

**LRPS 9164600- LEAP Impact Evaluation 2021
QUERIES AND RESPONSES**

1. Could we receive the list of the 60 districts selected for the ISS initiative?

ANS: Yes

2. Is the ISS initiative already active in all 60 districts or are some districts where it has not been implemented yet? If ISS initiative is not active in some districts, could we receive the list of them and when it is expected they will become active?

ANS: Yes, it active in all 60 districts.

3. In the ISS districts, are the complementary services interventions being implemented in the entire district or are there areas of the districts where it is not implemented?

ANS: Yes, ISS has started but is still in early stages. UNICEF does not control the implementation of complementary services as these are government services.

4. Could we receive the “LEAP M&E Framework, Core Results Framework” referenced in footnote 3, page 8 of the TOR?

ANS: This footnote was included in error, as this document is not publicly available.

5. Could we get the “Integrated Social Services Initiative concept note” referenced in page 3 of the TOR?

ANS: Yes, posted.

6. Could we get the ISS operations manual?

ANS: There is not an operations manual as the initiative brings together a number of existing services and programmes with their own operational guidelines. Suggest referring to the ISS concept note.

7. Is there a maximum number of pages for each CV included? Can CVs of non PIs be shorter?

ANS: No, but please be aware that being concise will make evaluation easier

8. All households will be receiving LEAP cash payments, so the intervention being evaluated is the ISS. Many of the outcomes listed on p. 8 of the TORs (consumption, economic and productive activities, food security) are not directly influenced by the intervention. Should

those be given equal weight in the evaluation design, or should the design focus on outcomes directly affected by the intervention?

ANS: As outlined in the call for proposals and building on past LEAP evaluations, we are looking to measure outcomes across a number of domains. The objective is to evaluate the combined effects of LEAP with ISS.

9. Could you clarify whether the work is an evaluation of the LEAP cash transfers and related complementary services, just the complementary services component or a combination of the two?

ANS: It is an evaluation of the Cash together with the complementary services, keeping in mind that the LEAP alone has been evaluated before in comparison to households not participating.

10. Could you clarify the detail of technical research design for the suggested field work at proposal stage, or will the majority of this work take place during inception phase? We understand that the ToR set out an estimated number of household respondents, which will enable us to estimate the potential cost of fieldwork, but we propose that the exact design of the work will require more careful/lengthy consideration given the complexity of the work and the short turnaround time until bid submission.

ANS: The technical details for fieldwork (e.g. actual questionnaires, agreement on exact sampling approach, etc) will be discussed in more detail during the inception phase, but the proposal should already the various elements of the proposed methodology, proposed sampling approach, approximate sample sizes, etc. I.e. it should contain sufficient detail to understand the approach proposed in your bid, and permitting it to be compared to other proposals.

11. Given the fluid and uncertain nature and rapidly changing context of the corona virus, how do you foresee field work taking place given the Covid-19 context, also taking into account that you are expecting contractors to present fully-fledged proposals for all three phases?

ANS: We are of course dependent on how the virus and the country's response develops and will apply a flexible approach if necessary but are optimistic that there will be opportunities to do fieldwork, even if precautions must be taken.

12. Is there a maximum overhead rate UNICEF will pay? If yes, what is it?

ANS: UNICEF is unable to provide budget estimate and overheads rates limits for a competitive tender of this nature. Institutions will be required to provide a realistic and competitive rates in relation to the ToR scope of work.

13. There seems to be an incomplete shift toward reliance only on a PMT to allocate the program; what are the plans (including prospective timeline) for a new round of targeting? Is there scope in this process for randomization of the LEAP program among households below the PMT threshold? Or is it necessary that all study arms (including control) receive cash transfers through LEAP (as suggested on p. 9)? Is transfer coverage universal and rollout simultaneous so that there can't be a pure, randomized No Transfer control group?

1. What is the expected modality of transfers? Cash? Mobile money? Bank accounts?

ANS: LEAP Payments are done through e-zwich card, electronically crediting accounts but payments to households being done by banks in communities

2. Benefit card based? What is the frequency of these disbursements?

ANS: bimonthly, 6 times per year

3. The TOR suggests that they are using existing data for the PMT determining the transfers. Will there be any further in-person engagement prior to the transfers? Will there be any accompanying education or communication along with the transfers?

ANS: LEAP operations foresee that during payment there can be social educations, for example health messaging. This does not happen consistently, and part of ISS is to try systematize it.

14. Services complementary to LEAP are reportedly already being offered to households in 60 on Ghana's 260 districts; is there scope for an impact evaluation focused instead on (some subset of) the other 200 regions, in order to ensure that complementary services are not available before baseline, but then are randomly-allocated after baseline? (p. 9 of ToR suggests that the study's treatment locations must include the 60 in which already receive complementary services, but it would be helpful to know if there is a way to randomize here)

ANS: Complementary services already exist in policies and legislation, but are not consistently and effectively implemented. ISS seeks to identify and address bottlenecks to ensuring that these services are being delivered, reaching LEAP households and in a more coordinated manner. The 60 districts are receiving priority attention and resources. Discussion of scale-up to additional districts is under way but number, pace and sequencing still to be decided.

15. More broadly, what is the intended geographic scope (e.g., number of districts, and whether they need to include the 60 districts already receiving complementary services) of the impact evaluation?

ANS: The 60 districts of ISS are in all 16 regions of Ghana. The Impact Evaluation does not necessarily have to conduct sampling or fieldwork in all 60. It is also possible to have a combination of participating districts and non-participating districts as a control group. Bidders are free to propose what they perceive to be the best solution.

16. There is substantial emphasis on increased coordination, capacity strengthening/ training, and community health outreach/ home visits as part of the Integrated Social Services (ISS) Initiative; how is covid-19 likely to affect the aims and scope of the ISS?

ANS: COVID might affect ability to do fieldwork for this evaluation but this will be dealt with when planning the activities.

1. Could phone numbers from the Ghana National Household Record (being used for the PMT) be used to conduct a remote baseline?

ANS: Phone numbers and phone surveys may be used as part of the methodology if bidders feel this is an appropriate approach. However, it is expected that the baseline also include in person field work. Not all beneficiaries have phone numbers or are in regions with consistent telecommunications coverage. Use of GNHR data would need to be negotiated, particularly in relation to confidential information.

17. Social Accountability/Grievance Mechanism: What types of grievances are they anticipating to be reported in this system?

ANS: These could range from problems with payments to problems in accessing complementary services for LEAP households, like health insurance, health services and social welfare.

18. Regarding payment terms, can you confirm that the discounts referred to in Part IV (Price and Payment) are already reflected on page 3?

ANS: Yes, the discount only applies to request for payment earlier than UNICEF Standard 30days payment terms.

19. Regarding part I, section 4.2, clause 4(a)(i) (re: joint venture, consortium or association), we want to reconfirm that the proposer shares its joint venture contract with a sub-contractor via the Proposal?.

ANS: Yes, Bidders must name their local partner organization (sub-contractor) and submit relevant documents to show proof of business registration in Ghana

20. Regarding part IV, clause 2.2 (re: sub-contractors), when you reference “products,” are you simply relating to the expected range of professional services?

ANS: Yes

21. Regarding part IV, clause 2.4 (re: joint ventures), it states that all entities the comprise joint ventures will be subjected to the eligibility and qualifications of UNICEF. What are these eligibility and qualifications? This section lists some qualifications. Can you provide more clarity?

ANS: Bidders must submit relevant documents to show proof of business registration their local partner in Ghana. UNICEF will conduct a reference check on the eligibility of the local partner as part of the technical evaluation.

22. Regarding part III, clause 1.3 (multiple arrangements), it states that “UNICEF reserves the right to make multiple arrangements for any service(s) where UNICEF considers it to be in its best interest to do so.” Can you clarify how this would be implemented? Would UNICEF select consultants from other bids/proposers to join the winning proposer and in what capacity?.

ANS: This is a standard UNICEF General Terms and Condition which may not apply to this tender. Multiples arrangement are made with different vendors in their individual capacity, independently.

23. We wanted to inquire if it is acceptable and within the guidelines for local firms to support more than one bid? May we enter into two different consortia as non-prime vendors as a way to improve our chances locally?

ANS: This is not acceptable and may lead to the disqualification of the proposals. Local vendors (non-prime) can only support one bid at a time. Please refer to page 9 of the tender documents, under special note clause 7.1, 7.2 and 7.3.