

## Terms of Reference LEAP and Complementary Services Impact Evaluation

### Summary

<b>Title</b>	<b>Impact Evaluation of the LEAP programme and its linkages to complementary services</b>
<b>Purpose</b>	To design the new Impact Evaluation and conduct the baseline survey (Phase 1) of the Livelihood Empowerment Against Poverty (LEAP) programme and its linkages to complementary services such as healthcare and health insurance
<b>Location</b>	Ghana
<b>Duration</b>	2.5 years (9 months for initial baseline instruments and field survey)
<b>Start Date</b>	February 2021
<b>Reporting to</b>	Social Protection Specialist at UNICEF Ghana

### 1. Evaluation Object and Background

#### a. LEAP Programme

The Livelihoods Empowerment Against Poverty (LEAP) Programme, which will be the object of this new impact evaluation, began in 2008 as the country's flagship poverty alleviation programme. LEAP is one of the 5 flagship programmes identified in Ghana's National Social Protection Policy (GNSPP) framework and a critical part of the government's efforts to reduce poverty and stimulate resilient socio-economic development. It is implemented by the LEAP Management Secretariat (LMS) at the national level under the Ministry of Gender, Children and Social Protection (MoGCSP) and at the local level through the Department of Social Welfare (DSW) under the Office of the Head of Local Government Services. The programme provides cash payments to extremely poor households as selected by a Proxy Mean Test (PMT), combined to date with categorical vulnerability criteria. The LEAP Programme currently reaches 335,015 households (roughly 1.5 million people) in 259 out of 260 districts in Ghana. In order to continuously improve performance, the LEAP M&E plan foresees the implementation of periodic impact evaluations (every 5 years) to permit timely adjustments to the programme.

The LEAP programme is largely funded by the Government of Ghana through its national budget, which has allocated 200 million GHC to the programme for 2020 (around 35 mln USD) but also receives further financial and technical support through various partners such as the World Bank, DFID, USAID, the European Union and UNICEF.

#### b. Integrated Social Services (ISS) Initiative

In line with the national policy and in order to maximize impacts, LEAP aims to create linkages with other social protection programmes and social and economic services.

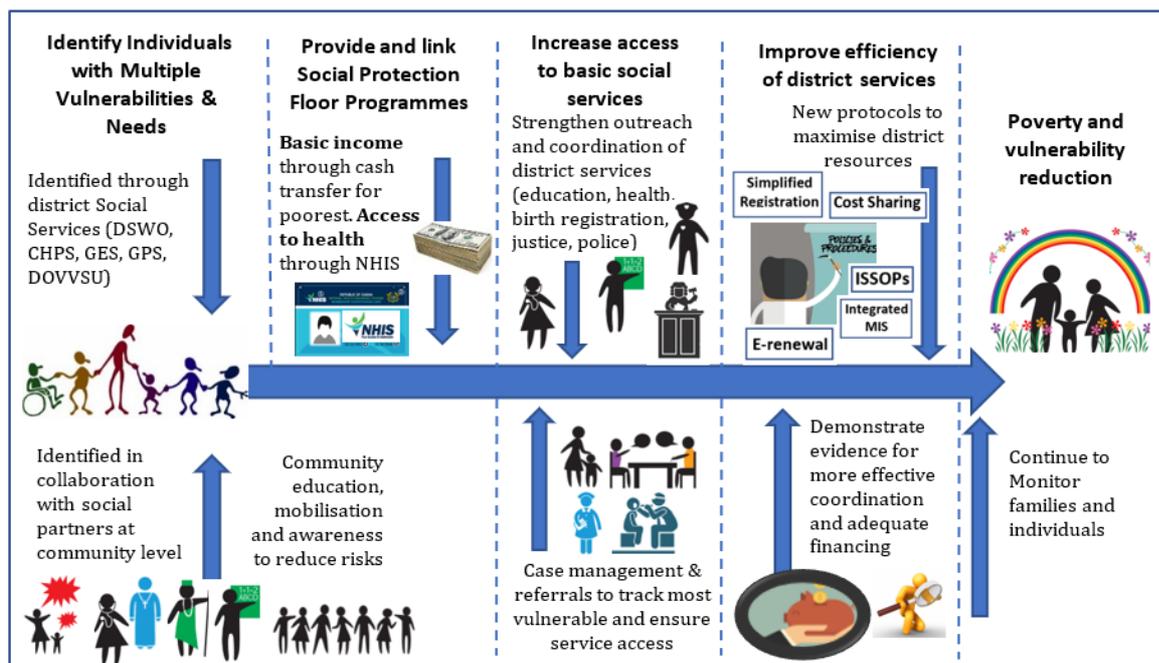
The Ministry of Gender, Children and Social Protection (in particular its Department of Social Welfare, Monitoring and Evaluation Directorate and LEAP Management Secretariat), the Office for the Head of Local Government Service, the National Health Insurance Authority, and the Ghana Health Service, in partnership with UNICEF and with support from USAID and DFID, is developing an initiative to test and strengthen linkages between key services for vulnerable people at district level.

This Integrated Social Services initiative involves strengthening complementarity between Social Protection services, social welfare, community development, Ghana Health Service and National Health

Insurance at decentralized level. This is done by stimulating different forms of collaboration amongst these actors with the goal of maximizing outcomes for poor and vulnerable families and individuals. It involves the transfer of capacity and of resources to 60 MMDAs in Ghana in 2020, working in tandem with national level MDAs and through regional coordinating councils and district assemblies.

The diagram below captures a theory of change (ToC) for this initiative:

**Diagram 1: Promoting social inclusion and poverty reduction through integrated social services**



The specific activities foreseen are as follows:

For Social Welfare and Case Management

- Strengthening social welfare case management at MMDA level via implementation of the case management Standard Operating Procedures for children in need of care and protection<sup>1</sup>, training and capacity building
- OHLGS and MoGCSP updates and roll-out of in-service training curriculum for Social Welfare and Community Development Officers, including implementation of the Intersectoral SOPs for child protection and family welfare<sup>2</sup>.
- Providing tools to manage information, monitoring and reporting using online case management and information managements system (Social Welfare Information Management System – SWIMS) for social and child protection services.

Between LEAP and NHIS:

- Improvement of outreach capacity of NHIA, including through collaboration with LEAP, DSWOs and CHPS compounds
- Systematic tracking of NHIS-card validity and usage for LEAP households
- Assessment of whether there are barriers on the demand and supply side to accessing the NHIS for particular groups, e.g. people living with disabilities

<sup>1</sup> <https://www.unicef.org/ghana/reports/children-need-care-and-protection>

<sup>2</sup> <https://www.unicef.org/ghana/reports/inter-sectoral-standard-operating-procedures-child-protection-and-family-welfare>

- Exploring possibilities for technological innovations to increase both outreach and efficiency, such as offline capacity for enrollment, and linking LEAP and NHIS Management Information Systems. Extension of the insurance validity period for the exempt categories

#### Between Social Welfare and GHS/CHPS

- Using LEAP payment days as opportunity for health sensitization and promotion, through cooperation between LEAP and District Health Promotion Officers.
- Community health outreach/home visits by CHPS/CHNs, in line with existing CHPS priorities (e.g. maternal, adolescent and child health, health and nutrition education, etc). Concretely to include sharing of LEAP participant lists with CHPS compounds, tracking of LEAP households in CHPS registers, including prioritization of LEAP household home visits as mandate of Community Health Nurses.
- GHS training and participation in referrals system and Intersectoral SOPs, including in relation to GBV and child protection risks.
- Basic training for DSWCDOs to be able to identify critical health needs and forms of violence.

*Further details on the Integrated Social Services initiative can be found in the attached concept note.*

### **c. Previous Impact Evaluations**

#### **LEAP Impact Evaluation**

LEAP carried out a first impact evaluation with a Baseline (2010), Midline (2012) and Endline (2016) based on an expansion that took place in late 2009 in the Brong Ahafo, Central and Volta regions. At this time, LEAP was targeted with a combination of PMT and categorical targeting of particularly vulnerable groups, including through community validation. This meant that not only did a household have to score below the required PMT threshold, but on top of that households had to have orphans and vulnerable children, elderly and persons with acute disability who have no productive capacity.

The evaluation used 699 treatment households and matched them- using a 'propensity score matching (PSM) design- to 914 statistically similar comparison households not enrolled in LEAP, drawn from a nationally representative, random sample of 5,000 households across Ghana. The evaluation was carried out by the Institute of Statistical, Social and Economic Research (ISSER) and the University of North Carolina, with support from UNICEF's office of Research on the Endline evaluation.

The original LEAP Impact Evaluation concluded the following:

- Food consumption double amongst LEAP households
- Non-food spending increased by 18%
- Food diversity increased with consumption of cassava decreasing and increases observed in consumption of cereals, meat, vegetables and pulses
- Only 7% of LEAP household children missed school in 2016 compared to 21% in 2010
- 77% of LEAP families had at least one member with an active NHIS card, and 33% of families had all members with active NHIS
- 23% of children from 0-5 had active NHIS in 2010, compared to 57% in 2016
- There was increased ownership of livestock and productive tools, and total harvest value doubled
- The share of households with any savings increased by 11 percentage points
- 3 out of 5 LEAP beneficiaries in 2016 were "happy with life" compared to 2 out of 5 in 2010.

There were some points of concern, namely:

- Despite increased NHIS membership, overall use of health services did not increase and morbidity did not reduce
- The grant was strongly affected by inflation, requiring an increase in grant amount in 2013 and 2015

### **LEAP 1000 Impact Evaluation**

In 2015, a pilot called 'LEAP 1000' was launched with USAID and UNICEF support to include a new category – pregnant women and children under the age of 12 months. The LEAP 1000 pilot was launched in 10 districts in the Northern and Upper East regions, reaching 6,124 households. Since then, this additional category has been mainstreamed into the larger LEAP Programme. In order to assess the impacts of the programme on a range of child and household indicators, UNICEF Ghana, working closely with LMS and the MoGCSP, commissioned an independent 2-year impact evaluation study. The quantitative methodology relied on a regression discontinuity design (RDD) and compared households that were just below a proxy means test (PMT) cut-off score (thus, those who are eligible for LEAP) to those just above the cut-off score (and thus not eligible for LEAP). The panel sample of households for the quantitative analysis (that is, those interviewed at both baseline (2015) and endline (2017) consisted of 1,185 households below the PMT cut-off (treatment) and 1,146 above the PMT cut-off (comparison), for a total of 2,331 households. A sub-sample of 20 women from beneficiary households participated in in-depth interviews three times (baseline (2015), midline (2016), endline (2017)); their male partners were interviewed twice (n=13 at midline and n=15 at endline).

The evaluation concluded that LEAP 1000 households were making investments to improve their lives, including those of their children. Overall, the programme had positive impacts on a number of intermediate indicators of child and household wellbeing – including consumption, food security and diversity, investments in economic activities and savings, health insurance and some use of health services, and increased social support. At the same time, the size of many of these impacts was modest and after two years the evaluation did not find impacts on final outcomes that were indicators of key programme objectives – child morbidity and stunting.

These results should be understood in the broader context of the programme and the poverty and vulnerability context of the people included in the sample. The modest impacts across domains and on poverty reduction may be due to several factors. Amongst these, the purchasing power of the transfer had eroded over the two-year period by approximately 20%. Additionally, the transfer amount represented approximately 13.9 per cent of households' consumption at baseline, which is low compared to other cash transfer programmes in sub-Saharan Africa. The relatively low real value of the transfer limits the range and size of impacts we may expect to see across the spectrum of domains, particularly in achieving more transformative impacts.

Modest impacts may also have been reflective of overall trends of increasing poverty and repeated shocks experienced in the sample over the time period studied, although many impacts show that LEAP had a protective effect for beneficiary households, meaning, even where both treatment and comparison households saw a decline in wellbeing, LEAP 1000 households experienced a smaller decline than comparison households. Finally, the impact evaluation design only looked at the 'best off' of LEAP 1000 recipients, or those closest to the PMT cut-off. Generally poorer households – those furthest away from the targeting cut-off – would conceivably experience larger impacts as a result of the transfer.

#### **d. Important Considerations for a New Impact Evaluation**

Many changes have occurred in the Programme that are likely to have bearing on this evaluation:

- i. As mentioned in the beginning of this section, the Programme scaled-up significantly to include more geographical areas (rural and urban, coastal & savannah, etc.) and it is now being implemented in 259 of Ghana's 260 districts covering 335,015 households and around 1.5 million people. Government national budget allocation has significantly increased over the years.
- ii. On paper, LEAP has removed its categorial targeting criteria in 2018, making the programme geographically (community selection) and poverty targeted, using PMT. This change means that potentially a much larger number of households could benefit, but since the change in eligibility there has not been a new round of targeting. The PMT is being updated based on the results of the new Ghana Living Standards Survey 7, using the Ghana National Household Registry as the main instrument for targeting. The GOG is currently also looking at how to proceed with the re-assessment of LEAP households and or/communities in order to re-evaluate programme eligibility given duration of enrollment some households in the programme.
- iii. As the sector as a whole seeks to strengthen inclusiveness in order to Leave No One Behind, the degree to which LEAP and its associated services and programmes address gender equity, disability, and inclusiveness of the most vulnerable segments of society are of particular concern.
- iv. Programme operations and implementation have improved and processes have evolved significantly in recent years, including the introduction of biometric identification and e-payments, e-reporting and the developing of new information management systems for case management and referral. Moreover, work is ongoing to strengthen social accountability and grievance and complaints mechanisms. In particular, given the realization that merely being on LEAP for a number of years is insufficient to allow people to simply exit the programme without additional support, the Government of Ghana (GoG) and its Development Partners (DPs) are particularly interested in testing the impact of a number of complementary programmes, services, and specific linkages that LEAP households can have access to reduce their vulnerability, such as those with the NHIS, social welfare services, community health services and access to public works, productive inclusion and school feeding programmes.
- v. Besides the programmatic changes that LEAP has gone through, there are a number of macro- and socio-economic effects to keep in mind. The effect of 60-70% inflation since the last adjustment of the transfer value on household purchasing power is a further substantial concern, that may have substantial consequences for the impact that the grant has. Although there is a discussion among Government and DPs regarding adjustments of the grant size, there is currently no concretely plan to adjust.
- vi. The inflationary effect, particularly for the cost of the food basket, is felt even more strongly in the context of the 2020 COVID-19 pandemic. Moreover, the ongoing socio-economic impacts and the projected economic downturn for the economy of Ghana suggests that the recovery will be protracted. Emergency response is ongoing whilst new SP measures are being considered.

- vii. Even prior to the impacts of the pandemic, MoGCSP and partners had identified the need to strengthen the capacity of Ghana's social protection system to support households impacted by shocks. Previous impact evaluations have shown indications that LEAP households were more resilient to downturns. In light of COVID-19, the impact evaluation will need to consider how to measure potential impacts of the programme and its linkages on household coping and resilience.

#### e. Phased Approach to the Impact Evaluation

On behalf of the MoGCSP and the other Social Protection sector DPs, UNICEF is looking to contract a Research Consortium to design and implement a new round of multi-arm quantitative and qualitative Impact Evaluation.

The Impact Evaluation is being commissioned by UNICEF in close collaboration with the Ministry of Gender, Children and Social Protection, the LEAP programme, and key development partners such as World Bank, DFID, USAID. The Impact Evaluation is believed to require three separate phases:

- 1) Phase 1 – Design of the methodology and conducting the baseline survey, resulting in a Baseline Report (first 9 months)
- 2) Phase 2 – Conducting the mid-line survey and adjusting the Impact Evaluation if required, resulting in a Mid-Line Report (1 year after baseline)
- 3) Phase 3 – Conducting the end-line survey and completing the Impact Evaluation, resulting in the final Impact Evaluation report. (2 years after baseline)

Bidders are requested to submit a methodology for the entire Impact Evaluation but, with the budget and implementation timelines broken down clearly by phases. **UNICEF will contract financially on a phase-by-phase basis, starting initially only with phase 1 on the development of the methodology and technical tools, and for the collection of data in the field in 2021.**

The contracting for the subsequent phases of the Impact Evaluation will be done in dialogue with other Development Partners and government, depending on budget availability and general development in the sector. As such, winners of this bid are not guaranteed that the subsequent phases beyond phase 1 will also be executed.

## 2. Evaluation Purpose and Uses

### 2.1. Purpose

This impact evaluation will have two purposes: accountability and learning.

- This evaluation will provide both, the donor (vertical accountability) and the expected beneficiaries (horizontal accountability) with solid evidence on the extent to which the LEAP programme attained its envisaged objectives and impacts.
- With respect to learning, this evaluation is expected not only to inform the programme implementation strategies in the years to come but it will also shed some light on some potential corrective actions that may want to be explored further in the future.

More specifically, this evaluation is expected to generate recommendations that will help The UNICEF Ghana Country Office as well as the GoG and a number of key Development Partners to adapt the implementation of the LEAP Program to the emerging and country-specific needs in this area.

## 2.2. Envisaged Evaluation Users and Uses

The Government of Ghana, specifically the MoGCSP, MoLGRD, MoH/Ghana Health Service, National Health Insurance Agency, Office of the Head of Local Government Service, Ministry of Finance (MoF), the Office of the President, and the National Development and Planning Commission (NDPC) are the envisaged primary users of this impact evaluation. The evidence generated from this evaluation will help (i) inform the ongoing LEAP programme improvements; and (ii) demonstrate the impacts and gaps of providing layered social protection support to this vulnerable target population.

It is expected that the Impact Evaluation will contribute to Ghana's history of using impact evidence as part of a broader social protection learning agenda, and innovation in cash transfer programming and research. Findings from the Impact Evaluation will be disseminated globally to contribute to the evidence base on social cash transfer programmes in sub-Saharan Africa, and particularly on innovations in delivering a 'cash plus' model through existing government services and programmes in a lower middle-income context.

## 3. Evaluation Objectives

The objective of this first phase of the impact evaluation is to develop a mixed methods impact evaluation methodology as well as to complete the baseline survey and the related report.

Overall, the impact evaluation will specifically aim to do the following:

- (1) Use quantitative and qualitative approaches to assess the LEAP Programme outcomes such as consumption, food security and nutrition, access to NHIS, access to health services, health seeking and morbidity, economic productive activities, education and school attendance, and child protection outcomes such as on child marriage and domestic violence for participating households.
- (2) Use qualitative approaches to review the impact of the LEAP programme in combination with complementary services on gender dynamics and inclusiveness for beneficiary households and communities.
- (3) Use quantitative and qualitative approaches to assess the impact of cash and complementary services on household coping and resilience in the face of key positive and negative contextual influencers such as inflation and shock.

## 4. Evaluation Scope

### 4.1. Thematic Scope

The focus of the evaluation will be to assess the household and child level impacts of combining LEAP with complementary social services through the Integrated Social Services Initiative (for more details please see the earlier section)

### 4.2. Geographic Scope

Given the national scope of the LEAP program under evaluation (LEAP is being implemented in all of Ghana's 260 districts) and in light of the fact that services complementary to LEAP are being offered to households in 60 districts, the impact evaluation will be undertaken in a number of localities across the country.

### 4.3. Chronological Scope

The impact evaluation will look at LEAP and LEAP complementary activities implemented between 2021 and 2023.

The objective of this assignment is to develop the methodology of mixed methods impact evaluation as well as complete the baseline survey and report. The focus of the evaluation will be to assess the household and child level impacts of combining LEAP with complementary social services through the Integrated Social Services Initiative. It is expected that the baseline will include assessment of operational effectiveness (e.g. targeting, payments, etc) and inclusiveness, including gender and disability dimensions. This evaluation should build on the experiences of previous Impact Evaluations.

## 5. Evaluation Criteria

The impact evaluation will be guided by 3 key criteria, namely two OECD/AC criteria: effectiveness (e.g. targeting and payments) and impact; and an additional one on equity, gender and human rights (this criterion will encompass questions pertaining to the inclusiveness of the Programme and the extent to which the Programme addressed disability issues).

## 6. Key Evaluation Questions:

The two overarching evaluation questions are as follows:

***“What impacts does linking LEAP beneficiaries with complementary services have on improving human development outcomes and reducing poverty for children and adults?”***

***“To what degree are benefits being delivered by LEAP and the complementary programmes effective, and inclusive?”***

In analysis of results, it is expected that pathways and moderators will be explored.

### **Primary Evaluation Questions of interest include:<sup>3</sup>**

1. To what extent have the selected Programme interventions (LEAP only or with additional complementary services) impacted human development outcomes of children and adults on the following areas?
  - a. Household consumption
  - b. Nutrition, food security and diet diversity;
  - c. Access to health insurance;
  - d. Morbidity, Health seeking behavior and access to health care;
  - e. Economic and productive activities;
  - f. Education and school attendance;
  - g. Child marriage, child labour/trafficking, sexual and gender-based violence, adolescent well-being, family capacity to take care of their children and other critical social welfare areas;
  - h. Resilience of LEAP households in the face of idiosyncratic and systemic shocks;
  - i. Perceived happiness with life<sup>4</sup>.
2. How effectively does LEAP and its complementary programmes address gender, equity and human rights issues (including disability and inclusion of particularly vulnerable and excluded persons)?

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<sup>3</sup> Specific research questions can be identified in the LEAP M&E Framework, Core Results Framework

<sup>4</sup> This has been assessed in previous evaluations and will continue to be part of this study

### Secondary Evaluation Questions

3. How effectively are programme operations being implemented?
4. What is the effect of the implementation on the programme beneficiaries and any areas that may require adjustment or review? Areas to consider here include:
  - a. effective targeting (including community perceptions of fairness and adequacy);
  - b. case management and referral; grievance and redress mechanisms and social accountability structures;
  - c. effective payments to beneficiaries and programme collaborators;
  - d. programme communication with beneficiaries and communities
  - e. benefit levels in relation to beneficiary consumption and to inflation;
  - f. programme cost analysis, with possible cost-efficiency or cost-effectiveness analysis
5. How has LEAP and its complementary services impacted household coping mechanisms and resilience in the face of shocks such as COVID-19, droughts and floods?

In answering all these evaluation questions, the external evaluators will need adhere to the UNEG Norms and Standards for Evaluation, as well as to the UNICEF Evaluation Policy, UNICEF Procedure for Ethical Standards in Research, Evaluations and Data Collection and Analysis and UNICEF's Evaluation Reporting Standards as well as the Guidelines on the Integration of Gender Equality and Human Rights into Evaluation. The Draft and final report produced as part of this impact evaluation assignment will also need to comply with the GEROs (Global Evaluation Rating Oversight System) standards.

### 7. Methodology and Scope of Work

This evaluation should build on the experiences of previous Impact Evaluations. The selected firm(s) will design the methodology, tools and implementation strategy, conduct the field survey, and produce a national baseline for this Impact Evaluation.

The consortium applying for this contract is encouraged to propose the most adequate methodology to answer the different evaluation questions raised above, as well as the best team configuration/ organizational structure to conduct the required work.

When developing their technical and financial proposals, the bidders should address the following methodological considerations shared by UNICEF and its Development Partners.

- For this Impact Evaluation, it is requested that the bidders propose an experimental design (treatment and control group) relying on a statistically rigorous sampling approach. Whereas bidders are encouraged to be creative and propose innovative methods, it is requested that their proposal include: (i) an approximate quantitative sample size of 2.500 to 3.5000 households; (ii) a control group made up of households that received the LEAP transfer but no complementary services; and (iii) a treatment group "A" made up of households (in 60 selected districts of Ghana in all regions of the country) that actively received complementary benefits, such as access to health insurance, social welfare referrals and case management, quarterly home visits by community nurses and community outreach and communication services.
- The evaluation should take into consideration that many of the services delivered at decentralized level are not directly dependent on LEAP, the Ministry of Gender or on UNICEF, and that the capacity and resources of various services and decentralized administrative departments which may vary from district to district. This might make it challenging to attribute causality to the interventions that are covered under this study. The consortium is, in its bid, expected to reflect on and address these complexities in its proposal.

- The quantitative survey instruments will be based on the program's theory of change and will measure key outcome and impact indicators as well as intermediate outcomes, those that lie along the causal pathway (e.g. food consumption and diet diversity). Wherever possible survey items will be pulled from existing national survey instruments such as GLSS, MICS and DHS, and draw from previous LEAP impact evaluation questionnaires. For the qualitative aspects of the survey, drawing from any existing relevant literature or primary data, the firms are expected to develop a proposed methodology and be explicit about not only the sequencing of the quantitative and qualitative data collection and analysis but also the purpose of and approach to combining.
- The evaluation will also include a community survey which will capture spatial differences in prices, access to markets, health facilities, etc. in the study areas. GPS coordinates will be captured for each household in the sample. The methodology may further include surveys (including possibly online questionnaires and sms-surveys), which the firm(s) in coordination with UNICEF can administer at pre-determined intervals.
- Finally, this evaluation can draw from administrative and monitoring data from service provision – particularly for LEAP, NHIS, GHS and Social Welfare – as collected by UNICEF and its partners in the context of the ISS initiative in the 60 districts.

#### 8. Specific Tasks:

The specific tasks that consortium is expected to carry out are described below. *The proposal should clearly indicate the tasks in line with the methodology and identify the role of the various firms, whether international or local, in carrying them out.*

1. Provide quality assurance on the overarching study design, sampling strategy, power and effect size calculations and estimated sample size based on the key outcomes of interest;
2. Provide technical inputs to the data collection instruments and strategy;
3. Seek and receive ethical clearance for the study.
4. Contract and train enumerators and, in discussion with the steering committee, make logistical arrangements for the fieldwork
5. Provide technical support during fieldwork trainings and quality assurance during data collection and data cleaning stages;
6. Provide overall intellectual direction on the content, structure and design of the national baseline report, including preparation of the analysis files, indicators and statistical analysis. Note that data management, analysis and report writing will be a collaborative effort between the local research firm and the IRF to ensure capacity strengthening of national institutions, however overall quality of data analysis will be the responsibility of the IRF.
7. Present and disseminate findings of the LEAP impacts and nationally representative baseline findings to UNICEF Ghana, MoGCSP and other relevant partners;
8. Ensure ethical approval for primary and secondary data analysis, as necessary.
9. ensure that the next steps following phase 1 are clear, including timelines for new rounds of data collection and responsibilities of the various actors involves for phases 2 and 3.

## 9. Deliverables, Timelines and Proposed Payment Terms

The contract is expected to entire into effect on 15 February 2021 and last until 30 September 2021. The below table depicts the main deliverables and their tentative timeline.

Deliverable #	Deliverable Description	Tentative Deadline	Payment
Deliverable 1	Inception Report following initial consultations with stakeholders and with the proposed methodology (the report will be informed by the UNICEF WCARO inception report template)	15 March	10%
Deliverable 2	Pre-field work report including detailed strategy and tools for data collection, and strategy and content for enumerator training	15 April	30%
Deliverable 3	Initial report of baseline findings following enumerator training and field data collection, and PowerPoint presentation with initial conclusions for workshop	15 July	30%
Deliverable 4	Final Phase 1 Baseline report following review workshop with stakeholders and highlighting conclusions and recommendations from participants	15 September	15%
Deliverable 5	Proposed timeline, strategy adjustment considerations including risk assessment, and draft tools for future phases of the impact evaluation, with inputs from steering committee incorporated. Transfer of cleaned and anonymized data files.	15 October	15%

## 10. Bidding Process

For the bidding process, consortia should take note of the following:

- As mentioned, UNICEF will **only contract for the first phase** of the impact evaluation, which is the development of the detailed methodology, tools and the Baseline itself.
- Nonetheless, the consortia are requested **to submit a technical proposal for the entire and cost estimate for the entire Impact Evaluation study**, to allow UNICEF and its partners to have a full overview of the proposed methodology and multiple phases of this evaluation:
- Whereas the technical proposal for the entire study will be considered during the review of bids, only the budget for phase one will be considered.

UNICEF and its partners will, based on the progress and successful completion of phase 1, socio-political developments in Ghana, needs of the country office and its partners, and contracting modalities, determine the best ways to proceed with subsequent phases in negotiation with the winning consortium.

It should be noted that winning the bid for phase 1, however, does not guarantee contracting for phase 2 and 3.

There will be an opportunity for interested firms to seek clarification on the items contained in this Terms of Reference via a virtual Question and Answer session, for which they should express interest. After this, interested firms will be asked to submit a detailed technical and a financial proposal for phase 1 in line with the provisions below.

### a. Structure of Technical Proposal

The technical proposal should be no more than 20 pages, 12-point font and 1.5 line spacing excluding Appendixes. It should address the following areas:

- Statement of understanding of the assignment in line with these ToRs
- Experience of International research Firm(s) (IRF) and Local Research Firm(s) (LRF) in this area including past performance, especially as related to social transfers, health, nutrition, impact evaluation and panel surveys; (see section 11 for further details)
- Proposed methodological approach for the entire Impact Evaluation
- Proposed approach to meeting the specific deliverables in this ToR for Phase 1 - to prepare for and conduct the Baseline. This should include clear proposal re: roles and responsibilities of IRF and LRF, as well as specific team members, the break-down of fee-days for the various team members, and how team will work together to produce deliverables.
- Overview of Principal Investigators for the IRF and LRF (see section 11 for further details)
- Hypothesis and risks for this Impact Evaluation and specifically for Phase 1, including the possible impacts of COVID-19 on the ability to collect field data.
- Appendix:
  - Include CV and declarations of availability as Appendix
  - Description of other key personnel (include CVs as appendix)
  - Include overview of projects and client contact information for assignments both for the IRF and LRF. Client references are encouraged. (UNICEF reserves the right to contact the clients and stakeholders of assignments that are cited as part of its due diligence)
  - Any other information relevant to the TORs

### b. Structure of Financial Proposal

The financial proposal for phase 1 of this impact evaluation must be submitted in a separate sealed envelope from the Technical Proposal.

There is no length limit to the financial proposal. It should contain the following:

- Time commitments for the Principal Investigator, and other proposed team members
- Participation of fieldwork trainings and workshop meetings and any other foreseen travel
- Data-collection costs including contracting, training, deployment and management of enumerators
- Any other expenses foreseen
- An estimate of the costs for the entire Impact Evaluation, **which, as mentioned before, is not subject for approval or evaluation under this particular contract** but will form a basis for future discussion on eventual mid- and end-line surveys

## 11. Technical Evaluation Criteria for the proposal

The technical proposal will count for 80% of the total evaluation scoring, with the financial proposal counting for the remaining 20% (80:20 ratio). The evaluation committee will only consider the financial proposals of firms that achieve the minimum score of 60 points (75%) out of 80 points.

ITEM	TECHNICAL EVALUATION CRITERIA	MAX POINTS : 80
<b>1.</b>	<b><u>Overall Response</u></b>	<b><u>Max 10</u></b>
1.1	Completeness of response in line with the above section on “structure of the technical proposal”	3
1.2	Overall understanding and concord between ToR requirements and the proposal	7
<b>2.</b>	<b><u>Company and Key Personnel</u></b>	<b><u>Max 30</u></b>
2.1	Range and depth of organizational experience of the consortium (both IRF and LRF) with similar projects, including overview and/or samples of previous work and client and stakeholder references and/or contact information. This includes, but is not limited to, experience working on social protection/cash transfer evaluations of national programmes in developing countries, preferably in sub-Saharan Africa and particularly Ghana.	16
2.2	Key personnel proposed for the International Research Firm, experience with similar assignment	7
2.3	Key personnel proposed for the Local Research Firm, experience with similar assignment and experience in Ghana	7
<b>3.</b>	<b><u>Proposed Methodology</u></b>	<b><u>Max 40</u></b>
3.1	Proposed methodology for the entire Impact Evaluation study including how it addresses the identified challenges and complexities.	16
3.2	Proposed work plan and approach for the implementation of tasks for Phase 1 – the baseline – in line with the objectives and deliverables of this ToR	14
3.3	Assessment of risks and hypothesis for both Phase 1 and the rest of the Impact Evaluation	5
3.4	Adequate demonstration of gender and inclusiveness considerations for this assignment	5

## 12. Roles and Responsibilities

The LEAP Impact Evaluation (IE) Phase 1 will be conducted by a consortium consisting of an international research firm(s) (IRF) and a local research firm(s) (LRF). The IRF(s) will be responsible for co-designing the overall IE and providing technical support on the instruments, quality assurance during trainings, fieldwork, and data collection activity. The IRF(s) will be responsible for the quality of the overall data analysis and will co-lead in drafting and finalizing the evaluation report produced at the end of each one of the three phases.

The LRF(s) will be responsible for the co-design of the overall IE, design of the survey instruments for the quantitative baseline, for designing the evaluation strategy for the baseline, and management and implementation of both quantitative and qualitative fieldwork (including recruitment and training of enumerators), as well as data analysis and contributing to report drafting.

Whereas the UNICEF Ghana CO will directly supervise this contractual relationship, the design and implementation of this impact evaluation will be overseen by an ad hoc Steering Committee comprised of key social protection stakeholders in Ghana including the Ministry of Gender, Children and Social Protection, other relevant<sup>5</sup> Ministries and Agencies as well as development partners such as the World Bank, DFID, USAID and UNICEF itself. The UNICEF Regional Office for West and Central Africa will also review the key deliverables produced in the course of this impact evaluation assignment.

### 13. Expected Qualifications, Experience, Specialized knowledge/skills and competencies

#### 13.1 Company profile

##### Description of the firms in the consortium

- Extensive experience conducting large, multi-topic field surveys using Survey and electronic tablets, including the deployment, oversight and management of research teams
- Demonstrated experience in ethical research practices
- Demonstrated experience conducting social science or public health research
- Years of experience, organizations structure, areas of expertise, and financial capacity
- Proven record in delivering timely, quality results
- Demonstrated ability to produce high quality datasets
- Demonstrated ability to produce high quality reports in English and manage translations into local languages in Ghana

##### List of past and current research projects

- Bidder's shall provide information for a minimum of three assignments for which its firm and its personnel were legally contracted in the past five years, for carrying out services of a similar nature to the assignment outlined in the TOR. Experience working with UN Agencies, Government, or other bilateral or multilateral development agencies and international NGOs are preferred references.

Bidders shall use the below headings for providing references:

Name of client:

Contact details:

Assignment name:

Duration of assignment (months):

Start and end date (month/year):

Value of the contract (USD):

Total number of staff of the assignment:

Narrative description of the project:

#### 13.2 Qualifications and experience of key personnel

The successful firm will have to deploy and manage a team with the following expertise:

- Principal investigator(s) (PIs) – must have an advanced degree (PhD) in a Social Science, Public Health or related field and at least 5 years of experience conducting research in this area. The PI(s) should have a solid understanding of cash transfer and linked social services in Ghana, and expertise in sampling, evaluation, and Impact Evaluation study design and implementation using

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<sup>5</sup> This could, for example, include the Ghana Health Service and the National Health Insurance Authority, the Ministry of Finance, Ministry for Local Government and Rural Development, and the Office of the Head of Local Government Services

both qualitative and quantitative approaches. The PI should be fluent in written and spoken English. The PI should have the necessary skills and experience in ethical research practices, including conducting research on sensitive issues among rural population. The PI should ideally, furthermore, have experience doing this work in Sub-Saharan Africa and preferably in Ghana itself.

- Supporting team members should have experience with managing survey teams on studies related to social development, poverty, exclusion, youth, sexual and reproductive health and sensitive topics; impact evaluation study designs; mixed method data collection; data management.

#### 14. Implementation Arrangements UNICEF-Ghana

The Social Protection Specialist at UNICEF Ghana will oversee the contractual implementation of this assignment.

The contracted firms will further report to an Evaluation Steering Committee composed of key stakeholders including officials from Ministry of Gender, Children and Social Protection (MoGCSP), the World Bank, DFID, and USAID. This steering committee may further involve partners and ministries, such as the Ministry of Finance, the Ghana Health Services, the National Health Insurance Authority, the Office of the Head of Local Government Services, and the European Union.

This committee will be coordinated by UNICEF-Ghana and will be responsible for providing feedback and comments on the design, implementation and reporting of results phases of the evaluation. The Evaluation Steering Committee will have final review of all evaluation components prior to implementation and/or release.<sup>6</sup> The consortium should note that there is an expectation that the data will become open source within a reasonable timeframe following publication of the baseline report, to be spelled out in the contract.

The following conditions apply:

- The selected firms are responsible for provision of all necessary transport, computer, equipment and materials necessary for the performance of the expected deliverables outlined above. It is expected that any cost implications for necessary logistics will be catered for in the agreed upon budget. No additional financial provision will be granted outside of this agreement.
- All reports listed under outputs should be structured in accordance with the research issues listed under specific objectives
- The institution will be responsible for organization of necessary meetings for presentation of methodologies and findings to stakeholders;
- No contract may commence unless the contract is signed by both UNICEF and the consultant or the Contractor;
- UNICEF standard clauses on institutional contracts will apply<sup>7</sup>.

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<sup>6</sup> The evaluation will follow all norms and standards as applied by the United Nations Evaluation Group (UNEG).

<sup>7</sup> Although the contract is held by UNICEF and hence UNICEF contracting procedures apply, as indicated above the steering committee will include multiple development partners and the Ministry of Gender, and will ultimately be responsible for guiding the implementation of this research and reviewing the main outputs.