

TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT ON JIGAWA STATE FORMATIVE RESEARCH FOR WASTING DETECTION AND ENROLMENT INTO TREATMENT PROTOCOL.

Assignment	Conduct research on wasting detection and enrolment into treatment protocol.
Estimated budget	<i>USD1.00</i>
Budget Source	N/A
Location	Jigawa State
Duration	21 months
Estimate number of working days	420 days
Start date	TBD
End date	TBD
Reporting to	Nutrition Manager, UNICEF Kano Field Office
Closing date for proposals	20 th October 2023; 2.30pm ; submitted online to ngrsupply@unicef.org

1. JUSTIFICATION/BACKGROUND

Child wasting is the 3rd ranked risk factor for DALYs and deaths among children under five years of age globally (after low birth weight and short gestation) and is the leading risk factor among children 28 days and older. An estimated 47 million children under five years of age (7% globally) suffer from wasting, and approximately one-third (14.5 million) suffer from severe wasting at any given time. In 2019, 16.6% of U5 DALYs (78M) and 17.3% of deaths (874K) among children under 5 years globally were attributable to wasting. SDG 2.2.2a is to reduce child wasting to <3% by 2030, but progress has been limited and there is current wide geographic variation: South Asia (14.3% prevalence; 25.2M children; 30.4% of global burden); West Africa (7.5%; 4.8M; 16.0%); East Africa (5.3%; 3.6M; 11.3%); and Central Africa (6.7%; 2.0M; 14.3%). However, the true burden of wasting is underestimated. Given the dynamic nature of wasting and the seasonal impacts on incidence, the number of wasting episodes in a year is poorly captured in cross-sectional, survey-based estimates of wasting. Recent analysis of 18 longitudinal cohorts shows wasting prevalence vastly underestimates the cumulative incidence.

Despite the burden and impact of child wasting on morbidity and mortality, only a small proportion of severely wasted children are presently identified and admitted into treatment. In 2020, an estimated 4.9 million severely wasted children received treatment, approximately 1/3 of the total burden. Outside of humanitarian settings, this proportion is even lower (estimated to be ~15%). Given the true burden, treatment coverage is likely to be even lower.

Bottlenecks to treatment coverage include limited early and routine identification and referral of children at community level; the complexity of existing treatment protocols and the poor integration into routine services for children; the lack of sustainable funding for child wasting prevention and treatment; and the limited availability of nutrition commodities.

In early 2020, UN agencies under the leadership of the WHO released the Global Action Plan Framework (GAP) on Child Wasting. The GAP aims to stimulate action towards achieving the SDG target and addresses key areas contributing to child wasting. The GAP has created political momentum to scale up services for child wasting, but for this to succeed, there is an urgent need to simplify the way treatment is provided.

Over the past decade operational research has been conducted to explore ways to improve access and coverage and make treatment simpler, more accessible, and more cost-effective. These programmatic innovations and modifications are commonly called “simplified approaches”¹. Most of these simplifications have to-date been tested in small, mostly NGO-supported pilot projects or efficacy trials, which showed these approaches were likely feasible, effective and safe, but should be further researched at larger scale.² Making these simplified approaches part of global and national health policies, and a more mainstreamed component of routine health services, requires evidence of their feasibility and impact when delivered at scale through national systems.

UNICEF, in collaboration with IFPRI (the global research lead) and with funding from the Bill and Melinda Gates Foundation, has recently started a new research project to identify and test different approaches to detect and treat wasting at different levels of the system (household, community, facility), thereby increasing the proportion of children wasted who receive timely and appropriate treatment. The research will be conducted in Ethiopia, Kenya, and Nigeria. Models for the scaling-up of simplified approaches that can achieve a higher treatment services coverage will be developed in the three countries.

The project started with robust formative research to identify context-specific barriers and factors that affect access to treatment and service coverage in each country. During the initial *Design Phase (phase 1)*, an adaptive development process took place in each country that led to the identification of the most efficient and scalable model to be implemented in the second phase of the project. The *Implementation Phase (phase 2)* will now demonstrate the success and positive impact of the proposed modifications in service delivery and lay the foundations for the subsequent roll-out of these approaches.

2. OBJECTIVE AND TARGETS

The Implementation Phase (phase 2) will demonstrate the success and positive impact of the proposed modifications in service delivery and lay the foundations for the subsequent roll-out of these approaches. In close consultation with the global research lead IFPRI, the academic research partner will be involved in the Implementation Phase (Phase 2) of the research project described above. Briefly, this will consist of the following activities:

- Co-finalize (with IFPRI and the academic partner from phase 1) the protocols for the implementation research, impact evaluation study, and costing exercise to be carried out in the second phase.
- Lead the implementation of the impact evaluation study which will evaluate the effectiveness of the intervention model on wasting-related outcomes.

Commented [BR(1)]: There may not be much overlap between the phase 1 and phase 2 partners, so the phase 2 partner might not have much time to design the protocols from the start. Their role might be more finalizing a draft than writing it entirely.

¹ <https://www.simplifiedapproaches.org/>

² WHO [Technical consultation](#) on Simplified approaches for the treatment of child wasting, March 2019

- Lead the implementation of the implementation research.
- Lead the implementation of the cost study.
- Lead a dissemination workshop in country.

3. SCOPE OF THE WORK (WORK ASSIGNMENT)

In close consultation with IFPRI and under the close supervision of IFPRI and the UNICEF Country Office, this consultancy will focus on several activities in two research phases. Details of each of the activities are provided below.

Activity 1: The finalization of detailed research protocols for the implementation, impact evaluation and costing research

In close consultation with the MoH and UNICEF, the academic research partner will co-develop (with IFPRI and the academic partner from phase 1) the research protocols for the research activities of Phase 2.

Sub-activity 1.1 Impact evaluation protocol: the strongest possible study design compatible with the nature of the platform and system strengthening activities will be selected by IFPRI and the academic research partner in consultation with the implementing partners and health services. A variety of study designs will be considered, including randomized controlled trials and quasi-experimental designs. The key strength of a randomized design is that the intervention is randomly assigned to (groups of) study participants. When properly implemented, the randomization is expected to on average balance both observed and unobserved participant characteristics across trial arms, thus enabling the causal attribution of any difference in outcomes across arms to the intervention. Quasi-experimental designs (such as propensity score matching), however, cannot fully exclude bias. The impact evaluation design, sampling, data collection, and selection of key study outcomes will be co-developed by the academic research partner and IFPRI and in consultation with UNICEF and implementers.

Sub-activity 1.2 Implementation research protocol: The protocol will describe how mixed quantitative and qualitative methods will be used to document the quality of service delivery in all stages of the strengthened screening to increased treatment continuum; how the activities have managed (or not) to tackle important pre-existing bottlenecks related to service delivery and determine the target population's perceptions about and participation in screening for wasting, diagnosis, referral, and (depending on the scope of the implemented activities) treatment services; barriers and facilitators along the screening to treatment continuum will be documented; how each platform is handling the extra case load; how well the tools for screening, diagnosis, referral, and treatment are being used; and how effectively children are being referred to treatment and caregivers are motivated and supported to seek and adhere to treatment. The protocol will describe the use of the RE-AIM evaluation framework³ and be complemented by intervention specific questions. The implementation research protocol will be co-developed by the academic research partner and IFPRI and in consultation with UNICEF and implementers.

Sub-activity 1.3 Cost study protocol: A protocol describing the use of the activity-based costing-ingredients (ABC-I) methodology will be co-developed by the academic research partner and IFPRI and in consultation with UNICEF. The ABC-I method first defines each of the activities implemented

³ Glasgow RE, Harden SM, Gaglio B, Rabin B, Smith ML, Porter GC, et al. RE-AIM planning and evaluation framework: Adapting to new science and practice with a 20-year review. *Frontiers in Public Health*. Frontiers Media S.A.; 2019. p. 64. doi:10.3389/fpubh.2019.00064

along the screening to treatment continuum for wasting; then identifies and costs the ingredients, or inputs, used to achieve each activity; and finally allows for the transparent calculation of how the platform-specific complexity affects cost⁴.

Activity 2: Obtaining IRB and other required approvals

Prior to starting the Phase 2 activities, the academic research partner will be responsible for getting approval on the study design from a qualified in-country IRB, and from all necessary (local) authorities as needed.

Activity 3: Impact evaluation

In close collaboration with IFPRI, the academic research partner will lead all activities needed for the successful execution of the impact evaluation study. As described earlier, the strongest possible study design compatible with the nature of the platform and system strengthening activities will be selected by IFPRI and the local research partner in consultation with the implementing partners and health services. Details will depend on the study design, but the impact evaluation will compare wasting-related outcomes in clusters of households that receive the intervention model or the standard of care. The primary outcomes we hope to impact by the intervention model are screening coverage, treatment coverage, and prevalence of child wasting.

Sub-activity 3.1 Preparations: The academic research partner's responsibilities for the preparations for the impact evaluation will begin with sensitization of the study community, local, and national stakeholders as required, and selection and hiring of field staff or a data collection firm (whichever is applicable). The academic research partner will be responsible for conducting trainings of staff before the start of the fieldwork as well as conducting refresher training as necessary throughout the impact evaluation period. These trainings will include standardization for anthropometric measurements. Additionally, the academic research partner will develop study instruments which will include data collection forms, standard operating procedures, and programming and validation of data capture system (CAPI). The academic research partner will be responsible for any logistics relating to the preparation or execution of the impact evaluation, including, but not limited to, arranging insured transport for study enumerators and staff as necessary, IT support for the tablets to facilitate the CAPI, arranging facilities/accommodations for staff training, and scheduling meetings with stakeholders for sensitization. If needed, the academic partner will introduce any novel M&E instruments at the health services responsible for the treatment services.

Sub-activity 3.2 Impact evaluation execution: The academic research partner's responsibilities will include all aspects relating to the implementation of the impact evaluation, including organizing the census to draw the study sample from and introducing the study to local authorities and community leaders. (S)he will monitor study activities closely to ensure that all study procedures are conducted as per the protocol and promptly report and correct any protocol deviations that occur. (S)he will manage the study staff or activities of the data collection firm and ensure a constant presence of coordinating staff in the study setting during the data collection phase. (S)he will also lead the data monitoring and quality assurance activities, which will involve development of syntax for data cleaning and database development and conducting weekly data query checks to ensure data quality. Monthly progress reports reporting the study progress will be sent out to IFPRI and UNICEF partners, and the academic research partner will be responsible for generally maintaining close communication with IFPRI on study

⁴ Fiedler JL. A general guide to some major issues involved in designing a cost study. 2009; Fiedler JL. A cost analysis of the Honduras Community-Based Integrated Child Care. Health and Nutrition Population Discussion Paper. Washington, D.C.; 2003.

progress and any problems that arise in a timely manner. The academic research partner will maintain monthly quality control of anthropometry tools and any refresher trainings of staff as necessary. (S)he will also be responsible for maintaining IRB approval, by submitting the protocol for annual approval and obtaining approvals on any protocol modifications that should occur.

Sub-activity 3.3 Analysis and results dissemination: After the study follow up has been completed, the academic research partner will support in the management, final cleaning, and analysis of the data. They will provide input on the interpretation of results and contribute to the dissemination of the findings. Dissemination may include presentations to key stakeholders at local, national, or global levels (such as presentations to the donor or scientific conferences), publication in peer-reviewed journals, policy briefs, blog posts, in-country workshops and discussions, and any other activities deemed helpful.

Activity 4: Implementation research

In close collaboration with IFPRI and UNICEF Country Office, the academic research partner will lead all activities needed for the successful execution of the implementation research (IR) study. This IR will involve mixed quantitative and qualitative methods to document the quality of service delivery in all stages of the strengthened screening-to-treatment continuum. We will assess how the activities have managed (or not) to tackle important pre-existing bottlenecks related to service delivery and determine the target population's perceptions about and participation in screening for wasting, diagnosis, referral, and (depending on the scope of the implemented activities) treatment services. Barriers and facilitators along the screening to treatment continuum will be documented. We will assess, among other things, how each platform is handling the extra case load; how well the tools for screening, diagnosis, referral, and treatment are being used; and how effectively children are being referred to treatment and caregivers are motivated and supported to seek and adhere to treatment.

Sub-activity 4.1 Preparations: As above, the academic research partner will be responsible for selecting and hiring staff, including an expert in qualitative research methods, or a data collection firm, and conducting trainings of staff covering each method employed in the implementation research (including but not limited to in-depth interviews, focus group discussions, observations and documentation of intervention activity, documentation of quantitative data collected through interviews with caregivers and health workers). Additionally, the academic research partner will develop study instruments which will include data collection forms, standard operating procedures, and programming and validation of data capture system (CAPI). The academic research partner will be responsible for any logistics relating to the preparation or execution of the impact evaluation, including, but not limited to, arranging insured transport for study enumerators and staff as necessary, arranging facilities/accommodations for staff training, and scheduling meetings with stakeholders for sensitization.

Sub-activity 4.2 Implementation research execution: As above, the academic research partner will be responsible for managing staff, overseeing study procedures, and ensuring that procedures are followed as per the study protocol. (S)he will maintain IRB approvals and establish processes for transcribing and coding qualitative data, and cleaning and querying quantitative data, as above. Monthly progress reports reporting the study progress will be sent out to IFPRI and UNICEF partners, and the academic research partner will be responsible for generally maintaining close communication with IFPRI on study progress and any problems that arise in a timely manner.

Sub-activity 4.3 Analysis and dissemination: As above in more detail under Activity 3.3, the academic research partner will be responsible for the transcription of the interview data, the thematic coding following the RE-AIM analytical framework, and partner in the analysis and presentation of results, including contributing to the interpretation and dissemination activities.

Activity 5: Cost study

In close collaboration with IFPRI and the UNICEF Country Office, the academic research partner will lead all activities needed for the successful execution of the cost study. A cost study using the activity-based costing-ingredients (ABC-I) methodology will be conducted. Using the ABC-I method, we will first define each of the activities implemented along the screening to treatment continuum for wasting. We will then identify and cost the ingredients, or inputs, used to achieve each activity. The ABC-I method will allow us to transparently calculate how the platform-specific complexity affects cost. We will assess the cost and cost-effectiveness (relative to the outcomes defined in phase 1 of the project) of the platform and system strengthening activities.

Sub-activity 5.1 Preparations: Consistent with his/her role on the other research components, the academic research partner will lead preparations for the cost study which will involve selection, hiring, and training of staff, development of data collection and analysis tools (eg Excel costing spreadsheets), and for any logistics relating to the preparations of the research.

Sub-activity 5.2 Cost study execution: The academic research partner will lead all aspects relating to the implementation of the impact evaluation. This includes locating and obtaining sources of cost information (accounting records from key partners, shipping and handling documentation, etc), conducting interviews with staff and caregivers, conducting observations of key activities, and any other data collection that is needed.

Sub-activity 5.3 Analysis and dissemination: As above in more detail under Activities 3.3 and 4.3, the academic research partner will support the analysis and presentation of results, including contributing to the interpretation and dissemination activities.

Activity 6 Dissemination workshop: in collaboration with IFPRI and the UNICEF Country Office, organize in-country workshop(s) to disseminate study findings to all relevant stakeholders (policymakers, funders, NGOs, relevant ministries, community members).

III. Work relationships:

- The academic research partner will work under the overall supervision and leadership of IFPRI, the global research lead across Ethiopia, Kenya, and Nigeria, whose role is to foster the highest possible rigor in research and ensure consistency and synergies across countries.
- IFPRI will assist UNICEF-CO in reviewing the deliverables on content and will issue recommendations for revision or validation.
- UNICEF-CO will supervise the collaboration and will be responsible to issue the payments upon receipt of the deliverables by the local academic partner and its validation, considering IFPRI's review and recommendation for validation.
- The academic research partner will develop a work plan in consultation with IFPRI.
- Two-weekly calls will be organized between the academic partner, IFPRI and UNICEF to keep updated on progress and resolve any challenges that arise

4. EXPECTED DELIVERABLES

Deliverables will be approved by both UNICEF and IFPRI as the global principal investigator for this project. Timelines are subject to change.

Activity no.	Tasks (see details above)	Deliverable	Duration	Timeline	Payment schedule
1	Finalization of research protocol	<ul style="list-style-type: none">• Impact evaluation protocol• Implementation research protocol• Cost study protocol (see details above under activity 3)	60% effort over 2.5 months	1 st December 2023 to 15 th February 2024	Payments issued when all protocols are completed
2	Obtain IRB and other approvals	<ul style="list-style-type: none">• IRB approval• Any other approvals needed (see details above under activity 4)	60% effort over 0.5 months	15 th - 31 st February 2024	Payment issued upon IRB approval

Activity no.	Tasks (see details above)	Deliverable	Duration	Timeline	Payment schedule
3	Impact evaluation	<p><u>Preparation</u></p> <ul style="list-style-type: none"> • Draft study instruments (data collection forms and standard operating procedures) • Programmed CAPI • Contract in place for data collection firm or enumerators • Report on training and standardization of enumerators <p><u>Conduct impact evaluation</u></p> <ul style="list-style-type: none"> • Data cleaning syntax developed and weekly data queries sent • Monthly progress reports on study activities sent • Syntax for data analysis developed • Final results presentations and reports created • (see details above under activity 5) 	60% effort over 17 months	1 st March 2024 – 31 st July 2025	Payments issued when (1) all deliverables under preparations have been completed; (2) every 3 rd monthly progress report during the study (i.e., every quarter); and (3) when final results are completed

Activity no.	Tasks (see details above)	Deliverable	Duration	Timeline	Payment schedule
4	Implementation research	Preparation <ul style="list-style-type: none"> Draft study instruments (data collection forms and standard operating procedures) Programmed CAPI Contract in place for data collection firm or enumerators Report on training and standardization of enumerators Conduct implementation research <ul style="list-style-type: none"> Monthly progress reports on study activities sent Transcriptions prepared and coding of data developed Final results presentations and reports created (see details above under activity 6) 	25% effort over 17 months	1 st March 2024 – 31 st July 2025	Payments issued when (1) all deliverables under preparations have been completed; (2) every 3 rd monthly progress report during the study (ie every quarter); and (3) when final results are completed

Activity no.	Tasks (see details above)	Deliverable	Duration	Timeline	Payment schedule
5	Cost study	Preparation <ul style="list-style-type: none"> Draft study instruments (costing spreadsheet) Contracting of data collection firm or enumerators Report on training of enumerators Conduct cost study <ul style="list-style-type: none"> All cost data compiled Analysis complete Final results presentations and reports created (see details above under activity 7) 	15% effort over 17 months	1 st March 2024 – 31 st July 2025	Payments issued when (1) all deliverables under preparations have been completed, and (2) when cost data are compiled in the spreadsheets, and (3) when final results are completed
6	Dissemination workshop	Preparation <ul style="list-style-type: none"> Workshop scheduled and attendees invited Results reports and presentations prepared Post-workshop analysis <ul style="list-style-type: none"> Detailed report written of the workshop, outlining results of final presentations and key takeaways from stakeholder discussions 	60% effort over 1 month	1 st August 2025 – 31 st August 2025	Payments issued when workshop has been conducted and report has been completed

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

Expected timeline

	Months 0-3	Months 4-6	Months 7-9	Months 10-12	Months 13-15	Months 16-18	Months 19-21
The development, finalization, and IRB approval of detailed research protocols for the implementation, impact evaluation and costing research							
Preparations for impact evaluation							
Preparations for implementation research							
Preparations for cost study							
Data collection – impact evaluation							
Data collection – implementation research							
Data collection – cost study							
Final analysis							
Dissemination of results							

Note: above timeline are tentative to be determined after bidding process

6. OFFICIAL TRAVEL INVOLVED

Local travel will be required for the formative research field work, as well as for participation in workshops. On the issue of travel plan, the formative research design is not pre-defined though and will be designed/defined only based on prior desk review and analysis of existing surveys and monitoring data to assess service delivery and coverage of all platforms involved in screening, diagnosis, referral and treatment of wasting. As a result, field activities and timelines cannot be provided in advance. Therefore, field trip related costs including DSA and Transportation will be reimbursed upon completion of trip.

7. DESIRED QUALIFICATIONS, SPECIALIZED KNOWLEDGE OR EXPERIENCE

- PhD or equivalent research-focused degree in nutrition, public health, nutritional epidemiology, or related field.
- At least 10 years of professional experience in nutrition, public health, or related fields at the international level.
- Experience conducting high-quality research in Nigeria, especially in North-western Nigeria geopolitical zone.
- Experience conducting randomized controlled trials in community settings, research on child undernutrition, and preferably, research on wasting.

- Experience with quantitative data collection, quality control, and analysis
- Experience obtaining IRB and other approvals from authorities.
- Experience sensitizing communities and other stakeholders about research activities.
- Experience developing reports, policy briefs and articles for peer-reviewed journals.
- Excellent communications skills.
- Excellent written and spoken English.

Preferred qualifications

- Experience conducting impact evaluations using a randomized controlled design.
- Experience conducting implementation research.
- Experience conducting cost studies.
- Experience managing teams

**8. PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS
ASSESSMENT OF QUALITY OF WORK**

1. All goals outlined in the Terms of Reference have been met.

- Yes - No - Partly

If No, please explain

If partly, please specify:

2. List all major outputs/deliverables completed:

3. All deadlines established in the Terms of Reference have been met.

- Yes - No - Partly

If No, please explain:

If partly, please specify:

4. Please provide a detailed assessment of the following:

- a. **QUALITY OF WORK** (please specify whether the services/end products correspond to the specifications of the TOR, and if not, why not):
- b. **DELIVERABLES ACHIEVED** (please specify whether the results correspond to the specifications of the TOR, and assess initiative/drive, including ability to take action and get things done):
- c. **SKILLS** (if applicable, please specify strengths/weaknesses as related to accomplishment of goals/deliverables as set out in the TORs, including dependability and reliability in assuming and carrying out the commitments and obligations of the agreement):

OVERALL PERFORMANCE RATING

(Rate the Vendor's attributes – tick any of the boxes as applicable)

	Excellent	Very Good	Satisfactory	Requires Improvement	Unsatisfactory
Quality of work					
Technical skills					
Value for money					
Meeting time schedule					
Overall performance rating					

d. FREQUENCY OF PERFORMANCE REVIEWS

Performance reviews shall be conducted bi-annually (every 6 months)

e. UNICEF RECOURSE IN CASE OF UNSATISFACTORY PERFORMANCE

The deliverables and progress will be evaluated every six months by the core team consist of JSPHCDA, IFPRI and UNICEF representatives. The reported unsatisfactory work will lead to stop payment for the deliverables and will be blacklisted for further consideration in the contracting process.

f. REQUEST FOR PROPOSAL EVALUATION AND WEIGHTING CRITERIA

70% technical + 30% financial = 100% total

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.

Technical Evaluation Criteria

ITEM	TECHNICAL EVALUATION CRITERIA	MAX OBTAINABLE POINTS
1.0	Overall Response Overall Response e.g., the understanding of the assignment by the proposer and the alignment of the proposal submitted with the ToR.	10
1.1		5
1.2	<ul style="list-style-type: none"> Completeness of response Overall concord between TOR/needs and proposal 	5
2.0	Company and Key Personnel	30
2.1	<ul style="list-style-type: none"> Range and depth of organizational experience with similar projects 	10
2.2		5
2.3	<ul style="list-style-type: none"> Samples of previous work 	5
2.4	<ul style="list-style-type: none"> Number of customers, size of projects, number of staff per project Key personnel: relevant experience and qualifications of the proposed team for the assignment. 	10
3.0	Proposed Methodology and Approach	30
3.1	<ul style="list-style-type: none"> Work plan showing detail sampling methods, project implementation 	15
3.2		5
3.3	<ul style="list-style-type: none"> Technologies used & Innovative approach Project management, monitoring and quality assurance process 	10
TOTAL TECHNICAL SCORE		70
Minimum Score 70% X70		49
Submitted proposals will be assessed using Cumulative Analysis Method. All request for proposals will be weighed according to the technical (70%)		

and financial considerations (30%). Financial proposals will be opened only for those application that attained 50% or above on the technical part	
TOTAL FINANCIAL SCORE A financial proposal with a breakdown of all costs that are to be charged to UNICEF. This includes the cost of supplies and all other related costs.	30
SUMMARY OF TECHNICAL & FINANCIAL SCORE	100

g. CONDITIONS

- The contractor will work on its own computer(s) and use its own office resources and materials in the execution of this
- Assignment. **The contractor's fee shall be inclusive of all office administrative costs.**
- Local travel and airport transfers (where applicable) will be covered in accordance with UNICEF's rules and tariffs.
- Flight costs will be covered at economy class rate as per UNICEF policies.
- Any air tickets for travel will be authorized by and paid for by UNICEF directly and will be for the attendance of meetings and workshops.
- Please also see UNICEF's Standard Terms and Conditions attached.

Other Clauses: PSEA Language Consistent with the UN Secretary General's Bulletin related to "Special measures for protection from sexual exploitation and sexual abuse" (ST/SGB/2003/13), entities and individuals entering into cooperative agreements with an agency of the United Nations are obligated to "take preventative measures against sexual exploitation or abuse, to investigate allegations thereof, or to take corrective action when sexual exploitation or sexual abuse has occurred." Failure to do so "shall constitute grounds for termination of any cooperative arrangement with the United Nations." The Contractor is expected to have in place explicit policies related to the prevention of sexual exploitation and abuse of beneficiaries, including commitment to the IASC 6 Core Standards (IASC/2002), and the investigation of such cases. Where the contractor does not have enough capacity for the investigation of such cases, it should request the support of UNICEF. Reasonable suspicion of sexual exploitation or abuse of beneficiaries may be reported by any individual to UNICEF if the complainant so prefers.

Enquiries:

Please direct any enquiries to: pls see the RFP

Proposals with all supporting documents should be addressed to: ngrsupply@unicef.org

Instructions to bidders:

1. Proposals should be made separately: Technical and Financial. Technical should not have financial information as such technical proposal will be disqualified.
2. All completed proposals should be submitted to this email address: ngrsupply@unicef.org with the RFP reference number: 9185627. Your proposals will not be considered nor opened on failure to quote the RFP number on your forwarding email.
3. Deadline for submission is 21st October 2023; 2.30 pm
4. Financial proposal that includes a brief cover letter with summary of cost on letter-headed paper with contact details of the company and duly signed with a detailed breakdown of cost as an attachment is mandatory.
5. Financial proposal should be made along this cost lines: personnel cost; logistics (local/international, DSA, seminar venue rental), Admin cost (if applicable) and other cost - clearly indicated and broken down.
6. **Please note that this RFP is for local academic partner ONLY**

Note: The deadline for submission is 12th October 2023; 12.30pm ; Not 20th October, 2023.