

UNICEF WCARO

ANNEX A – TERMS OF REFERENCES – LRFPS-2020-9163779

Recruitment of an Evaluation Team to conduct the Formative Evaluation of acceleration strategies for achieving the Key Result for Children # 2 (Prevention of stunting) in Burkina Faso, Niger, Nigeria, Liberia, Mali and during the period 2018-2020 (including during the COVID-19 pandemic).

Duration of the consultancy: 3 months of work over a period of 7 months

I. Background

This multi-country assessment will focus on UNICEF initiatives implemented to both prevent stunting among children in the West and Central Africa region.¹ (such result is often defined as “Key Result for Children or KRC 2”) and realize the human right to health and to survival and development.

KRC 2 is defined as follows: “By 2021, 80% (74 million) of girls and boys under 5, especially those who are marginalized and those living in humanitarian settings, receive high impact nutrition services to prevent stunting” . This regional result is also closely linked to the achievement of another large-scale one, that of “maintaining the annual reduction in the rate of stunting to achieve in all the countries selected by 2021 the six global nutrition targets. established by the World Health Assembly for 2025”

The area of intervention is quite crucial as the lessons learned from the last 15 years show that no lasting results for children can be achieved without the reduction of stunting. Reduction (and prevention) of stunting is a key marker of development (or lack of it) which entails significant economic and societal costs over the long term. Moreover, even if the technical solutions and opportunities to face the challenge of stunting exist, they are not yet optimized. Hence not only the need to increase the speed and scale of interventions and investments in this area, but also the need to understand more systematically what works and what does not in the prevention of stunting.

This assessment will capture the complexity and plurality of interventions and strategies put in place in the field of prevention of stunting and will focus on the multisectoral and multidisciplinary approach which is now a pillar of the strategy adopted for the realization of the KRC2. Such an approach consists of: (i) ensuring good nutrition during pregnancy; (ii) promote exclusive breastfeeding for the first six months; (iii) offer frequent and diverse complementary foods in addition to breast milk after six months; (iv) prevent and treat micronutrient deficiencies; (v) promote hygiene and access to drinking water and (vi) promote early childhood development and cognitive stimulation.

¹The UNICEF Regional Offices for West and Central Africa together with the Country Offices formulated the Key Results for Children (KRCs) to achieve transformational change leading to the large-scale enjoyment of children's rights. children without distinction, as the region's contribution to the goals of the UNICEF Strategic Plan 2018-2021 and the ambitions outlined in the 2030 Agenda. The aim of KRCs is to catalyze change by harnessing transformational approaches, in a to accelerate progress towards the large-scale realization of children's rights, without distinction, in accordance with the objectives of the UNICEF Strategic Plan 2018-2021. KRCs are formulated in the form of quantified results statements,

To do this, the evaluation will address important questions on the 'why' and 'how' of KRC 2 interventions by 2021, based on the verification of the corresponding key indicators, as follows:

1. The number of girls and boys receiving two annual doses of vitamin A (SP 1.16.);
2. The percentage of infants under 6 months fed exclusively with breast milk;
3. The percentage of children fed with a minimum number of food groups;
4. The number of countries with a budgeted plan to phase out water and fluids to help increase the rate of exclusive breastfeeding;
5. The number of countries with a budgeted plan to improve dietary diversity.

In view of the significant disparities in terms of population size, economic development and health and nutritional status in the region, the countries of the West and Central Africa region (WCAR) have declined to implement a “universal” approach and have thus further adapted all of the proposed interventions to each of their contexts, on the basis of the analysis of determinants and coverage. For example, UNICEF WCARO has adopted the lifecycle approach to specifically address the specific needs of different age groups of children. In the case of stunting, the interventions that have the greatest impact² are those implemented during the 1000 days from the start of pregnancy to the first two years of the child's life, this period being the window of opportunity to prevent and reduce stunting.

It is exactly on these types of interventions that the evaluation will focus.³ As such, most interventions will focus on the following strategies :

- Prevention of iron deficiency anemia in pregnant women and adolescent girls (girls and boys aged 10 to 19);
- Prevention of iodine deficiency ;
- Promotion and protection of early and exclusive breastfeeding for the first six months and continuation of breastfeeding for up to 24 months or more;
- Improving complementary feeding practices by providing age-specific education and counseling on Appropriate Infant and Young Child Feeding (IYCF), with an emphasis on promoting dietary diversification and maximizing the use of locally produced foods;
- Vitamin A supplementation for children 6 to 59 months
- Zinc supplementation for children 12 and 59 months
- Prevention and management of acute malnutrition in children under 5
- Interactive feeding and cognitive stimulation

However, to accelerate the prevention of stunting, it is important to look beyond the immediate causes of malnutrition and address the structural causes of child stunting and development. In the context of WCAR, this means engaging more with policymakers and the media and considering complex resilience programs that link short-term interventions and long-term development programs, including adaptive mechanisms. social protection (this also requires systematically taking into account the gender and specific needs of adolescents). KRC # 2 will then be translated into programming at the level of the different countries through six key strategies:

Strategy 1 - EVIDENCE AND DATA AT THE CENTER OF PLANNING, EFFECTIVE IMPLEMENTATION, KNOWLEDGE GENERATION AND ADVOCACY

An equity-focused situation analysis on the nutritional status of women and children is the foundation for national level advocacy and nutrition programs. It forms the basis for recommendations to government, UN agencies and civil society on concrete steps that can be taken to realize the rights of women and children. Since optimal nutrition is the result of specific and nutrition-sensitive inputs, a situation analysis must necessarily use the conceptual framework to analyze

² Evidence for the effectiveness of specific and nutrition-sensitive interventions is compiled by WHO in its electronic library of evidence for nutrition actions (eLENA).

³ It is recommended that all these interventions be implemented, on a large scale (90% coverage) at the national or decentralized level, among the affected communities, and that the dimensions of equity and gender be specifically addressed also through the adaptation of field activities.

the potential contribution of sectors beyond nutrition, including health, WASH, early development, agriculture, social protection and education.

Strategy 2: Improving governance and accountability: mobilizing political leadership

Despite political commitments and declarations, limited accountability for nutritional outcomes is noted in the region. It is a bottleneck for an enabling environment for economic and public finance policies, strategies, financing, regulations and decisions, all necessary to ensure coverage of nutrition interventions. To overcome this bottleneck, UNICEF engaged with civil society and parliamentarians to foster a culture and accountability framework for advocacy, resource mobilization and results monitoring. The workshops have been successfully conducted throughout the region and the materials used are available.

UNICEF also supports the capacity building of regional organizations (ECOWAS and ECCAS ecosystems), the African Development Bank Group and related platforms on leadership in nutrition; advocacy to include nutrition in their work; and formulation and implementation of regional policies. The aim is to provide advice and support to countries at the political level, within line ministries.

Networks and platforms of regional bodies play an interface role in disseminating, at country level, relevant global guidelines and tools through regional consultations (for example, new guidelines on BHI (WHO / UNICEF) , the UNICEF guidelines on breastfeeding counseling and the UNICEF program guidelines on improving infant feeding).

UNICEF has partnered with the African Nutrition Leaders (ALN) to engage with decision makers at the national level.

Strategy 3: Break with previous vertical approaches

Through the line ministries and towards a broad and coherent approach, accountability and leadership at the level of the local administrative authority is strengthened. This involves a set of multisectoral community-based interventions - including both service delivery / delivery and behavior and social change - and a system of professional community workers. This strategy is merged with the “Child Friendly Community” (CFC) approach which is being rolled out gradually and is supported by the highest level of UNICEF. This strategy is supposed to lead to 3 important results :

- Reducing the geographic size of the program to a level that allows for effective program management. Experience shows that progress occurs faster and more frequently in small countries than in large ones. For example, some provinces or states in the DRC or Nigeria are larger and more populated than many countries in the region, but do not benefit from an equivalent level of resources to manage the program;
- Promoting the responsibility and ownership by local or elected authorities and communities as they are closer to beneficiaries and rights holders;
- Increased control over numbers and individual longitudinal follow-up from pregnancy at 23 months through childbirth and infancy.

The establishment of breastfeeding/infant and young child feeding support groups to promote best practices among pregnant and lactating women with children under 2 years of age is another priority approach at the community level. These support groups are facilitated by community-based health workers and volunteer resource persons. Currently, some countries are also working with municipalities to integrate nutrition and other social sector interventions into municipal development plans in order to mobilize local financing for these sectors.

Due to the increasingly decentralized nature of government in countries of the region, collaboration with local authorities has become increasingly important in terms of scaling up interventions. For scaling up nutrition interventions, district / provincial governments need a local nutrition plan, with activities and a budget.

At the health system level, an analysis of the determinants of malnutrition in the region reveals the importance of intensifying a set of context-specific and nutrition-sensitive interventions in the same geographic areas (geographic convergence) in order to achieve the projected reductions in stunting:

- When diarrhea and malaria are major contributors to mortality and stunting, nutrition-specific interventions should be accompanied by efforts to prevent and control and treat diarrhea and malaria, and improve water supplies, drinking water and sanitation (end of open defecation) in the same geographical areas and to improve hygiene behavior. Effective programming requires cross-sectoral collaboration with WASH, Health and C4D, to ensure that communities have access to and demand for these services, and that individuals adopt healthy behaviors. In these settings, treating children with severe acute malnutrition should be part of an integrated effort to treat
- In countries / regions with goals / targets to increase the proportion of births by skilled personnel, early initiation of breastfeeding promotion of exclusive breastfeeding should be encouraged and be part of the neonatal care program;
- It is also important to take advantage of every opportunity to integrate nutrition at all points of contact in the health system: 1) curative services, 2) maternal nutrition in the prenatal consultation of pregnant women, 3) growth promotion and monitoring in the consultation of the healthy child, 4) Vitamin A supplementation coupled with vaccination, etc.
- Where strong systems exist to deliver routine antigens, high dose vitamin A supplements should be given in conjunction with measles vaccination and where efforts are made to reduce dropouts, strategies such as " reach each district / child, represent opportunities to integrate vitamin A supplementation and deworming into local services;
- In view of the high population growth that is slowing the achievement of results in improving nutrition indicators, the family planning program needs to be strengthened.
- When there is strong demographic pressure (eg DRC and Nigeria), the minimum package of specific nutrition interventions can be further contextualized by categorizing the different provinces according to their load and their coverage.

Strategy 4: Engage with all relevant ministries and stakeholders to benefit from a nutrition sensitive contribution

The contribution of many sectors is important in successfully reducing stunting. The accelerated and lasting reduction needed to counteract population growth will only be possible if all the efforts of all relevant sectors are united. The vertical structure of line ministries within government is an obstacle to multisectoral convergence, but UNICEF needs to consider using the power of influence of civil societies, parliamentarians and the government focal point Scaling Up Nutrition:

- Nutrition-specific results and indicators included in the national policy or strategy document;
- Nutrition-sensitive sector indicators included in the results framework of the national nutrition program and monitoring indicators; and
- Resources required, both financial and human.
- Governments should establish supra-ministerial multisectoral coordination platforms to facilitate the monitoring of the implementation of the Common Results Framework for Nutrition.

Strategy 5: Communication for Development (C4D), evidence-based to eliminate water in the diets of infants under 6 months and improve dietary diversity for children aged 6-23 months.

Data show that giving water to infants under 6 months of age is the biggest barrier to a high level of exclusive breastfeeding in most countries. The recommended approach is therefore to focus the behavior change communication effort on strategies that eliminate water and fluids in infant breastfeeding before the age of 6 months. Likewise, the low consumption of foods of animal origin by young children aged 6 to 23 months is the main reason for the low rate of dietary diversity. Communication for development is useful in helping to deliver correct messages,

It is recommended to move away from generic nutrition messages, which have not proven effective to date, to more comprehensive C4D approaches. To this end, C4D activities should facilitate the adoption of exclusive breastfeeding up to six months and continued breastfeeding up to 24 months; they should also contribute to improving the dietary diversity of infants and young children at individual, family and community levels.

Country communication for the development strategy should be aligned with existing national strategies where possible. It should take into account the priority group, the influencers, the behavioral determinants (barriers and facilitators) that could prevent or encourage the adoption of a positive behavior.

Strategy 6: Innovation

Technologies for Development (T4D) provide real-time data, both on the supply and demand side, with particular emphasis on strengthening decentralized monitoring. Efforts are underway to develop national nutrition information systems in countries in the region. Countries are integrating nutrition indicators into routine health information systems using technology (eg RapidPro, DHIS tracker). Countries are using technology to overcome constraints in the health system, such as the use of tablets to report stockouts of essential products such as RUTF and vitamin A.

The application of these strategies varies among the countries covered by this assessment, as described in the table below.

Table 1: Key strategies at the level of each country involved in this assessment

	Strategy 1	Strategy 2	Strategy 3	Strategy 4	Strategy 5	Strategy 6
Burkina Faso	x	x	x	x	x	x
Liberia	x	x	x		x	
Mali	x	x	x	x	x	
Niger	x	x	x	x	x	
Nigeria	x		x	x	x	

For results achieved at national for each of the countries involved, please see Annex 1 on specific national information and evaluation contexts

II. Objectives, Purpose and Expected Results

2.1 Purpose

This evaluation has two main purposes: accountability and learning.

- As for the accountability goal, this evaluation will report on the results (planned or not) that were achieved by the KRC # 2 acceleration strategy, with donors (vertical accountability) as well as the expected beneficiaries of the programs that make up the subject of this assessment (horizontal accountability).
- As for the purpose of organizational learning, this assessment: (below just a few suggestions)
 - will inform the development by the section “Nutrition” of the regional office and each Country Office of the new regional and national strategy); and
 - will guide UNICEF to better replicate the most effective and efficient intervention models in other intervention areas.

The intended users and uses of this evaluation, which are listed in Table 3 below, will be the primary recipients of the recommendations made by the evaluation team at the end of this mandate. Each of the recommendations will be expected to assist key users in achieving the appropriate evaluation use for them.

2.2 Objectives

The Objectives of the evaluation are:

1. To determine the relevance, coherence, efficiency, effectiveness, impact and sustainability of stunting prevention strategies (KRC2) to contribute to the survival and development of each child;
2. To identify lessons learned about what worked or not during the implementation of the regional strategy and key interventions, including unintended results (positive and negative);
3. To identify good practices in the prevention of stunting and interventions on malnutrition;
4. To make key recommendations on how to improve the implementation processes and performance of the strategy and key interventions as part of a continuous learning process;
5. To determine to what extent the regional strategy and key interventions have integrated equity and gender in their design, implementation and monitoring.

2.3 Expected Results

This evaluation is expected to generate recommendations that will help UNICEF Country and Regional programme staff (primarily nutrition but also child protection and emergency with respect to multi-sectoral convergence and joint action plans), as well as other in-country partners (see Table 2 below) to adapt the implementation of the WCAR KRC#2 strategy to the emerging and country-specific needs in this area. For instance, the evaluation will seek to come up with recommendations on how UNICEF and its partners could:

- enhance equitable access to basic services for the most disadvantaged children;
- accelerate results to reach the 2021 KRC#2 results in the region and in each country;
- improve the sustainability of programme results;
- contribute to the KRC#2 theory of change and a mutual accountability framework to reach the most disadvantaged children;

III. Description of the assignment

3.1 Evaluation Scope

Thematic scope

More specifically, this evaluation will focus on the following aspects of the stunting prevention program and interventions (by level):

Burkina Faso

- a. **At the national level:** The evaluation will proceed to an analysis of policies and strategies, legislation and how they contribute to the effective prevention of stunting. It will assess the effectiveness of nutrition coordinating bodies and partnerships, SUN national networks, multisectoral collaboration and the financing of specific and sensitive nutrition interventions.
- b. **At the sub-national level:** The evaluation will assess the coverage of specific and nutrition-sensitive programs and the partnerships, as well as the quality of specific and nutrition-sensitive programs and the analysis of national capacities in nutrition
- c. **At the community level:** The evaluation will look at the coverage of the integrated package for the promotion of infant and young child feeding at the community level and the level of activity implementation by community-based health workers (in terms of coverage , quality and effectiveness). It is also intended that the evaluation

provide a mapping of other community actors implementing nutrition-related community-based interventions (Promotion, ANJE counseling, WASH, cognitive stimulation, Prevention of malaria, anemia etc., community diagnosis and dialogue, distribution of micronutrient powders, ANJE in emergency situations, etc.) and identify possible linkages not only at community levels, but also at sub-national and national levels.

Liberia

- a. **At the national and sub-national level:** The evaluation will assess the coverage of specific and nutrition-sensitive programs and the partnerships, as well as the quality of specific and nutrition-sensitive programs and the analysis of national capacities in nutrition
- b. **At community level :** The evaluation will look at the coverage of the integrated package for the promotion of infant and young child feeding at the community level and the level of activity implementation by community-based health workers (in terms of coverage , quality and effectiveness).

Mali

- a. **At the national level:** The evaluation will assess the effectiveness of multisectoral coordination and partnerships, advocacy strategies, internal and external resource mobilization strategies and the effective inclusion (and consideration) of stunting reduction and prevention strategies in national health plans and budgets
- b. **At the sub-national level:** The evaluation will assess coordination mechanisms, the supply and quality of services to combat stunted growth, the access to, use and coverage of stunting prevention services. It will also look at whether regional and local authorities have the adequate HR skills/capacities to provide quality services and products and inputs for tackling stunted growth and to which extent stunting prevention services have been integrated with other services for pregnant women, infants and young children
- c. **At the community level:** The evaluation will assess the supply and quality of stunting prevention services, the use (including access and coverage) of stunting prevention services and the level of skills and capacities available to provide quality services.

Niger

- a. **At the national level:** The evaluation will assess the relevance of UNICEF strategies and approaches to the Niger context and needs as well as their alignment with the Government of Niger's National Nutrition Security Policy. In addition, the evaluation will have a closer look at the support provided by UNICEF to foster multisectoral coordination and strengthen national capacity to plan, legislate, and budget for scaling up nutrition interventions aimed at addressing stunting.
- b. **At the sub-national level:** The evaluation will assess UNICEF's approach to supporting the delivery of nutrition-specific interventions and nutrition-sensitive approaches. In addition, the evaluation will assess the coverage of key cost-effective nutrition interventions as well as their scalability and sustainability.
- c. **At the community level:** The evaluation will assess UNICEF's approach to empower children, caregivers and communities for the adoption of improved care practices. The evaluation will also look at the extent to which the C4D component has been leveraged to drive sustainable behavior change on infant and young child feeding practices at community level and the communication platforms used as well as key messages and the involvement of community networks.

Nigeria

- a. **At the national and sub-national level:** The evaluation will focus on coordination and governance mechanisms within the Nutrition Sector (for government, partners) and to which extent the interventions addressing stunting have been owned and supported (financially, in terms of supplies and human resources) by the Federal Government and the State Nutrition Committees. In particular, the evaluation will identify key challenges,

recommendations and lessons learned in the implementation of activities aimed at addressing stunting and explore shared value between the private and public sector to increase access and improve diet of children.

- b. **At community level:** The evaluation will assess the demand for activities and use of nutrition services at community level. It will identify to which extent the Local Government Authorities have been able to mobilise support (financial, supplies, human resources) for interventions, and identify ways to improve and increase capacities.

Geographical scope

The documentary review will cover all the actions implemented in all the communities in the following two countries: Liberia and Niger as well as in the other Country Offices which have elected KRC2 as a priority target (12 countries: Niger, Congo, Mali, BF, Mauritania, Senegal, Nigeria, DRC, Togo, Ghana, Guinea and Cameroon). However, data collection will only be planned for Nigeria, Liberia, Mali, Burkina Faso and Niger (capital and limited number of regions / provinces). The exact number of regions / provinces and sites to be visited will be determined by the evaluation team in the technical tender in accordance with the chosen sampling strategy (this strategy should provide robust evidence). Please see below table for more details.

Chronological scope

Evaluation will cover all activities of the program to be evaluated implemented between 2017 and 2020.

Please summarize all information in the table below.

Table 4: Evaluation Scope

Country	Thematic scope	Geographical scope	Chronological scope
Liberia	All activities implemented as part of Phase 1 Programme (2017 -2019) and Phase 2 Programme (since April 2020).	The evaluation will cover a selection of national subnational and community locations to ensure representativity and applicability of findings at national level.	January 2017 – November 2020
Niger	The evaluation will focus on the creation of an enabling environment at national level for stunting reduction and the delivery of nutrition-specific interventions and nutrition-sensitive approaches during the critical 1,000 days window of opportunity from pregnancy to 24 months of age in the target regions	The evaluation will cover the national level and the two regions that are most affected by stunting in Niger (Maradi and Zinder)	January 2018- December 2020.
Nigeria	Activities implemented as part of the infant and young children nutrition in the first 1000 days of life, maternal nutrition and anaemia prevention during pregnancy, adolescent nutrition IFA supplementation for boys and girls for optimal development of bone marrow and anaemia prevention, coordination mechanisms and funding from government and stakeholders as	The evaluation will cover a selection of national subnational and community locations to ensure representativity and applicability of findings at national level.	2017-2020

	well as private sector opportunities and engagement.		
Mali	The evaluation will focus on strengthening the supply of stunting prevention services at the level of health centers and at the community level, strengthening the capacities of actors at the central, intermediate and peripheral levels, and mechanisms for multisectoral coordination of nutrition. It will focus in particular on the performance of stunting prevention interventions in the five areas mentioned above.	Bamako (central structures involved in policies and strategies to reduce stunting) and regions of Ségou, Mopti, Sikasso and Gao	2018 - 2020
Burkina Faso	Activities implemented as part of the Breastfeeding and complementary feeding, nutrition for pregnant and breastfeeding women, WASH, Cognitive stimulation, maternal nutrition through prenatal consultation services in public health facilities, small-scale adolescent nutrition, vitamin A supplementation, deworming and screening for acute malnutrition as well as more generic health programs	<p>The evaluation will cover a selection of national subnational and community locations to ensure representativity and applicability of findings at national level.</p> <p>Whilst community engagement and C4D activities have been held at national level through health and social promotion centers and identified 17,688 community-based health workers, some interventions have a more regional focus through health districts, mainly in the following regions: Central Plateau, East, Central North, Cascades, South West, Sahel and North (some targeted health districts and villages);</p>	January 2018 – November 2020

3.2 Evaluation Criteria and Questions

The evaluation will be guided by seven criteria: six OECD / DAC criteria (including relevance, coherence, effectiveness, efficiency, impact and sustainability)⁴ as well as an additional criterion on gender, equity and human rights.

The evaluation team will need to answer the following questions in order to achieve the purpose of this evaluation. The questions were developed jointly by the Regional Office and the UNICEF Country Offices. However, the evaluation team may review the questions in the technical proposal and, if recruited for the mandate, finalize them in collaboration with UNICEF staff and possibly other evaluation stakeholders.

⁴ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

1. Relevance

- 1.1. To what extent have the interventions in the field responded to the identified needs of the target populations, taking into account the changing needs of changing situations (security emergencies, health crises such as COVID19, etc.)?
- 1.2. To what extent are field interventions aligned with regional and international recommendations for the prevention and treatment of malnutrition?
- 1.3. To what extent were the different monitoring and evaluation strategies adapted to measure the results of the approach? And how could they be improved?
- 1.4. To what extent has the technical support provided by the UNICEF Regional Office been adapted to the needs of country offices and government counterparts and how could it be improved?

2. Consistency

- 2.1. To what extent are the interventions carried out under KRC2 compatible with other interventions carried out in the field of nutrition as well as with the nutritional situation in the country within each country?

3. Efficiency

Common questions for all countries concerned by this assessment

- 3.1. To what extent have the interventions produced the expected results in accordance with the plans of each of the Country Offices involved as well as within the Regional Office?
- 3.2. To what extent has the approach contributed to the achievement of targets set for Key Result for Children (KRC) # 2?
- 3.3. What are the factors (inside and outside UNICEF) that have contributed to the achievement of the envisaged objectives of the interventions?
- 3.4. What are the factors (inside and outside of UNICEF) that have prevented the achievement of the planned objectives of the interventions? What corrective measures, if any, have been adopted to mitigate the challenges encountered (for example to adapt the program to the context of covid19)?
- 3.5. To what extent did the interventions meet the expectations of communities and partners (please indicate better country by country)?
- 3.6. What are the unexpected effects (positive or negative) of the interventions on the ground in each of the countries concerned?

4. Efficiency

Common questions for all countries concerned by this assessment

- 4.1. For each of the areas of intervention of the programs, to what extent are the financial, human and property have been:
 - Sufficient (in terms of quantity) in relation to the needs identified and the expected results?
 - Adequate (in terms of quality) in relation to the expected results?
 - Deployed on time?
 - flexible to respond to unforeseen needs (COVID19 crisis or civil insecurity, etc.)
- 4.2. To what extent have the program implementation strategies undergone variations / adaptations from one country to another in order to reduce costs?
- 4.3. What are the main factors influencing the cost-effectiveness of the implementation?
- 4.4. Were there other alternative strategies that could have been put in place to achieve the same level of results, but at a lower cost?

5. Durability

Common questions for all countries concerned by this assessment

- 5.1. In Qhat measure beneficiary communities and institutional partners (including national governments, United Nations agencies, other development partners), have appropriated the approach and its achievements?
- 5.2. What are the main factors that have influenced the acceptance of beneficiaries and other stakeholders to adopt the approach?
- 5.3. What arrangements are made to include the interventions in the national multisectoral nutrition strategy in each country?
- 5.4. To what extent have program activities been replicated by government and other partners?
- 5.5. How has UNICEF put measures in place to ensure that activities funded by the Malnutrition Prevention and Response Program continue in the future without UNICEF support?

6. Human rights, gender and equity

- 6.1. To what extent interventions systematically take into account human rights, gender equality and equity considerations when:
 - Design,
 - Planning and
 - Implementation ?
- 6.2. To what extent have the interventions made it possible to reach the groups with the most needs for access to useful social services?
- 6.3. To what extent has the malnutrition prevention and response program identified and eliminated the barriers that prevent girls and women from accessing the services it makes available to them in the targeted communities?
- 6.4. If there were any obstacles, political, practical or administrative, to the effective integration of human rights and gender equality in the implementation of the interventions, what was the level of effort in order to overcome these difficulties?
- 6.5. To what extent does the monitoring, evaluation and reporting system take into account human rights, gender equality and equity considerations?

To these questions are added those below dedicated to the evaluation of the COVID-19 component:

Background and UNICEF response: Since COVID-19 was declared a pandemic, the number of infections continues to skyrocket and a growing number of countries (including in the West and Central Africa region) are facing a range of health and social challenges. -precedented economic. Given the complexity and scale of the crisis, the UNICEF Regional Office for West and Central Africa (WCARO) and the National Offices (CO) mobilized and participated in the development regional and national response plans to fight COVID-19. UNICEF's strategy in the WCA region remains aligned with a series of other strategies, both regional and global, which are complementary to that developed by BRAOC, such as:

- [UNICEF's COVID-19 Global Humanitarian Action for Children \(HAC\)](#) and
- [The World Health Organization \(WHO\) COVID-19 Strategic Preparedness and Response Plan](#)
- The humanitarian response plan of the Inter-Agency Standing Committee (IASC) headed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). See more information on UNICEF's work within OCHA in relation to the COVID-19 response [here](#).

Evaluative Questions: The following Key Evaluation Questions (EQs), dedicated to the evaluation of UNICEF's response to COVID, have been identified as follows :

1. To what extent are the response processes and mechanisms achieving the expected results (adaptability of processes, level of use of evidence during planning, coordination, intersectoral collaboration within UNICEF and execution)?
2. What factors (internal and external) contribute the most to or hinder the achievement of the expected results of the response?
3. What are the unintended effects (positive and negative) of the response to COVID-19 in general and in relation to children's rights in particular?
4. To what extent are the response processes and mechanisms adapted / drivers to mitigate challenges / exploit opportunities (adaptability of processes, level of use of evidence during planning, quality of coordination and delivery)?
5. To what extent does the response take into account and respond to the specific needs of children (girls and boys) and their families?
6. To what extent and how has the access of children and their families to basic social services (education, health, birth registration, etc.) changed as a result of the UNICEF response? And to what extent has the response incorporated adequate mechanisms to maintain access to these services and in particular for the most vulnerable girls and boys?
7. What are the lessons learned from the response, both operationally and strategically?
8. How can the COVID-19 response be improved in the next 2 and 4 months?

3.3 Evaluation Methodology

The evaluation will be carried out using a participatory and inclusive approach. Regarding the Convention on the Rights of the Child⁵, the evaluation team should propose adequate participation⁶ children and adolescents throughout the evaluation process. The evaluation will be based on mixed methods of data collection and analysis from the beneficiaries of the program and key players in the implementation process. The goal is to triangulate data from different sources in order to formulate findings and provide relevant and credible answers to the evaluation questions. In order to improve the rigor of the evaluation, during the inception phase, the evaluation team will develop headings for each of the indicators included in the evaluation matrix.

In case of quantitative data collection proposed, it is expected that 400 HH in Mali, and 300 HH each in the remaining countries (Nigeria, Niger, Liberia, Burkina Faso) be surveyed to guarantee validity and representativeness (this should be reflected in both the technical and financial proposal).

The primary data collected in the field will be supplemented by:

- Secondary analysis of routine data generated by the UNICEF monitoring mechanism (and / or the relevant Ministry or implementing partners);
- A documentary review of the program, its action plan as well as annual reviews of the implementation of activities and monitoring and evaluation reports of nutrition programs;
- An iterative process of dialogue with the main actors in the implementation of the program, in particular:
 - UNICEF staff (nutrition, health, communication, education, WASH, social protection, T4D sections) at Country Office and Regional Office level
 - Staff from the Ministry of Health and other sensitive nutrition sectors (Agriculture, water, education, social protection, etc.)

⁵ <https://www.unicef.org/fr/convention-droits-enfant/texte-convention>

⁶ https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF

- Regional state organizations (WAHOs)
- National and regional partners (NGOs, institutes, donors, etc.)

This multi-stakeholder dialogue will also serve as an opportunity to finalize the theory of change of the program which is the subject of this evaluation.

A more detailed evaluation methodology will be proposed by the consulting firm, taking into account the differences among stakeholders, in terms of age, gender, and other criteria deemed relevant. The firm will thus propose a methodology (including the sampling and analysis strategy by section) and the stages of the evaluation in its technical offer. It is expected that the methods and sampling proposed to assess the effects of interventions are sufficiently robust to ensure the credibility and internal validity of the results of the evaluation. **The consultants are strongly encouraged to propose the use of innovative methodologies in their technical proposal beyond the usual data collection methods used in many of the evaluation conducted in the past, taking into account that travel restrictions related to the COVID-19 pandemics may persist. Also, UNICEF reserves the right to request that the evaluation team to integrate into the overall evaluation design some complementary and innovative data collection methods.**

Existing data and documents will be made available to the evaluation team by UNICEF staff at the start of the consultation. The consultants will submit an inception report with a detailed methodology, which includes both quantitative and qualitative elements, designed to accurately answer the evaluation questions. The proposed methodology must be gender sensitive and allow capturing a wide range of perspectives. In order to demonstrate that the evaluation team has clearly understood the content of the Program as well as the fundamental questions to be addressed by this evaluation, the inception report should provide a critical summary of the information contained in the programmatic documents made available to the evaluation team by UNICEF after signing the contract. The inception report will also indicate the following information for each one of the evaluation questions:

- What methods and data collection tools will be used to respond to it;
- From whom the data in question will be collected (including the respondent sampling strategy);
- Which analytical methods will be used to interpret the data;
- What measures will be adopted to ensure the quality of the evaluation; and
- How the findings, conclusions and recommendations will be disseminated.

This report should also propose measures likely to guarantee an ethical basis for the evaluation process, and to protect the confidentiality and dignity of those involved.

The evaluation will be conducted according to the evaluation norms and standards of the United Nations Evaluation Group (UNEG)⁷. It will integrate human rights, gender and equity across the board and will be conducted in accordance with the code of conduct⁸ and UNEG guidelines on integrating human rights and gender equality into assessments⁹. Particular emphasis will be placed on the compliance of various deliverables of this mandate with GERO standards. Lack of adequate integration of GERO standards¹⁰ and UNEG guidelines, deliverables will not be accepted by UNICEF. These standards, which will determine the rating of the final report by an entity independent from UNICEF, will be shared by UNICEF with the evaluation team immediately after the contract is signed. In order to increase its use, the main conclusions and recommendations of the evaluation will be disseminated in the form of briefing notes and infographics¹¹. The workshop for the restitution and validation of the conclusions and recommendations of the

⁷ <http://www.unevaluation.org/document/detail/1914>

⁸ <http://www.unevaluation.org/document/detail/100>

⁹ <http://www.uneval.org/document/detail/980>

¹⁰ <http://www.uneval.org/document/detail/607>

¹¹ The format of the Infographics must match that of the infographics that appear on this site:

https://www.google.com/search?q=infographie&source=lnms&tbm=isch&sa=X&ved=2ahUKewjQ86SztjnAhXx8OAKHY32BjIQ_AUoAXoECBEQAw&biw=1920&bih=896

evaluation will serve as an opportunity to ensure the feasibility of the recommendations and to deepen, in a participatory manner, the actions proposed under each recommendation.

IV. Deliverables

The evaluation firm is expected to provide two sets of deliverables by the end of this assignment: one set for each one of the countries involved in this evaluation and one set with a broader regional scope, as specified below.

A. FOR EACH ONE OF THE FIVE COUNTRIES INVOLVED IN THIS MULTI-COUNTRY EVALUATION:

The products for each country will be produced in the official language of each country (**English, French**)

1. **Inception report for each country** presenting the detailed evaluation methodology (5 inception reports in total). This note will be structured as follows (max. 30 pages + appendices):
 - a. Introduction presenting the object of the evaluation, its purpose, scope and objectives
 - b. Evaluation Context , including an analysis of evaluability and preliminary results of the desk review
 - c. Evaluation criteria and questions refined through the desk review and preliminary interviews. It is expected that evaluation questions will be prioritised following the extensive desk review exercise.
 - d. Methodological Approach and data collection methods including sampling strategy and ethical considerations. Please note that this phase can include telephone based data collection methods (via Whatsapp) given the inaccessibility of some stakeholders as a result of the security and emergency context.
 - e. Data analysis methods
 - f. Evaluation matrix presenting for each evaluation criterion, evaluation questions, evaluation subquestions and corresponding indicators, data collection methods and data sources.
 - g. Limitations of the evaluation and mitigating measures
 - h. Ethical considerations, including research principles involving children
 - i. Envisaged Work Plan
 - j. Suggested structure of the final report following the UNEG and UNICEF norms and standards
 - k. Annex: List of the main documents reviewed; Proposed data collection tools; Initial list of key informants

NB: Please note that the inception report will be verified against plagiarism.

2. **PPT for each country (5 presentations in total)** on preliminary findings and conclusions during the debriefings held with stakeholders in each country after the fieldwork (validation session).
3. **Draft evaluation report for each country (5 draft evaluation reports)** elaborated according to the international evaluation quality standards namely: the UNEG Checklist on Quality of Evaluation Reports¹², the GEROS Quality Assessment Criteria¹³, and the UNEG Guide on the Integration of Gender Equality and Human Rights in Evaluation¹⁴. This report will be the subject of several iterations (series of exchanges) between the evaluation team and UNICEF until to ensure the respect of the UNEG and UNICEF norms and standards for evaluation. Each finding, conclusion and recommendation should be numbered and the links between them should be clearly stated in the conclusions and recommendations sections.
4. **Final Draft Report Restitution and Recommendation Validation Workshop** for each country (5 workshops in total). This report will have been the object of the review by the ERG and their comments integrated in this report. This workshop will be facilitated by the national consultant or by the Team Leader remotely.

¹² <http://www.unevaluation.org/document/detail/607>

¹³ https://www.unicef.org/evaluation/files/GEROS_Methodology_v7.pdf

¹⁴ <http://www.uneval.org/document/detail/980>

5. **Full final evaluation report integrating all comments provided by the ERG members provided at the restitution and validation workshop for each country** (5 reports in total) . This deliverable should be of max 50 pages without annexes, and an executive summary of max 15 pages. The report will be compliant to international evaluation quality standards namely: the UNEG Checklist on Quality of Evaluation Reports¹⁵, the GEROS Quality Assessment Criteria¹⁶, and the UNEG Guide on the Integration of Gender Equality and Human Rights in Evaluation¹⁷ as mentioned in the Terms of Reference. This report will be the subject of detailed review by UNICEF Regional Office and Country Offices.
6. **Raw data**, including data collection tools, electronic transcripts and complete datasets

The full final report for each one of the six countries shall be structured as follows:

- Table of Contents including List of Tables and List of Figures
- Executive Summary (covering all main sections of the report: background, methodology and process, main findings and recommendations, lessons learnt)
- Acknowledgements (all who supported the evaluation and provided strong cooperation and collaboration during the process)
- List of abbreviations and acronyms
- Introduction (object of the evaluation, evaluation purpose, objective, scope, intended uses and users)
- Evaluation context
- Methodology, including sampling strategy and data analysis methods
- Key findings (by criterion – each individual question will need to be answered) + Preliminary Conclusions (given that all findings will be numbered, each conclusion will need to clearly indicate this specific findings and corresponding paragraph numbers which it is based on)
- Final conclusions
- Lessons Learnt
- Recommendations (strategic and operational, maximum 5 priority recommendations)
- Annexes ToRs; List of persons interviewed, and sites visited; List of documents consulted; More details on methodology, such as data collection instruments, including details of their reliability and validity; Evaluators biodata and/or justification of team composition; Evaluation matrix; Results framework)

Once the recommendations are validated, the evaluation team will assist each Country Office in the development of an action plan for the implementation of the main strategic and operational recommendations (“management response”). An action plan will be developed for each country and will be defined in participatory way during the course of the evaluation report validation workshop

7. **A synthesis note for the external audience of 1-2 pages for each country** (5 synthesis in total) . This will be used as a dissemination tool for the main conclusions and recommendations of the evaluation.

¹⁵ <http://www.unevaluation.org/document/detail/607>

¹⁶ https://www.unicef.org/evaluation/files/GEROS_Methodology_v7.pdf

¹⁷ <http://www.uneval.org/document/detail/980>

8. **An infographic** illustrating the main key messages of the evaluation for online or email distribution
9. **A regional report (max 50 pages without annexes)** presenting a summary of each country evaluation, as well as trends and issues of relevance at regional level. This report will also need to be compliant to the same international standards and structure of national reports. The finalisation of this report will need to include primary data collection with UNICEF Regional Office Staff.

V. Location and duration

Apart from the fieldwork, the consultants will be home-based and will use their own material and other resources from the evaluation firm that submits the technical and financial proposal. Periodic discussions with the Regional Office and UNICEF Country Offices will take place and comments from the Country OFFICE and the UNICEF Regional Office will be integrated in the final deliverables of the consultancy.

Table 1 : Provisional work plan

Activities	Timeline
I. Preparation phase	
<i>Contract signature</i>	January 2021
<i>Initial meeting (by Skype)</i>	January 2021
<i>Literature review, and preliminary interviews</i>	February 2021
<i>Submission of the full Inception report</i>	February 2021
<i>Revision of the inception report based on comments from the Evaluation Reference Group (ERG) *</i> <i>* Depending on the level of compliance of the deliverable with UNICEF technical expectations, this phase could be characterized by up to 4 rounds of comments</i>	February – March 2021
II. Country Data Collection Phase	
<i>Meeting with UNICEF staff and other stakeholders</i>	March – April 2021
<i>Field visits (during the field phase the evaluation team will inform UNICEF regularly on the progress of the work by WhatsApp, Tel, e-mail, etc.)</i>	April 2021
<i>Meeting + PPT presentation of preliminary findings</i>	May 2021
III. Report Writing Phase	
<i>Preparation and submission of the Provisional Assessment Report (Draft 0; one report per country must be produced) *</i> <i>* Depending on the level of compliance of the deliverable with UNICEF technical expectations, this</i>	May – June 2021

<i>phase could be characterized by up to 4 rounds of comments.</i>	
<i>Preparation and submission of the revised version of the report (Draft 1) incorporating the comments of the GRE.</i>	June 2021
<i>Recommendations validation workshop (either facilitated by the evaluation team or by UNICEF M&E officers or the Regional Evaluation Advisor)</i>	June 2021
<i>Preparation and submission of the final version of the report (Draft 2) incorporating subsequent comments from the GRE *</i> <i>* Depending on the level of compliance of the deliverable with UNICEF technical expectations, this phase could be characterized by up to 4 rounds of comments.</i>	July 2021
<i>Preparation and submission of summary notes</i>	July 2021
<i>Preparation and submission of the Regional Report (Draft 0)</i>	July 2021
<i>Preparation and submission of the final version of the Regional Report *</i> <i>* Depending on the level of compliance of the deliverable with UNICEF technical expectations, this phase could be characterized by up to 4 rounds of comments.</i>	July 2021

VI. Qualification Requirements

The evaluation will be carried out by a team of external consultants with solid expertise and rich experience in the field of evaluation at national and international level. The team should have a good knowledge of the context of the countries in question (Liberia, Mali, Niger, Nigeria and Burkina Faso) and of the sector for the prevention of malnutrition. Team members will work closely together to co-produce and implement an appropriate methodology and approach for answering evaluation questions and achieving expected results. The team will consist of at least 15 people, including an International Team Leader responsible for coordinating the team, and 10 national consultants specializing in nutrition (two for each of the countries where the assessment will be conducted).

a) The Team Leader (international)

The Team Leader will coordinate the evaluation team and ensure the design of the evaluation, the management of the evaluation process, quality assurance and delivery of the expected products in close collaboration with the other members of the team. He / She should conduct the evaluation using an approach favorable to the transfer of skills to national executives who are members of the evaluation team. He / she should have the following profile:

- Advanced University Degree (Bac + 5 / Bac + 8) in evaluation, nutrition, medicine, public health, sociology or other field of social sciences is required

- Solid experience (at least 8 years) in the monitoring and evaluation of nutrition and / or health as well as multi-sector programs
- Experience in data collection and qualitative and quantitative analysis
- Proven experience in conducting evaluations (the electronic version of a recent evaluation of which the consultant was the main author should be presented at the time of tender submission)
- Experience with conducting multi-country and child-centered assessments will be an asset
- Knowledge and understanding of health programs will be an asset
- Experiences of working with a wide range of stakeholders (CSOs, government, international development agencies, etc.) through a consultative approach
- Experience working in West and Central Africa, particularly in countries where the assessment will be conducted will be an asset
- Demonstrated ability to deliver efficiently and on time and achieve results
- Excellent writing skills in French and fluency in English is required

b) Other members of the evaluation team

It is expected that other experts will participate in carrying out the assessment. The other members of the team will ensure the collection and analysis of the data necessary for the evaluation in close collaboration with the Team Leader. They will also contribute to the different stages of the evaluation process and must have the following profile:

An international specialist in nutrition. The proposed person must have the following qualifications:

- Advanced University Degree in economics, statistics or other relevant field;
- Have at least 5 years of experience in the field of evaluation of emergency and development programs and projects;
- Have a proven knowledge of the field of nutrition (at least 5 years)
- Have experience in strategic planning, monitoring and evaluation of development programs and projects;
- Have proven expertise (at least 5 years) in quantitative research methods and evaluation methods based on gender, equity and human rights;
- Have good oral and written communication skills in English and French, teamwork and facilitation of participatory processes.

National Evaluation Consultants who will be nutrition specialists in each of the five countries where field data collection will take place:

- Advanced University Degree in public health, child protection, monitoring and evaluation and/or communication for behavioural change or other disciplines relevant to the object of the evaluation;
- A minimum of 3 years of experience in evaluating development programmes and projects in nutrition –related issues
- A minimum of 5 years of progressively responsible work experience in the planning, management and/or oversight of nutrition and early child development interventions
- Have excellent knowledge of the national contexts in West and Central Africa
- Have excellent command of quantitative and qualitative data collection and analysis methods;
- Have good coordination skills and able to manage a team of enumerators
- Have experience in the use of participatory appraisal techniques in data collection, sensitive to gender and equity issues;
- Have excellent oral and written communication skills in English and French;
- Have excellent analytical, synthesis and writing skills
- Must have completed at least one high quality programme evaluation over the past 5 years

Data enumerators in each of the five countries:

- The number of enumerators will vary in each country depending on the sample of the survey respondents included by the applying evaluation firm in their technical proposal

- The enumerators are expected to have previous experience with data collection in the communities and have perfect command of face to face interviewing techniques
- The evaluation firm is expected to ensure adequate training and supervision of the enumerators
- It is not expected that CVs of the enumerators are presented in the proposal. However, the evaluation firm should indicate the strategies they will use and/or have successfully used in the past to identify them

Mixed teams of national and international consultants including women are strongly encouraged. The team of consultants is free to integrate other local human resources to facilitate the performance of the evaluation, particularly exchanges with the communities benefiting from the project and the collection of quantitative data.

VII. Evaluation Process and Methods

The selection of Evaluation firm will be made on the basis of the technical and financial offers that shall be submitted according to the UNICEF procedures. The technical and financial offers will be scored using a 100 point-scale, including 30 points for the financial offer and 70 points for the technical proposal.

The **technical proposal** (max 30 pages) should cover the following aspects:

- A copy of the CV for each of the evaluation team member of maximum 3 pages
- A copy of an evaluation report **written by** the the Team Leader
- A methodological note (max 30 pages) which will need to demonstrate :
 - Understanding of the evaluation purpose and Terms of References
 - Data collection and analysis methods including sampling strategies as deemed relevant and adequate by the evaluation team to meet the objectives and answer evaluation questions.
 - Detailed justification for the choices made in terms of data collection and analysis methods as well as sampling strategy
 - Proposed workplan and timeframes (hour/days), including a clear definition of roles and responsibilities that each member of the evaluation team will play and working relationships with the UNICEF Regional and Country Offices.
 - Names and contact details of reference persons
 - List of past evaluation reports (if applicable)
 - Any other additional information to support the application (optional).

Applicants are strongly encouraged not to repeat the text from Terms of Reference but rather to demonstrate a critical understanding of it. A copy of one evaluation report produced by the Team Leader during the last 5 years should be attached to the application.

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

Table 3 : Criteria for the evaluation of proposals

Number	Assessment criteria	Under assessment criteria	Detailed Notes	Total scores
1	Understanding the Terms of Reference	Understanding the Terms of Reference	10	10
2	Methodology	Methodological reference framework for answering evaluation questions	10	25

		<i>(depending on the relevance of the proposed framework for answering the evaluation questions)</i>		
		Data collection methods including sampling) <i>(depending on the relevance and consistency of the proposal for answering the evaluation questions)</i>	8	
		Data analysis methods <i>(depending on the relevance and consistency of the proposal for answering the evaluation questions)</i>	7	
3	Organizational capacity of the evaluation team for the execution of the mandate	Evaluation work plan (depending on the relevance of the activities and the proposed timetable for the delivery of the expected products)	5	10
		Roles and responsibilities of evaluation team members (depending on the relevance of the distribution of roles and responsibilities for achieving the expected results within the required timeframes)	5	
4	Expertise and Experience of the main consultant	Expertise of the main consultant <i>(according to expertise in evaluation in general and evaluation based on equity, human rights and gender)</i>	6	12
		Senior Consultant's Experience (depending on the quality of the report submitted as part of the proposal, this will help to estimate experience in the evaluation area in general and in the targeted thematic area in particular and as an evaluation team leader)	6	
5	Expertise and Experience of other members of the evaluation team	Expertise of other members of the evaluation team <i>(depending on expertise in the thematic area targeted, knowledge of the context and mastery of evaluation and research methods)</i>	7	13
		Experience of other members of the evaluation team (depending on experience in the field of evaluation in general and in the thematic area targeted at national level)	6	
Total score assigned to the technical offer				70
Minimum technical score required				50

The minimum score for the qualification is set at 50 points out of 70 and the only financial offers relating to technical proposal having obtained a technical score \geq 50 points out of 70 will be taken into consideration in the rest of the selection process.

Financial Evaluation

The financial offer shall contain the Offer with cost breakdown and must cover all the expenses related the evaluation including the desired remuneration, accommodation costs, travel costs (economy class), travel insurance and others. The IT and communication equipment necessary for the proper implementation of the evaluation will be the responsibility of the Evaluation Team. It should be noted that the costs of organizing meetings or technical workshops will be borne by UNICEF. The financial offer shall be presented separately from the technical offer and clearly

named/marked “Financial Proposal”. It will only be examined for offers that are considered technically valid (minimum score of 50 points in the technical assessment).

Financial evaluation: This will carry 30 points. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price. The score is calculated as = $(10 * \text{Price of lowest priced proposal}) / \text{Price of proposal X}$

The overall score for each proposal will be the sum of the technical score and the financial score. Bidders will be ranked in order of their overall scores.

The bid with the highest overall rating will be selected for the contract to be issued.

All offers shall be submitted to UNICEF WCARO Supply Section.

Deadline for applications:

VIII. Administrative Issues

Technical and Financial Proposal

For more details on the background for each country, please refer to the Full Terms of Reference available [here](#)
insert link

In submitting the technical and financial proposal, the bidder should take in consideration the following:

- Bidder should be requested to provide an all-inclusive cost in the financial proposal and factor in all cost implications for the required service / assignment
- It is expected that the bidder shall include international travel costs to each of the participating countries. If travel restrictions are in place, the bidder should provide alternative working arrangements involving national consultants in each of the participating countries.
- Any travel costs shall be calculated based on economy class travel, regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC).
- The bidder will rely on its own resources and facilities to deliver the work and outputs as part of this assignment.

UNEG Ethical Principles

The evaluation team shall also demonstrate an **understanding ethical principles and standards defined by the United Nations Evaluation Group** in its technical proposal:

- **Anonymity and confidentiality:** The evaluation must respect the rights of the people who provide information, guaranteeing their anonymity and confidentiality.
- **Responsibility:** The entire team must confirm the results presented in the report, any disagreements are to be mentioned. The report should inform about any conflicts or differences of opinion that may have arisen between the consultants or between the consultant and the programme managers regarding the conclusions and / or recommendations of the evaluation.
- **Integrity:** The evaluator will need to highlight issues that are not specifically mentioned in the ToR, in order to carry out a complete analysis of the programme.

- **Independence:** The consultant must ensure that he/she remains independent in respect to the programme under review, and he/she should not be involved in its implementation or any other phase.
- **Incidents:** If problems arise during fieldwork, or at any other point of the evaluation, they should be reported immediately to the Evaluation Manager. If this is not done, the existence of such problems can in no way be used to justify the failure to achieve the results expected by UNICEF in these terms of reference.
- **Validation of information:** The consultant/s must ensure the accuracy of the information gathered during the preparation of the reports and will be responsible for the information presented in the final report.
- **Intellectual property:** Using the different sources of information, the consultant/s must respect the intellectual property rights of the institutions and communities involved in the evaluation.
- **Submission of reports:** If the reports are submitted after agreed deadlines, or if the quality of the submitted reports is significantly lower than agreed, the sanctions provided in these terms of reference will apply.

Intellectual Property Rights

UNICEF retain(s) 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 implantation of the project under this Agreement with UNICEF. Neither the contractor nor its personnel shall communicate to any other person or entity any confidential information made known to it in the course of the performance of its obligations under the terms of this consultancy nor shall it use this information to private or company advantage. This provision shall survive the expiration or termination of the Agreement with UNICEF. The right 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 steering committee for the evaluation noting in the acknowledgements sections institutions and persons who have made major contributions to their authorship. The evaluation firm 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 research/survey/evaluation reports.

Data collected for the evaluation is the property of UNICEF and the Governments in the five countries. Master versions of the data, coding protocols and programming code permitting replication of results of core survey/evaluation reports will be kept by the programme. Copies of the data will be distributed to evaluating firm with the permission of the evaluation steering committee with a view to helping to disseminate learning derived from the data sets.

IX. Project Management and Evaluation Governance

The Evaluation Manager: The Regional Evaluation Advisor to the UNICEF Regional Office for West and Central Africa will be the overall manager of the evaluation. This will contribute to preserving the independence of the assessment. The manager must ensure compliance with the norms and standards of UNICEF as well as compliance with international

quality standards¹⁸. He will be the focal point of the evaluation team and will be responsible for the validation of evaluation products. It will also ensure that the evaluation reference group is informed of the progress of the evaluation.

An in-country Evaluation Reference Group (ERG) per country will be composed of the following members:

- Nutrition Chief from Country Offices involved (or Nutrition Specialist)
- PME Chiefs from Country Offices involved
- A CO Nutrition Specialist
- A representative of the Implementing Agencies (IP)
- Representatives of the Government and relevant Ministries
- An independent expert in nutrition

The ERG at country level will be headed by the Nutrition Chief, supported by the PME Chief, and will have the role of ensuring that the evaluation methodology and focus meet needs at national level, and will be a first port of call for issues related to documentation, accuracy regarding the context and national data as well as access to key informants regarding the data collection process.

The **Evaluation Reference Group, at regional level**, will be comprised of:

- The Senior Nutrition Specialist of WCARO
- PME Chiefs of UNICEF Country Offices involved in this evaluation
- A representative from Implementing Partners
- An independent expert on Nutrition issues.

The Regional ERG will be presided by the WCARO Senior Nutrition Specialist and Evaluation Manager will be its reporter. The Regional Evaluation Adviser based at the UNICEF Regional Office for West and Central Africa (WCARO) will also provide technical oversight over the entire evaluation process, including all evaluation products

The Regional Evaluation Adviser based at the UNICEF Regional Office for West and Central Africa (WCARO) in liaison with UNICEF's Evaluation Office in New York will also provide technical oversight over the entire evaluation process, including all evaluation products.

The **Evaluation Reference Group, at in-country level** will be comprised of:

- PME Chief of Country Offices involved in this evaluation
- Nutrition Chiefs of Country Offices (or CO Nutrition Specialist) involved in this evaluation
- At least 5 Members of concerned Ministry Departments (Ministry of Health, Ministry of Social Agriculture or Rural Development, Ministry of Water and Sanitation, Ministry of Social Protection, etc...)
- At least 3 internal/ external experts in the field pertaining to Nutrition in each of countries involved in the evaluation

X. Payment Schedule

The service charge will be paid in three installments as follows:

- 20% after validation of the framework note for all countries;
- 40% after submission of the interim report for all countries;

¹⁸ <http://www.unevaluation.org/document/detail/1914>; <http://www.unevaluation.org/document/detail/607>

- 40% after validation of the final report of the evaluations of the executive summary, the PPT presentations, and the action plan as well as regional products.

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs:

- is incomplete,
- does not meet the quality standards of both UNICEF and the respective Governments of the involved countries,
- is not delivered or has failed to meet deadlines.

UNICEF remedies for unsatisfactory performance:

Payments will be made for work satisfactorily completed and accepted by UNICEF.