

ANNEX I – STATEMENT OF WORK AND TERMS OF REFERENCE

Title: Evaluation of RMNCH Trust Fund Activities – Phase II

1. INTRODUCTION OF THE SECTION

The Reproductive, Maternal, Newborn, and Child Health (RMNCH) Strategy and Coordination Team (SCT) oversees follow-up to the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children (UNCoLSC). It is also the Secretariat for the RMNCH Steering Committee, which embodies a global effort to better align and coordinate global initiatives and funding streams towards national RMNCH gaps and priorities.

2. BACKGROUND INFORMATION

In September 2012, the UN Commission on Life Saving Commodities (UNCoLSC) launched a report that highlighted 13 low-cost and high-impact commodities across the RMNCH spectrum that if implemented at scale could make the greatest impact in reducing preventable deaths. They also outlined ten recommendations for addressing key systemic bottlenecks including strategies to shape global and local markets, improve regulatory efficiency, enhance the quality and safety of medicines, strengthen supply chains, improve health worker performance and augment demand. As a new initiative spanning the RMNCH spectrum, a high-level Steering Committee and multi-UN agency Strategy and Coordination Team (SCT) were established to optimize coordination across UN agencies and partner organizations. To further these efforts, an RMNCH Trust Fund (supported by Norway and DFID) was created to address global bottlenecks and provide catalytic financing to country plans.

Several actions were initiated at the global and country levels, including:

- 1) **Technical Resource Teams (TRTs):** TRTs are consortia of experts were established with the aim of identifying and address global-level bottlenecks to the availability and access to life-saving commodities.
- 2) **RMNCH Country Engagement Process:** Building on the principles of the International Health Partnership, a *Country Engagement Process* was established with the aim of providing direct financial and technical support to country RMNCH plans.
- 3) **The RMNCH Strategy and Coordination Team (SCT):** The SCT is a multiagency team that has three broad roles: Oversight of the follow-up to the recommendations made by the UN Commission on Life-Saving Commodities (CoLSC); serving as the Secretariat for the RMNCH Steering Committee (2013-2015) and managing the RMNCH Fund, a multi-donor trust fund housed in UNFPA.

Evaluating progress against the stated aims of this initiative remains timely and relevant given the Global Strategy for Women's Children's and Adolescent's Health to 2030, countries engagement to achieve the SDGs, and the establishment of the Global Financing Facility (GFF) – where similar processes and systems to RMNCH Fund are being used. Experience with the TRTs has the potential to inform the content and structure of collective efforts to address 'global public goods' and collective learning. The country engagement process have generated lessons regarding the levels of technical support required by country teams, how to optimize financial flows between the global and country levels, challenges to the absorptive capacity of ministries and implementing partners, wider issues of RMNCH resource alignment, and appropriate types reporting and monitoring systems. The SCT model and the lessons learned in its implementation can inform the processes of collaboration and coordination among UN agencies, other

technical partners and countries as the lead implementers of development programmes, especially in the light of the Global Strategy implementation.

3. PURPOSE , OBJECTIVES & SCOPE OF WORK

PURPOSE

A **two-phased approach** was agreed to by the RMNCH TF Allocation Committee in 2015 to best inform immediate emerging operational and governance discussions of the Global Strategy and GFF and to maximize learning from the RMNCH Fund.

Phase I (November 2015-March 2016) entailed a ‘management review’ which assessed the state of learning based on 3 years of implementation experience. This review focussed on three actions areas: global progress made through TRT activities, the country engagement process, the reporting on the UNCoLSC country assessment work, and the operations of the Strategy and Coordination Team. This review was more process-oriented and consisted of a desk review and multiple stakeholder interviews at global and country level. There was no in-depth country analysis, however.

Phase II (November 2016-February 2017) is envisaged as a more in-depth evaluation and planned as an ‘end-of-fund’ assessment. Most importantly, it will focus on the impact the RMNCH Trust Fund and its associated efforts have had at the country level. It will and draw lessons learned that can inform other developments and initiatives of similar purpose and magnitude. The emphasis will be to conduct a pragmatic low-cost evaluation that complements existing information.

While Phase II will seek to gather information and learning from all countries, it is proposed that a more in-depth analysis be will done through country visits in 5 countries (out of the 19 countries that have received funding). Criteria for country selection should include: size of investment; relevance for the GFF; and reflect a spectrum of grant performance based on the experience of the SCT.

Proposed countries for in-depth evaluation have yet to be confirmed but could include: DRC, Malawi, Ethiopia, Tanzania, Niger.

The evaluation will seek to assess the impact of the effort along the OECD DAC criteria for evaluating development assistance: Relevance, Effectiveness, Efficiency, Sustainability, and Impact. The evaluation will look at the added value of the actions and the overall partnership model with regard to cooperation and coordination among the government, UN agencies and other partners. Attention will be given throughout to issues of gender equality, equity and social inclusion.

1. **Relevance.** This dimension will look at how relevant the support provided from this global effort has been, including the recommendations of the UN Commission on Life-Saving Commodities; the work of the Technical Resource Teams; the approach taken by the RMNCH Country Engagement process; and the relevance of the interventions prioritized by countries to accelerate MDGs 4 & 5. The extent to which the aid activity is suited to the RMNCH priorities and policies of the country will also be assessed. For example: to what extent are the objectives of the programme and lessons learned valid? Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives? Are the activities and outputs of the programme consistent with the intended impacts and effects?

2. **Implementation effectiveness.** This dimension focuses on the in-country process that led to the financing request to the Trust Fund, as well as how effectively programmes were implemented. This will include examining the types of analysis, discussions and decision-making process that led to the development of the country's logframe and financing request. It will also seek to understand the various mechanisms and platforms adopted by countries to facilitate programme implementation among the UN H4+ groups and across multiple stakeholders. And it will look at some of the challenges and bottlenecks that hampered rapid implementation, as well as identify good practices. This will include also looking at financing flows and administrative effectiveness in the context of the Trust Fund's particular funding model. It will be important to also assess the role that global and regional support – H6, UNCOLSC TRTs, the SCT (Secretariat), etc. – played in planning and implementing the programmes.
3. **Efficiency:** This dimension will assess whether the practices used to achieve the objectives were the most efficient possible. For example: were objectives achieved on time? How economically are resources/inputs (funds, expertise, time, etc.) converted to outputs? In view of a better use of resources at country level, were there any effects from the creation of synergies among government, H4+ and other partners? Has the programme avoided duplication of efforts between actions financed by different sources?
4. **Sustainability:** This will examine the likelihood that programme results/benefits will continue after funding is ended. It will assess the extent of the committed financial and human resources to maintain results, in particular the ownership and commitment among country level partners to health system strengthening efforts, ensuring that they are taken-up by the national health system. This will also include looking at the external environment conducive to the maintenance of results with a particular focus on effort made to channel the achievements and the follow up of the unfinished business into new strategies and plans, including GFF whenever this funding mechanism applies.
5. **Impact:** While the life-span of this programme was very short – most countries only had 18 months to implement agreed-upon multi-million dollar programmes – it is important to try and assess the health outcome that these investments have had. This dimension will therefore examine the extent to which interventions were indeed 'catalytic', 'complementary', and/or 'gap-filling', allowing for a leveraged impact. In seeking to understand what the major implementation gains have been, it will also consider the counter-factual question: what if these funds had not been available and also to compare with what it was predicted that this fund would achieve? On the impact criteria, the evaluation is expected to collect qualitative information and other evidence from the programme implementing actors. The SCT will cover aspect of scenario building and will share the methods and results with the evaluation team. An important data point will be the Landscape Synthesis reports that have been carried out throughout the period.

SCOPE OF WORK

The scope of work will involve leveraging existing monitoring systems including financial data, country reports, TRT workplans and reporting, and the Country Assessment dashboards that have been developed.

This should be complemented by new qualitative assessment work (ie. key informant interviews/focus groups) with country stakeholders (government, UN, NGOs, etc.). The aim of this work would be to independently assess the performance of the mechanisms established and generate lessons to inform the Global Strategy and GFF priorities and systems and other related processes. The evaluation will be based on desk reviews as well as country visits.

4. UNICEF RESPONSIBILITIES

A **Reference Group** comprised of representatives of members of the RMNCH Trust Fund Allocation Committee (Government of Norway, DFID, UNICEF, UNFPA, WHO) will be established as a technical oversight mechanism for this evaluation. It will have the following responsibilities:

- approve an external evaluator/evaluation team
- review the methodology and scope of work
- convene monthly as needed to receive report backs and address any methodological questions that arise
- be the first to appraise data generated by the assessment, and
- sign-off the final report which will be submitted to the RMNCH Fund's allocation committee.

The SCT will have the following responsibilities:

- support administrative functions for the evaluation
- make available all relevant information required to inform the scope of work
- facilitate introductions to countries and other stakeholders as appropriate.

5. EXPECTED DELIVERABLES AND TIME LINE

The Evaluation team will consist of 1-2 consultants over 5 month period (~20 weeks). The proposed start date is November 1st, 2016 and completion date is March 31st, 2017. The main responsibilities will be to carry out the evaluation as per the methodology outlined above. In order to do so, the following timeline is suggested, as of the effective start date of the evaluation:

DELIVERABLES	TIMING
Detailed methodology and timeline for the evaluation proposed and agreed to by the Reference Group	By end of Week 2
On-line/phone/video interviews with all countries completed 5 in-country visits (~ two weeks each) completed. Draft report shared with Reference Group	By end of Week 14
Feedback from Reference Group shared	By end of Week 16
Final report shared with Reference Group	By end of Week 17
Report review and endorsement by RMCH TF Allocation Committee	By end of Week 20

6. KEY SKILLS, TECHNICAL BACKGROUND, AND EXPERIENCE REQUIRED

The Evaluation team should be familiar with the 2015 Global Strategy on Women's Children's and Adolescent's Health, the global architecture around the implementation of the Strategy and global financing mechanisms for health. The team will also have deep knowledge and understanding of country contexts in Sub-Saharan Africa.

Bidders of this contract must demonstrate the following qualifications:

- Demonstrated expertise and experience in public health evaluations
- Have a good knowledge of reproductive, maternal, newborn and child health as well as the global public

- health architecture and financing mechanisms
- The Evaluation Team should be familiar with the 2015 Global Strategy on Women's Children's and Adolescent's Health and global financing mechanisms for health
- Familiar with African context
- Experience with evaluation of large and complex organizations

7. DURATION:

The evaluation could be performed by 1-2 consultants over a 5 month period.

The proposed start date is November 1st, 2016 and completion date is March 31st, 2017.

We are assuming a total of 5 country visits.

8. EVALUATION OF THE PROPOSAL

In making the final decision, UNICEF considers both technical and financial aspects. The Evaluation Team first reviews the technical aspect of the offer followed by the review of the financial offer of the technically compliant vendors.

The proposals will be evaluated against the following two elements:

a. Technical Proposal:

The technical proposal should address all aspects and criteria outlined in this Request for Proposal.

The Technical Proposals will be evaluated against the following:		
REF	CATEGORY	POINTS
1	• Proposal addresses deliverables	10
2	• Quality of methods proposed	10
3	• Approach to engage key global stakeholders	10
4	• Approach to engage key country stakeholders	10
5	• Innovative elements of the proposal	10
6	• Staff and project management plan	10
7	• Evidence of performance/previous experience, institutional capacity and networks	10
Total Technical		70
Only proposals which receive a minimum of 50 points will be considered further.		

b. Price Proposal

The price should be broken down for each component of the proposed work, based on an estimate of time taken which needs to be stated.

A separate line indicating cost should be provided if expert validation consultation is not included in the proposal.

The total amount of points allocated for the price component is 30. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

$$\text{Score for price proposal X} = \frac{\text{Max. Score for price proposal} * \text{Price of lowest priced proposal}}{\text{Price of proposal X}}$$

The format shown below is suggested for use as a guide in preparing the Financial Proposal. The format includes specific expenditures, which may or may not be required or applicable but are indicated to serve as examples. Travel and per diems will not be noted, as this will later be determined and finalized by UNICEF and the chosen bidder.

Description of Activity/Item	Proposed Person (Job title/function)	All-inclusive rate (Personnel)	No. of days proposed	Total Cost in US\$
1. Item 1:				
1.1 Personnel				
1.2 Other				
Subtotal Expenses:				
2. Item 2:				
2.1 Personnel				
2.2 Other				
Subtotal Expenses:				
2.3 Reimbursable Travel Cost*				
2.3. Other				
Subtotal Expenses				
3. Item 3:				
3.1 Personnel				
3.2 Editorial				
Subtotal Expenses:				
3.3 Reimbursable Travel Cost*				
Subtotal Expenses:				
Subtotal fixed cost:				
Subtotal reimbursable cost				
Grand Total**				

***Travel**

Please note, for travel to countries - it will be decided based on agreements with UNICEF and contractor. For agreed country visits, the contractor will be responsible in administering its own travel. Travel expenses will be reimbursed separately upon presentation of receipts based on actual cost or as per UN rates (<http://icsc.un.org/rootindex.asp>) whichever is lower.

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

Number of travelers, duration and dates of travel and travel locations will be agreed with UNICEF and the contractor prior to being arranged, undertaken and expensed.

Any variation in reimbursable travel should be authorized in writing by UNICEF through the Contract Manager.

****Payment Provisions**

UNICEF's policy is to pay for the performance of contractual services rendered or to effect payment upon the achievement of specific milestones described in the contract. UNICEF's policy is not to grant advance payments except in unusual situations where the potential contractor, whether a private firm, NGO or a government or other entity, specifies in the bid that there are special circumstances warranting an advance payment. UNICEF will normally require a bank guarantee or other suitable security arrangement.

Any request for an advance payment is to be justified and documented, and must be submitted with the financial bid. The justification shall explain the need for the advance payment, itemize the amount requested and provide a time schedule for utilization of said amount. Information about your financial status must be submitted, such as audited financial statements at 31 December of the previous year and include this documentation with your financial bid. Further information may be requested by UNICEF at the time of finalizing contract negotiations with the awarded bidder.