**TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS**

|  |  |  |
| --- | --- | --- |
| **PART I** | | |
| Purpose of Assignment | **To conduct quantitative data collection for the impact evaluation on the adaptive component of Nutrition Improvement through Cash and Health Education (NICHE) in Kenya. In particular to:**   1. **Conduct data collection for five rounds of quantitative surveys (three rounds of main survey and two rounds of post-distribution monitoring surveys).** 2. **Participate in reference group meetings for the impact evaluation.** 3. **Support presentation of the results to programme stakeholders.** | |
| Location of Assignment | Three to four sub-counties in Kenya (within counties of Garissa and potentially others TBC) | |
| Duration of contract | 18 months from signing the contract | |
| Start date | From: January 2025 | To: June 2026 |
| Reporting to: | UNICEF Kenya: Chief of Social Policy (Ana Gabriella Guerrero Serdan) and Chief Planning, Monitoring & Evaluation (James Hedges), with a dotted line to the ICF evaluation team leads:  Miguel Almanzar (the Evaluation Office) and Valeria Groppo (UNICEF Innocenti – Global Office of Research and Foresight) | |
| If No, attach approved NFR/Justification for the consultancy | **The Impact Evaluation is part of the global Adaptive Social Protection: Evidence for Child Outcomes (ASPECT) project and the Impact Catalyst Fund multi-country thematic window on adaptive social protection led by the Evaluation Office. Kenya CO was selected through competitive selection process to implement this impact evaluation. However, it is included as part of the revised Costed Evaluation Plan (CEP), 2022-2026.** | |

# 1. Background

**1.1 Overview**

These Terms of Reference (ToR) outline a programme of work for qualified organizations to support UNICEF Kenya, the UNICEF Evaluation Office ‘Adaptive Social Protection: Evidence for Child Outcomes’ (ASPECT) team and other partners to implement an impact evaluation of the Adaptive Nutrition Improvement through Cash and Health Education (Adaptive NICHE) in Kenya.

The impact evaluation will be conducted in rural Kenya over an 18-month period (January 2025 – June 2026) and focus on the adaptive components of NICHE, including: a) cash top-up, b) enhanced emergency nutrition counselling, and c) increased surveillance, case management and referral of child protection issues. The zones of the evaluation (arid and semi-arid lands, with a focus on Garissa County in northeastern Kenya) were purposefully selected as prone to extreme weather events in the form of droughts and floods, with consequent higher rates of malnutrition.

The contractor is expected to be a research organization with previous experience conducting rigorous impact evaluations, including large-scale quantitative survey data collection. In addition, to facilitate all aspects of the workplan, the contractor must have at least one dedicated base (office) in Kenya, which will be the primary point of contact for activities.

The selected contractor is expected to conduct quantitative data collection, including supporting the preparatory phase, participate in meetings with the reference group, and support presentation and dissemination of findings (data analysis and report writing are not part of the contract, as they will be conducted by UNICEF ASPECT team).

Five rounds of quantitative data collection are expected, including three main survey rounds (Rounds 1, 2, and 3) and two shorter post-distribution monitoring surveys (PDM 1 and PDM 2), covering households with women that are eligible to receive the NICHE programme.

Data collection is expected as follows:

* **February/March 2025**: first round of the main quantitative survey (Round 1).
* **April/May 2025**: first PDM survey including post-distribution monitoring (PDM 1)
* **June 2025**: second round of the main quantitative survey (Round 2).
* **October/November 2025**: second PDM survey including post-distribution monitoring (PDM 2)
* **February 2026**: third round of the main quantitative survey (Round 3).

**PDM 1 and all data collections planned after it will be part of the contract, pending satisfactory performance for Round 1, as per UNICEF General Terms and Conditions of contract (services).** Details regarding the expectations of these five data collection efforts, responsibilities, deliverables and deadlines and capacity of the contractor are described in the subsequent sections.

The impact evaluation also includes qualitative data collection, planned for October/November 2025. Qualitative interviews will be collected in selected locations to understand challenges and enablers of implementation and capture participants’ perceptions of impacts. Qualitative data collection is not part of this TOR.

**1.2 Context and background**

In the last decade, Kenya has made significant progress towards poverty reduction. Between 2015 and 2019, the number of people living below the poverty line declined by 2.5 percentage points (pp) from 36.1 per cent in 2015, followed by a 9.5 pp increase in 2020 due to the COVID-19 pandemic, and a decrease by 4.3pp in 2021, when the overall poverty rate was 38.6 per cent nationally and 40.7 per cent in rural areas ([Kenya National Bureau of Statistics, 2021](https://www.knbs.or.ke/reports/the-kenya-poverty-report-2021/)). Kenya also improved key development indicators, including reducing maternal, newborn and child mortality ([World Bank, 2024](https://pip.worldbank.org/country-profiles/KEN)).

Despite this progress, the country still faces challenges to reduce its population’s vulnerabilities to economic, social and natural shocks. Prolonged droughts in the arid and semi-arid lands (ASALs) have affected food supply and led to food insecurity, poverty, and chronic malnutrition in parts of the country. The counties of Garissa, Isiolo, Mandera, Samburu, Tana River, Wajir are among those with the highest levels of poverty, chronic malnutrition, food insecurity alongside limited county-level capacities, coupled with prevailing challenges in the delivery of services related to health care.

**1.3 Nutrition Improvement through Cash and Health Education (NICHE) and Adaptive NICHE**

Against this background, the Government of Kenya (GoK) with support from UNICEF is implementing the Nutrition Improvement through Cash and Health Education (hereafter NICHE) programme, with the main objective to improve the nutritional status of children in the first 1,000 days of life. NICHE targets counties with high prevalence of acute malnutrition and food insecurity. NICHE beneficiaries include eligible National Safety Net Programme (NSNP) beneficiary households with children under 3 years of age or a pregnant or lactating woman (PLW). Under NICHE, these households receive a cash top-up, intensive nutrition counselling through the existing community health strategy platform and Baby Friendly Community Initiative (BFCI), as well as additional counselling integrating child protection Social and Behaviour Change Communication (SBCC) with a focus on positive parenting.

Until 2024, the NICHE programme had been implemented in five counties (Kilifi, Kitui, Marsabit, Turkana and West Pokot) and is currently being expanded to six additional counties (Garissa, Isiolo, Mandera, Samburu, Tana River, Wajir) with FCDO financial support, to be scaled up further under phase two of the Kenya Social and Economic Inclusion Project (KSEIP-2).

As part of NICHE expansion, an adaptive social protection (ASP) component will be integrated within NICHE. ASP aims to strengthen the ability of social protection systems to anticipate, prepare for shocks while contributing to resilience of poor and vulnerable households to future covariate shocks.

The adaptive component of NICHE will include the following elements:

1. An additional cash top-up.
2. Emergency nutrition counselling (e.g., follow-ups to households with PLWs or children below 3 years).
3. Increased child protection services (e.g., increased surveillance, case management and referral).

These components will be provided on top of standard NICHE and will be delivered before shocks occur. The delivery of the adaptive component of NICHE will be triggered by specific indicators signalling that a shock is being foreseen in the form of drought or flood.

**1.4 Theory of change of NICHE and Adaptive NICHE**

This section describes the primary pathways of impact, which are directly related to the objectives and design of Standard NICHE and Adaptive NICHE. Secondary pathways of impacts are also briefly described.

Standard NICHE

*Intermediate outcomes*

* The cash top-up provided as part of standard NICHE is expected to have an immediate impact on household **expenditure on food consumption and healthcare**. It is also expected to reduce caregivers’ **poverty-related stress** (concerns due to financial reasons).
* Nutrition services are expected to improve caregivers’ **knowledge on nutrition practices**.
* Services on positive parenting are expected to improve caregivers’ **knowledge and skills on positive parenting, non-violent discipline, and responsive care**.
* NICHE activities are also expected to improve **knowledge of referral services.**

*Outcomes*

* The above immediate effects will then generate improvements in key nutrition outcomes for children aged 0 to 3, including **breastfeeding practices, dietary diversity, minimum acceptable diet.**
* Key child protection outcomes include **practices of non-violent child discipline and responsive care**, as well as **use of referral service.**
* The overall combination of cash and services can then have synergistic effects and improve also **access and use of health services**.

Adaptive NICHE

*Intermediate outcomes*

* The additional cash provided in anticipation of shocks is expected to further enhance household expenditure on food and healthcare. As a result, household **food security** is expected to improve, and households are expected to rely less on negative **coping strategies** once the shock hits.
* Nutrition counselling is expected to further improve caregivers’ **knowledge on nutrition practices, with a focus on nutrition in emergency.**
* Child protection services are expected to further improve knowledge of health and referral services.

*Outcomes*

* As a result of the service strengthening and improved knowledge of nutrition practices and referral services, child nutrition practices are expected to further improve before the shock and be maintained after the shock. These include **breastfeeding practices, dietary diversity, minimum acceptable diet, health seeking behaviour.**
* The overall combination of cash and services can then have synergistic effect and further improve **access and use of health and referral services.**
* **Household productive assets** are also expected to increase, in anticipation of the shock (as households can use the additional cash to consolidate their asset base) and/or after the shock (as households who faced the shock with a higher asset base are more likely to maintain at least part of it after the shock).
* As a result of the change in productive assets, food security and coping strategies, households are also expected to modify **time-use** allocation across their members. Household broader **resilience to shocks** can also be enhanced.

Secondary outcomes of interest include improved **sanitation facilities**, improved **schooling** outcomes for children, women’s experience of **gender-based violence**, reduced **early pregnancy**, and improved **mental health**.

The main impact indicators are summarized in Table 1.

Table 1 Key outcomes expected to be affected by Standard and Adaptive NICHE

|  |  |  |
| --- | --- | --- |
| Outcomes | Standard NICHE | Adaptive NICHE |
|  |  |  |
| Household |  |  |
| Expenditure on food | x | xx |
| Expenditure on healthcare | x | x |
| Food security | x | xx |
| Coping strategies |  | x |
| Productive assets |  | x |
| Resilience to shocks |  | x |
| Caregiver |  |  |
| Poverty-related stress | x | xx |
| Knowledge on nutrition practices | x | x |
| Knowledge and skills on positive parenting, non-violent discipline and responsive care | x | x |
| Economic empowerment | x | xx |
| Time use |  | x |
| Knowledge on shock preparedness |  | x |
| Child and youth |  |  |
| Breastfeeding practices | x | x |
| Dietary diversity | x | xx |
| Minimum acceptable diet | x | xx |
| Mid-Upper Arm Circumference (MUAC) | x | xx |
| Positive parenting practices and non-violent child discipline | x | x |
| Use of referral services | x | xx |
| Access and use of health services | x | xx |

Note: “x” indicates that the programme is expected to affect the indicator; “xx” indicates effects are expected to be more pronounced in the case of a shock (Adaptive NICHE).

**1.5 Impact evaluation**

An impact evaluation of NICHE and its adaptive component will be conducted as part of the ASPECT research project, which is generating evidence on the effectiveness of ASP systems on outcomes for children and families in fragile, low- and middle-income contexts. ASPECT is a collaborative effort between UNICEF’s Evaluation Office, Programme Group/Social Policy Section, UNICEF Innocenti – Global Office of Research and Foresight (UNICEF Innocenti), and the Division of Data, Analytics, Planning and Monitoring.

With this ToR, UNICEF Kenya, in partnerships with UNICEF Evaluation Office and UNICEF Innocenti, seeks a qualified institution to conduct **quantitative data collection** for the evaluation.

Evaluation objectives

The impact evaluation is being designed with three main objectives:

* Estimate the differential impact of an adaptive and child centered intervention, Adaptive NICHE, versus the impact of the Standard NICHE; and the overall effect of Adaptive NICHE with respect to receiving only the HSNP.
* Provide an assessment of the cost-effectiveness of the programme (impact per unit cost).
* Highlight the main pathways though which impacts are realized, thus allowing to understand ‘why’ specific impacts are observed and which mechanisms are at play.

The evaluation is expected to inform the design of the NICHE programme (including its adaptive component) and support its potential scale-up in the future. The evaluation findings will also fill key evidence gaps in the adaptive social protection space.

Research questions

The evaluation aims at responding to the following research questions:

1. *How effective is Adaptive NICHE relative to standard NICHE in preventing child malnutrition and improving child protection?* ***(Q1)***
2. *To what extent does Adaptive NICHE strengthen household resilience, and improve child outcomes in the face of covariate shocks, compared to the ‘status quo’ (i.e., regular cash transfer schemes)?* ***(Q2)***
3. *How cost-effective is Adaptive NICHE relative to standard NICHE in preventing child malnutrition, improving child protection, and improving household resilience to shocks?* ***(Q3)***
4. *Was the programme implemented as intended, and what were the main challenges and enablers in implementing a climate adaptive programme like NICHE?* ***(Q4)***
5. *What were direct beneficiaries’ perceptions on the programme implementation, its effects and its responsiveness to the climate context? What were the main pathways of impact?* ***(Q5)***

**Question 1** points to the benefits of adding adaptive features to the existing NICHE programme. It will provide an estimate of the differential impact of the adaptive as a whole, with respect to the standard NICHE.

**Question 2** compares the impact of the overall adaptive NICHE to the ‘status quo’ of receiving the regular cash transfer scheme through the Hunger Safety Net.

**Question 3** assesses the cost-effectiveness of the Adaptive NICHE relative to the standard NICHE. These first three questions will be the focus of the quantitative portion of the evaluation.

**Questions 4 and 5** assess aspects of programme implementation, as well as beneficiaries’ perceptions on the effects and pathways of impact. These questions will be addressed with qualitative methods, including in-depth interviews and focus group discussion with key programme stakeholders and beneficiaries. Analysis from these questions will allow further understanding of the pathways of impact and the role of specific programme features, such as the timing of disbursement (e.g., if the adaptive was received early enough before the shock to allow household preparing for it).

Methodology

The proposed study design is a mixed methods evaluation that includes three main components: (i) a rigorous quantitative impact evaluation with primary survey data, (ii) cost-effectiveness analysis based on programme cost and monitoring data, and (iii) a qualitative evaluation to explore implementation aspects (such as fidelity in programme implementation) as well as beneficiaries’ perceptions on the effects of the programme and the pathways through which these are realized.

The impact evaluation will focus on assessing impacts on the indicators listed in Table 1. Impacts will also be assessed on secondary indicators, which are not the primary objective of the programme, but could be indirectly influenced by it (e.g., GBV, violence against children, and school attendance).

The focus of the impact evaluation is on the differential impact of the Adaptive NICHE compared to the standard NICHE (Q1), and the impact of the overall adaptive NICHE versus the regular Hunger Safety Net Programme, HSNP (Q2).

The evaluation will not specifically estimate the separate impacts of each the different elements of the Adaptive (e.g., cash versus emergency nutrition counselling). However, to assess the role of each adaptive component and which one(s) made a difference, the following elements will be included:

* The quantitative survey will include measures of the intermediate outcomes, such as knowledge on nutrition in emergency or knowledge on use of referral reservices. Moreover, the operational module of the quantitative questionnaire will ask about the specific services received by beneficiaries and how they benefited from these (e.g., how the additional cash was used).
* The qualitative analysis will include a 'process research component' and a qualitative impact protocol (QUIP), so both implementation processes and perceived outcomes will be analyzed (including perceived causal pathways).

The qualitative and quantitative findings will be triangulated to arrive at a clear interpretation of the observed impacts, including why and how these were realized.

**Note that services requested with this TOR refer to collection of quantitative survey data. The qualitative data collection will be contracted separately, and it is not part of this ToR.**

*Study design and sample size determination for the quantitative component*

Two different quantitative approaches will be used to address the first two research questions:

* **Q1**: A two-arm cluster-randomized controlled trial (RCT) is planned, where clusters are randomly allocated to two arms as follows: 1) Adaptive NICHE, and 2) standard NICHE.
* **Q2**: A quasi-experimental approach is planned, by which a control group (only receiving the regular safety net) is ‘matched’ to the group of Adaptive NICHE participants.

Based on NICHE eligibility criteria, the evaluation sample will include households with children under 24 months and/or with pregnant and lactating women who are registered for HSNP.

The Kenya Health MIS list of villages and beneficiaries provides the sampling frame. A clustered design is proposed with villages as primary sampling units (PSU) and unit of randomization.

A key intervention component of Adaptive NICHE is intensification of home visits for nutrition counselling by community health volunteers (CHVs). CHVs operate at the village level and the Health MIS data includes the list of villages covered by CHVs. Therefore, villages represent an appropriate sampling cluster for the evaluation.

An alternative option is to use health units (HUs) as unit of randomization (CHVs report to HUs and some of NICHE activities, such as education sessions for mothers, are implemented at the HU level). This alternative option could work if each CHV refers to one specific HU only.

Using villages or HUs as clusters is expected to provide similar results in terms of sample size. Indeed, based on MIS data, the number of beneficiaries per village is similar to the number of beneficiaries per HU, that is about 20 households. The description below refers to villages as units of randomization and the specific unit of randomization will be confirmed after registration of NICHE beneficiaries is completed (so actual number of beneficiaries per village is available) and operational aspects of Adaptive NICHE are defined (so it will be clearer whether HUs or villages better align to programme operations).

The proposed sampling strategy is a multi-stage clustered random sample: (1) selecting a random sample of villages from a complete list in each subcounty included in the evaluation; (2) selecting all households with eligible women or a random sample if number of eligible women is larger than the indicated in the power analysis; (3) if there are multiple eligible women in the household, selecting one as primary.

For each treatment arm in the RCT, about 30 clusters are needed, for a total of 60. For the quasi-experimental arm, we need to increase design by adding “well matched” observations. To obtain the best matches possible we will be needing a larger pool of observation, thus recommend having the status quo control pool in the survey be 2x the size calculated in for the RCT arms. So, the ‘status quo’ control study arm will include about 60 clusters.

In total, the sample would include about 120 clusters, with about 20 eligible households each (2,400 households). The expected sample size summarized in Table 2.

**Table 2: Summary of sample size**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Clusters | HH per cluster (Design) | Total Households | Attrition buffer 10% | Total Sample (effective) | Household per cluster (effective) |
| T1: Adaptive NICHE | 30 | 20 | 600 | 60 | 660 | 22 |
| T2: Standard NICHE | 30 | 20 | 600 | 60 | 660 | 22 |
| T3: Status quo control | 60 | 20 | 1,200 | 120 | 1,320 | 22 |
| Total | **120** |  | **2,400** | **240** | **2,640** |  |

The Minimum Detectable Effect (MDE) with the above sample size was derived, considering the following parameters: the type I error (alpha) is set at 5% and the power is set at 80%; the expected average number of eligible households (M) is set at 20; the number of clusters (K) is set at 30; the ICC (rho-ρ) is set at four alternative levels (0.05, 0.10, 0.15 and 0.2); the average proportion (p) is set at 0.5 or 50 per cent, giving the maximum sample required and a conservative MDE (if the mean of the binary indicator is different from 0.5, then MDE for those indicators will be lower, i.e. the sample will be better at detecting smaller differences across arms or impacts).

Results are provided in Table 3 below. The MDE ranges between 0.11 and 0.17, depending on the ICC value (larger values of ICC imply a larger MDE).

**Table 3: Power calculation parameters and Minimum Detectable Effects (MDEs)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| alpha | power | K1 | K2 | M1 | M2 | Delta (MDE) | p1 | p2 | rho |
|  |  |  |  |  |  |  |  |  |  |
| 0.05 | 0.8 | 30 | 30 | 25 | 25 | 0.1065 | 0.5 | 0.6065 | 0.05 |
| 0.05 | 0.8 | 30 | 30 | 25 | 25 | 0.1319 | 0.5 | 0.6319 | 0.1 |
| 0.05 | 0.8 | 30 | 30 | 25 | 25 | 0.1528 | 0.5 | 0.6528 | 0.15 |
| 0.05 | 0.8 | 30 | 30 | 25 | 25 | 0.1709 | 0.5 | 0.6709 | 0.2 |

**1.5 Setting and selection of villages**

The impact evaluation will be conducted in three to four sub-counties, including Garissa Township and Ijara (with others TBC).

The selection of the subcounties will be decided by UNICEF (Evaluation Office, Innocenti) in close consultation with UNICEF Kenya.

Once the study sites are selected, randomization of clusters (villages) will be conducted by UNICEF (Evaluation Office and Innocenti). The impact evaluation is planned to include about 120 villages (clusters) with about 20 households each.

It is important to note that villages are relatively extended in size and NICHE eligible households are relatively dispersed. This will likely require significant efforts in terms of transport time and fieldwork logistics.

We assume that each village will represent one cluster. However, there may be cases of large villages (e.g., including 75 beneficiaries or more). For these, the evaluation team will explore the option of dividing the village in two (or three) clusters, if needed and if this does not disrupt programme implementation. If the subcounties considered for Adaptive NICHE (Garissa Township and Ijara) do not include at least 30 villages with 20 beneficiaries and if it will not possible to ‘split’ big villages in smaller clusters for the evaluation, it may be necessary to expand implementation of Adaptive NICHE to one additional subcounty in Garissa county, to arrive at the required number of villages.

The list of villages included in the impact evaluation will be shared with the government and other stakeholders. We aim to ensure transparency in the selection process and ensure that the relevant government counterparts are aware of the criteria and treatment allocation process well in advance. In specific, we provide the list of villages in Garissa assigned to the adaptive NICHE (T1) to monitor the triggering indicators and implement the adaptive features in the correct communities (and their beneficiaries) should a shock occur.

# 2. Objectives, Purpose & Expected Results

These TOR specifically concern the realization of the impact evaluation, while the programme will be implemented by the Government, UNICEF Kenya and partners.

Services requested with this ToR include conducting quantitative data collection, participate in reference group meetings for the evaluation and support presentation of the results to programme stakeholders. The specific objectives include:

1. **Complete data collection for five rounds of quantitative surveys** (three rounds of main survey and two rounds of post-distribution monitoring surveys) – ensuring data is collected in adherence to the design and at the highest rigour and quality. Surveys are longitudinal (the same households will be followed over time).
   * Output: five rounds of data delivered between January 2025 and June 2026.
2. **Participate in reference group meetings for the impact evaluation**, as members of the impact evaluation team
   * Output: regular meetings (e.g., by weekly with the technical reference group of the impact evaluation (weekly or bi-weekly as required).
3. **Support presentation of the results** to programme stakeholders.
   * Output: participation in validation and dissemination workshops to present findings (at least three validation and three dissemination workshops are expected).

The government and donors who fund social protection programmes in Kenya are the main audience for impact evaluation. The results will enable these actors to assess how adaptive integrated social protection programmes (cash and services provided in anticipation of shocks) can improve child well-being outcomes and household resilience.

The programme is being implemented by UNICEF Kenya Social Policy team. The assignment will be managed by the KCO evaluation manager in close coordination and support from the impact evaluation team (UNICEF Innocenti and UNICEF Evaluation Office).

# 3. Description of the Assignment.

The institution will partner with UNICEF to implement quantitative data collection for the ASPECT Kenya impact evaluation. This entails three main rounds of quantitative data collection (Rounds 1, 2 and 3) and two rounds of post-shock PDM surveys (smaller in scope). Fieldwork activities will span from February 2025 to February/March 2026, according to the schedule in Table 4.

**Table 4: Timeline of fieldwork (quantitative data collection)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Timeline:** | **February/March 2025** | **April/May 2025** | **June 2025** | **October/November 2025** | **February 2026** |
| **Quantitative rounds:** | Round 1 | Post- shock survey  (PDM 1) | Round 2 | Post- shock survey  (PDM 2) | Round 3 |

Details on survey parameters for the main surveys and PDM surveys are provided below and summarized in Table 5.

**Main survey: Rounds 1, 2 and 3**

The main quantitative surveys will be multi-topical, with focus on the domains of child nutrition and household resilience. The following four questionnaires will be included:

1. Household questionnaire: (~1 hour). This will be administered to the household head or another knowledgeable member of the household (if possible, the same respondent will be used across survey rounds). The questionnaire will include information on a range of household-level indicators, including household composition and demographics, food security, productive livelihoods, hired labour, shocks and coping strategies. The household questionnaire will also include information on demographic characteristics, health, education, and time use for all members of the household.
2. Woman questionnaire: (~1.5 hours) interviews will be conducted with one NICHE beneficiary per household, with the same woman interviewed across survey rounds. Data will also be collected for (at least) one child per each eligible woman. Information includes:
   * Women characteristics (e.g., knowledge of nutrition and feeding of infants and young children, programme’s operational performance) and
   * Child characteristics (e.g., nutrition, health, child development, child discipline, vaccination, MUAC)
3. Health Unit questionnaire: (~30 minutes) this will include information on HU characteristics such as number of women served, and types of services provided.
4. Community questionnaire: (~30 minutes) this will include information on village-level characteristics, including on prices.

**Post-Distribution Monitoring Surveys (PDM 1 and 2)**

These surveys will have shorter questionnaires, focused on capturing the severity of the shock, together with aspects of household resilience and programme operations, including post-distribution monitoring (PDM).

**Table 5: Parameters for the quantitative surveys**

|  |  |  |  |
| --- | --- | --- | --- |
| **Questionnaire** | **Sample size** | **Estimated time per respondent** | **Respondent type** |
| **Main surveys (Rounds 1, 2 and 3)** | | | |
| A. Household | ~ 2,640 households | 1 hour | Household head, or another knowledgeable household member |
| B. Woman  (including one child per woman) | ~ 2,640 women  (~ 2,640 children) | 1.5 hours | NICHE beneficiary |
| C. Health Unit | ~ 120 HUs | 30 minutes | Health Community Volunteer (HCV) |
| D. Community | ~ 120 communities | 30 minutes | Community leader or another knowledgeable community member |
| **Post-distribution monitoring surveys (PDM 1 and 2)** | | | |
| A. Household | ~ 700 households | 45 mins | Household head, or another knowledgeable household member |
| B. Woman  (including one child per woman) | ~ 700 women  (~ 700 children) | 45 mins | NICHE beneficiary |

# 4. Deliverables, timelines, and payment schedule

**4.1 Planned deliverables**

The planned deliverables include five main stages: preparation, supervisor training and fieldwork logistics, enumerator training, fieldwork, and data cleaning. Figure 1 and Table 6 shows the timeline of activities, for each survey round.

The deadlines are indicative (should be recalculated from contract signing).

**Figure 1: Timeline of activities for quantitative surveys**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2024 | 2025 | | | | | | | | | | | | |
|  | Dec | Jan | Feb | Mar | Mar | Apr | May | Jun | Jul | Aug | Sep | Sep | Oct | Nov |
| Preparation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Training & logistics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fieldwork |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data cleaning |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2025 | 2026 | | | | | | | | | | | | |
|  | Dec | Jan | Feb | Mar | Mar | Apr | May | Jun | Jul | Aug | Sep | Sep | Oct | Nov |
| Preparation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fieldwork |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data cleaning |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preparation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Note: Blue and orange cells indicate the timeline for the main survey rounds and the PDMs, respectively.

**Table 6: Details of deliverables expected for each survey round**

|  | **Activities** | **Deliverables** | **Deadline** | |
| --- | --- | --- | --- | --- |
|  | **ROUND 1** | | |  |
| 1 | **Preparation activities:**  Meeting with UNICEF ASPECT team  Review sampling plan and determination of sample communities (and final sample) in the study target areas  Recruit field staff, according to the criteria listed in this ToR  Review survey questionnaires to ensure cultural adaptation to the local context; translate questionnaires to Kiswahili; programme and test survey questionnaires in SurveyCTO/CSPro (CAPI application)  Prepare training manuals for supervisors and enumerators  Review ethics documents for national IRB submission and submit to the IRB  Finalize all remaining aspects of data collection plans and procedures (room rental; purchase of equipment/tools, including vehicles, tablets and others; data security protocols; insurance for enumerators) | 1. Summary note of ‘Main sample’ with excel list of communities 2. Final questionnaires in English and Kiswahili, appropriate for the local context; CAPI application 3. Approved supervisor manuals; approved enumerator manuals 4. Ethics documents submitted to national IRB 5. Approved data collection plans and procedures, including data security protocols and list of the supervisors and enumerators recruited (name, background, experience, etc.); insurance for enumerators | January 17, 2024 | |
| 2 | **Supervisor training and fieldwork logistics:**  Train supervisors  Liaise with relevant local authorities to obtain a community letter of introduction | 1. Supervisors complete the training 2. Acquired permissions from the local government bodies to proceed with data collection | January 24, 2025 | |
| 3 | **Enumerator training:**  Train enumerator teams according to the criteria listed in this ToR (including rental of the training room and tools) and conduct pilot test (field practice)  Provide regular debriefs from training and pilot and update questionnaires (including CAPI) accordingly  Obtain ethical clearance and submit request of research permit to NACOSTI | 1. Enumerators and supervisors complete the training and pilot; 2. Regular debriefs from training and pilot, including feedback on necessary questionnaire revisions; final questionnaires and updated CAPI 3. Ethical clearance is obtained; research permit is obtained (NACOSTI) | February 7, 2025 | |
| 4 | **Round 1 fieldwork:**  Round 1 data collection including four questionnaires (household, women and children, HUs and community), with regular uploads of data and communication with ASPECT team.  Support data quality checks.  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team. | 1. Daily updates to the ASPECT impact evaluation focal point; data uploaded regularly; CAPI files are updated (if necessary, based on data checks). 2. Weekly progress reports (~ 4 pages) | March 7, 2025 | |
| 5 | **Round 1 data cleaning**  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team.  Provide clean data (data cleaning is expected to be conducted in close consultation with and regular reporting to the ASPECT team, and in regular intervals during the data collection phase). | 1. Raw Stata files; CAPI files 2. Final and approved fieldwork report (~15 pages) 3. Clean Round 1 data in Stata format | March 21, 2025 | |
|  | **Post-shock survey (PDM 1)** | | | |
| 6 | **Preparation activities:**  Meeting with UNICEF ASPECT team  Review sampling plan and determination of sample communities (and final sample)  Review survey questionnaires; translate questionnaires to Kiswahili; programme and test survey questionnaires in CAPI  Revise training manuals for supervisors and enumerators  Finalize all aspects of data collection plans and procedures (room rental; purchase of equipment/tools, including vehicles, tablets and others; data security protocols; insurance for enumerators)  Check if any necessary amendment needed to ethical clearance/research permit | 1. Summary note of ‘PDM sub-sample’ with excel list of communities 2. Final questionnaires in English and Kiswahili, appropriate for the local context; CAPI application 3. Approved revised supervisor and enumerator manuals 4. Approved data collection plans and procedures, including data security protocols and list of the supervisors and enumerators recruited (name, background, experience, etc.); insurance for enumerators 5. Submission of ethical clearance and/or research permit amendment request (if required) | March 15, 2025 | |
| 7 | **Supervisor and enumerator training:**  Train enumerator teams according to the criteria listed in this ToR (including rental of the training room and tools) and conduct pilot test (field practice)  Provide regular debriefs from training and pilot and update questionnaires (including CAPI) accordingly  8Liaise with relevant local authorities to obtain a community letter of introduction | 1. Supervisors and enumerators complete the training and pilot; regular debriefs from training and pilot, including feedback on necessary questionnaire revisions; final questionnaires and updated CAPI 2. Permission from the local government bodies to proceed with data collection 3. Valid ethical clearance; approval of research permit (NACOSTI). | March 30, 2025 | |
| 9 | **PDM 1 fieldwork:**  PDM 1 data collection including two questionnaires (household, women and children), with regular uploads of data and communication with ASPECT team.  Support data quality checks.  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team. | 1. Daily updates to the ASPECT impact evaluation focal point; data uploaded regularly; CAPI files are updated (if necessary, based on data checks). 2. Weekly progress reports (~2 pages) | April 15, 2025 | |
| 10 | **PDM 1 data cleaning**  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team.  Provide cleaned (data cleaning is expected to be conducted in close consultation with and regular reporting to the ASPECT team, and in regular intervals during the data collection phase). | 1. Raw Stata files; CAPI files. 2. Final and approved fieldwork report (~8 pages) 3. Clean PDM 1 data in Stata format | April 30, 2025 | |
|  | **ROUND 2** | | | |
| 11 | **Preparation activities:**  Meeting with UNICEF ASPECT team  Review sampling plan and determination of sample communities (and final sample) in the study target areas  Review and translate survey questionnaires and training manuals for supervisors and enumerators  Finalize all aspects of data collection plans and procedures (room rental; purchase of equipment/tools, including vehicles, tablets and others; data security protocols; insurance for enumerators) | 1. Summary note of Round 2 sample with excel list of communities 2. Final questionnaires in English and Kiswahili, appropriate for the local context; CAPI application 3. Approved revised supervisor and enumerator manuals 4. Approved data collection plans and procedures, including data security protocols and list of the supervisors and enumerators recruited (name, background, experience, etc.); insurance for enumerators. | May 15, 2025 | |
| 12 | **Supervisor and enumerator training:**  Conduct ‘refresher training’ for supervisors and enumerators, including pilot test  Provide regular debriefs from training and pilot and update questionnaires (including CAPI) accordingly  Liaise with relevant local authorities to obtain a community letter of introduction | 1. Supervisors and enumerators complete the refresher training and pilot; regular debriefs from training and pilot, including feedback on questionnaire revisions; final questionnaires and updated CAPI 2. Permission from the local government bodies to proceed with data collection 3. Valid ethical clearance for quantitative; approval of research permit (NACOSTI) | May 30, 2025 | |
| 13 | **Round 2 fieldwork:**  Round 2 data collection including four quantitative questionnaires (household, women and children, HUs and community), with regular uploads of data and regular communication with ASPECT team.  Support data quality checks.  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team. | 1. Daily updates to the ASPECT impact evaluation focal point; data uploaded regularly; CSPRo files are updated (if necessary, based on data checks). 2. Weekly progress reports (~ 4 pages) | June 30, 2025 | |
| 14 | **Round 2 data cleaning**  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team.  Provide clean data (data cleaning is expected to be conducted in close consultation with and regular reporting to the ASPECT team, and in regular intervals during the data collection phase). | 1. Raw Stata files; CAPI files. 2. Final and approved fieldwork report (~15 pages) 3. Clean Round 2 data in Stata format | July 15, 2025 | |
|  | **Post-shock survey (PDM 2)** | | | |
| 15 | **Preparation activities:**  Meeting with UNICEF ASPECT team  Review sampling plan and determination of sample communities (and final sample)  Review survey and translate questionnaires to ensure cultural adaptation to the local context; complete CAPI programming  Revise training manuals for supervisors and enumerators  Finalize all aspects of data collection plans and procedures (room rental; purchase of equipment/tools, including vehicles, tablets and others; data security protocols; insurance for enumerators)  Check if any necessary amendment needed to ethical clearance/research permit | 1. Summary note of ‘PDM sub-sample’ with excel list of communities 2. Final questionnaires in English and Kiswahili, appropriate for the local context; CAPI application 3. Approved revised supervisor and enumerator manuals 4. Approved data collection plans and procedures, including data security protocols and list of the supervisors and enumerators recruited (name, background, experience, etc.); insurance for enumerators 5. Submission of ethical clearance and/or research permit amendment request (if required) | October 15, 2025 | |
| 16 | **Supervisor and enumerator training:**  Train enumerator teams according to the criteria listed in this ToR (including rental of the training room and tools) and conduct pilot test (field practice)  Provide regular debriefs from training and pilot and update questionnaires (including CAPI) accordingly  Liaise with relevant local authorities to obtain a community letter of introduction | 1. Supervisors and enumerators complete the training and pilot; regular debriefs from training and pilot, including feedback on necessary questionnaire revisions; final questionnaires and updated CAPI 2. Permission from the local government bodies to proceed with data collection 3. Valid ethical clearance; approval of research permit (NACOSTI). | October 31, 2025 | |
| 17 | **PDM 2 fieldwork:**  PDM 2 data collection including two questionnaires (household, women and children), with regular uploads of data and communication with ASPECT team.  Support data quality checks.  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team. | 1. Daily updates to the ASPECT impact evaluation focal point; data uploaded regularly; CAPI files are updated (if necessary, based on data checks). 2. Weekly progress reports (~2 pages) | November 15, 2025 | |
| 18 | **PDM 2 data cleaning**  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team.  Provide clean data (data cleaning is expected to be conducted in close consultation with and regular reporting to the ASPECT team, and in regular intervals during data collection). | 1. Raw Stata files; CAPI files 2. Final and approved fieldwork report (~8 pages) 3. Clean PDM 1 data in Stata format | Novembre 30, 2025 | |
|  | **ROUND 3** | | | |
| 19 | **Preparation:**  Meeting with UNICEF ASPECT team  Review sampling plan and determination of sample communities (and final sample) in the study target areas  Review survey and translate questionnaires and training manuals for supervisors and enumerators  Finalize all aspects of data collection plans and procedures (room rental; purchase of equipment/tools, including vehicles, tablets and others; data security protocols; insurance for enumerators) | 1. Summary note of Round 2 sample with excel list of communities 2. Final questionnaires in English and Kiswahili, appropriate for the local context; CAPI application 3. Approved revised supervisor and enumerator manuals 4. Approved data collection plans and procedures, including data security protocols and list of the supervisors and enumerators recruited (name, background, experience, etc.); insurance for enumerators. | December 31, 2025 | |
| 20 | **Supervisor and enumerator training:**  Conduct ‘refresher training’ for supervisors and enumerators, including pilot test  Provide regular debriefs from training and pilot and update questionnaires (including CAPI) accordingly  Liaise with relevant local authorities to obtain a community letter of introduction | 1. Supervisors and enumerators complete the refresher training and pilot; regular debriefs from training and pilot, including feedback on questionnaire revisions; final questionnaires and updated CAPI 2. Permission from the local government bodies to proceed with data collection 3. Valid ethical clearance; approval of research permit (NACOSTI) | January 15, 2026 | |
| 21 | **Round 3 fieldwork:**  Round 3 data collection including four quantitative questionnaires (household, women and children, HUs and community), with regular uploads of data and regular communication with ASPECT team.  Support data quality checks.  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team. | 1. Daily updates to the ASPECT impact evaluation focal point; data uploaded regularly; CAPI files are updated (if necessary, based on data checks). 2. Weekly progress reports (~ 4 pages) | February 15, 2026 | |
| 22 | **Round 3 data cleaning**  Provide raw data (Stata files for households, women, HUs and communities; CAPI files) to ASPECT team.  Provide clean data (data cleaning is expected to be conducted in close consultation with and regular reporting to the ASPECT team, and in regular intervals during the data collection phase). | 1. Raw Stata files; CAPI files 2. Final and approved fieldwork report (~15 pages) 3. Clean Round 3 data in Stata format | March 15, 2026 | |

All study working documents, including hard copies of confidentiality agreements, consent forms, and master lists of household and study participants shall be submitted to UNICEF ASPECT team on a regular basis following fieldwork rounds, and prior to the final payment. All raw and clean data files should be submitted securely stored as per IRB regulations and shared with UNICEF ASPECT team.

The table below summarizes the responsibilities of parties:

**Table 7: Summary of responsibilities**

| **UNICEF Innocenti & Evaluation Office** | **Contracted Institution** |
| --- | --- |
| * Select the impact evaluation sample. * Produce a first draft of the survey questionnaires. * Revise survey questionnaire and tools after ethics review as needed. * Provide in-person support to enumerator training. * Conduct regular data checks during fieldwork. * Analyze data and write the impact evaluation reports. * Participate in required meetings (in person or remotely) before, during and after fieldwork to present and discuss tools, supervisor and investigator manuals, data collection plan. | * Review the quantitative questionnaires to ensure they are appropriate to the context. * Translate quantitative questionnaires to Kiswahili. * Programme and test quantitative questionnaires in SurveyCTO/CSP (CAPI application). * Design and implement data collection plans and procedures, including recruitment of field staff, training, rental of training rooms, purchase of equipment and field tools (e.g., vehicles and tablets); insurance for enumerators. * Obtain ethical clearance for quantitative (all questionnaires and tools will be provided by UNICEF Innocenti and Evaluation Office, so the contractor is only responsible for submission to the ethics IRB and liasing with Innocenti/EO to signal the outcome of the ethics review and any needed revisions). * Obtain research permit (NACOSTI). * Conduct the quantitative survey with the sample of groups, women (and their households) chosen by UNICEF Innocent/EO from the survey frame provided by UNICEF Kenya. * Upload data collected regularly during data collection to enable UNICEF Innocenti/EO to perform data checks. * Support regular data checks and update CAPI accordingly if needed * Submit weekly field reports on collection progress, challenges encountered on the ground and response measures applied. * Submit final fieldwork report for each data collection rounds. * Clean quantitative data. * Participate in required meetings (in person or remotely) with UNICEF before, during and after fieldwork to present and discuss tools, supervisor and investigator manuals, data collection plan. * Support dissemination of evaluation findings. |

**4.2 Data security**

All data must be collected in electronic format via portable tablets. Tablets must be protected by passwords to ensure the confidentiality of information.

Please indicate in the technical proposal if tablets are available.

All physical equipment (tablets, smartphones, interview notes, etc.) will be kept under lock and key at the office of the contracted Institution with strictly limited access to the Institution's technical team.

Electronic data will be sent directly from the investigator to the central server. At the level of the interviewer, the data entered is stored securely. All sensitive and identifiable information will never be passed beyond the technical team of the study.

At the end of the data collection, all quantitative data should be compiled into a database and the data on the tablets should be deleted. The Institution will submit all physical and electronic data to UNICEF Kenya within two weeks of the end of data collection. The Institution will retain copies of data for a period of 12 months after the end of the investigation before destroying them completely.

**4.3 Supervisor and interviewer training**

Supervisors will be trained for a minimum of 3 days. Afterwards, the investigators will be trained for a minimum of 7 days, and the supervisors will have to participate fully in the training of the investigators.

An internet connection and related equipment will be put in place to enable effective remote participation in the training of UNICEF staff (e.g. via Zoom or Microsoft Teams), should remote presence be required.

In addition, all supervisors and interviewers are requested to participate in a pilot exercise to facilitate practice in the field to get to grips with the questionnaire and control the flow of questions in order to make adjustments if necessary (location to be selected in consultation with UNICEF).

Training sessions should cover at least the following topics:

* Informed consent and accreditation.
* Ethical Practices for Research.
* Topics from the inquiry modules, including health, education, time use (and exposure to related hazards), experiences of violence, among others.
* Use and practice of tablets.

**4.4 Ethical requirements and field procedures**

The contracted Institution will be responsible for obtaining all permissions necessary for conducting the survey, including:

* Ethical clearance
* Research permit for the study (NACOSTI)
* Relevant permissions from regional, provincial, or local authorities (i.e. authorizations to collect data in different regions, provinces and communites – if applicable)
* Permits related to the survey implementation (i.e. team health and accident insurance, and others as necessary)

The evaluation approach and methodological framework shall be in line with UNICEF and UNEG standards and principles on evaluation ethics and quality, as outlined in the [UNEG Norms and Standards for Evaluation](http://www.unevaluation.org/document/detail/1914), the [UNICEF Adapted UNEG Evaluation Reports Standards](https://www.unicef.org/evaluation/documents/unicef-adapted-uneg-evaluation-reports-standards), the [UNEG Ethical Guidelines for Evaluation](http://www.unevaluation.org/document/detail/2866), and the [UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis](https://www.unicef.org/evaluation/documents/unicef-procedure-ethical-standards-research-evaluation-data-collection-and-analysis#:~:text=UNICEF%20Procedure%20on%20Ethical%20Standards%20in%20Research%2C%20Evaluation%2C,and%20ensure%20ethical%20oversight%20and%20accountability.%20UNICEF%2FUN0156400%2FMawa%20About).

The following principles, in particular, are to be given utmost importance:

* **Confidentiality:** The assessment must respect the rights of the persons providing information, guaranteeing their anonymity and confidentiality. Information collected will be treated as strictly confidential, and the institution will need to ensure that identities of participants are not disclosed before, during and after the study through data anonymization procedures. The rights of distribution and/or publication will reside solely with UNICEF. The contracted institution will not retain any data collected under this assignment and will not make use of such data for any other purposes than those stated in the TORs.
* **Integrity:** The Evaluation team will need to highlight issues not specifically identified in the TOR, in order to obtain a more complete analysis of the programme.
* **Independence:** Due care will be taken to avoid outside influence and conflicts of interest to ensure that the evaluation is conducted free from undue pressure or vested interests (from program management or implementers) and that its conclusions and recommendations are based solely on the evidence presented.
* **Incidents:** If problems arise during fieldwork, or at any other time during the evaluation, they should be reported immediately to the Research and Evaluation Manager. If this is not done, the existence of such problems can in no way be used to justify the impossibility of achieving the results foreseen by UNICEF in these TOR.
* **Validity of information:** The Evaluation team must ensure the accuracy of the information collected during the preparation of the reports and will be responsible for the information presented in the final report.
* **Intellectual property:** Using the different sources of information, the Evaluation team must respect the intellectual property rights of the institutions and communities consulted.
* **Submission of deliverables:** If the submission of deliverables is postponed, or in the event that the quality of the deliverables submitted is significantly lower than what has been agreed, the sanctions provided for in these terms of reference will apply.

To protect confidentiality, it is essential that the content of the survey related to violent victimization is not disclosed beyond survey respondents, including to authorities or community members upon entry into the community (if these individuals facilitate identification and/or access to sampled households).

Given the sensitive content of the investigation, supervisors, enumerators and other research teams accompanying field teams are expected to sign confidentiality agreements. The forms will be provided by UNICEF Innocenti/EO.

Consent forms will be provided by UNICEF Innocenti/EO and must be reviewed and translated by the Institution. All informed consents include ethical elements regarding: (i) the objectives and content of the study (without revealing the true nature of the sensitive questions asked of women), (ii) privacy and data protection, (iii) voluntary participation, (iv) the right to refuse or skip any question without consequence, and (v) the contact person who can contact to make a complaint or other information about the study.

In collaboration with the ASPECT team, UNICEF Kenya and the implementing partners, the contracted institute will develop an **adverse event and direct referral protocol** for referring and assisting participants who are in need of additional help or report distress as an outcome of being interviewed during the data collection process. This protocol will be followed during all aspects of data collection and will include regular reporting to the Impact Catalyst Fund (ICF) team on instances requiring direct referrals. In addition, field staff who experience vicarious trauma or distress as a result of conducting fieldwork will be offered similar services and referral options. A list of local and national services should be provided to all survey respondents at the end of the interview and enumerators will be trained on the appropriate and sensitive way to enter this list. In addition, the interviewers will be trained on how to offer the intervention plan to respondents who feel unwell during the interview, share an experience of violence or indicate that they are not safe in their current home, as well as the steps to implement the intervention plan in collaboration with partners (the referral plan will be confirmed with UNICEF Kenya before starting the trainings).

As this evaluation is linked to UNICEF and focuses on harmful practices – all aspects of the data collection will follow a ‘do no harm’ approach. Contractor staff or fieldworkers who engage in behavior which puts this approach at risk will be removed from the data collection team.

**4.5. Payment schedule**

Payments will only be made upon acceptance by UNICEF Kenya of the work performed in accordance with the contractual deliverable schedule. The terms of payment are 30 days, after receipt of the invoice and acceptance of the work. Payments will be made on satisfactory presentation of deliverables and made by UNICEF Kenya by bank transfer.

Quality control protocols and processes established by the UNICEF Evaluation Office will be followed to ensure quality assurance of the final outputs and close management throughout the exercise. The intermediary (e.g. inception report) and final products should meet **Global Evaluation Reports Oversight System (GEROS)** standards. The contractor should incorporate all revisions and feedback received from the Kenya evaluation manager, the evaluation reference group and the ASPECT team.

Tentative payment will be finalized with the selected contractor; below is the proposed payment structure:

* 5% upon submission of deliverables 1-5, to allow activities to proceed which must be completed in advance of fieldwork, to pay for translation, programming of questionnaires, and training and pilot;
* 10% upon approved deliverables 6-7 (Supervisor training and local permissions), which will allow the contractor to pay for Round 1 training and surveys fieldwork costs;
* 5% upon approval of deliverables 8-10 (enumerator training for Round 1)
* 10% upon approval of deliverables 11-15 (Round 1 fieldwork and clean data)
* 5% upon approval of deliverables 16-20 (preparation for PDM 1)
* 10% upon approval of deliverables 21-28 (PDM 1 training, fieldwork and clean data)
* 5% upon approval of deliverables 29-32 (preparation for Round 2)
* 5% upon approval of deliverables 33-35 (training for Round 2), which will allow the contractor to pay for Round 2 fieldwork costs
* 10% upon approval of deliverables 36-40 (Round 2 fieldwork and clean data)
* 5% upon approval of deliverables 41-45 (preparation for PDM 2)
* 10% upon approval of deliverables 46-53 (PDM 2 training, fieldwork and clean data)
* 5% upon approval of deliverables 54-57 (preparation for Round 3)
* 5% upon approval of deliverables 50-60 (training for Round 3), which will allow the contractor to pay for Round 2 fieldwork costs
* 10% upon approval of deliverables 61-65 (Round 3 fieldwork and clean data)

# 5. Reporting Requirements

For each survey round, the Institution will provide the following reports (see Table 6 for deadlines):

* Training and fieldwork plan/schedule (max. 4 pages).
* Training manuals for supervisors and enumerators.
* Weekly progress reports (max. 4 pages) of fieldwork progress and related challenges; final and approved fieldwork reports (max. 15 pages).

All working documents and the final field report must be submitted in English. The contracted Institution is responsible for organizing and managing the high-quality translation of all materials and documents into local languages.

# 6. Location and Duration

* Starting period: January 2025
* Foreseen finishing period or duration: June 2026
* Indicative schedule of the assignment:
  + Round 1: February/March 2025
  + PDM 1: March/April 2025
  + Round 2: June 2025
  + PDM 2: October/November 2025
  + Round 3: February 2026
* Specific timelines and milestones for individual activities: See Table 6 above.
* Location(s) and schedule of the assignment: Fieldwork will be conducted in three to four subcounties (Garissa Township and Ijara, plus others TBC)

# 7. Qualification Requirements

**7.1 Firm requirements**

The contractor must meet the following minimum requirements to bid for this opportunity:

* Extensive experience conducting large multi-topic quantitative surveys of similar scale (3,000+ households) using CAPI and electronic tablets, including the deployment, management and oversight of the fieldwork operations and research teams.
* Demonstrated experience in adhering to ethical research practices as well as handling sensitive material and information and conducting interviews concerning potentially difficult topics among vulnerable groups.
* Sufficient technical and financial capacity to manage survey logistics, including equipment, materials, and personnel for large scale surveys.
* Sufficient organizational and financial capacity to flexibly adapt to potential changes in timeline.
* Experience with electronic data collection (SurveyCTO, ODK, etc.), as well as with standard statistical software (Stata, SPSS, R).
* At least one dedicated base (office) in Kenya, which will be the primary point of contact for activities.
* Ability to work in English and Kiswahili.
* Prior experience with projects relating to child nutrition, child protection and/or household resilience to shocks would be an advantage.

**7.2 Required personnel and qualification**

The contractor should, at minimum, assign the following staff to the project:

* **Quantitative team leader/Co-principal investigator (co-PI):** 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 co-PI should have a solid understanding of the Kenyan context as well as expertise in quantitative sampling, evaluation, and longitudinal study designs. The co-PI should be fluent in written and spoken English. The co-PI should have the necessary skills and experience in ethical research practices, including conducting research on sensitive issues among children and adolescents.
* **Project manager/field coordinator:** Bachelor’s degree in a relevant field and at least 5 years of experience managing complex and large-scale surveys, with longitudinal design. Excellent communication, organizational skills, and fluency in written and spoken English required.
* **Data manager:** must have a bachelor’s degree in statistics or related subject and at least 5 years of experience with household listings, questionnaire programming softwares (CAPI), and longitudinal surveys.
* **A team of supervisors** (~ 5 supervisors): must have at least a secondary school diploma (completed university preferred). Five years of experience supervising the implementation of extended household surveys (e.g., MICS) required, including experience working with electronic tablets for data collection. Supervisors are expected to be professional, respectful, and fully committed to maintaining the investigation protocol and ethical procedures. They should not supervise in areas where they know community members because this would jeopardize respondents’ confidentiality.
* **A team of enumerators and interviewers** (~ 25 interviewers): must have at least a secondary diploma (some university or completed university preferred) and be fluent in English and Kiswahili. Minimum two years of demonstrable experience in carrying out surveys required, including experience working with tablets for data collection. Friendly and respectful attitude, ability to establish a trusting environment for the interview, and fully commitment to following the study protocols and ethical procedures. Desirable: training in health, social sciences, social work, or therapy. Recommended: interviewers should be recruited from the same region to ensure their knowledge of sociocultural context and local languages. They should not work in areas where they know community members because doing so would jeopardize respondents’ confidentiality.

Contractors should not limit the personnel to this list, however, should propose staffing which cover all aspects of the required tasks according to their preferred mode of working. If contractors propose personnel which deviate from these descriptions, an explanation needs to be given on why their proposed staffing still fits the requirements for the study. Due to the importance of incorporating local knowledge in the evaluation, there is preference for the national PI to be Kenyan.

# 8. Evaluation process and methods

Bidders are requested to prepare and submit in separate documents:

1. **A technical proposal** that highlights the capacity of the bidder to organize and implement large-scale longitudinal data collection. No financial information should be included in the technical proposal. The technical proposal should be prepared in accordance with the technical criteria specified in the table below. CVs of team members must be included. Information shall also be provided for a minimum of three assignments for which the firm and its personnel were legally contracted in the past five years, for carrying out services of a similar nature (project information shall include client name, contact details, duration of assignment, contract value, staff number, and a brief project narrative).
2. **A financial proposal** that must include a detailed breakdown of all costs associated with the assignment. This shall be all inclusive of professional fees, travel/transport expenses, computers, equipment, materials, translation (if required). VAT shall be specified if applicable. UNICEF will issue a lump sum contract and no additional cost for unexpected expenses will be considered. A budget template is provided below.

After the opening, a two-stage procedure will be used in evaluating proposals, with evaluation of the **Technical Proposals** being completed prior to any **Financial Proposals** being opened and compared. Proposals deemed not to meet all the mandatory technical requirements of 50 points will be considered non-compliant and rejected without further consideration. UNICEF shall award the contract to the bidder who obtains the highest combined score of the technical and financial evaluation.

The **technical evaluation** will have a maximum of 80 points and remaining 20 points on **financial** **evaluation**, based on the following criteria:

| **#** | **Technical criteria** | **Max points** |
| --- | --- | --- |
| **1** | **Overall response** | **10** |
| 1.1 | Understanding of the methodology and design structure of the impact evaluation; Overall match between the RfP requirements and proposal | 10 |
| **2** | **Proposed methodology and approach** | **35** |
| 2.1 | Quality of the proposed approach and methodology | 10 |
| 2.2 | Quality of the proposed implementation plan (i.e. how the firm plans to undertake each task), including quality assurance mechanisms applied to data collection and post-fieldwork management. | 10 |
| 2.3 | Assessment of ethical concerns and appropriate mitigation measures | 5 |
| 2.4 | Articulation of any other risks (e.g., related to uncertainty in shock occurrence and timeline and mitigation strategies) | 10 |
| **3** | **Profile of the firm and personnel** | **35** |
| 3.1 | Years of experience in similar previous work/assignments, organization’s structure, areas of expertise, financial capacity, and client references. | 10 |
| 3.2 | Supporting documentation of previous similar experiences performed by the firm showing experience conducting large, multi-topic field surveys using electronic tablets, including the deployment, oversight and management of research teams. | 5 |
| 3.3 | Relevance of the team composition in terms of individual technical qualification, experience and knowledge of the local context. | 10 |
| 3.4 | Certification of key personnel on principles of ethical research and experience completing ethical protocols for Institutional Review Board (IRB) approvals | 5 |
| 3.5 | Demonstrated ability to produce high quality datasets and quality reports in English. | 5 |
|  | **TOTAL TECHNICAL SCORE** | **80** |
|  | Only proposals with a minimum technical score of 50 will be considered for financial proposal |  |
|  | **FINANCIAL SCORE** | **20** |
|  | **TOTAL TECHNICAL + FINANCIAL** | **100** |

# 9. Administrative issues

As above mentioned, the financial proposal is inclusive of all professional fees (for all personnel involved at the various stages of the data collection), travel/transport expenses, computers, equipment, materials, translation (if required). VAT shall be specified if applicable.

Travel cost shall be calculated based on economy class travel (regardless of the length of travel) and costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC).

UNICEF will issue a lump sum contract and no additional cost for unexpected expenses will be considered. A budget template is provided below.

The financial offer must include a detailed budget breakdown, such as per diem, number of days and other unit costs and quantities. All costs must be denominated in KES.

The following table (budget template) can be used as starting point. Separate tables should be provided for each fieldwork round, plus a summary table showing the overall cost of the five rounds.

|  | **Unit** | **N of posts** | **Rate (USD)** | **N of units** | **Total USD** |
| --- | --- | --- | --- | --- | --- |
| **1. Preparation** |  |  |  |  |  |
| Principal/national researcher | days |  |  |  |  |
| Field coordinator | days |  |  |  |  |
| Data manager | days |  |  |  |  |
| Preliminary costs (e.g., ethics approval) |  |  |  |  |  |
| *Sub-total* |  |  |  |  |  |
| **2. Supervisor training** |  |  |  |  |  |
| Principal/national researcher | days |  |  |  |  |
| Project officer | days |  |  |  |  |
| Data manager | days |  |  |  |  |
| Enumerators | days |  |  |  |  |
| Supervisors | days |  |  |  |  |
| Room Hire | days |  |  |  |  |
| Tea/lunches | days |  |  |  |  |
| *Sub-total* |  |  |  |  |  |
| **3. Supervisor training** |  |  |  |  |  |
| Principal/national researcher | days |  |  |  |  |
| Field coordinator | days |  |  |  |  |
| Data manager | days |  |  |  |  |
| Supervisors | days |  |  |  |  |
| Room Hire | days |  |  |  |  |
| Tea/lunches | days |  |  |  |  |
| *Sub-total* |  |  |  |  |  |
| **4. Fieldwork** |  |  |  |  |  |
| Principal/national researcher | days |  |  |  |  |
| Field coordinator | days |  |  |  |  |
| Data manager | days |  |  |  |  |
| Drivers | days |  |  |  |  |
| Enumerators | days |  |  |  |  |
| Supervisors | days |  |  |  |  |
| Local transportation costs | km |  |  |  |  |
| *Sub-total* |  |  |  |  |  |
| **5. Miscellaneous** |  |  |  |  |  |
| Compensation to interviewed households | interview |  |  |  |  |
| *Sub-total* |  |  |  |  |  |
| **6. Data cleaning** |  |  |  |  |  |
| Data manager | days |  |  |  |  |
| Project officer | days |  |  |  |  |
| *Sub-total* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Round x, before overhead** |  |  |  |  |  |
| VAT and/or overhead, as applicable |  |  |  |  |  |
| **GRAND TOTAL Round x** |  |  |  |  |  |

# 10. Project Management

**UNICEF Kenya commissions the institutional services for this evaluation.** The designated team/project lead will report directly to personnel at UNICEF Kenya, and the UNICEF Evaluation Office and UNICEF Innocenti ASPECT team. The UNICEF Kenya and ASPECT team will manage the exercise to ensure independence, impartiality, and credibility. The ASPECT team will provide oversight and feedback to the UNICEF Kenya evaluation manager on the timeliness, completeness and quality of work implementation at all stages of the contract.

The contractor will work under the guidance and supervision of the Social Policy Specialist at UNICEF Innocenti and the Evaluation Specialist at the UNICEF Evaluation Office. The contractor will also work closely with UNICEF Kenya (including the Chief of Social Policy and the Chief of Planning, Monitoring & Evaluation). The contractor will coordinate closely with other programme partners and their government counterparts as required.

Compliance with the terms and conditions of the contract and the timely completion of planned deliverables will be closely monitored. Once the contract has been satisfactorily completed, the supervisor will evaluate the work and authorize UNICEF Kenya to follow up on payments.

**Independence rests with the Kenya country office evaluation manager/focal points and the ASPECT team (Evaluation Office and UNICEF Innocenti)**, which hire an external contractor to bring additional expertise and capacity. Accordingly, the contractor’s team must respond adequately to any concerns, and the manager may modify deliverables to achieve an acceptable quality level.[[1]](#footnote-2)

The evaluation managers will coordinate the evaluation with key stakeholders including programme teams, NGOs, and national counterparts. Furthermore, an **Evaluation Reference Group (ERG)** will support the evaluation in an advisory capacity. The ERG will consist of internal resource persons and external experts deemed helpful. It will mainly focus on supporting quality assurance during the evaluation process, reviewing the main deliverables, and supporting and validating the conclusions and recommendations.

# 11. Potential identified risk and mitigation measures

The main risks of the impact evaluation are related to the uncertainty of occurrence of the shocks (droughts, floods), which can affect programmatic decisions. In turn, these may require adapting the study design and the timeline of data collection.

Therefore, the bidder must have a financial and organizational structure that is flexible and agile to respond to potential changes in timeline. The technical proposal has to include risks and proposed mitigation measures (requirements are outlined in more detail in section 7 of this ToR).

# 12. Any other Information

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Prepared and finalised |  |  |  |
|  | (Kinlay Penjor, Eva. Specialist) |  | Date: 18 Nov. 2024 |
|  |  |  |  |
| Reviewed | James Hedges |  |  |
|  | Chief of PME |  | Date: |
|  |  |  |  |
| Reviewed | Priscilla Kiambi |  |  |
|  | Supply and Logistics Officer |  | Date: |
| Authorised | Mahboob Ahmed Bajwa |  |  |
|  | Dep Rep (Programme) |  | Date: |

1. UNICEF (2023), [Revised evaluation policy of UNICEF](https://www.unicef.org/executiveboard/revised-evaluation-policy-unicef-srs-2023), Executive Board, Second regular session 2023, E/ICEF/2023/27, p. 11. [↑](#footnote-ref-2)