

# CORPORATE EVALUATION OF UNICEF'S PMTCT/PAEDIATRIC AIDS PROGRAMME

## TERMS OF REFERENCE

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EVALUATION OFFICE, UNICEF

OCTOBER 2015

(RFPS-USA-2015-502141), and associated terms of reference (ToRs) are posted in the following link:  
[http://www.unicef.org/evaluation/index\\_86081.html](http://www.unicef.org/evaluation/index_86081.html) that is housed inside our Opportunities page:  
[http://www.unicef.org/evaluation/index\\_68493.html](http://www.unicef.org/evaluation/index_68493.html)

## 1. INTRODUCTION

UNICEF's Evaluation Office is commissioning an external evaluation of UNICEF's activity in the Prevention of Mother to Child HIV transmission and Paediatric HIV treatment, care and support. The evaluation is scheduled for implementation during 2016. This document outlines the scope of the evaluation, methodological options and operational modalities for an external evaluation team which will conduct the evaluation under the guidance of a Senior Evaluation Specialist in UNICEF's Evaluation Office. The team will have significant interaction with an Evaluation Reference Group which will be engaged in the evaluation process. The Evaluation Office seeks institutions and individuals with deep commitment and strong background in evaluation and relevant subject matter to undertake the evaluation which has major implications for UNICEF's future work and partnerships towards ending AIDS as a public health threat by 2030 (SDG 3.3).

## 2. BACKGROUND

Ending AIDS among children requires that all children are born and remain free of HIV for the first two decades of life, from birth through adolescence into adulthood. It also means that children and adolescents living with and affected by HIV have access to the treatment, care and support required for their good health and wellbeing.

Strengthening maternal, newborn and child health (MNCH) and integrating HIV services with MNCH platforms has been at the centre of UNICEF's efforts to eliminate new HIV infections in children, with an emphasis on expanding access to HIV testing and treatment access for pregnant and breastfeeding women living with HIV, making infant testing available to all HIV-exposed babies, and linking children living with HIV to treatment and care as early after infection as possible.

Since the launch of the global campaign 'Unite for Children, Unite against AIDS' in 2005, UNICEF has played a leading role, by galvanizing global commitment, action, and resources to mount a comprehensive response to HIV among children. The campaign had multiple objectives, including two that were operationalized in two of the four pillars of the AIDS response in UNICEF's 2005-2013 strategic plan, namely a) PMTCT and b) Paediatric HIV Treatment and Care.

Today, protecting children from HIV infection is one of seven corporate priority areas in UNICEF's 2014-17 Strategic Plan. UNICEF is working with partners the world over to help low- and middle-income countries scale up effective and efficient programmes to eliminate new HIV infections among children, provide HIV treatment to children and their families living with HIV, prevent and treat new infections among adolescents, provide protection, care and support to families affected by HIV and enable HIV services to affected children and their families during emergencies.

UNICEF's programming efforts in the first decade of a child's life focus on infants and children under five, pregnant women and mothers. These efforts are in line with the Global Plan strategy and targets towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. First Decade efforts also contribute to A Promise Renewed (APR), the Child Survival Call to Action movement to end preventable child deaths.

Eliminating HIV transmission from mother to child remains a global commitment in the post 2015 agenda. By adopting the SDGs, the global community dedicated to ending the HIV epidemic by 2030. This objective will be reach throughout the Target 3.3 of SDG 3, which focuses on universal health care (UHC).

The UNAIDS Strategy (2016-2021) outlines the fact that an approach in which *"the international community must urgently sustain and strengthen efforts to ensure all children can live free of HIV and keep mothers alive and well. Integrating services for elimination of mother-to-child HIV transmission into ante- and post-natal care will make services routinely available"*. Guided by the UNAIDS Strategy and as part of a coordinated and cohesive UN response to HIV/AIDS, UNICEF is looking to amplify the integration of HIV/AIDS related services into large-scale routine services (e.g. integrating Paediatric AIDS care and treatment into child survival programmes). In this context, the evaluation comes at an important juncture in which available evidence and documentation can be consolidated and extended as needed. As part of this process, gaps and challenges can be identified for attention as UNICEF moves into the next phase of integrated programming.

### 3. PURPOSE AND OBJECTIVES OF THE EVALUATION

#### PURPOSE

The purpose of this evaluation is to support accountability and learning in relation to UNICEF's efforts to scale up PMTCT and Paediatric care and treatment programmes and to document its contribution towards elimination of mother to child HIV transmission and an AIDS-free generation for children. By looking over the past ten years of UNICEF's PMTCT and Paediatric HIV engagement, the evaluation will provide evidence and lessons learnt to enhance the understanding of the organization and other stakeholders on how strategies and programmes have evolved, what has worked, has not worked, and why; and to be able to employ these lessons to shape UNICEF's work in the post-2015 era.

The findings will be used to inform UNICEF participation in the United National General Assembly High Level Meeting on HIV which will be held in June 2016. In addition, the products of this evaluation will be present in various international events such as the upcoming International AIDS conference in (July 2016).

## OBJECTIVES

The objectives of the evaluation are twofold:

- 1) To contribute to improving the organization's **accountability** for its performance and results by defining key achievements as well as missed opportunities in UNICEF's engagement with partners and countries in support of improved PMTCT/Paediatric outcomes over the past decade; and
- 2) To generate evidence and **learning** to guide i) effective action towards the achievement of the UNICEF strategic plan HIV outcome and ii) UNICEF positioning in the post 2015 agenda HIV agenda as guided by the UNAIDS 2016-2021 strategy.

The findings and recommendations generated by the evaluation will be used to influence strategic direction and partnerships/advocacy as well as programme strategies (sectoral and cross-cutting) to achieve the results and targets outlined in the Strategic Plan. In addition, the evaluation will provide smart recommendations on how UNICEF can best position the PMTCT and Paediatric programme vis-à-vis the UNAIDS Strategy and the 2030 Agenda for Sustainable Development. It is expected that the results will be of broad interest to the HIV-AIDS global community, including UNICEF's partners at all levels. UNICEF sections and offices at all levels (HQ, Regional and Country Offices) constitute an important audience as the evaluation will provide evidence on what works and why.

More precisely stated sub-objectives are contained in the Evaluation matrix that is presented later in this document.

## 4. SCOPE AND EVALUATION QUESTIONS

### SCOPE

The evaluation will cover UNICEF PMTCT and Paediatric HIV care and support programmes and will examine organization engagement at global, regional, and country levels. While UNICEF's HIV response is known to be comprehensive, the evaluation will focus on the following.

**Programmatic focus:** The evaluation will assess four particular aspects of PMTCT and Paediatric HIV treatment programming:

- 1) Thematic leadership, advocacy and partnership: the ability to foster or to be effective within partnerships by leveraging corporate knowledge and assets to become a trusted advisor for donors, national governments, and other global and national stakeholders; the ability to influence global, regional, national PMTCT and Paediatric HIV agendas over time.
- 2) Resource mobilization: the ability to generate the required funds for PMTCT programmes and projects that UNICEF supports across levels; the ability to leverage major funders' resources

to achieve UNICEF's strategic priorities; to be an effective support to governments attempting to access PMTCT and Paediatric HIV funds; and helping foster an adequate global resource base for these programme areas.

- 3) Strategic information, knowledge generation and dissemination: the contribution to global and national policies and strategies through evidence generated by UNICEF and partner supported research and programming as well as through its global data, estimation and progress reporting; and the translation of global policies and evidence into national plans, operational guidance and tools.
- 4) Aspects of UNICEF's organization: to include establishing an effective presence at the global, regional and country levels, the proper employment of UNICEF comparative advantages (e.g. ability to play a convening role); the ability of the organization to adapt based on new scientific and operational information; and the extent to which UNICEF's structures in HIV have been fit for purpose over time.

Within these four aspects of PMTCT and Paediatric AIDS programming, the evaluation will pay particular attention to three cross cutting issues:

- 1) Gender: gender inequality heightens the vulnerability of women and girls to HIV infection, particularly where access to age-appropriate HIV information as well as reproductive health services necessary to prevent HIV infection are unavailable or inaccessible, or where levels of sexual violence are high. It has also been demonstrated that male involvement to PMTCT services can enhance HIV testing and retention on treatment.
- 2) Child rights and HIV are closely linked. A lack of respect for human rights fuels the spread of HIV and exacerbates the impact of the epidemic on children and families.
- 3) Equity: promoting equity in service access and utilization for the most disadvantaged and excluded children is at the heart of UNICEF's work. Various factors such as geographic location, gender inequality, economic status, social and cultural norms have contributed to enduring disparities in the PMTCT response.

**Institutional focus:** the evaluation will focus on the UNICEF PMTCT and Paediatric care and treatment programme response. However, UNICEF accomplishes its mandate by building strategic and operational partnerships and leveraging resources at all levels. In addition, through its convening role in PMTCT and Paediatric HIV, UNICEF engages in joint planning, technical assistance, advocacy and field visits with partners. The evaluation must account for these dynamics while assessing UNICEF's contribution to global outcomes.

**Geographic focus:** the evaluation will assess the UNICEF PMTCT and Paediatric care and treatment programme response at global, regional and country level, both in development and humanitarian settings.

**Time frame:** the evaluation uses a ten year perspective in order to trace the evolution of thinking, strategies, policies, approaches, and resources over the course of 10 years. Specifically, it is important to examine key decision points and choices made over the decade in order to understand how well UNICEF and partners influence, learn and react, as well as to understand the basis of present choices. This ten year perspective is to be applied to all the key questions, including but not limited to changes in PMTCT policies, program guidance, therapy protocols, and global and national funding mechanisms.

**OECD-DAC Criteria:** Evaluation questions will be framed by standard evaluation criteria formulated by the OECD-DAC. Those to be used are relevance, effectiveness, efficiency, and sustainability. The evaluation will not attempt to assess the impact of the PMTCT programming on issues of mortality, cases averted, or indirect outcomes like education enrollment. It is known that there is insufficient data and that the multiplicity of contributing factors makes it impossible to isolate the effect of UNICEF or the strategies it has supported.

Also, the evaluation will not cover epidemiologic and service delivery aspects as these are addressed through publications done by UNICEF and other stakeholders on these topics.

## EVALUATION QUESTIONS

As indicated above, the evaluation will apply the DAC criteria relevance, effectiveness, efficiency and sustainability to the four selected themes and the three cross cuttings issues: gender, human rights and equity.

A provisional set of evaluation questions appear in Annex 1 of the ToR.

## 5. EVALUATION METHODOLOGY

### EVALUATION DESIGN: CONCEPTUAL AND ANALYTICAL APPROACH

The proposed methodology is based on internal scoping and experience in designing similar evaluations. There will be a need to develop a detailed design, analytical methods and tools during the inception phase based on key informant interviews and document review.

**Methods:** The evaluation will use a Theory of Change approach (ToC) that will essentially trace the resources programmed, the actions taken and results achieved against those anticipated in the relevant strategic plans. Programme theory on how PMTCT could be achieved and Paediatric

AIDS combatted has been expressed in an explicit ToC for the present Strategic Plan (2014-2017) and implied for the previous strategic plan (MTSP 2009-2013). Therefore a reconstructed ToC will be needed which encompasses UNICEF's PMTCT and Paediatric AIDS response since 2005. The theory of change will enable analysis of desired outcomes and the outputs associated with those outcomes; examine resources available and activities implemented to produce these outputs; review the underlying assumptions and contextual factors that may have effected UNICEF's HIV activities; and clarify any opportunities and challenges to deliver desired outcomes.

The evaluation will employ a mix of qualitative and quantitative data and analytical methods. Quantitative methods will involve trends analysis that retrace the evolution of the global PMTCT/Paediatric programming context including changes that occurred in resources, policies, strategies, guidance, etc. to assess whether and how UNICEF's response adapted to an evolving context. Qualitative methods will gather data from key informants and stakeholders for in-depth analysis and triangulation purposes. Documentation and secondary data generated over the period will be reviewed using structured methods.

The evaluation will also utilize a case study approach with a basis in the theory of change described above. The aim of the case studies will be to use a relatively intensive analysis of a small number of cases in order to understand a broader picture. The case studies, as linked to the ToC, will help to illuminate aspects most critical to the achievement of the intended outputs and outcomes as well as test the validity of the ToC.

It is expected that the bidder will propose four case studies, justify the basis for selection and describe the methodology they intend to use. The approach will be further discussed and developed during the inception phase at which time methods and specific subjects will be agreed upon.

Two types of questions will be posed within the evaluation, and the evaluators must be capable of dealing with each. Some will be descriptive questions. Successful responses will involve well organized narratives about the visible and less visible facts of PMTCT programming and Paediatric AIDS. The consultants' ability to digest and streamline a wide range of material will be paramount. There will also be normative questions. Successful responses will require the application of explicit and defensible criteria for weighing evidence to identify what has worked or not, and why. For all normative questions, the evaluators will need to be clear on what is to be considered as a "good" standard and what is to be considered as a "poor" or "not met" standard.

**Data sources:** The HIV programme, in collaboration with other partners, has developed a robust monitoring system over the past 10 years in order to collect PMTCT and Paediatric HIV programme process, outcome and impact data. Internally, UNICEF specific inputs and outputs

are also monitored on a regular basis allowing for their use in making reliable judgments. UNICEF country and regional programme documents, annual and progress reports as well as other internal materials will be available for use.

Additional data will be required to complement programme data and for triangulation purposes. It will be important to talk to key decision-takers and implementers at different levels. No original data gathering is anticipated beyond a potential survey of stakeholders, and a limited number of country visits to review documentation and speak to key informants.

The evaluation will be implemented through the four major following phases:

**Phase 1: Scoping and Inception Phase** (January – February 2016) – During the first phase of the evaluation, the Evaluation Team will conduct a rapid desk review of key qualitative and quantitative data and critical information available from country and regional offices and HQ as well as documents, data and reports from other stakeholders. Interviews with key informants at UNICEF HQ and external stakeholders will be conducted to provide orientation. Documents will be accessible in a team site link.

This phase of work will include the development of a Theory of Change for the PMTCT and Paediatric care and support programmes which will be used to guide the evaluations. A detailed evaluation methodology including an evaluation framework will be developed. Selection of cases for the case study elements of the evaluation will be finalized during this phase. The main output of the scoping and inception phase will be an Inception Report (inclusive of evaluation tools and templates), to be approved by the Evaluation Office in consultation with an Evaluation Reference Group (see section on Management and Governance Arrangements below).

**Phase 2: Structured Field Work** (February - April 2016) – In the second phase, the evaluation team will visit selected countries as well as Regional Offices to collect further qualitative and quantitative data in a structured manner.

A key part of the technical proposal will be an explanation of what the consulting team would accomplish during the country visit, including indication of the type of key informants to be sought and methods to be employed. The technical proposal must indicate how long a visit should be and why that duration is recommended. It can be assumed that regional and country offices will assist with arranging the visits, identifying respondents, gathering documentations etc.

Bidders may propose and justify other data collection methods in the proposal. However, we anticipate that the methods mentioned above (review of documents and secondary data from HQ as well as that gathered in the field; in-depth and light touch case studies; and key informant and stakeholder interviews) will largely encompass the needed data collection techniques.

The evaluation team will provide a de-briefing document (e.g.. PowerPoint presentation of observations and preliminary findings) with UNICEF offices visited prior to departure from the country.

**Phase 3: Analysis and Report Preparation** (April- June 2016) – This phase of the evaluation will include the preparation of a final report, based on systematic, impartial analysis of the information gathered in Phases 1 and 2. The expected output will be a concise synthesis report presenting findings, conclusions, lessons learnt and sound recommendations. The final report shall contain an executive summary of up to 5 pages written in English and French, and a main text of no more than 50 pages written in English (excluding executive summaries and Annexes).

Two rounds of review are anticipated for the final report. An early draft will be reviewed and comments provided by the Evaluation Office for further revision. Subsequently, a second draft will be submitted for review and commentary by the Reference Group.

**Phase 4: Dissemination** (July 2016) – The Evaluation Office and Evaluation Reference Group will develop a dissemination plan for the evaluation. This will include the provision of a management response which is mandatory for such evaluations. The evaluation team will be invited to present findings in a major dissemination workshop which will be organized after the completion of the evaluation.

## 6. MANAGEMENT AND CONDUCT OF THE EVALUATION

### EVALUATION MANAGEMENT STRUCTURE

The evaluation will be conducted by an external evaluation team to be recruited by UNICEF's Evaluation Office (EO). The Evaluation Team will operate under the supervision of a dual-tiered evaluation management and oversight structure. Direct supervision will be provided by an Evaluation Specialist in the EO, working with the support and oversight of a Senior Evaluation Specialist. The Evaluation Office will be responsible for the day-to-day oversight and management of the evaluation including contracts and budgeting. It will assure the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines, provide quality assurance checking that the evaluation findings and conclusions are relevant and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response.

The advisory organ for the evaluation is the Evaluation Reference Group (ERG) which brings together a mix of UNICEF managers, advisors and external experts (to be confirmed) from among the key stakeholders. The ERG will be chaired by a senior Evaluation Specialist who will have the

following role: a) contribute to the conceptualization, preparation, and design of the evaluation including providing feedback on the draft terms of reference, feedback and comments on the Inception Report and on the technical quality of the work of the consultants; b) provide comments and substantive feedback to ensure the quality – from a technical point of view - of the draft and final evaluation reports; c) assist in identifying UNICEF staff and external stakeholders to be consulted during the evaluation process; d) participate in review meetings organized by the EO and with the evaluation team as required; e) play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response.

## EVALUATION TEAM PROFILE

The evaluation will be conducted by engaging a committed and well-qualified team which possesses evaluation as well PMTCT and Paediatric AIDS subject matter expertise and related competencies required for a global evaluation. The team is expected to be balanced in terms of gender and geographic origin.

It is also envisaged that bidders propose a team with a complementary expertise, by justifying the size and the expertise to meet the evaluation requirement. We anticipate that the team leader will have the following expertise:

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### A TEAM LEADER WITH THE FOLLOWING CREDENTIALS:

- Strong team leadership and management track record and commitment to delivering timely and high-quality reports
- Extensive evaluation expertise (at least 15 years) of comprehensive scope with strong mixed-methods evaluation skills and flexibility in using non-traditional and innovative evaluation methods
- Demonstrated experience within an evaluation in reconstructing decisions and program evolution over a 10-12 year period
- Familiarity with UNICEF's programming, policy and advocacy work and experience in evaluating multi-sectoral initiatives would be an asset
- Background in public health, HIV/AIDS including sound knowledge of policy and system aspects; familiarity with others sectors, namely health, education and social protection;
- Good interpersonal and communication skills; ability to interact with various stakeholders and to concisely express ideas and concepts in written and oral form
- Knowledge of the UN's human rights, gender equality and equity agendas and experience in applying these to evaluation
- Language proficiency: Fluency in English is mandatory; good command of French is desirable

The team leader will work on the evaluation full time from start to finish, and in a timely and high-quality manner. S/He will be responsible for managing and leading the evaluation team, undertaking information collection (through both interviews and documentation) from UNICEF and other sources, conducting analysis, drafting and finalizing the report and dissemination. The other team members will be responsible for carrying out information collection from UNICEF and other sources, analysis, and drafting elements of the report. A gender balanced team is encouraged in addition to the following expertise:

- Significant experience in evaluation and/or policy research with background in public health and HIV/AIDS or other areas relevant undertake PMTCT/Paediatric AIDS evaluation (at least 10 years relevant experience)
- Experience in evaluating multi-sectoral programmes or initiatives
- Ability to reconstructing decisions and program evolution over a 10-12 year period
- Strong conceptualization, analytical and writing skills and ability to work effectively in a team
- Hands-on experience in collecting and analyzing quantitative and qualitative data;
- Knowledge of the UN's human rights, gender equality and equity agendas and application in evaluation
- Commitment and willingness to work in a challenging environment and ability to produce quality work under limited guidance and supervision
- Good communication and people skills; ability to communicate with various stakeholders and to express ideas and concepts concisely and clearly in written and oral form
- Language proficiency: Fluency in English is mandatory; good command of French is desirable

Expertise in handling collaborate teamwork software, online surveys, document repositories, bibliography software and databases

Commitment to handling back-office support and logistics as needed

The technical proposal should reflect a sound composition of the evaluation team, the appropriate number, and their complementarity to meet the evaluation requirement.

## EVALUATION PHASES AND DELIVERABLES

### INCEPTION PHASE

A detailed evaluation methodology including a detailed evaluation framework will be developed based on further consultation, document review and exploration of possible approaches that will yield credible and timely evidence. The Inception Report will:

- Present the final set of evaluation questions and sub-questions within the proposed scope of the evaluation
- Specify the detailed design of the evaluation, the tools that will be used for data collection and the analytical methods that will be used to respond to the evaluation questions
- Articulate an approach for reconstructing decisions and programme evolution over a ten year period
- Detail the framework for analyzing and synthesizing data collected from various sources including use of triangulation
- Elaborate a Theory of Change which will underpin the evaluation
- Confirm and provide rationale for the selection of cases for study and formulate precise specifications of the scope and design of case studies (including data collection methods and analysis)
- Present a detailed work plan, specifying the organization and time schedule for the evaluation process including country visits, analysis and report preparation
- Present the approach to be used for quality assurance throughout the evaluation including of the country case study reports

The deliverable for this phase will be an Inception Report with a summary and annexes. The Inception Report will provide the agreed foundation for the conduct of the remainder of the evaluation. Accordingly, the evaluation will proceed to the next phase only after successful completion of the inception phase and approval of the Inception Report.

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#### DATA COLLECTION AND ANALYSIS PHASE

Data collection will start as part of the inception phase and continue through the field visits, case study data collection, and interviews with various stakeholders. Detailed data collection and analysis plans will need to be developed for the desk review report, the case study reports and the synthesis report. Secondary data from various surveys and reports will constitute a key data source for the evaluation. Field visits will be planned systematically in consultation with UNICEF regional and country office counterparts. Briefing and debriefing meetings will be held with each of UNICEF country offices, with the participation of national counterparts.

Key deliverables for this phase will be de-briefing materials from each country visited and drafts of the case study reports for review and comment.

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#### FINAL DATA ANALYSIS AND REPORTING PHASE

Evaluation findings are expected to be firmly substantiated by the methodologies described above (i.e. document review, interviews and case studies). Bidders should describe their proposed methodologies for the analysis and synthesis of source data.

A zero draft of the synthesis report will be provided for consideration and comment by the Evaluation Manager. A draft synthesis report will be prepared, addressing any comments made on the zero draft. The draft synthesis report will be presented to the ERG for comments. The final synthesis report will be prepared, responding to comments provided on the draft report.

The final deliverable from this phase includes a detailed summary of evaluation findings, conclusions and recommendations which appear in both a PowerPoint presentation and the final evaluation report with an executive summary and annexes.

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## DISSEMINATION AND FOLLOW-UP PHASE

The EO and the ERG will develop a dissemination plan for the evaluation. This will include the provision of a management response which is mandatory for such evaluations. The evaluation team will be invited to present findings in a major dissemination workshop which will be organized after the completion of the evaluation.

A key event for the dissemination of the evaluation findings is the dedicated UN General Assembly High Level Panel meeting on HIV which will be held in June 2016. Therefore, the evaluation team should anticipate that preliminary evaluation findings and recommendations will be requested as input for UNICEF’s participation.

## EVALUATION BUDGET AND TIMING

The evaluation is part of the EO’s Annual Work Plans for 2015/16 and required funds have been allocated as part of the EO’s budget. The implementation of the evaluation is expected to follow the following time schedule.

Date	Milestone
October	Finalization of the Terms of Reference;
November	Issuance of Request for Proposals to selected firms (with four weeks for submission of proposals)
December 2015	Selection and contracting of evaluation team
January- February 2016	Inception phase; report finalized by mid-February
February-April 2016	Field missions
April-June 2016	Analysis and drafting of the evaluation synthesis report
June 2016	Draft review and revision
Mid July 2016	Final report submission

## **To be read with RFPS**

- A. We estimate that the evaluation can be duly executed by a team of evaluators/consultants constituting an appropriate mix of needed skills and expertise. Bidders may propose teams of varying size with justification for allocation of work and cost. At country level, the bidder might want to partner with a local institution with a good knowledge of the country context to conduct case studies.

To that end, this contract will be offered under institutional arrangements. This section presents guidelines for submission.

B. Background Information: Bidders are required to provide background information about their institutions as follows:

- Date and country of incorporation
- Summary of corporate structure and business areas
- Corporate directions and experience
- Location of offices or agents relevant to this proposal
- Number and type of employees
- Financial statements of the two most recent financial years

C. Institutional expertise and experience: Bidders are required to provide a minimum of two (2) references from clients for whom evaluations, or related projects of a similar scope of were carried out. Reference information should be organized as follows:

- Name and description of client company/organization
- Names of senior individuals in the client companies who were involved in projects (referred to) who are knowledgeable ☐ Scope and scale of projects
- Services provided to client UNICEF may contact referees for feedback on services provided to them by bidders.

D. The bidder should submit at least two sample reports of evaluations undertaken by the team leader (or links where the reports can be found on the internet). Preferably, these evaluations should be evaluations undertaken in a large scale emergency context.

### **E. Technical Proposal - General issues:**

- The technical proposal should emphasize the conceptual thinking and methods proposed for the evaluation, and minimize repeating information stated in this TOR document.
- The technical proposal should describe proposed approaches to reconstruct decisions and program evolution over a 10-12 year period.

- The methodology should stipulate, as clearly as possible, questions that will be explored at the different levels, global, regional and country level. The methodology should also present the mix of qualitative and quantitative analysis to be used.
- The bidders must demonstrate their capacity to conduct the proposed case studies or the rationale of partnering with others institutions or experts to conduct them.
- There is no minimum or maximum length for the technical proposal. However, sufficient detail and clarity are required.
- The proposal should stipulate the level of effort to be committed by the different team members in each work phase (inception, document review, field-based data collection, analysis and reporting). The same information should be featured in the financial proposal, associated cost data. Bidders may be asked to provide additional information at the proposal assessment stage.
- The technical proposal should state what ethical issues the team has seen in the TOR and how their methods will deal with them. This should include a description of the ethics review processes they propose to use.

**F. Technical Proposal - Specific requirements:** In addition to whatever other approaches and methods are proposed, the following specific items must be present in the technical proposal:

- The methodology section should include a description of key components including an approach for development of a Theory of Change, field-based data collection and incorporation of secondary data, an approach for the use of evaluation criteria for normative questions; and methods for the analysis and synthesis of data from multiple sources
- The rationale for selection of the four cases and methodology to be used should be clearly described in the technical proposal
- CVs for team members, highlighting experiences that are relevant to the evaluation under consideration
- Basic information about the organization submitting the bid including, the organization's evaluation profile, highlighting the organization's experience with the UN and UNICEF;
- Requirements and /or assurances (e.g. non-use of child labor) must also accompany the submission package; and
- A declaration for intended participation of any former UNICEF staff

G. While all contents of the technical proposal are important, special attention will be paid to the composition and strength of the proposed evaluation team, and the rigor of the proposed methodology and work plan. These two elements account for 70 percent of the points awarded for the technical proposal as indicated of the RFPS document. The proposer's capacity and sample report will account for the remaining 30 percent

## H. Cost Proposal - General issues

- Bidders must submit a firm-fixed price bid, in US Dollars
- The quotation will not subject to revision unless officially invited to re-submit by UNICEF
- All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization
- Bidders will suggest a payment schedule, linked unambiguously to contract milestones.
- Invoicing and payment will be effected by bank transfer, in US Dollars

## Budget categories and details

- I. The budget should be presented in three categories: personnel costs, project costs, and overhead costs (in the case of institutional submissions). Sub-headings within the categories may be done at bidder's discretion.
  - Personnel Costs: These should include classification (i.e. job title/function) and rates for team members; duration of work for each. This information may be contained within a table showing expected level of effort per team member, by phase. The level of effort must be visible in both the technical and the financial proposals, albeit without associated cost in the technical proposal.
  - Evaluation costs: These should include cost of travel, including subsistence allowances, travel by air, train, road, etc., telecommunication and miscellaneous expenses. Travel to selected destinations will be on a cost-reimbursable basis. This is the sole budget component that will be charged this way; other elements will be firm-fixed price. Travel costs and subsistence rates (lodging, food, local transport, and incidentals) will be based on the lower of the rates proposed by the bidder, or the official and prevailing United Nations rates. Bidders are encouraged to submit economical travel and subsistence costs.
  - Overhead costs: In the case of institutional contracts, general and administrative costs should include institutional overhead and fee/profit over and above overhead. Otherwise, the cost proposal must include detailed item-wise quotations, based on the terms of reference and other relevant documents.

Experience has shown that bidders often submit data using their own cost rubrics and not according to the three categories described next. This is acceptable, as long as the proposed clustering into the three headings is reflected in the cost summary.

J. **Specific requirements:** In addition to whatever other approaches and methods are proposed, the following specific items must be present in the cost proposal:

- Presentation of a work plan in four work phases (inception, document review, field-based data collection and reporting),

- The level of effort for all team members as was reflected in technical proposal, repeated in the financial proposal with costs. All costs will be fixed, except for travel to selected destinations, which will be on a cost-reimbursable basis.

A payment schedule, linked unambiguously to contract milestones.

#### **Awarding the contract and payment**

K. UNICEF will award the contract after considering both technical and cost factors, on the principle of best value-for-money. Payment will be made only upon UNICEF's acceptance of the work performed in accordance with agreed schedule of payment and/or contract milestones. The terms of payment **are net 30 days, after receipt of invoice and acceptance of work**. Where the need arises, earlier payment may be negotiated between UNICEF and the contracted institution, on the terms indicated in the RFPS.

## Annex 1: Evaluation Matrix:

Evaluation Themes	Evaluation Objectives	Key components / Evaluation criteria	Illustrative evaluation questions
Thematic leadership, advocacy and partnership	<p>Under the leadership, advocacy and partnership, the evaluation will seek to assess:</p> <ul style="list-style-type: none"> <li>• UNICEF’s comparative advantage and added value of its role in leading and convening the PMTCT /Paediatric AIDS vis a vis other others stakeholders including UN agencies (i.e. UNAIDS Unified Budget, Results and Accountability Plan)</li> <li>• Effectiveness of UNICEF’s ability to advocate and leverage appropriate partnerships to galvanize the global community toward eliminating mother to child HIV transmission</li> <li>• Strengths and weaknesses of mechanisms in place to support appropriate approaches to joint advocacy programming, management, planning, monitoring and evaluation (e.g. the 3 Ones)</li> </ul>	<p>Thematic leadership, advocacy and partnership will be gauged against the following:</p> <ul style="list-style-type: none"> <li>• The <i>relevance</i> of UNICEF’s leadership role for PMTCT/paediatric AIDS vis a vis its own strategic priorities as well as others stakeholders including UN agencies</li> <li>• The <i>effectiveness</i> of UNICEF advocacy to galvanize the global community towards eliminating MTCT</li> <li>• The <i>effectiveness and efficiency</i> of UNICEF’s efforts to leverage partnerships at global, regional and country level to support national PMTCT/Paediatric programmes in reaching their intended results as well as the global eMTCT targets</li> <li>• The <i>effectiveness</i> (Strengths and weaknesses) of mechanisms put in place to ensure an appropriate approach to joint advocacy programming, technical assistance, management, planning, monitoring and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent does UNICEF have a comparative advantage and demonstrate added value in taking a leadership role in PMTCT/Paediatric forums vis-a-vis others players? <i>Relevance</i></li> <li>• To what extent does UNICEF’s leadership role in PMTCT/Paediatric forums contribute to the achievement of its strategic priorities? <i>Relevance</i></li> <li>• How does UNICEF view its leadership priorities? How does it view its role and focus? Do these views vary across the organization? Is there coherence in its leadership vision? <i>Relevance</i></li> <li>• What is the return on investments in the areas of advocacy and partnerships? To what extent do these efforts “pay off” in a tangible manner? <i>Efficiency</i></li> <li>• To what extent have UNICEF’s advocacy efforts led to increases or changes in global commitment and awareness to eliminating mother to child HIV transmission and to accelerating access to paediatricPaediatric AIDS treatment? <i>Effectiveness</i></li> <li>• What trade-offs were made to ensure that partnership arrangements work as intended and to what risks were involved? <i>Effectiveness</i></li> <li>• To what extent have these partnerships helped national PMTCT/Paediatric programmes achieve their national goals</li> </ul>

			<p>and targets? To what extent have partnerships contributed to the achievement of global PMTCT targets?</p> <p><i>Effectiveness</i></p> <ul style="list-style-type: none"> <li>• To what extent has UNICEF contributed to the building of national systems? How have focus on achieving goals been balanced with the drawbacks of vertical programmes? <i>Effectiveness</i></li> </ul>
UNICEF organizational structure	<p>Under the organizational structure theme, the evaluation seeks to assess:</p> <ul style="list-style-type: none"> <li>• UNICEF’s role and responsibilities in PMTCT and Paediatric HIV care across levels: global, regional and country and the degree to which there is coherence in its approach to PMTCT and Paediatric HIV care programs (“fit for purpose”);</li> <li>• Comparative advantages that may arise from UNICEF’s mandate, structures and resources and recommendations on how to make full use of any comparative advantage;</li> </ul>	<p>Organizational structure will be gauged against the following:</p> <ul style="list-style-type: none"> <li>• The <i>relevance</i> of UNICEF actions in terms of the coherence and coordination across organizational structures to achieve the goals of UNICEF Strategic Plan (2014-2017) as well as the Global Plan for elimination of maternal to child transmission.</li> <li>• The <i>efficiency</i> with which UNICEF produces results (at output level) in relation to investment of resources, both human and financial, across organizational levels and makes program decisions informed by value for money considerations</li> <li>• The <i>effectiveness</i> of UNICEF organizational policies, procedures and practices as factors influencing progress towards/achievement of its intended goals;</li> <li>• The <i>sustainability</i> of country-led PMTCT and Paediatric care programs resources and results as related to</li> </ul>	<ul style="list-style-type: none"> <li>• How has UNICEF organized internally to address PMTCT and Paediatric AIDS? Relevance</li> <li>• To what extent has UNICEF utilized its structures and resources across levels in a coordinated manner to achieve its intended results as per the Strategic Plan and Global Plan for elimination? Relevance</li> <li>• To what extent are there gaps, overlaps and/or missed opportunities in programming that arise from UNICEF’s organization structure? Relevance</li> <li>• To what extent has UNICEF capitalized on its structures and presence between sectors to achieve its intended results as per the Strategic Plan and Global Plan for elimination? Relevance</li> <li>• To what extent are there comparative advantages based on UNICEF’s mandate, structures and resource? To what extent that there are such advantages, has UNICEF leveraged them fully in in pursuit of its intended results? Relevance</li> <li>• To what extent does UNICEF’s global, regional and country-level programs</li> </ul>

		<p>UNICEF's efforts at global, regional and country levels;</p>	<p>pursue and attain output-level results through the least costly means? <i>Efficiency</i></p> <ul style="list-style-type: none"> <li>• To what extent are intended results being attained? At country level? regional level? global level? <i>Effectiveness</i></li> <li>• To what extent have UNICEF's mandate, structures and resources contributed to sustainable country-led PMTCT and paediatric care programs? <i>Sustainability</i></li> </ul>
<p>Resource mobilization</p>	<p>Under the resource mobilization theme, the evaluation seeks to assess:</p> <ul style="list-style-type: none"> <li>• UNICEF's effectiveness in securing sufficient financial resources for PMTCT and paediatric programmes internally</li> <li>• UNICEF's role in supporting governments to allocate domestic resources and to access external HIV funds for national programmes</li> <li>• the extent to which relevant mechanisms created and put in place to ensure sustainable funds for PMTCT and Paediatric AIDS programmes</li> </ul>	<p>Resource mobilization will be gauged against the following:</p> <ul style="list-style-type: none"> <li>• The <i>relevance</i> of UNICEF approaches in resource mobilization in relation to country context, Global Plan goals and targets, and its own organizational advantages;</li> <li>• The <i>efficiency</i> of UNICEF efforts in mobilizing resources and value for money considerations in program choices;</li> <li>• The <i>effectiveness</i> of UNICEF resource mobilization efforts in terms of supporting countries to increase domestic spending and access external resources, and meeting Global Plan goals and targets;</li> <li>• The <i>sustainability</i> of resources for PMTCT and Paediatric AIDS based on country capacities to predict, plan and budget for at scale program implementation;</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent has UNICEF supported national governments to leverage funds, both domestic and external, in a manner consistent with country context (e.g. middle-income, low-income)? <i>Relevance</i></li> <li>• To what extent has UNICEF capitalized on inter-sectoral linkages to bolster resources for PMTCT and paediatric AIDS (e.g. social protection, education, health)? <i>Relevance</i></li> <li>• To what extent do UNICEF's resource mobilization efforts garner funds relative to the investment of time and resources? <i>Efficiency</i></li> <li>• To what extent is value for money considered in decision-making? <i>Efficiency</i></li> <li>• To what extent has UNICEF supported the development of costed national plans for the elimination of MTCT in the 22 priority countries? How has UNICEF addressed issues of program funding for PMTCT and Paediatric AIDS in other countries? <i>Effectiveness</i></li> </ul>

			<ul style="list-style-type: none"> <li>• To what extent has UNICEF provided effective support for countries to access funds for PMTCT and Paediatric AIDS programs from other sources (e.g. Global Fund)? <i>Effectiveness</i></li> <li>• To what extent have the resource mobilization goals of the Global Plan been achieved? <i>Effectiveness</i></li> <li>• To what extent has UNICEF incorporated sustainability considerations in its work at country, regional and global levels? <i>Sustainability</i></li> </ul>
Strategic information, knowledge generation and dissemination	<p>Under the resource mobilization theme, the evaluation seeks to assess:</p> <ul style="list-style-type: none"> <li>• the adequacy and the effectiveness of UNICEF’s PMTCT/Paediatric AIDS knowledge management systems and its ability to generate, collect and disseminate strategic information and knowledge to improve programme performance and accountability;</li> </ul>	<p>Strategic information, knowledge generation and dissemination will be gauged against the following:</p> <ul style="list-style-type: none"> <li>• The <i>relevance</i> of UNICEF efforts in strategic information, knowledge management and dissemination in relation to country needs and global priorities;</li> <li>• The <i>relevance</i> of UNICEF efforts in strategic information, knowledge management and dissemination in relation to organizational capacity and its own strategic priorities;</li> <li>• The <i>efficiency</i> of UNICEF efforts in strategic information, knowledge management and dissemination in terms investments made and benefits derived</li> <li>• The <i>effectiveness</i> of UNICEF strategic information, knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent has UNICEF identified and addressed priority needs for SI/KM products and services in support of national PMTCT/Paediatric programmes? <i>Relevance</i></li> <li>• To what extent UNICEF has utilized evidence from trials/ pilot tests interventions to inform scaling up of proven effective approaches? <i>Effectiveness</i></li> <li>• Has UNICEF facilitated learning and knowledge sharing between partners and national counterparts to inform adoption and scaling up of proven effective approaches? <i>Effectiveness</i></li> <li>• To what extent has UNICEF translated global policies and strategies through user friendly platforms and tools for use in national PMTCT/Paediatric programmes? <i>Effectiveness</i></li> <li>• To what extent has UNICEF strengthened national M&amp;E capacity? To what extent have these efforts strengthened countries’ ability to focus</li> </ul>

		<p>management and dissemination in terms of supporting countries to adopt effective treatment and prevention strategies;</p> <ul style="list-style-type: none"> <li>• The <i>sustainability</i> of strategic information, knowledge management and dissemination activities based on country capacities to identify gaps, prioritize information needs, generate information and act on it accordingly</li> </ul>	<p>on issues of equity? To what extent have these efforts strengthened countries' ability to generate and use data for accountability and learning for PMTCT/Paediatric programmes? <i>Sustainability</i></p>
Cross-cutting	<ul style="list-style-type: none"> <li>• To assess the relevance, effectiveness and efficiency of UNICEF approach to targeting the most in need and the hard to reach;</li> <li>• To assess UNICEF efforts towards universal access to PMTCT/Paediatric AIDS services</li> </ul>	<p>Gender: the involvement of males on PMTCT services: Equity: targeting the most vulnerable, the most in need and the hard to reach ( customized PMTCT services for pregnant adolescents, HIV+ children access to treatment, demand driven services) Human rights based approach Universal access to PMTCT/Paediatric services, attentiveness to ethical concerns <i>Relevance, Effectiveness, efficiency sustainability</i></p>	