, national). All such plans have a common feature: they are equally aimed to reduce the (i) health and (ii) socio-economic impacts of the crisis, as spelled out in the COVID-19 Response Theory of Change (Annex 1), developed by the Evaluation Unit of the UNICEF Regional Office for West and Central Africa (WCARO). More specifically, the responses rolled out on the ground by national governments, UNICEF and their global, regional and in-country partners seek not only to reduce morbidity and mortality and limit transmission and protect individuals from the exposure to virus, but also to curb the deterioration of human capital, human rights, social cohesion and livelihoods, increasingly observed across the West and Central African region. In Sierra Leone, UNICEF’s response is fully integrated within national response structures and plans.

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

- Health system strengthening (upgrading health facilities with oxygen supply and other medical equipment and supplies, training, etc.);
- Infection Prevention and Control (IPC);
- Monitoring and research (including epidemiological investigations);
- Rapid response;
- Risk Communication and Community Engagement;
- Social protection activities and other actions to limit the socio-economic impact of the pandemic;
- Support to maintaining basic social services (health, education, social welfare, protection (including justice

and law enforcement etc.);

- Strengthening government and UNICEF's humanitarian response capacity
- Strengthening coordination;
- WASH.

#### Government of Sierra Leone COVID-19 Response in Sierra Leone

The Government of Sierra Leone's COVID-19 public health response specifically aims to contribute to the prevention, detection and response to the threat posed by COVID-19 and strengthen the country's national systems for public health preparedness. This approach is outlined in the Government of Sierra Leone's National Covid-19 Preparedness Response Plan 2020 (please see plan attached).

To complement the public health prevention and response package, the Government of Sierra Leone has developed a short-term economic response to mitigate the economic impact of the COVID-19 shock on businesses, households and to maintain macro-economic and financial stability. The core objectives of the economic response are:

- To build and maintain an adequate stock level of essential commodities at stable prices;
- To provide support to hardest-hit businesses to enable them to continue operations, avert lay-offs of employees and reduce non-performing loans;
- To provide safety nets to vulnerable groups;
- To support labour-based public works; and
- To provide assistance for the local production and processing of staple food items.<sup>1</sup>

These response activities are funded by the Government of Sierra Leone, the European Union, DFID, Irish Aid, the Islamic Development bank, the World Bank, Global Fund, USAID/CED, the People's Republic of China, and more.

#### Justification

National Monitoring and Evaluation Directorate (NaMED) and UNICEF Sierra Leone, in close partnership with UNICEF West and Central Africa Regional Office (WCARO), seek to hire a National Senior Evaluation Consultant to better understand how to improve both the public health and the economic responses to COVID-19, while they are ongoing. More specifically, NaMED and UNICEF are interested in learning more what works and what does not about the current response delivery in order to: (i) reduce COVID-19 transmission; (ii) strengthen supply chain of drugs, equipment and other medical commodities for effective COVID-19 case management, while sustaining safe delivery of essential health and nutrition service; and (iii) support those in need of social protection, psycho-social support and protection measures. As a result, understanding the efficacy, coordination and effectiveness of the different response pillars (for more details see below) is key to improving the Government of Sierra Leone's COVID-19 response in order to better serve and benefit women, children, and the most at risk and vulnerable populations in Sierra Leone.

To this end, NaMED and UNICEF are planning to launch and co-lead the "In-the-Middle-of-Action Rapid Evaluation"

---

<sup>1</sup> Government of Sierra Leone National COVID-19 Quick Action Economic Response Package (QAERP)  
<http://www.statistics.sl/images/2020/Documents/GoSLCOVID19Quick-Action-Economic-Response-Programme.pdf>

(MARE). The National Senior Evaluation Consultant will work in a MARE evaluation team, supported by a National Junior Evaluation Consultant. The MARE is an innovative evaluation approach which builds upon two types of knowledge (explicit and tacit) that exist within any organization but are often not exploited as much as they should be. Explicit knowledge is generally well articulated, codified and shared, including through organisational procedures and activity monitoring reports. To the contrary, tacit knowledge encompasses the know-how derived from individual experiences and expertise of staff within an organization, which is often harder to identify and make accessible to all for the common good). The MARE approach aims to merge these two types of knowledge and intends to generate new knowledge and enhance organisational learning.

The WHO is in the process of conducting an Inter-Action Review (IAR) of the Government of Sierra Leone's technical pillars of the public health emergency response at the national and district level. The IAR is a one-time qualitative review of actions undertaken so far to respond to the ongoing emergency as a means of identifying gaps, lessons, and best practices in order to improve the response plan. The MARE will benefit from retrospective IAR findings across the pillars, and complement the findings by generating nuanced district and community level findings. The MARE will also engage with the pillar-level IAR action plans and evaluate progress over the three research phases.

### **Purpose and objectives**

The MARE COVID-19 response evaluation is expected to generate strategic and operational recommendations that will help NaMED, the Government of Sierra Leone, and the UNICEF Country Office (CO) as well as other in-country partners in Sierra Leone to put in place a response that is:

- More efficient;
- Better adapted or focused to children's, adolescents' and women's and men's needs;
- Able to ensure equitable access to basic services for the most disadvantaged children;
- Capable of strengthening community interventions to tackle crisis impacts.

As is the case for all other UNICEF evaluations conducted in West and Central Africa region (WCAR), this COVID-19 response evaluation will have two purposes: accountability and learning.

- With respect to accountability, this evaluation will provide both the entities funding and responsible for the response (vertical accountability) and the expected beneficiaries (horizontal accountability) with solid evidence on the extent to which the COVID-19 response attained or not its envisaged objectives (in doing so, the evaluation will also shed light on the unintended or unexpected effects of the response);
- With respect to learning, which remains the primary focus of this exercise, this COVID-19 response evaluation is expected to promote the generation of actionable and operationally relevant evidence that could help those managing the response to better understand what works and what doesn't with the ultimate goals to take corrective actions and make the necessary adjustments to enhance the quality and effects of the current COVID-19 response. Such newly created knowledge is also expected to inform the ability of the key response stakeholders to manage similar response programs more effectively and efficiently in the future.

Such recommendations are particularly expected to assist the evaluation Key Users in attaining their respective envisaged uses (Table 1). The evaluation Key Users include the UNICEF WCARO, NaMED, and UNICEF Sierra Leone

Country Office, the Government of Sierra Leone, the United Nations offices in Sierra Leone, other development partners, International Non-Governmental Organisations (INGOs) and national Non-Governmental Organisations (NGOs).

*Table 1: Users and Uses of the evaluation*

<b>Evaluation Users</b>	<b>Evaluation Uses</b>
<b>Government of Sierra Leone: Ministry of Finance; Ministry of Health and Sanitation; Ministry of Social Welfare; Ministry of Gender and Children's Affairs; Ministry of Planning and Economic Development</b>	By better understanding the effects of the COVID-19 crisis on access to basic social services, as well as in the area of child rights, the Government and its line Ministries will be able to refine their response strategies to reduce the negative impacts of the pandemic, with particular attention paid to children.
<b>UNICEF Sections Staff, CO and RO</b>	By better understanding the effects of the COVID-19 crisis on access to basic social services, as well as in the area of child rights, UNICEF CO and RO will be able to adapt their regular programmes to take account of the new context. By better understanding the contributions of the processes, mechanisms and effects of the COVID-19 response and the pandemic in general, the UNICEF CO in Sierra Leone will adjust and amend its response plan, both in terms of strategic and operational approaches
<b>UN and other Development Partners, INGOs and NGOS</b>	The evaluation will provide specific recommendations on how to enhance coordination of the responses and increase its efficiency and effectiveness. This will contribute to a more evidence-informed and coordinated response through the Response Pillars. The evaluation findings will enable the Pillars to better understand how effective their efforts to date have been from the perspective of the response beneficiaries, and to identify gaps that need to be better addressed. It will also identify the existing areas for improvement across the public health pillars, and between the public health response and the economic response.

While overlapping with the evaluation users, the primary stakeholders of this evaluation are:

- The Government of Sierra Leone institutions at the forefront of the COVID-19 response at the National Coronavirus Response Centre (NaCOVERC), namely:
  - o the Ministry of Health and Sanitation;
  - o the Ministry of Social Welfare,
  - o the Ministry of Gender and Children's Affairs;
  - o the National Commission for Social Action (NaCSA);
  - o the Anti-Corruption Commission (ACC);

- the Ministry of Finance; and
  - all response pillars under the Emergency Operation Centre.
- The National Monitoring and Evaluation Directorate (NaMED) under the Office of the President
  - UNICEF Sierra Leone and the UNICEF West and Central Africa Regional Office (WCARO) are also key stakeholders of this evaluation, in addition to the other UN agencies present in Sierra Leone.
  - All government development partners, including donors, INGOs, NGOs, and civil society, specifically those involved in the response and recovery, are stakeholders of this evaluation.
  - Last but not least, the citizens of Sierra Leone, the intended beneficiaries of the public health and economic recovery programs, are major stakeholders of this MARE.

## Objectives

The objectives of this evaluation are:

- To determine relevance, efficiency, effectiveness as well as the coverage, coordination and connectedness of the COVID-19 response in Sierra Leone, with a focus on children;
- To assess the extent to which the COVID-19 response has integrated equity and gender in its design, implementation and monitoring.
- To identify lessons learned about what worked and did not work about the national COVID-19 response programme, including its unexpected outcomes (positive and negative)\*;
- Identify good practices in terms of crisis response preparedness, management, monitoring and evaluation\*;
- To formulate key recommendations on how to improve the COVID-19 response performance and related implementation processes;

*\*In order to better identify and document lessons learned and good practices, the national consultant will be encouraged to use the specific Evaluation Technical Note on Lessons Learned developed by the WCARO Evaluation Unit.*

## Scope

### Thematic Scope

The evaluation will focus on some specific sectoral components of the response, and how they address the needs of children. Given the multi-level nature of the COVID-19 response, this evaluation will look at the strategies adopted, and interventions implemented, respectively at the national, regional/district level and community levels, as indicated in the table below:

Levels	Evaluation Focus Areas
<b>National Level - Public Health Emergency Operations Centre Response Pillars</b>	<b>Risk Communication and Social Mobilization Pillar:</b> This pillar leads COVID-19 risk communication response by coordinating the development and dissemination of consistent public messaging on COVID-19 and secondary impact, and facilitating

	<p>coordination of social mobilization and community engagement interventions, including through provision of standards, guidelines, and support to core approaches. The pillar comprises four sub-groups: Messaging and Materials; Monitoring and Reporting; Community Engagement; Media.</p> <p><b>Drugs and Medical Supplies Pillar:</b> This pillar coordinates the selection and distribution of drugs and other medical commodities to holding, isolation and treatment centres, to ensure uninterrupted availability of drugs and medical supplies.</p> <p><b>Psychosocial Support Pillar:</b> The overall role of the Psychosocial Support (PSS) Pillar is to provide leadership and offer guidance, feedback, and support to the process of designing, developing, coordinating, and monitoring psychosocial support (PSS) and protection-related interventions in the national COVID-19 response; and to ensure gender-mainstreaming across various government bodies in their response and mitigation to COVID-19.</p>
<b>National Level – Quick Action Economic Response Programme</b>	<b>Social Protection Pillar:</b> The Social Protection Pillar was set up under the QAERP, co-chaired by NaCSA and the World Bank. It is responsible for coordinating and delivering social protection services to the households who have been negatively affected or lost livelihoods to COVID. Targeted populations include extremely poor households, people with disabilities and informal workers in urban areas.
<b>Regional/district level</b>	The evaluation will look at how the selected pillars operate with District-level COVID-19 Emergency Response Centre (DCOVERC) and district level government MDAs, councils and wards; and coherence between DCOVERC activities and pillar strategy/work plans.
<b>Community level</b>	The evaluation will look at how the selected pillars operate at the community level, and how the pillar members engage with communities. This will include understanding what two way feedback loops exist, how effectively they are being used, and to what extent community voices are reflected in refining the pillar strategies.

#### Geographical Scope

The desk review to be conducted as part of this evaluation is expected to cover all the activities implemented as part of the selected COVID-19 response pillars nationwide. However, the data collection will concentrate on a smaller sample of intervention sites, namely:

- Western Area (Freetown, Waterloo);
- Port Loko (Lungi);
- Kambia (including Gbalamuya border crossing);
- Bo;
- Kenema.

Bo and Kenema have been selected as they both had a minimum of 100 confirmed cases per district as of the official Government statistics on August 4, 2020. They are also areas that are covered by COVID-19 related cash transfer programs. The districts selected also represent the four provinces of Sierra Leone, and Western Area, with a focus on points of entry to Sierra Leone, for example Port Loko, the district in which Lungi Airport is based and where arriving travelers were quarantined, and Kambia for the Guinea-Sierra Leone border crossing.

The consultant will employ a purposive or convenience sampling strategy due to movement and time restrictions.

#### *The level of Community Participation in this evaluation*

The communities that will actively contribute to the data collection and analysis of this evaluation will be either:

- Communities where the Government of Sierra Leone, UNICEF or its partners have rolled out activities as part of the national COVID-19 response;
- Communities that are likely to be involved in future response activities implemented by the Government of Sierra Leone and UNICEF and as part of the national COVID-19 response.

#### *Chronological Scope*

The COVID-19 strategies and interventions looked at by this evaluation will be those implemented between March 2020 and May 2021.

#### **- Criteria**

In order to fulfill its two purposes and achieve the intended objectives, this evaluation will be guided by 7 criteria: 6 OECD criteria and an additional one. More specifically, the evaluation criteria guiding the work of the evaluation team will include the following:

- Relevance, Effectiveness, Efficiency (development-related) <sup>2</sup>;
- Coverage, connectedness, coordination (emergency-related)<sup>3</sup>; and
- Gender, Equity and Human Rights

#### **Evaluation questions**

The MARE will contribute to answering a limited number of well-focused questions that are relevant to NaMED, UNICEF and other in-country stakeholders (see the background section presented earlier). It is expected that these questions (see an indicative list below) will be further prioritized and refined by the evaluation team in the

<sup>2</sup> For the sake of clarity, 3 of the OECD criteria (coherence, impact and sustainability) were not included since they are not relevant in the view of the chronological and thematic scope of this evaluation.

<sup>3</sup> <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

evaluation inception report.

**On the structure, relevance, coordination and approach of the response.**

- To what extent are resource allocation and implementation processes, roles and responsibilities clearly articulated and delineated within and across pillars; between national and district responses; and between the public health and economic components of the response?
- To what extent are national and district priorities and coordination aligned, in particular between the National COVID-19 Emergency Response Centre (NACOVERC) and District COVID-19 Emergency Response Centres (DCOVERC)?
- To what extent do the respective pillars effectively address the objectives set out for them in the National COVID-19 Preparedness Response Plan 2020, or subsequent documentation?
- To what extent do the respective pillars effectively coordinate with other pillars to ensure coherence of response and maximize the results?
- To what extent are the pillar structures and roles clearly documented and understood by pillar members and response colleagues?
- To what extent is there a complete set of pillar design, planning and monitoring documents available for each pillar and its partners?
- To what extent do the respective pillars and partners have capacity and resources to achieve the intended results?
- What are the lessons learned about the response from an operational and strategic standpoint?
- How should any gap between the reality on the ground and the expected strategic and operational results of the COVID-19 response be understood?
- To what extent are the respective pillars responsive to the COVID-19 related needs of citizens, in particular children?
- To what extent are the intended COVID-19 beneficiary groups clearly identified?
- To what extent do pillars ensure that they are relevant and engaging with, and learning from, citizens in Sierra Leone and addressing their needs on an iterative basis?
- What are the factors (internal and external to UNICEF) that most contribute to, or hinder, the (a) correct function of the response processes and mechanisms in place? and (b) attainment of the expected response results?

**On the effectiveness and efficiency of the response in terms of achieving results for the COVID-19 affected population with attention to children**

- To what extent do the pillars respond to emerging issues at the community level in an effective and efficient way?
- To what extent is the response considering and meaningfully addressing the primary and secondary needs of children?
- To what extent is the response achieving equitable results, enabling children to survive, develop and thrive without discrimination, bias, or favoritism? Is the response gender- and disability-inclusive?
- To what extent is the response reaching the most vulnerable populations, and ensuring equitable coverage across districts?
- What are the community-level perceptions of the Government response and its risk communication messaging?
- To what extent are communities aware of COVID-19 and the measures put in place by the Government to respond to it?



- To what extent do communities believe that the Government response is receptive to its feedback and needs?
- What are the unintended/unexpected (positive and negative) effects of the COVID-19 response in general and with respects to the Rights of the Child in particular?

### **Methodology and Technical Approach**

The evaluation will follow the in-the-Middle-of-the-Action-Rapid-Evaluation (MARE) approach. This is an innovative approach, developed by the Evaluation Unit of the Regional Office for West and Central Africa (WCARO), consists of a both simultaneous and sequential use of qualitative and quantitative methods (mixed methods). It is structured around six main phases: (i) Inception; (ii) Preliminary diagnostic; (iii) Identification of key factors influencing the response and of preliminary lessons learned; (iv) Intra-community Data collection; (v) Data analysis; and (vi) Dissemination. **Phases iii, iv and v will repeat three times during the evaluation process at an interval of 2 months. These three repeated processes are referred to as Modules.** Phase iv (intra community data collection) will build up and expand progressively over the three modules.

All field work will take place observing WHO and Government of Sierra Leone guidance on social distancing, meeting, and participants will observe handwashing and mask wearing protocols.

The detailed description of the MARE approach (Annex 2) can be summarized as follows, with the number of days required for each section outlined in the activities table below:

- **i) Inception phase:** this is the phase during which the MARE evaluation scope and questions are defined. This is also the phase during which the evaluation participants and other stakeholders (facilitator, rapporteur/evaluator) are identified and made acquainted with the approach so that they could better contribute to it;
- **ii) Preliminary diagnostic:** this phase allows a preliminary understanding not only of the way the COVID-19 response works (e.g. what are the key implementation processes and how each stakeholder feels about them) but also of the progress (if any) attained towards the expected results indicated in the response plans. The methods to be used during this phase include a desk review of relevant secondary data (SitReps, COVID-19 response progress reports, etc.) as well as strategic conversations (either over the phone or WhatsApp) with key response stakeholders.
- **iii) Identification of the factors impacting on the response and documentation of preliminary lessons learned:** this phase, which builds on the preliminary diagnostic phase, will encompass both remote interviews and focus group discussions with 15 of the most high-profile key informants (e.g. phone calls with key response management 2 and 4 months respectively after the first preliminary diagnostic). Given the risk of COVID-19 transmission, NaMED and UNICEF will expect the 2 evaluation consultants (please see details regarding the Junior Evaluation Consultant below) to use innovative data collection methods to perform data collection during this phase (for more details see Annex 2);
- **iv) intra-community data collection:** The intra-community data collection will focus on the experiences of children and their families to gauge the effect of COVID on their lives and to what extent the national

response meets their needs. Given the risk of COVID-19 transmission and to ensure active participation of adolescents and children, the MARE approach will undertake data collection approaches that can be carried out by the community members themselves led by community mobilizers or data collection agents already present in the communities. The data collection will also be supported by NaMED. The consultant will work with advisors in the RO Evaluation team to develop participatory community-based methodologies using innovative technological approaches.

- **v) Data analysis:** this phase will be conducted at the same time as data collection to ensure that the new findings, which emerge during the fieldwork, could inform in real time the focus of the data collection process, including the addition of new questions in the data collection tools. The two consultants will be required to perform a thematic content analysis of the data generated through the key informant interviews, the community data collection and any complementary qualitative methods. To this end, the consultants will need to share with NaMED and UNICEF the raw data as well as the detailed codebook, so as to enhance the replicability and scrutiny of the analytical process. In addition, the data collected will be the object of community-level validation as much as possible, in parallel to the analysis conducted by the consultant undertaking the evaluation. Given the participatory nature of this phase, the results of analysis will be shared with all stakeholders, not only the 4-15 response managers at the central level engaged during Phases 2 and 3, but also the members of the communities involved during data collection so that they could provide their feedback in the spirit of continuous exchange.
- **vi) Dissemination:** a short synthesis of finding, conclusions, lessons learned, and preliminary recommendations will be produced by the evaluation consultant towards the end of each one of the MARE modules and shared with all the interested stakeholders. A final report and presentation will also be produced after completion of the three modules.

Existing data and documents will be made available to the evaluation team by the evaluation manager at the start of the assignment. The consultants will submit a short inception report that will present their understanding of the MARE approach and summarize the elements deriving from the first two phases.

### **Evaluation team members**

The team undertaking the assignment will be made up of the following members:

- Two national consultants (one senior and one junior);
- Local enumerators or data collection agents;
- Community members themselves (including children and youth)

The **two national consultants** will participate in all stages of the evaluation process. The **Senior Consultant** will lead the evaluation, and will be responsible for developing research tools; coordinating and undertaking interviews; and will lead the analysis and report writing. The **Junior Consultant** will support with the desk review, support with the development of research tools; will coordinate and supervise the field data collection; and will develop community level analysis.

The **local enumerators or data collection agents** will support primary data collection and will be identified by NaMED and UNICEF , likely drawn from community- based organizations, Sierra Leonean universities; , supported

by NaMED.

**Community members** (children and youth) will engage in data collection through the engagement of community mobilizers.

#### - **Evaluation Governance**

The Evaluation Reference Group (ERG) will be made up of the following: at least three representatives from the key ministries involved in the response, 1 representative from WHO, CDC, UNICEF respectively, one representative from NaCOVERC, and an evaluation expert that is external to UNICEF, Government and the COVID-19 response. The ERG will be responsible for (i) discussing the content and implication of the Learning Briefs produced throughout this evaluation assignment; (ii) ensuring at major milestones that the implementation of the approach on the ground is aligned with the MARE objectives; and (iii) to resolve any conflicts emerging in the course of the evaluation process. The external party will ensure that an unbiased perspective is brought to the evaluation outcome and process.

Despite the innovative nature of the MARE approach, the professional standards and principles which the evaluation should abide by will not be different than those normally applicable to other evaluations conducted in the past. As a result, the COVID-19 response evaluation will be conducted according to the evaluation norms and standards of the United Nations Evaluation Group (UNEG)<sup>4</sup> and the UNEG Code of Conduct<sup>5</sup>. Furthermore, the two national consultants will follow the Guidelines on the “Integration of Human Rights and Gender Equality in Evaluations<sup>6</sup>” to tackle the gender, human rights and equity. In addition, UNICEF will pay particularly close attention to the conformity of the different deliverables - envisaged as part of this assignment - with the Geros standards<sup>7</sup>. Under no circumstances, UNICEF will accept deliverables that do not comply with these standards or aforementioned UNEG guidelines.

#### - **Activities, Tasks, Outputs and Deliverables**

The National Senior Evaluation Consultant will be hired for a period of 50 working days between November 2020 and May 2021. The National Senior Consultant will lead the MARE evaluation, and will be supported by the National Junior Consultant.

The consultant will work under the joint technical supervision of the National Monitoring and Evaluation Directorate and UNICEF (Regional Evaluation Unit and Country Office Evidence, Policy and Social Protection Section).

The consultancy assignment will be articulated around the 6 main phases of the approach, as described in the earlier methodology section. These three repeated processes are referred to as **Modules**. Phase **iv (intra community data collection)** will build up and expand progressively over the three modules.

- At the i) **inception phase**, the Senior Consultant will be responsible for conducting a desk review of available preparedness and response strategies and pillar documentation; will engage with the UNICEF Regional Office Evaluation Unit, UNICEF Sierra Leone, and NaMED; and will coordinate with key informants and stakeholders. The Junior Consultant will support with the desk review. The Senior Consultant will also develop an

<sup>4</sup> <http://www.unevaluation.org/document/detail/1914>

<sup>5</sup> <http://www.unevaluation.org/document/detail/100>

<sup>6</sup> <http://www.uneval.org/document/detail/980>

<sup>7</sup> <http://www.uneval.org/document/detail/607>

evaluation workplan in partnership with the Junior Consultant during the inception phase. The Senior Consultant is responsible for delivering the inception report.

- At the Pillar level, the Senior Consultant will lead engagement with the key informants, under the guidance of UNICEF and NaMED. During the **ii) preliminary diagnostic and iii) identification of the factors impacting on the response phases**, the National Senior Consultant will develop key informant interview and focus group discussion tools. The Senior Consultant will directly arrange and coordinate key informant interviews and online focus groups, and ensure that the Junior Consultant joins for one day of each module to develop key research skills and to support with note taking.
- At the **iv) intra-community data collection** phase, the Senior Consultant will work with the Regional Evaluation Unit and the Junior Consultant to develop key informant tools and focus group discussion guides, the delivery of which is the Senior Consultant's responsibility. The Senior Consultant will quality assure the Junior Consultant during the community level (non-participatory) research during Module 1. The Senior Consultant will also support with the development of the participatory data collection methods with the RO and Junior consultant, and oversee the first intra-community data collection process in Module 2, and quality assure the process with field visits during Module 3.
- The Senior Consultant will lead the **iv) data analysis** phase of each module, and is responsible for delivering the module reports and the final report. The Senior Consultant will develop the analytical frameworks and any codebooks required for analysis. The Junior Consultant will support these processes, specifically through supporting with analysis of community-level research. The Senior Consultant is ultimately responsible for the delivery of these reports.
- The Senior Consultant is responsible for phase **v) dissemination** of findings. The short lessons learned and key recommendations will be initially presented to UNICEF and NaMED, and a final draft will be presented to the ERG. The Senior Consultant will manage inputs from the Junior Consultant, which will focus primarily on community level lessons learned and findings. When finalized the Senior Consultant will work with NaMED and UNICEF to disseminate the findings to participants and stakeholders, including through an online presentation.

Activities	Indicative Timeline	Senior Consultant (# of working days)
<b>I. Preparatory phase</b>		
Preliminary interviews and inception meeting	November	3
<b>II. Preliminary Diagnostic</b>		
Desk review and elaboration of inception report	November	3
Submission of full inception report	November	2
Review of the inception report and integration of the Evaluation Reference Group inputs (ERG)	November	0
<b>III. Field data collection and analysis</b>		
Module 1: Data collection with Key-Informants (3 days), Community-level data collection (6 days), analysis and elaboration of synthesis (4 days)	November/December	13
Module 2: Data collection with Key-Informants (3 days),		

intra-community data collection, with participatory data collection in one community (9 days), analysis and elaboration of synthesis (4 days)	January/February 2021	16
Module 3: Data collection with Key-Informants (3 days), Intracommunity data collection with participatory data collection in three communities (4 days), analysis and elaboration of synthesis (4 days)	March/April 2021	10
<b>IV. Dissemination</b>		
Presentation of the key findings, conclusions, lessons learnt and recommendations	May 2021	3
	Total days:	50

- **Management, Organization and Timeframe**

**Duration**     Start date: 1 November 2020   End date: 31 May, 2021

**Timeframe**

Deliverables	Indicative Due Date	Duration* (Maximum # of Days)
Short inception report (max 15 pages) with data collection tools in the Annex (to be finalized before field data collection starts);	November	8
<b>Module 1 Report:</b> 2-page report summarizing the findings of the data collection, and synthesis all data collected during the module. To include a summary table (see annex below) synthesizing both the outcomes of the strategic conversations with the response managers and the findings of the field data collection	December	13
<b>Module 2 Report:</b> 2-page report summarizing the findings of the data collection, and synthesis all data collected during the module. To include a summary table (see annex below) synthesizing both the outcomes of the strategic conversations with the response managers and the findings of the field data collection	February 2021	16
<b>Module 3 Report:</b> 2-page report summarizing the findings of the data collection, and synthesis all data collected during the module. To include a summary table (see annex below) synthesizing both the outcomes of the strategic conversations with the response managers and the findings of	April 2021	10

the field data collection		
Presentation of the final synthesis report, key findings, conclusions, lessons learnt and recommendations.	May 2021	3
<b>Total:</b>		<b>50</b>

- **Budget and Remuneration**

	Units costs USD\$	Quantities	Amounts
Daily fees			
DSA			
Round trip (A/R)			
<b>Total cost</b>			

Deliverables and payment schedule:

Deliverables	Payment Schedule
Short inception report	10%
Module 1 - completion of all deliverables	25%
Module 2 - completion of all deliverables	25%
All remaining deliverables	40%
<b>TOTAL</b>	<b>100%</b>

UNICEF recourse in case of unsatisfactory performance: Payment will only be made for work satisfactorily completed and accepted by UNICEF.

**Conditions of Work**

- The consultant will be based in Sierra Leone;
- An International Team Coach (from the UNICEF Regional Evaluation Unit) will provide technical guidance to the evaluation team and ensure the quality of the design and management of the evaluation, and the delivery of the expected products in close collaboration with the other members of the team. She/He shall conduct the evaluation applying an approach that is conducive to the transfer of competencies to the national members of the evaluation team.
- UNICEF retains the right to patent and intellectual rights, as well as copyright and other similar intellectual property rights for any discoveries, inventions, production or works arising from the implementation of the services under this TOR. The consultant shall not communicate to any other person or entity any confidential information made known to it by the Government of Sierra Leone or its partners in the course of the performance of its obligations under the terms of this evaluation nor shall it use this information to private or company advantage. This provision shall survive the expiration or termination of this evaluation. The right

Mona Korsgard, Chief, EPSP	1 November 2020	31 May 2022	50
----------------------------	-----------------	-------------	----

to reproduce or use materials shall be transferred with a written approval of UNICEF based on the consideration of each separate case;

- The core reports will be issued by UNICEF and/or the Evaluation Reference Group for the evaluation noting in the acknowledgements sections institutions and persons who have made major contributions to their authorship. Consultants will provide UNICEF and/or the steering committee members with raw data, corrected/verified data once cleaned and programming files that permit replication of results from core evaluation reports;
- The data collected during the evaluation is the property of the UNICEF Country Programme and Government of Sierra Leone. Master versions of the data, coding protocols and programming code permitting replication of results of core evaluation reports will be kept by the programme. Copies of the data will be distributed to researchers with the permission of the evaluation steering committee with a view to helping to disseminate learning derived from the data sets.

Interested applicants are requested to submit the following documents:

- A CV summarizing the qualification and technical capacity of candidate(s);
- A Technical Proposal (max 5 pages) including:
- Timeline for deliverables specific to the Senior Consultant;
- Methodology and approach for deliverables specific to the Senior Consultant;
- Three relevant reports of evaluations that the consultant has been involved in conducting in the past, which the applicant has been a primary author of;
- A Financial proposal for daily professional fee in SLL

<b>Budget Year:</b> 2020	<b>Requesting Section/Issuing Office:</b> EPSP	<b>Reasons why consultancy cannot be done by staff:</b>  The assignment requires an independent consultant to ensure the integrity and independence of evaluation.	
<b>Consultant selection method:</b>  <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)  <input type="checkbox"/> Single Sourcing (exceptional, only in emergency situations, approval by Head of Office required)		<b>Request for:</b>  <input checked="" type="checkbox"/> New SSA  <input type="checkbox"/> Extension/ Amendment	
<b>Name (in case of single sourcing/extension):</b>		<b>Justification or Refer to NFR (in case of single sourcing/extension)</b>	
<b>Supervisor:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Number of Days (working):</b>

