

Annex B - TERMS OF REFERENCE FOR SERVICE CONTRACTING

Assignment

MENA Risk Communication and Community Engagement (RCCE) at the time of COVID-19 multi-country/regional Evaluation

Location

Home-based + in countries field visits if possible

Duration

21 weeks / 5 months

Estimate number of working days

110 days (total for a team of three people)

Reporting to

Regional Office Evaluation Specialist

1. JUSTIFICATION/BACKGROUND

Global Background

1. On 30 January 2020, the World Health Organization declared the new coronavirus epidemic (COVID-19) an emergency of public health of international interest, and on 11 March it was announced as the first pandemic of coronavirus.

Role of UNICEF

2. UNICEF plays a significant role across the globe in supporting countries in their risk communication and community engagement (RCCE) and in addressing the secondary impacts of COVID-19 (such as impact on social services). Several UNICEF Country Offices implemented various surveys to understand the risk perception of the population and assess key knowledge and practices. Communication campaigns and initiatives have been implemented, with heavy focus on digital platforms due to the confinement measures imposed in many countries. Many UNICEF Country Offices are reporting significant reach through their social media platforms and traditional media, however there is less evidence on the behavioral changes supported/influenced by UNICEF's initiatives.

3. UNICEF conducted a Real-Time Assessment (RTA) of the UNICEF response to COVID-19 at the country level. The objective of the RTA was to inform a forward-looking reflection on the implementation of the country office (CO) response to COVID-19 in a selected number of countries globally.

Box 1: UNICEF global RTA General Questions

1. How effectively is the CO implementing the response to COVID-19 so far? How is the **quality** of the response to COVID-19 being affected by remote working modalities and the generally constrained operating environment?
2. How well is the CO **adapting to the needs of the population**, including the localization of response and the socio-economic impact of the pandemic? How have these needs been determined in each country?
3. What are the **early lessons** that are emerging from the implementation of the response? What are the **emerging positives** from the response? And what have been the greatest **challenges** so far? Are there discernable trends that are applicable to different settings?
4. What **more should be done**? What should be done **differently** to enhance COVID-19 response programming for children and their communities?

Regional Background

4. Aligned with the global RTA, UNICEF Regional Office in the Middle East and Northern Africa (MENARO) is contextualizing this exercise for the region and with a focus on RCCE.
5. Everyone is talking about coronavirus disease (COVID-19), and everywhere you look there's information on the virus and how to protect yourself from it. Knowing the facts is key to being properly prepared and protecting oneself and loved ones. Sadly, there's a lot of information out there that is incorrect. Misinformation during a health crisis leaves people unprotected and vulnerable to the disease and spreads fear and stigmatization.
6. UNICEF is a reliable source and is working with global health experts around the clock to provide accurate information. Information grounded in the latest scientific evidence, tailored for parents and teachers; and resources for media, as new information becomes available. UNICEF in the region works together with communities in fighting misinformation about COVID-19 and provide information on how to protect children and families (see <https://www.unicef.org/mena/coronavirus>).

Results framework

7. Below a graphic illustration of the RCCE results framework at country level:

Theory of Change: RCCE at Country Level



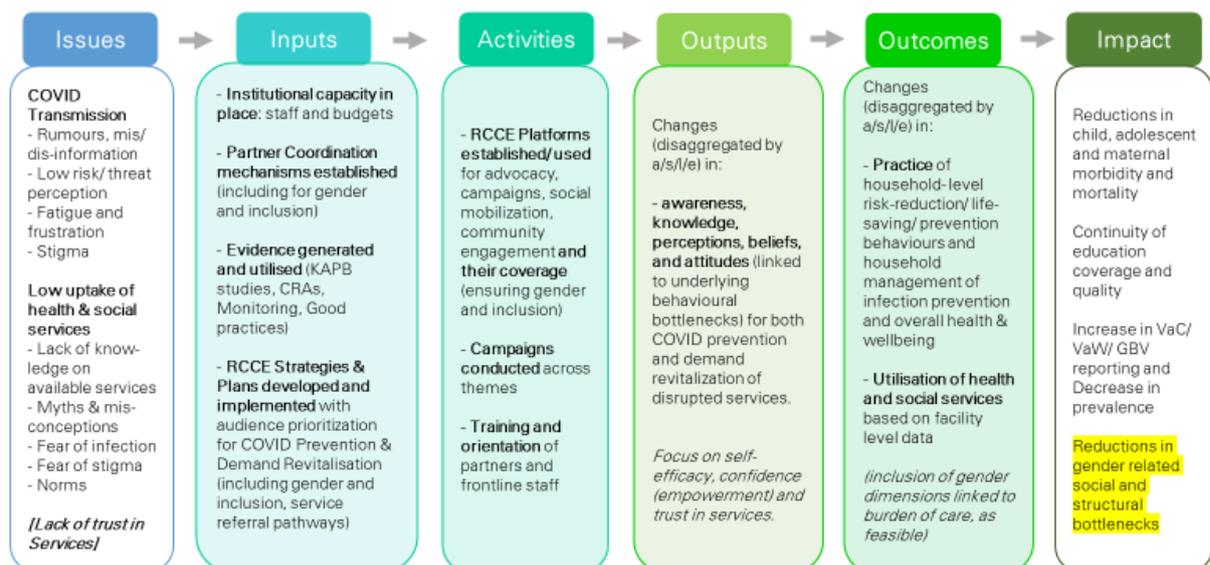
Risks:

- Unexpected changes in epidemiology: viral mutations, new modes of transmission etc. Post peak /second waves are more severe thereby debilitating response efforts
- Unexpected escalation of humanitarian situation or more than expected deterioration of peace or socio-economic collapse. A major catastrophic event or natural disaster

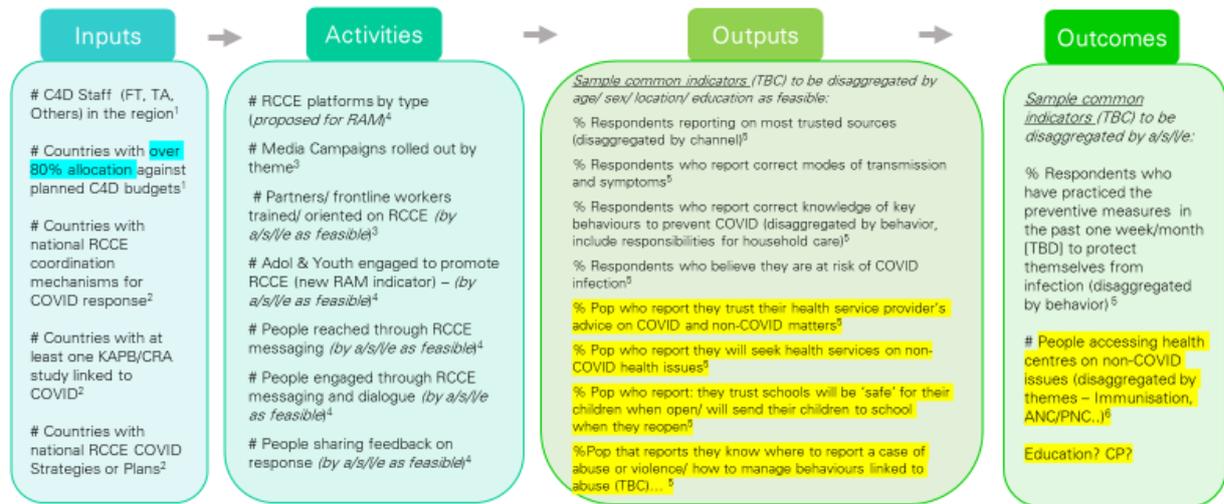
Assumptions:

- Ownership by Govt
- COVID and non-COVID services are in place/ resumed and deemed 'safe'
- Policies & SOPs for COVID prevention and resumption of services are in place and enabling
- Existing societal norms are not preventing practice of key prevention behaviours

Results Pathway



Key Indicators for RCCE

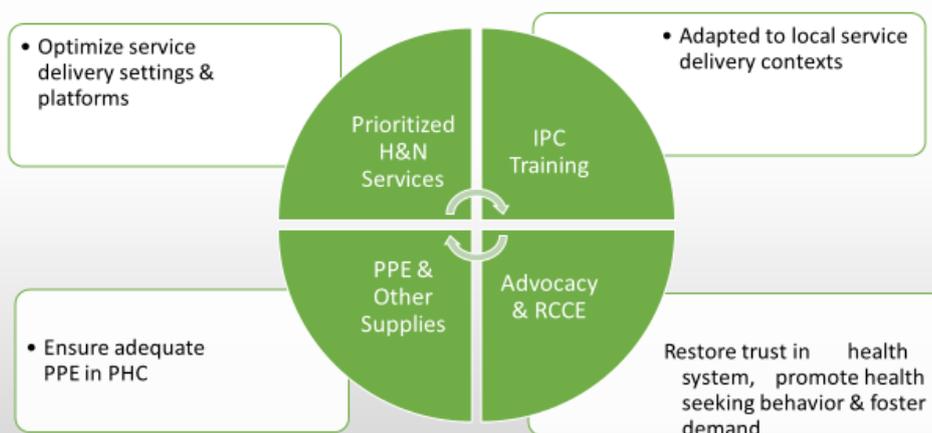


1. Generated through institutional MIS (VISION, HR data)
2. Baseline through MENA Assessment in March 2020; Follow-up Assessment in July 2020 (Validated by COs)
3. Tracking underway at RO level
4. Measurement as per HPM global guidance. Reported by Country Offices based on tracking of content disseminated through media platforms as well as partner reports.
5. Measured through KAPB/CRA/ independently commissioned research.
6. Facility /institutional data from HMIS/EMIS..

Source: MENA RCCE 2020 - Results Pathway COVID + Non COVID Ppt, August 2020

8. In the response to Covid-19, RCCE has been mainly a pillar of a broader effort for promoting continuity of services, mainly for primary health care (PHC), with RCCE working on the demand side and the other pillars supporting the supply side.

MENA 'Jump-start' Package for Continuity of Services in PHC



2. OBJECTIVE AND TARGETS

Purpose and Objectives

Purpose

9. The purpose of the independent evaluation of the RCCE component of the UNICEF contribution to the COVID-19 crisis response in the Middle East and North Africa region is to identify drivers of high performing country offices. The evaluation will gather and analyse information from different sources to be able to allow a reflection on the implementation of UNICEF country offices' response to COVID-19 in the region related to influencing key behaviours. The assignment will utilize indicators and experience from the global level on a COVID-19 risk perceptions and behavioural framework and analysis and will complement it. The outcome is expected to assist with the future vision for RCCE in MENA.

10. The evaluation exercise aims at providing impartial and independent evidence to assist the country offices, the regional C4D team, and ultimately UNICEF HQ to strengthen the RCCE component and its contribution to the ultimate objectives for the fulfilment of child rights at the time of an epidemic / protracted crisis. The evaluation will provide also accountability to UNICEF, donors, Governments, communities and rights-holders with respect to whether UNICEF, through the implementation of RCCE, is fit for purpose and strategically well positioned to contribute to the COVID-19 response – especially at a crucial time when the RCCE effort remain high on preventive measures and also focus more and more on vaccine acceptance.

Objective:

11. The Regional Office is especially interested to understand if the evidence created throughout the implementation has informed the response in real time, and if this led to best practices that can be replicated.

12. The focus of the evaluation will be on process and implementation. The main questions to be answered are:

- a. Was the RCCE response aligned to the situation / epidemiological data - i.e. did we do what was needed / what was right?
- b. Did the RCCE response align to UNICEF practice benchmarks (<https://www.unicef.org/mena/reports/community-engagement-standards>) i.e. did we do it right?
- c. What are we missing to maximize efficiency?

13. The evaluation will also look at whether UNICEF has been able to advance equity issues.

Intended use and users

14. The expected result of the evaluation is a set of recommendations that will support the RO and the Country Offices to better tailor RCCE initiatives, according to the outcomes they intend to contribute to, primarily related to COVID-19 infection prevention and vaccine acceptance, and also relevant to continuity of basic services, with implications for other broader cross-sectoral work in health, nutrition, education, child protection, social protection.

15. The learning will primarily benefit UNICEF teams; secondary users would be the Regional RCCE interagency working group, and the larger community working on RCCE (governments, international NGOs, and other partners)

Distribution plan

16. The evaluation report will be shared by the regional C4D section, as deemed appropriate, to COs in the region, and possibly to other regions, and to other regional and global partners and actors working on RCCE.

3. SCOPE OF THE WORK (WORK ASSIGNMENT)

Scope

17. The evaluation will assess the Risk Communication and Community Engagement component of the UNICEF contribution to the COVID-19 crisis response in the Middle East and North Africa region. The management of the RCCE component of the response and the monitoring and reporting system are part of the scope.

18. While the assessment of the expected results of RCCE will be relevant, the evaluation focuses on process and implementation, and also seek to identify potential unintended effects.

19. The evaluation will cover the period from before the starting of the COVID-19 crisis (end 2019/beginning 2020) until the field work of the evaluation.

20. The evaluation will cover the whole MENA region, with a focus on four countries.

Focus countries:

21. Although the evaluation has the ambition to be a regional evaluation, it would not be manageable to evaluate all the 20 countries of the region. For this reason, four countries have been identified as promising for a telling analysis during the evaluation. The countries proposed meet some criteria of quality performance at scale as assessed by the regional office, and also in terms of process milestones like availability of plans, coordination mechanisms, production and use of evidence in the framework of the RCCE response to Covid-19 – the existence and quality of enablers to be able to move towards the objectives of RCCE during the pandemic. In addition to this primary selection criteria, these countries also represent a spread of significant factors, such as income levels, conflict/crisis, special populations, population size, socio-cultural context, KAP/B data availability, and vaccine roll out status - represented in the table below.

Focus Country	<i>Income level</i>	<i>Conflict/ Crisis</i>	<i>IDP/ People on the move</i>	<i>Population</i>	<i>RCCE capacity</i>	<i>Socio-cultural/ (official language)</i>	<i>KAP/B Data availability</i>	<i>Vaccine roll out status</i>
Egypt	LMIC	No	Yes	Hi	Chief	Arabic	Yes	Early 0.1%
Yemen	LIC	Yes	Yes	Mid	Chief	Arabic	Yes	Early 0.1%

Morocco	MIC	No	No	Mid	Mid	Arabic, French	Yes	Early 10%
Lebanon	UMIC	Yes	Yes	Lo	Chief	Arabic	Yes	Early 10%

Evaluation questions:

22. The key questions for this evaluation were formulated based on the OECD DAC guidelines. The evaluation aims to answer the following questions:

Appropriateness

23. To what extent the RCCE response is aligned to the situation (namely, the available epidemiological and social-behavioral data) and rightly focused on what was needed in the context of COVID-19?

Efficiency

24. To what extent resources (both human and financial) were efficiently allocated and spent?

25. To what extent was UNICEF prepared to face the COVID-19 emergency?

26. To what extent the RCCE response aligns to UNICEF practice benchmarks (<https://www.unicef.org/mena/reports/community-engagement-standards>) i.e. did we do it right?

27. How did UNICEF contribute and is expected to contribute to the achievement of the RCCE outputs, in terms of awareness, knowledge, perception, beliefs, attitude (as per the ToC)? Does the timing of UNICEF's inputs coincide with the outputs/outcomes? Is progress on track?

Effectiveness

28. How did UNICEF contribute and is expected to contribute to outcomes - changes in practices and increase in utilization of health and social service (as per the ToC)? In pilots or at scale? Are progresses on track?

29. To what extent are communities:

- a. Adopting protective measures?
- b. Perceiving themselves to be at risk for COVID infection?
- c. Willing to seek treatment from a health facility?

Coordination

30. How well UNICEF does coordinate with other actors working on RCCE and COVID-19?

Child rights, equity and gender

31. The evaluation will also look at whether UNICEF has been able to advance equity issues.

Stakeholders

32. The stakeholders whose perceptions of the MENA COVID-19 Risk Communication and Community Engagement programme component are relevant for the evaluation and who should be included in the evaluation process, its findings and recommendations are the following:

- Regional level actors (Global Health & Development, CDC Africa)
- Governing bodies and actors
- Civil Society Organizations (CSO partners)
- Donors (global and country level donors)
- UN agencies (WHO, IFRC, UNAIDS, UNWomen, UNFPA)
- UNICEF stakeholders (Regional Chiefs C4D, Health; CO level; HQ)
- Beneficiaries (governments from selected countries; citizens)
- Other right holders (see KAP/B data from COs)
- Communication service providers / vendors (Magenta, country level service providers)

Methodology

33. As far as possible, existing data and analyses will be utilised. A repository with available resources and data sets will be compiled, with inputs from country offices and from the C4D section in MENARO. In particular, monitoring RCCE data (for example on people reached, engaged and sharing) will be made available to the evaluation team for further analysis – ideally disaggregated data will be made available. Inputs and activity data, available for all countries, are highly relevant given the main focus of the evaluation is process and implementation. Accepting the limitations of attribution, outputs and outcomes will also be considered where available.

34. The Regional RCCE Guiding Framework on COVID-19 suggests enhancing actions in four areas (i) coordination, (ii) Evidence and innovation, (iii) capacity and (iv) localizing responses (community engagement). Analyses across the region and global experience suggests that gaps still exist in gathering evidence around social and cultural drivers and utilizing data in program decisions. Both the guiding Framework and the Synthesis (links below) suggest triangulating behavioral data with epidemiological data and policy data to inform decisions. Similarly, the Guiding Framework clearly identifies the need to move beyond simple messages such as how to increase compliance, and towards utilization of behavioral insights in our responses, as indicated in the following documents:

- [EM/MENA Regional RCCE Guiding Framework on COVID-19](#);
- [SYNTHESIS: RCCE STRATEGIES TO OVERCOME COVID-19 FATIGUE IN THE EASTERN MEDITERRANEAN, MIDDLE EAST AND NORTH AFRICA](#));
- [Behavioural Drivers Model](#)
- [Everybody wants to belong](#): Focus on Social norms
- [Behavioural considerations](#) for acceptance and uptake of COVID-19 vaccines (TAG)

35. The literature review and data triangulation will utilize a participatory approach and be complemented by key informant interviews. People to be interviewed would be typically the C4D and health teams, and possibly the COs top management (Representatives and Deputy Representatives Program and Operations). They might subsequently indicate other KIs. Ideally, a few other stakeholders should be identified - in each of the four countries selected for the evaluation - for being interviewed, among Government counterparts, donor community, other categories of stakeholders. Focus Group Discussions (FGDs) might be used for reaching the people whose behavior the RCCE strategy aims to influence (creative methods using social networks might be attempted).

36. Existing data will be used to answer about the outcomes outlined in the results framework. Existing data include: [Government responses during COVID-19](#); [Situational Tracking of Children during COVID-19](#); [COVID-19 WASH Database by Country](#); [School closures by country](#), among others that are internally available on data.unicef.org; existing KAP and other COVID-19 datasets. Another broader source of data is: [Search for a Dataset - Humanitarian Data Exchange \(humdata.org\)](#)

37. Preliminary data analyses¹ conducted on the existing datasets will inform the qualitative data collection instruments (for example, any statistical noise or outliers, interesting trends can be observed and questioned in a longer interview and/or focus group).

38. The data collected through KIIs are typically qualitative and will be analyzed accordingly², although a core set of items might be considered for a quantitative survey of KIs. The evaluator(s) will make sure to have enough data to triangulate and verify information before reaching conclusions. Data analyses will be facilitated by NVivo [or other text mining software] and coded for thematic areas.

39. The methodology will be refined during the inception phase and reviewed by the evaluation steering committee and ethical review board.

40. In the interest of time and timeliness, the data collection and gathering phase will be rather short and, in order to contribute to make it successful, the client and the evaluation manager will work together well ahead of time to make sure that all the materials will be available ahead of time and that the KIIs are ready to make themselves available to be interviewed.

¹ Population surveys that provide near real-time data can be analyzed by demographic variables to identify current community behaviors. Similarly, logistic regression models will help identify important differences across demographic factors and allow for future targeted approaches by strata.

Uterior factor analysis combined with prevalence data –i.e., global transmission and positivity figures obtained by credible external data sources will allow for the analyses of most likely predictors of protective behaviors and practices across countries and regions. This includes exploration of the role of trust as predictors of communities' resilience throughout the pandemic.

OLS analysis and unsupervised learning approaches will aim to provide findings about the significance and effect that demographic variables play in relation to behaviors and practices.

² Although a core set of items might be considered for a quantitative survey of KIs. Preliminary data analyses conducted on the existing datasets should inform the qualitative survey instrument. For example, any statistical noise or outliers, interesting trends can be observed and questioned in a longer interview and/or focus group.

Limitations

41. Availability and quality of data might be a challenge and represent a limitation. However, any challenge that might emerge will nevertheless be a finding of the evaluation exercise.

42. Unavailability of key informants might pose another challenge; evaluation client and manager will work ahead of time to encourage availability.

43. The COVID-19 situation in the selected countries might make field visits challenging or impossible; online interviews have proven to work for other evaluations during the COVID-19 pandemic, and the use of social media might be explored by the evaluators.

4. EXPECTED DELIVERABLES

44. The contract will have the following deliverables: Inception Report, Presentation of Preliminary Findings and Recommendations, Draft Report, Final Report, Response to the Comments Matrix. In the table below a preliminary timeline is laid out. In several of the stages more than one person would work on the deliverable in parallel.

Task	Expected duration	Tentative timeline after contract signature	Tentative evaluation service provider's workload (in weeks)	Deliverables	Responsibility
Kick off	Two hours	One week		-	Evaluation manager with evaluation team
Inception report	Four weeks	Five weeks	4	Report	Consultants
Acceptance of inception report ³	Two weeks	Seven weeks			Evaluation manager / steering committee
Field work	Five weeks	12 weeks	5		Consultants
Presentation of preliminary findings	One day			Presentation	Consultants
Draft report	Four weeks	17 weeks	4	Draft report	Consultants
Quality assurance.	One week	17 weeks			Evaluation manager
Commenting process	Two weeks	19 weeks			Evaluation manager to coordinate
Final report / response to the comments	Two weeks	21 weeks	2	Final report	Consultants
			15 weeks		

45. The Report will follow the UNICEF guidelines and be cognizant of relevant UNICEF and UNEG guidelines for evaluation.

³ In case the report is not accepted, an additional commenting process might be necessary.

5. REALISTIC DELIVERY DATES AND DETAILS ON HOW THE WORK MUST BE DELIVERED

Key Deliverables/Milestones	Indicative Timelines	Payment schedule in %
1. Inception Report	Five weeks after signing of the contract	20 percent
2. Presentation of Preliminary findings and Recommendations	12 weeks after signing of the contract	30 percent
3. Final Report	21 weeks after signing the contract	50 percent
	(Total no. of days or weeks)	100%

6. PAYMENT SCHEDULE

The assignment is to be carried out between five months. One month will be added for administrative and payment purposes. Payment schedule is provided above which is according to the deliverables mentioned in the previous section.

7. OFFICIAL TRAVEL INVOLVED

Ideally the team of consultants will travel to the four countries of the multi-country evaluation for the data collection phase.

Travel will be under responsibility of the contractor in accordance with UNICEF's rules and tariffs. All travel costs should be planned properly in the technical proposal and included in the financial proposal. Please note that if selected, the contract can be a supporting document to obtain entry visa (if necessary). UNICEF will be unable to secure travel visas. Flight costs will be covered at economy class rate as per UNICEF policies.

Travel costs should be included as a separate component on cost proposal and the contract and paid against actual travel undertaken. There could be a situation where is not possible due to the pandemic.

8. DESIRED QUALIFICATIONS, SPECIALIZED KNOWLEDGE OR EXPERIENCE

Team composition

46. The below sets out the tentative workload of the different specialist, as well as the required skills for the different team members. Ideally the team is mixed in terms of gender and cultural backgrounds. The company and team should have experience covering evaluation, behavioural sciences, RCCE, communication for development, epidemics.

Team leader	50 days
Thematic expert (C4D, RCCE, behavior)	40 days
Data analysis expert	20 days

Team leader	<ul style="list-style-type: none"> Relevant master's degree (evaluation, development studies economics, social and/or behavioral science, public health etc.)
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	<ul style="list-style-type: none"> • Experience in leading evaluation teams in political and humanitarian environments (at least 5 evaluations lead) • Experience in managing evaluations in the UN system • Good understanding of the child rights agenda • Good understanding of integrating gender and human rights into evaluations • Experience in evaluating communication, health, community-based programs • Strong interpersonal skills • Ability to work with senior officials • Cultural sensitivity • Language skills (Proficiency in English; Arabic desirable)
Thematic expert	<ul style="list-style-type: none"> • Relevant master's degree (social and/or behavioral sciences, Public health, Qualitative and quantitative methods) • Experience in analyzing UN strategies, including in humanitarian environments • Experience in working on RCCE, including in humanitarian environments • Strong interpersonal skills • Ability to work with senior officials • Cultural sensitivity. • Language skills (proficiency in English and Arabic)
Data analysis expert	<ul style="list-style-type: none"> • Advanced degree in statistics, epidemiology, analysis of behavioral statistics in the context of epidemics, public health, or international development and social/behavior change responses • Minimum 5 years of experience in statistical analysis of epidemiological and/or behavioral data • Knowledge of packages such as STATA, SPSS, R and data visualization assets such as Power BI • Ability to produce high standard deliverables in English; French and Arabic is an advantage • Previous experience in working in close collaboration, networking with WHO, UN and government counterparts is an advantage • COVID-specific or pandemic experience is an advantage

9. CONTRACT MANAGEMENT

Governance

47. The evaluation will be guided by a steering committee that will discuss the terms of reference and endorse the inception report. It might also be guiding the evaluation should any unforeseen challenges. The direct management of the evaluation will be done by the regional evaluation specialist. The C4D regional office advisor and the country offices part of this regional evaluation will ensure that all relevant documentation is available to the consultants and support the arrangement of meetings with relevant stakeholders (partners, UNICEF staff).

48. The team leader will coordinate the inputs of the team and be responsible for the quality of the deliverables. The company will support the evaluation team and backstop the team where required.

Sources/biblio

49. MENA RCCE 2020 - Results Pathway COVID + Non COVID Ppt, August 2020
50. [SYNTHESIS: RCCE STRATEGIES TO OVERCOME COVID-19 FATIGUE IN THE EASTERN MEDITERRANEAN, MIDDLE EAST AND NORTH AFRICA](#));
51. [Everybody wants to belong](#): Focus on Social norms
52. [Behavioral considerations](#) for acceptance and uptake of COVID-19 vaccines (TAG)
53. Behavioral Drivers model:
[https://www.unicef.org/mena/media/5586/file/The Behavioural Drivers Model 0.pdf %20.pdf](https://www.unicef.org/mena/media/5586/file/The_Behavioural_Drivers_Model_0.pdf%20.pdf)
54. <https://www.unicef.org/mena/reports/community-engagement-standards>
55. MENA <https://www.unicef.org/evaluation/reports#/detail/17509/real-time-assessment-of-the-covid-response>
56. <https://www.unicef.org/media/90706/file/COVID-19-Global-Risk-Communication-and-Community-Engagement-Strategy.pdf>
57. [EM/MENA Regional RCCE Framework, WHO EMRO, IFRC MENA and UNICEF MENA and associated documentation](#)

10. PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

All tasks have been delivered in a timely manner as indicated in the TOR/Contract. High quality of work and results achieved correspond to the specification of the TORs.

Deliverables are submitted on time and the quality of work should be acceptable to UNICEF. Overall performance at the end of the contract will be evaluated against the following criteria: timeliness (as per the timelines agreed with UNICEF), responsibility, initiative, communication, and quality of the services delivered.

11. FREQUENCY OF PERFORMANCE REVIEWS

A formal performance review will be performed at the end of the contract. The quality of the deliverables will be assessed, and when satisfactory instalments will be paid.

12. CALL FOR PROPOSALS

A two-stage procedure shall be utilized in assessing the proposals, with assessment of the technical proposal being completed prior to any price proposal being compared. Applications shall therefore contain the following required documentation:

A. Technical proposal

Applicants shall prepare a proposal as an overall response to ToR ensuring that the purpose, objectives, and deliverables of the assignments are addressed. All proposals to include (but not limited to):

- A technical proposal that includes a brief cover letter and understanding of the assignment is required.
- Based on the proposed timetable laid down in the TOR, a proposal of the detailed methodology, tentative work plan and time schedule is required.
- Updated profiles/ CVs of the team members listing similar experiences/assignments and highlighting those focused-on adolescents/youth budgeting, youth engagement and participation.
- Quality assurance mechanism and risk mitigation measures put in place
- Example of similar projects done and at least two references from a previous vendor

A.B. Financial Offer

A financial proposal with a breakdown of all costs that are to be charged to UNICEF and based on deliverables. This includes estimated number of working days, consultancy fees, all office administrative costs, international and local travel costs, as well as any additional requirements needed to complete project or that might have an impact on cost or delivery of products. Travel expenses should be based on the most direct route and economy fare. Quotations for business class fare will not be considered.

- **The Financial Proposal shall be submitted in a separate file, clearly named Financial Proposal. No financial information should be contained in the Technical Proposal.**

C. Timetable (Schedule)

This section should include a proposed time/delivery schedule. An action plan specifying the timeframe with various milestones and activities should be included under this section.

In addition, the institution should consider the following in the submission:

- A. Company profile (Company structure, team composition, organogram...etc)
- B. A complete copy latest audited financial statements with comparative figures for the two most recent years; preferably signed by Company's accounting firm/certified external auditor.

The financial statements are to include, but not limited to, the following:

- The Balance Sheet (mandatory)
- The Income Statement/Profit and Loss Statement (mandatory)
- Statement of cash flows

C. Company registration

Enquiries:

Please direct any enquiries to the below dedicated email address indicating the bid reference.
UNICEF Jordan procurement team: JCO-Procurement@unicef.org

Proposals with all supporting documents should be addressed to:

UNICEF Jordan Country office Bids
jordanbids@unicef.org