

Terms of Reference for Formative Evaluation of National Immunisation Programme in Angola (2022-2024)

Summary

Type of Contract	Institutional Contract	X	Individual
Title of the Evaluation	Formative Evaluation of National Immunisation Programme in Angola (2022-2024)		
Purpose	The formative evaluation of national immunisation programme in Angola (2022-2024) aims to explore the extent to which the approaches taken to identify and reach zero-dose and under-vaccinated children have contributed to an improved immunisation programme in Angola. The relevant experience and lessons learned will provide key recommendations to the Government of Angola to strengthen routine immunisation.		
Objectives	<ul style="list-style-type: none"> To assess the coherence, relevance, efficiency and effectiveness of the immunisation programme with a system's lens; To examine the approaches taken to identify and reach zero-dose and under-vaccinated children, looking at both supply and demand sides, and understand what worked and what did not work in improving immunisation coverage, especially for the hard-to-reach communities; To draw lessons and formulate key recommendations for the refinement and potential scale-up of good practices to further support the Government of Angola in the efforts of strengthening the immunisation programme within the health care system. 		
Location	Selected provinces		
Duration	15 weeks, between February-August 2025		
Start Date	February 2025		
Commissioning Office	Angola Country Office		
Reporting to	Yaozhu Chu, Planning, Monitoring and Evaluation Specialist, in close consultation with Steve Macheso, Immunisation Specialist, and Frederico Brito, Chief of Health and Nutrition		
Date of TOR Approval	20 January 2025		



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Terms of Reference

Formative Evaluation of National Immunisation Programme in Angola (2022-2024)

1. Background

Zero-dose children operationally, refer to the children who have not received the first dose of the Pentavalent vaccine (Penta 1). Angola is among the 20 countries with the highest number of zero-dose children. In 2021, the country had 553,000 zero-dose children, a 36 per cent increase from 2019, largely due to the COVID-19 pandemic, which disrupted healthcare services. The pandemic also led to outbreaks of vaccine-preventable diseases, such as measles, and heightened the risk of other diseases like bacterial meningitis and polio.

In addition, Angola faces significant challenges that have led to accumulation of zero-dose children in the past decade due to a confluence of political, technical, and economic factors. Politically, the country's health budget remains critically low, standing at below seven per cent of the state budget compared to the Abuja target of 15 per cent. This insufficient funding hampers the operational capacity of vaccination programmes, as not all provincial governments are willing or able to cover the costs associated with vaccination initiatives. Furthermore, the slow update and approval of the national immunization policy have left many areas without clear guidance and support, limiting the ability to implement effective vaccination strategies.

From a technical perspective, supply-side constraints play a crucial role in the vaccination landscape. While there has been an increase in the number of health facilities equipped with cold chain systems over the past decade, only 60 per cent of these facilities have fixed vaccination units. Additionally, inadequate mapping of vaccine storage capabilities and community outreach needs exacerbate the problem, particularly in peri-urban and hard-to-reach areas. These challenges are compounded by limited financing for operational costs, which affects the ability to conduct outreach and mobile vaccination brigades effectively.

Demand-side obstacles further complicate the situation. Many caregivers perceive health facilities as providing inadequate care and poor service quality, which discourages them from seeking vaccinations. Furthermore, the lack of community involvement in planning vaccination activities has resulted in missed opportunities for outreach and education. Health workers often fail to engage communities in selecting vaccination locations and schedules, leaving caregivers unaware of when and where vaccinations are available. This lack of information, coupled with insufficient dissemination of vaccination data, contributes to a reluctance to follow the complete vaccination schedule.

Economic factors also play a significant role in the high number of zero-dose children. Angola's high number of zero-dose children can be significantly attributed to economic factors, particularly the country's dependence on the extractive industry. The reliance on oil revenue has left Angola vulnerable to fluctuations in international commodity prices. As oil prices and production capacity have declined in recent years, the nation has experienced a substantial loss of revenue, which has directly impacted its ability to fund essential services, including healthcare and vaccination programmes.

Moreover, Angola's transition from Gavi, the Vaccine Alliance (Gavi) support to self-financing vaccine procurement has not been effectively realised. This shift was hindered by low allocations in the state budget, which have consistently fallen short of what is necessary to ensure adequate funding for

immunisation efforts. Compounding these challenges, Angola has faced high external and domestic debt service obligations, which have consumed over 45 per cent of the state budget for the past five years.

The combination of declining oil revenues and heavy debt burdens has constrained the government's fiscal space, limiting its capacity to invest in health infrastructure and vaccination programmes. With insufficient funds allocated to healthcare, operational costs for vaccination initiatives are frequently unmet, leading to disruptions in service delivery. Consequently, these economic pressures significantly undermine efforts to ensure that all children receive the vaccinations they need.

In response, the Ministry of Health has partnered with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), to develop a plan targeting 22 municipalities with the highest number of zero-dose children. The plan was funded by Gavi in 2023 through the Middle-Income Countries (MICs) approach, aiming to reduce zero-dose children by 10 per cent and increase routine vaccination coverage by 10 per cent by 2024. It focuses on reaching 457,122 children under one year old, primarily in the provinces of Luanda, Bié, Huambo, Cunene, and Cuanza Sul. This project is now extended to 2025 due to challenges on disbursement mechanism.

The plan emphasises a combination of facility-based, outreach, and mobile health teams to vaccinate children in hard-to-reach areas. Key activities include actively identifying zero-dose communities and zero-dose children, improving the quality of care at fixed vaccination sites, strengthening the vaccine supply chain, and enhancing data quality to better track zero-dose and under-vaccinated children. The plan also focuses on creating demand for vaccination by increasing community engagement, trust in health services, and the connection between health facilities and the communities they serve. Additionally, the government aims to strengthen its institutional capacity to use immunisation services as a platform for broader primary healthcare delivery, particularly in rural and underserved areas.

In 2023, UNICEF mobilised additional funds to expand immunisation efforts in Angola, specifically targeting six more districts in Huila province. These funds are aimed at reaching zero-dose children by increasing access to immunisation services in underserved areas. The expansion in Huila is part of broader efforts to address the disparity in vaccine coverage, ensuring that more children, particularly in remote regions, can receive life-saving immunisations. The initiative seeks to strengthen routine immunisation programme. The result was promising – there were 411,000 zero-dose children registered in 2023, compared to 553,000 in 2021. This improvement demonstrated the impact of intensified immunisation efforts. The country also saw an increased vaccination coverage of Penta 1, reaching 69 per cent, which is higher than pre-pandemic level in 2019. However, despite these positive developments, Angola remains one of only two countries in the Eastern and Southern Africa Region with Penta 1 vaccination coverage still below 70 per cent. It underscores the ongoing challenges in ensuring comprehensive immunisation coverage, emphasizing the need for sustained efforts to reach every child and close the remaining gaps.

Building on this momentum, UNICEF secured further funding in 2024 to support the Government of Angola in its efforts of strengthening the Expanded Immunisation Programme (EPI) in two additional municipalities in Luanda province. Luanda, Angola's most populous province, faces significant challenges in ensuring equitable vaccine coverage, particularly in peri-urban and underserved communities. By directing resources toward these areas, the initiative aims to close the immunisation gap, reaching children who have previously been excluded from routine immunisation programme. These efforts reflect a sustained commitment to achieving equity in healthcare access and improving overall child health outcomes.

In parallel with these immunisation initiatives, UNICEF provided substantial support to the Government of Angola in expanding cold chain infrastructure, which is crucial for the proper storage and distribution of vaccines. Using funds from a COVID-19 project funded by the U.S. Agency for International Development (USAID), UNICEF supported the government to procure and install 280 solar-powered

refrigerators in health facilities across the country. This expansion has increased the cold chain capacity by 10 per cent, ensuring that vaccines remain viable even in areas without reliable electricity. The installation of these refrigerators is particularly impactful in rural and hard-to-reach areas, where maintaining the necessary cold storage conditions has been a persistent challenge. By strengthening the cold chain, the capacity of health facilities has been enhanced to deliver vaccines effectively, further supporting the goal of reaching zero-dose children.

One of the most critical aspects of the plan is mobilising sufficient and sustainable domestic resources for the immunisation programme. The Government of Angola has made strides in securing financial support from international partners such as Gavi, which provides funding for middle-income countries like Angola. However, sustained political commitment and accountability at all levels will be essential to ensuring the long-term success of the plan. The high-level event on immunisation and primary health care held in June 2022 brought together the minister of health, finance, territory administration, provincial governor, partners and private sector to discuss about the need to increase investment on immunisation and primary health care. Eight Commitments were adopted to increase financial allocation of state budget and increase routine immunisation coverage.

However, the challenge remains to translate these commitments into actionable, sustainable improvements on the ground. Despite being one of the few African countries that self-finance vaccines, Angola's health sector is underfunded, with less than seven per cent of the state budget allocated to healthcare, well below the 15 per cent target of the Abuja Declaration. This underfunding has resulted in vaccine stockouts and gaps in healthcare access, particularly in rural areas. Even though Angola has 3,495 health facilities, only approximately 60 per cent (2,087) of them implement the EPI.

2. Evaluation Purpose and Objectives

The purpose of the formative evaluation of national immunisation programme in Angola (2022-2024) is to explore the extent to which the approaches taken to identify and reach zero-dose and under-vaccinated children have contributed to an improved immunisation programme in Angola. The relevant experience and lessons learned will provide key recommendations to the Government of Angola to strengthen routine immunisation.

The formative evaluation will provide an independent and impartial assessment on the implementation of immunisation programme in Angola, the extent to which it is being implemented as planned and meeting its intended objectives, incorporating gender and disability-inclusive perspectives. This impartial analysis is expected to highlight specific challenges related to operational inefficiencies, community engagement, and health infrastructure, offering insights into the complex interplay of political, technical, and economic factors that contribute to the high number of zero-dose children. By understanding these dynamics, stakeholders can inform the implementation of national immunisation strategy (*currently being drafted*) using tailored interventions that address both immediate challenges and underlying systemic issues, ultimately enhancing the effectiveness of vaccination initiatives.

Specifically, the evaluation aims to:

- To assess the coherence, relevance, efficiency and effectiveness of the immunisation programme using a system's lens;
- To examine the different approaches taken to identify and reach zero-dose and under-vaccinated children, looking at both supply and demand sides, and understand what worked and what did not work in improving immunisation coverage, especially for the hard-to-reach communities, taking into considerations of gender and equity (including disability);
- To draw lessons and formulate key recommendations for the refinement and potential scale-up of good practices to further support the Government of Angola in the efforts of strengthening the immunisation programme within the health care system.

3. Evaluation Scope

The period of the formative evaluation will be from February till August 2025, and estimated number of working days will be 15 weeks (75 days).

Temporal Scope: The evaluation will cover the period from **July 2022 to December 2024**.

Thematic Scope: The evaluation will focus on immunisation coverage and efforts to reach zero-dose children, including the recent initiatives outlined in the Zero Dose Recovery Plan. It will assess the overall immunisation programme, with particular attention to UNICEF's specific contributions and support. The evaluation will explore the effectiveness, challenges, and outcomes of the strategies implemented to increase immunisation rates and reduce the number of zero-dose children.

Geographic Scope: While the evaluation will be nationwide, special emphasis will be placed on provinces and municipalities where targeted interventions/projects for reaching zero-dose children have been implemented. These areas will be oversampled to ensure a comprehensive analysis of the efficiency and effectiveness of the initiatives, including Luanda, Cunene, Huambo, Bie and Cuanza Sul provinces. Equity dimensions must be considered by collecting and disaggregating data on sex, age and disability, to the extent possible.

4. Evaluation Criteria and Questions

Data collected will be analysed by the evaluation team to assess its relevance, coherence, effectiveness and efficiency based on the latest Organization for Economic Co-operation and Development Assistance Committee (OECD/DAC) criteria while taking account of equity, human rights and gender equality. Key criteria and guidance to prepare the questions are as follows, which will be further elaborated and fine-tuned in the inception report.

Criteria	Guidance to prepare questions
<p>RELEVANCE: <i>Is the intervention doing the right things?</i></p>	<ul style="list-style-type: none"> • <i>To what extent is the current immunisation programme in Angola aligned with the healthcare needs of zero-dose and under-vaccinated children, particularly in hard-to-reach communities?</i> • <i>To what extent does the immunisation programme respond to the immunisation needs of children, especially with regards to reaching zero-dose children?</i> • <i>To what extent is the immunisation programme aligned to the national priorities, Commitments from Luanda Declaration, Immunisation Agenda 2030, and UNICEF immunisation roadmap programming framework 2022-2030?</i> • <i>To what extent has the immunisation programme adapted to respond to socio-economic changes and trends?</i>
<p>COHERENCE: <i>How well does the intervention fit?</i></p>	<ul style="list-style-type: none"> • <i>To what extent is the immunisation programme in Angola integrated with other healthcare initiatives, and how effectively does this integration support the identification and vaccination of zero-dose and under-vaccinated children?</i> • <i>To what extent is the immunisation programme complementary with those other initiatives to strengthen primary health care and reach the most vulnerable?</i> • <i>To what extent were context factors (political, macroeconomic social, population movements, etc.) considered in the design and delivery of the immunisation programme in Angola?</i>
<p>EFFECTIVENESS: <i>Is the intervention achieving its objectives?</i></p>	<ul style="list-style-type: none"> • <i>How effective have targeted interventions, such as mobile vaccination units and community outreach programs, been in increasing immunisation coverage among zero-dose and under-vaccinated children in hard-to-reach communities?</i>

	<ul style="list-style-type: none"> • <i>To what extent is the immunisation programme likely to achieve its intended objectives?</i> • <i>What are the factors (internal and external to UNICEF) that contributed the most to the attainment of the envisaged programme objectives?</i> • <i>What are the factors (internal and external to UNICEF) that hindered the most the attainment of the envisaged programme objectives?</i> • <i>What are the unexpected outcomes (positive and negative) produced by the immunisation programme?</i> • <i>To what extent did strategic partners and partnerships contribute to the attainment of the immunisation programme results?</i>
<i>EFFICIENCY: How well are resources being used?</i>	<ul style="list-style-type: none"> • <i>What have been the most and least effective approaches for increasing immunisation coverage among zero-dose and under-vaccinated children, and how efficiently have resources (funding, personnel, logistics) been utilised to achieve these outcomes?</i> • <i>Were there other alternative strategies that could have been put in place to achieve the same level of results with fewer costs?</i> • <i>To what extent were financial resources, human resources and supplies sufficient in quantity; adequate in quality; and distributed in a timely manner?</i>
<i>GENDER, HUMAN RIGHTS AND EQUITY</i>	<ul style="list-style-type: none"> • <i>How have gender, human rights, and equity considerations been integrated into the immunisation programme, and what impact has this had on access to vaccines for marginalized groups, including women and children in hard-to-reach areas?</i> • <i>To what extent were Gender, Human Rights and Equity principles integrated in the design and implementation of the immunisation programme?</i> • <i>To what extent did the immunisation programme identify and address the barriers that prevent access to immunisation services for the most vulnerable groups, including children with disabilities?</i>

5. Evaluation Approach

This section provides some initial thinking on the proposed methodology, which should be elaborated by the evaluation team in the technical proposal and further developed in the inception report. Methodological rigor will be given significant consideration in the assessment of the proposals.

Overarching methodological framework

It is envisaged that the evaluation team will reconstruct the Theory of Change retrospectively, in consultation with stakeholders during the inception phase, to support the data collection and analysis. The evaluation will employ a mixed-methods approach, combining quantitative analysis of immunisation data (mainly the routine immunisation coverage data from the Health Management Information System DHIS 2) with qualitative insights from key stakeholders. Qualitative methods may include:

- A desk review of policies and action plans related to immunisation, programme documents, review reports, and any other relevant literature.
- Key informant interviews with health authorities at national, provincial, and municipality levels; UNICEF staff (health, immunisation, nutrition, social and behaviour change, supply, child protection (birth registration), etc.); partner agencies, such as World Bank, the World Health Organization, the United Nations Development Programme, etc.
- Focus group discussions with healthcare providers, community leaders, and caregivers.
- Site visits to health facilities and communities to observe programme implementation.

A detailed design of the evaluation including the proposed methodology for each evaluation question and/or objectives, sample size, sampling methodology and the tools to be used will be proposed by the

evaluation team in its technical proposal during the bidding process. It is expected that the methods and sampling proposed for assessing the effects of the immunisation programme on their expected beneficiaries are sufficiently robust to ensure the credibility and internal validity of the evaluation results. The final methodology and sample size will be agreed upon during the inception phase, in consultation with stakeholders, and approved by the evaluation reference group. Also, UNICEF reserves the right to request the evaluation team to integrate into the overall evaluation design, some complementary and innovative data collection methods and analysis if necessary.

Data collection and analysis

The evaluation team is expected to employ a utilisation-focused approach where the findings of the evaluation will inform the strengthening of immunisation programme in Angola to reach zero-dose children. Gender and equity dimensions must be considered throughout the data collection and analysis to the extent possible, through collecting and analysing disaggregated data by sex, age, and disability.

The evaluation team is expected to collect qualitative data through key informant interviews, focus group discussions and site visits in the field, which will be supplemented by a secondary analysis of routine data generated by the Ministry of Health monitoring mechanism and UNICEF monitoring reports or instruments related to immunisation.

Qualitative data collected through interviews, focus group discussions and observations will be analysed using coding and characterisation of the observations and perspectives into themes. This data will be linked to the number of zero-dose children identified/estimated in the localities, the characteristics of the localities, and potentially the approaches used in the localities to reach zero-dose children and improve immunisation coverage for further in-depth analysis.

The evaluation team is expected to compile and analyse both of these qualitative and quantitative datasets based on the evaluation questions outlined above, in close consultation with UNICEF and the Ministry of Health. The data triangulation will be ensured through analysis of data on the perspectives of the respondents, observations, and consultations with stakeholders. All raw data and complete transcripts from primary data collection will be delivered to UNICEF.

Limitations and challenges

When collecting qualitative data, especially for the key informant interviews and focus group discussions, participants may have recall biases, and tell their stories derived from selective memory. Further, the enumerator may also carry biases when interpreting their comments. To minimise these biases, with consent from participants, it is recommended to record the full interview and write-up the full sentences to help with ensuring the objectivity of the data. For interpretation, having at least two external evaluators interpret the results is helpful in having objective perspectives from different angles.

The potential challenges to carrying out the evaluation include delays in data collection due to adverse weather conditions such as flooding, or pandemics, which may restrict travel for the external evaluation team. To mitigate these challenges, introducing digital tools for data collection or conducting interviews online can be considered to avoid any further delay in completion of the evaluation.

6. Workplan, Deliverables and Schedule

The evaluation will be conducted over a period of seven months, starting in February 2024. The time allocated to each phase below is indicative, the evaluation team is expected to elaborate the detailed timeline and milestones in their proposals.

Activity	Deliverable	Timeline
<p>Preparatory phase</p> <ul style="list-style-type: none"> Secondary data collection and desk review Preliminary stakeholder analysis 		1 week
<p>Inception phase</p> <ul style="list-style-type: none"> Organise inception meetings with the Ministry of Health, UNICEF and other stakeholders to discuss on the Theory of Change, and the specific content of the inception report Conduct in-depth desk review of the available documents and data Prepare draft inception report Engage stakeholders on inception report Develop data collection tools; Finalise inception report Submit all materials for ethical review 	<ol style="list-style-type: none"> Draft inception report with the reconstructed Theory of Change, fully developed methodology and updated evaluation matrix; Data collection tools that will allow answering evaluation questions; A bilingual (English and Portuguese) presentation of the draft inception report – via Teams or Zoom meeting link – to the Evaluation Reference Group; Final bilingual inception report (plus completed audit trail addressing all comments in English); Approval of ethical review obtained. 	4 weeks
<p>Data collection phase</p> <ul style="list-style-type: none"> Preparation for data collection Mission to collect data 	<ol style="list-style-type: none"> Debriefing workshop with stakeholders to present preliminary findings of the field work. 	4 weeks
<p>Drafting, validation and completion phase</p> <ul style="list-style-type: none"> Data analysis and drafting Engagement with stakeholders on draft report Finalisation of report and summary 	<ol style="list-style-type: none"> A complete first draft evaluation report; A bilingual (English and Portuguese) presentation of the draft evaluation report – via Teams or Zoom link – to the Evaluation Reference Group and other stakeholders for validation; A final bilingual (English and Portuguese) evaluation report (including Executive Summary, not exceeding 60 pages) with findings and actionable recommendations (plus completed audit trail addressing all comments in English). 	4 weeks
<p>Dissemination and Advocacy</p> <ul style="list-style-type: none"> Prepare dissemination products and support dissemination of evaluation findings 	<ol style="list-style-type: none"> PowerPoint presentation and evaluation brief/poster/infographic presentation that summarises the evaluation findings and recommendations; Presentation of the findings, conclusions and recommendations at a workshop with key evaluation stakeholders 	2 weeks
TOTAL		15 weeks

7. Dissemination and Advocacy Plan

In order to maximise the use of the evaluation findings and increase buy-in of the stakeholders, the evaluation needs to engage and consult stakeholders throughout the whole process, from the design to the dissemination of the evaluation findings and collaborate with all relevant parties in implementing the recommendations. In order to increase the use of this evaluation, the evaluation team will need to present the related conclusions and recommendations in a format that could be easily disseminated, that is, an evaluation brief and an infographic. The evaluation validation workshop will serve as an opportunity to validate and develop further the main recommendations of the evaluation, in a participatory manner.

The evaluation report needs to be concise and well-structured, following the guidelines¹ listed below:

- [UNICEF-Adapted UNEG Evaluation Reports Standards](#)
- [UNICEF Style Book](#) (2024)
- [UNICEF Brand Book 4.0](#)
- [UNICEF Infogram Guidelines](#)

The primary users of the evaluation will be the Ministry of Health at the national and subnational level, as well as UNICEF Angola Country Office (ACO), to generate reliable evidence to support the strengthening of the immunisation programme in Angola. Secondary users include key financial and technical partners in the immunisation area and UNICEF Eastern and Southern Africa Regional Office (ESARO) and Headquarters.

The dissemination and intended use of the findings will be as follows:

Ministry of Health:

- Review the programme design to integrate good practices from the pilot, ensuring feasibility and practicality;
- Implement necessary modifications to institutionalise and scale up the interventions of the Zero-Dose Recovery Plan efficiently, effectively, and sustainably;
- Advocate for increased budget allocations for the nationwide expansion of the Zero-Dose Recovery Plan.

UNICEF ACO:

- Enhance support to the Ministry of Health in facilitating the institutionalisation of the interventions of the Zero-Dose Recovery Plan;
- Strengthen advocacy efforts to secure budget allocations necessary for the gradual scale-up of the interventions of the Zero-Dose Recovery Plan.

Immunisation Technical Working Group:

- Coordinate with immunisation stakeholders to support the national scale-up of the interventions of the Zero-Dose Recovery Plan in an efficient, effective, and sustainable manner.

UNICEF ESARO and Headquarters:

- Share effective practices for enhancing recovery of zero-dose children;
- Support the adoption of these practices in other countries with high number of zero-dose children in the region and beyond.

8. Payment Schedule

Throughout the evaluation process, quality assurance measures will be implemented to ensure the credibility, reliability and validity of the evaluation findings and recommendations. No payment will be issued before the deliverables have been quality assured and approved by UNICEF ACO and UNICEF ESARO. The indicative payment schedule is as below:

#	Deliverables	Delivery Date	Payment
1.	Approved inception report (including elaborated methodological approach, tools development, relevant ethical clearance as appropriate)	April 2025	20%
2.	Conduct data collection and share with UNICEF all collected primary and secondary data in a readily assessable format with clear guidance, instructions and descriptions.	May-June 2025	30%

¹ Links only accessible for UNICEF Staff, please request the documents from the UNICEF Evaluation Manager.

3.	Approved final report after validation workshop	July 2025	40%
4.	Evaluation brief/poster/Infographic presentation that summarises the evaluation findings and recommendations	August 2025	10%
TOTAL			100%

9. Management and Quality Assurance Arrangements

The evaluation team will be recruited and report to the Planning, Monitoring and Evaluation (PME) Section, in close consultation with the Health and Nutrition Section, under the overall oversight of the Representative of UNICEF ACO. PME Section will carry out contract management and provide financial and technical support for this process. Clearance on evaluation deliverables by ESARO Evaluation Section is required to move to the next evaluation phase, according to the Regional Guidelines for Quality Assurance.

An Evaluation Reference Group (ERG) will be established to ensure ownership from relevant stakeholder groups of the evaluation process and provide expert advice, inputs and support as the evaluation unfolds. The ERG will have the following responsibilities:

- Provide inputs in the inception phase to influence the approach of the evaluation, and, where necessary, provide information and institutional knowledge as key informants;
- Support the work of the evaluation team by facilitating connections with key informants and ensuring the team has relevant reference documents;
- Review selected evaluation products (inception report, draft evaluation report, and evaluation brief) and provide written comments to the evaluation team through the PME Specialist;
- Where feasible, contribute to the post-evaluation management response, action plan and dissemination strategy.

PME Section, with technical support from ESARO, will assure the quality of the evaluation and guarantee its alignment with [UNEG Norms and Standards](#), [UNEG Ethical Guidelines for Evaluations](#), [UNICEF procedure for ethical standards in research, evaluation, data collection and analysis](#), and provide quality assurance checking that the findings are evidence-based, conclusions are relevant/rooted in findings, and proposed adaptations and recommendations are valuable and actionable. All major deliverables will be reviewed first by PME Section (zero draft) and then by the ERG and ESARO. The evaluation team will be responsible for ensuring that recommendations for quality improvement of the deliverable(s) are fully addressed. The final evaluation report must be in line with UNICEF [GEROS](#) requirements.

10. Ethical Considerations

The evaluation should incorporate the human rights-based, gender and disability-inclusive perspective. The evaluation team should adhere to the following UN and UNICEF norms and standards and is expected to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Owing to the envisaged participation of human subjects, the evaluation team is required to seek ethical review board approval preferably from a recognized Institutional Review Board.

Copies of all these documents will be provided upon request:

- [United Nations Evaluation Group \(UNEG\) Standards for Evaluation in the UN System](#);
- [Ethical Guidelines for UN Evaluations](#);
- [UNICEF procedure for ethical standards in research, evaluation, data collection and analysis](#).

11. Qualification Requirements

Experience

- The consultancy firm/institution will consist of a team leader that brings in excellent understanding and experience of OECD/DAC evaluation criteria, evaluation principles and methodologies.
- The team leader should have an advanced University degree (master's Degree or PhD) in public health, medicine, epidemiology, evaluation methods focused on health sector and/or equivalent combination of education and experience in a related area.
- The consultancy firm should bring in about 10 years of robust experiences in mixed-methods research, including quantitative data analysis and qualitative data collection techniques.
- The team leader should also have demonstrated extensive experience in conducting evaluations of health programs, preferably immunisation programs or similar public health interventions.
- The consultancy firm/institution should have strong skills in data analysis, report writing and dissemination of findings.
- The consultancy firm/institution should be able or have experience in working with Ministry of Education in different country contexts, prior experience in sub-Saharan African contexts would be highly desirable.
- Bringing a strong commitment to delivering timely and high-quality results and evidence-based recommendations that are used for improving strategic decisions.
- Having in-depth knowledge of the UN's human rights-based approach, gender equality and equity agenda.
- Relevant experience of the consultancy firm/institution and team members needs to be presented in the proposal with past evaluation/research work attached (within three years, for immunisation programme evaluations).
- Previous work/partnership with UNICEF or another UN or International Agencies is desirable.
- Familiarity with the Angolan health system and immunisation context is highly desirable.

Skills and Abilities

- Strong statistical analysis methods (software SPSS, STATA, etc.).
- Word, PowerPoint and Excel skills.
- Ability to work with diverse teams.
- Clear, easy-to-read, accurate and detailed documentation and report writing skills.
- Excellent interpersonal communication skills, with strong cultural and gender sensitivity.
- Adaptability to changing environments and demonstrated flexibility in work style.
- Production of high-quality deliverables on time.
- Excellent English written and oral communication skills.
- Portuguese language skills are essential for literature review, desk review, data collection, and data analysis.

Team composition

Team Leader

- Adequate experience in leading evaluation related work, especially formative evaluation (a copy of an evaluation report, which the Team Leader has been a primary author of, will need to be submitted a part of the application).
- Strong skills in using a variety of qualitative and quantitative research methods, and lead data collection and analysis in the area of immunisation or similar public health interventions.
- Demonstrated experience in communicating, negotiating and working closely with the government counterparts and health partners.
- Excellent planning and writing skills to ensure the deliverables are met in a timely manner, with quality.
- Past experience with collecting data through digital tools is an asset.

- The Team Leader will draft minutes and reports and circulate to relevant stakeholders including UNICEF.
- The Team Leader will report directly to the focal person at UNICEF and update the progress on a bi-weekly basis.

Immunisation Expert

- Advanced university degree in medicine, epidemiology, public health or other relevant field with emphasis on immunisation;
- A minimum of eight years of progressively responsible work experience in the planning, management and/or evaluation of health interventions with focus on equity, with practical experience in the evaluation of such interventions;
- Substantive relevant experience in sub-Saharan African region and knowledge of the social, political and economic environment of the region, ideally in Angola or in another Lusophone African country;
- Knowledge of current developments in the field of health system strengthening and immunisation;
- Strong skills in using quantitative and qualitative research and evaluation methods, factoring in equity, human rights and gender perspectives;
- Excellent oral and written communication skills in English and Portuguese, as well as skills in facilitation of participatory processes.

Other Evaluation Team Members

They will participate in all stages of the evaluation process and will be primarily responsible for collecting and analysing the data that will be used to inform evidence-based recommendations. They will also contribute to the analysis of the national context and to contextualize the results of the evaluation. This will involve both secondary data analysis and primary data collection with caregivers and key stakeholders involved in the implementation of the immunisation programmes. The evaluation may also require the employment of local enumerators to support data collection activities, who need to go through comprehensive training, including ethics in evidence generation to ensure ethical practices throughout the data collection.

A gender-balanced team of national and international consultants **is strongly encouraged**. The evaluation firm will be responsible for all local recruitments and logistical arrangements for the field work. UNICEF will not provide any transportation or logistical support for field travel.

12. Requirements for Technical and Financial Proposals (For Institutional Contracts)

This evaluation can be awarded to a firm or institution working under the coordination of a team leader. Proposals will be evaluated based on a combination of technical and financial considerations including the need to meet the mandatory criteria. The technical quality of the proposals will account for 70 per cent of the final score; financial proposals will account for 30 per cent.

A panel will review the technical proposals first; only proposals that meet the mandatory criteria and receive a minimum of 50 points during the technical evaluation will be considered further. Proposals that pass the technical stage will then receive a financial score and the two scores will be added together.

Content of the technical proposal

- A. Table of contents
- B. Presentation of the bidding institution or institutions if a consortium, including:

- C. Short narrative description of the bidding institution’s experience and capacity in the following areas:
- D. List of similar/relevant past and on-going assignments carried out by the proposer in the past 7 years.
- E. List of full reports (preferably with links to full reports) as examples of relevant past and on-going assignments of the proposer (at least 3), on which the proposed key personnel directly and actively contributed or authored.
- F. Proposed methodology.
- G. Work plan.
- H. Evaluation team.

Content of the financial proposal

Costs will be formulated in US dollars and free of all taxes. It will include the following elements as a minimum requirement:

- A. Overall price proposal
- B. Budget by phase, by activity, and by cost category as per UNICEF procurement procedures, the budget for this evaluation assignment is not disclosed. Travels, costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC): <http://icsc.un.org/>.

Assessment of Proposals Process and Methods

Interested and qualified evaluation firms are requested to submit one technical proposal and one financial proposal within the indicated deadline. After the opening, each proposal will be assessed first on its technical merits and subsequently on its price.

All bidders’ proposals will be reviewed by the evaluation panel. The proposal with the best overall value, composed of technical merit and price, will be recommended for approval. The overall weighting between technical and financial evaluation will be as follows: The technical component will account for 70 per cent of the total points allocated and the financial component will account for 30 per cent of the total points allocated. The assessed technical score must be equal to or exceed 50 of the total 70 points allocated to the technical evaluation in order to be considered technically compliant and for consideration in the financial evaluation.

The financial proposal should include all eligible costs (fees, international and field travel expenses, etc.) of the evaluation team. The evaluation partner is also expected to work independently and regular overhead costs relating to office space and equipment should be included in the financial proposal. The arrangement of necessary human resources including research assistants, enumerators and data entry personnel must be well defined and costed in the proposal.

Below is allocation of points to both the technical and financial evaluation.

ITEM	TECHNICAL EVALUATION CRITERIA	MAX OBTAINABLE POINTS
1	Overall quality of the technical proposal <i>Demonstrated understanding of the assignment by the proposer and the responsiveness of the proposal submitted to the TOR.</i>	10
2	Company experience <i>Range and depth of organizational experience in the provision of the services mentioned in the TOR, samples, and references of previous work.</i>	10
3	Proposed Methodology and Approach <i>Quality and appropriateness of the overall approach and methodology proposed to design and undertake the evaluation per the evaluation criteria and key evaluation questions, including detailed work plan in line with the TOR.</i>	30

4	Quality of the proposed team <i>Relevant experience and qualifications of the proposed team for the assignment as per the TOR.</i> <i>- Team leader experience and qualifications (8 points/20)</i> <i>- Gender and geographical balance (4 points/20)</i> <i>- Other team members experience and qualification (8 points/20)</i>	20
TOTAL TECHNICAL SCORE		70
TOTAL FINANCIAL SCORE		30
SUMMARY OF TECHNICAL & FINANCIAL SCORE		100

