

TERMS OF REFERENCE FORMAT

(INSTITUTIONAL CONSULTANCY CONTRACTS)



UNICEF-BCO: TERMS OF REFERENCE (TOR)

Project/Programme assignment title: Joint UNICEF-GoB Health Programme Evaluation, 2012-2017

1. Background and rationale:

Major progress has occurred in health indicators for infants and young children and their mothers, although major challenges remain. Significant inequities continue to exist, particularly across geographical regions, by gender, by mother's education, and between different wealth quintiles. Challenges related to social services in urban slums are particularly acute, including access to quality health facilities with adequate water, sanitation and hygiene provisions. Despite notable progress, wide disparities with regard to under-5 mortality continue to exist between males and females (65 vs. 52 per 1,000 live births respectively), and between rural and urban areas (61 vs. 49 per 1,000 live births respectively), according to the Multiple Indicator Cluster Survey 2012-2013. Neonatal mortality has improved at a slower pace, such that further reducing mortality among newborns has become an urgent priority. 1 in every 26 children in Bangladesh dies before reaching her/his first birthday, and much of the current burden of infant deaths occurs within the first month of life (74,000 newborn deaths with NMR 28 per 1000 live births¹). More than 80 per cent of all newborn deaths stem from three largely preventable and treatable conditions, namely, (1) complications due to prematurity and low birth weight; (2) birth asphyxia; and (3) neonatal infections. In addition, about 5,500 women die yearly due to complications of pregnancy, delivery and the postpartum period with MMR of 196 per 100,000 live births. Under the global initiative on child survival, A Promise Renewed, the Government in 2013 pledged to end preventable child deaths by 2035 and underscored its commitment to reduce child deaths by an additional 108,000 annually; to reach its goals, it also has developed the Bangladesh Every Newborn Action Plan (BENAP). At the same time, Bangladesh has recorded notable trends of reduction in some of the major causes of under-5 deaths, including diarrhoea and pneumonia.

It is before this backdrop that UNICEF Bangladesh, and in close cooperation with the Ministry of Health and Family Welfare (MOH&FW) has identified four priority issues to work on during the current country programme: i) reduce neonatal mortality, ii) improve coverage of EPI in low-performing districts, iii) ensure adolescent friendly health services and iv) improve quality of MNCAH services. The Health Programme envisages to adopt a convergence approach for an inclusive and integrated health intervention package through collaboration with other sectors, both within and outside of UNICEF, to achieve intended results. Specific information of the interventions that support reaching results will be shared at a later stage. In the meantime, the Health Program's Theory of Change can be found below. The four priority issues are highlighted in the bottom, followed by the three main implementation strategies that are being used, namely i) evidence generation, policy dialogue and advocacy, ii) equity responsive and resilient service delivery and iii) participation and partnerships. Moreover, the Health Section has identified three types of interventions : (1) interventions with high coverage levels of at least 80 per cent (e.g., immunisation), which requires particular emphasis on hard-to-reach areas and urban slums to reach the unreached children; (2) key existing interventions that have low coverage (below 50 per cent), which require scaling up in hard-to-reach areas and low-performing districts and (3) interventions with high efficacy and strong impact on reducing mortality and morbidity, but yet to be introduced at scale.

¹ BDHS 2014 page 125 Available at <https://dhsprogram.com/pubs/pdf/FR311/FR311.pdf>

This classification allows for an understanding of the policy actions that are needed around each of the interventions, i.e. sustain high coverage, scale up existing interventions and prioritise high impact interventions at scale.

Moreover, keeping in mind the country cycle approach of the Country Programme, a series of cross-sectoral issues are also part of the Health Programme's work. The Health Programme will need to collaborate with other sectors for developing and testing effective strategies and modelling intervention packages for scaling up in emerging areas. This will need to include elements of ECCD, disability, WASH, nutrition, birth registration, PMTCT, and adolescents, and to address unmet needs particularly in urban areas, including slums; tea gardens; hard-to-reach areas such as Chittagong Hill Tracts; and enclaves. In addition, strategic interventions of the Health Programme have been aligned with other sectoral strategies and health-specific interventions to address issues of gender, climate change and C4D. Lastly, the 2017-2020 Country Programme also has chosen 22 priority districts based on being low performers, having high rates of child marriage or being highly affected by climate change. It is within these 22 districts that service delivery interventions are to be piloted and tested for further scale up. This regional focus also allows programmes to be able to focus on the same areas, bringing a higher possibility of cross-sectoral collaboration.

Additionally, since August 25th, Bangladesh has received over 688,000 Forcibly-displaced Myanmar Nationals (FDMN) in since 25 August 2017, who require immediate, large-scale humanitarian services to address their basic needs. Many are calling this the fastest-growing humanitarian crisis globally. UNICEF has already declared it as Level 3 Humanitarian Emergency. Although WHO leads the Health Sector Cluster in Cox's Bazar, UNICEF has played a vital role especially around its response to measles and diphtheria outbreaks, through the large-scale cholera vaccination campaign in order to prevent an outbreak, and in Primary Care Centers, Acute Watery Diarrhoea preparedness and response, and community based prevention programs.

The Health Programme is currently undertaking a series of research, studies and evaluations of the interventions that are being carried out, specifically on SCANU, Adolescent Health, KMC, MNCH, pneumonia, disability friendly health services and EPI. However, an evaluation of the whole programme including its logic, strategies and partnerships is useful, especially in the middle of the Country Programme, where improvements can be made to better achieve the results that have been envisaged.

By 2020, women, infants and young children in Bangladesh, especially the most disadvantaged, utilize quality social services in a safe environment, and their families are empowered to practice positive behaviour

If/Then

Outputs

Assumptions

Risks

Government political commitment remain in force for ensuring basic services for all including marginalized and poorest of the poor

New Health Sector programme will be fully funded and implemented with priority focus on quality, equity and efficiency

Capacities in general will not be overwhelmed by major natural disasters, humanitarian crises or political instability

Enabling environment created for delivery of quality MNCAH services

Equitable sustainable and effective coverage of MNCAH services achieved

Community ownership and engagement ensured to promote practice of desired behaviours and increase demand for and utilization of MNCAH services

Evidence based model generated and MNCAH strategies operationalized

Partners are capacitated to institutionalize improved management and monitoring of MNCAH services

Costed district plan implemented for quality MNCAH services

Bottlenecks of health system addressed for optimum quality of MNCAH services

Parents/ families and communities end harmful norms and practices; and adopt practice of desired behaviours at home & within communities

Political polarization and instability; natural calamities and humanitarian crisis can overwhelm capacities

By 2020, the quality of integrated service delivery and effective coverage have been strengthened in national and subnational health systems to support the well-being of children under 5 years and their mothers, including those infected and affected by HIV, in emergency and non-emergency situations, including urban

By 2020, the Government and stakeholders in the health sector, at national and subnational level, have increased capacity to expand and deliver a package of quality services for adolescent boys and girls, aged 10 to under 18, in emergency and non-emergency situations, and urban settings.

By 2020, communities and institutions have improved capacity and knowledge regarding essential household behaviours and practices that promote the overall well-being of infants, young children and their mothers, in emergency and non-emergency situations

By 2020, families and communities have strengthened capacity to support the improved and equitable development of adolescent girls and boys and to protect adolescent rights, with a focus on ending harmful social practices and promoting the uptake of new behaviours.

Implementation Strategy

Evidence Generation, Policy dialogue and Advocacy

- Support development and implementation of multisector policies, strategies and costed action plans;
- Build capacity at national and sub-national level for evidence- and equity-based planning, budgeting, strengthen management information systems and institutionalize quality improvement;
- Create evidence base through modelling and implementation research;
- Strengthen health sector coordination and governance;

Equity-Responsive and Resilient Service Delivery

- Support delivery of quality MNCAH services that are inclusive, sustainable, cost-effective, gender-responsive and climate-resilient;
- Differential health programme; implementation based on equity profile;
- Adopt health system strengthening approach for achieving effective coverage of MNCAH services;

PARTICIPATION & PARTNERSHIPS

- Strengthen sectoral partnerships such as Health Sector Consortium and collaboration with other sector;
- Innovative Government-NGO-private sector partnerships for promoting health, nutrition, sanitation and ECCD services and delivery
- Mobilisation & engagement of families, communities, local government bodies and key influencers through C4D strategies to address socio-cultural barriers and bottlenecks, increase demand for and utilization of social services, and promote practice of desired behaviours.

Priority Issues

Reduce Neonatal Mortality

Improve coverage of EPI in low-performing districts

Ensure Adolescent Friendly Health Services

Improve quality of MNCAH services

2. Purpose/Objective of the assignment:

The objective of this evaluation is to determine, as systematically and objectively as possible, the relevance, appropriateness and coherence of UNICEF Bangladesh Health Programme; the effectiveness and (early) impact or impact potential of the programme in relation to its objectives; the efficiency with which its project outputs and activities are being delivered and their connectedness to those produced by other actors; the programme's sustainability. Because the evaluation is taking place in the middle of the current country programme, the objective is to understand whether all of these aspects are on track and how they can be enhanced. Also related to this point, the evaluation will also be backward looking and take into account the activities and efforts that were performed during the 2012-2016 Country Programme and which may feed into the current state of things.

3. Scope

- a. **Unit of analysis.** This evaluation seeks to assess the UNICEF BCO Health programme as a whole against the evaluation criteria indicated section 2 of these TOR. Toward this end, the evaluation will examine each of the main projects and sub-projects subsumed under the programme (i.e., the policies, interventions, structures, capacity-building efforts, and so forth). However, rather than assessing each individual intervention in its own right, the evaluation report will frame its findings in terms of the programme's overall success in achieving its overarching objectives, toward which multiple interventions might contribute. However, individual findings and recommendations will be geared toward specific interventions, as appropriate.
- b. **Temporal coverage.** This evaluation should focus on the current Country Programme (2017-2020). However, only the first year has passed, which may have an effect of how advanced the interventions are and on the measurement and existence of results themselves. Relevance, appropriateness and coherence aspects of the evaluation will most likely not be affected. However, effectiveness, impact and sustainability aspects will need to be looked at in terms of the potential for the programme to be effective, have impact and be sustainable, and of the capacity to measure these aspects at a later stage. Moreover, the evaluation will need to look into linkages between the 2012-2016 Country Programme and the current one, especially around how learnings from the past cycle fed into the new one, how successful interventions and partnerships were maintained and how past actions may shape the results expected for the current cycle.
- c. **Accountability, Attribution and Contribution.** The evaluation will recognize that the Health Programme is a joint programme with the Government of Bangladesh and that many other actors also play an important role in achieving results. To some extent, it is more fitting to speak of UNICEF's contribution to the results, as opposed to attribution of results achieved (or not achieved) to UNICEF or any other partner single-handedly. At the same time, considering UNICEF's predominant role in some key areas, attribution might be ascertainable in some cases. The evaluation team shall only ascribe attribution to UNICEF where such claims are appropriate and evidence-driven.

- **Evaluation issues and questions**

The following evaluation questions and issues will need to be covered in the assignment.

a. Relevance/Appropriateness

- How closely aligned is the Health Programme, its interventions and plans, with relevant planning and policy frameworks of the GoB (including the Health Sector Plan and the SWAP) and international and regional conventions, treaties and other agreements to which it is a party?
- How aligned are the health programme interventions with the outcomes and results the programme expects to achieve?
- How closely linked are the specific interventions chosen with the full scope and scale of beneficiaries' needs in Bangladesh, both in an emergency and a development setting?
- How closely aligned are the interventions with the social, economic, political and security priorities of Bangladesh as it becomes a middle income economy, and how well is the program preparing for changing needs to a middle income country (MIC) ?
- How appropriate have the UNICEF common principles (e.g., UNICEF Strategic Plan, SDGs, Convention on the Rights of the Child, the Core Commitments for Children in Emergencies, WHA resolutions, SEARO resolutions, global program goal (EWEC (Every Woman Every Child), GVAP (Global Vaccine Action Plan), Global Health Strategy, ENAP(Every Newborn Action Plan), etc.) promoted through the programme been in light of local conditions and needs?
- How appropriate is UNICEF's current approach for health systems building focusing on health system strengthening in light of Bangladesh's context of lower middle income country?

b. Coherence

- How clearly are the programme's objectives, and the means to achieving them, understood by key stakeholders?
- How comprehensive are the projects chosen as a necessary and sufficient suite of interventions to support high-quality health services and robust health system, and increase access and treatment for all children, mothers and pregnant women?
- To what extent are UNICEF activities are contributing to strengthen national health systems (e.g. data systems, management and leadership, community system strengthening)?
- To what extent have UNICEF and its implementing partners identified and deployed the most appropriate programmatic elements that are most likely to improve the quality of health services and access to them for all children, mothers and pregnant women?
- To what extent have UNICEF and its implementing partners identified and deployed the most appropriate programmatic elements that are most likely to:
 - reduce neonatal mortality,
 - improve coverage of EPI in low-performing districts,
 - ensure adolescent friendly health services,
 - improve the quality of MNCAH services and
 - prevent HIV transmission and early HIV infant diagnoses and treatment
- What core programmatic elements are missing, and are these being addressed by other actors and programmes, or are there outstanding gaps not being met at all?

d. Effectiveness

- How successful has the programme been in supporting the development and implementation of health and multisector policies, strategies and costed action plans?
- How successful has the programme been in building capacity at national and sub-national level for evidence and equity based planning and budgeting?
- How successful has the programme been in strengthening management information systems and institutionalizing quality improvements?

- How successful has the programme been in creating an evidence base?
- How successful has the programme been in strengthening sector coordination and governance?
- How much did UNICEF influence national level on policy changes, policy formulation and strategy development on MNCAH and HSS sectors?
- How successful has the programme been in delivering quality MNCAH services that are inclusive, sustainable, cost-effective, gender-responsive and climate-resilient?
- How successful has the programme been in implementing differential health programmes based on an equity profile?
- How successful has the programme been in adopting a health system strengthening approach for achieving effective coverage of MNCAH services?
- How successful has the programme been in strengthening sectoral partnerships such as Health Sector Consortium and collaboration with other sectors?
- How successful has the programme been in setting up innovative Government-NGO-private sector partnerships for promoting health service and delivery?
- How successful has the programme been in mobilizing and engaging families, communities, local government bodies and key influencers through C4D strategies to address socio-cultural barriers and bottlenecks, increase demand for utilization of health services and promote practice of desired behaviors?
- How successful has the programme been in boosting ministerial representatives' ability to plan, advocate and problem-solve in more data-driven, evidence-based ways?
- What is the level of fidelity to core programme elements among those trained – that is, how effectively have interventions been implemented by trainees?
- How successful has the programme been in identifying successful interventions for scale up?
- How successful has the programme been in scaling up successful interventions through government systems?
- What unintended outcomes, positive as well as negative, have resulted from the programme?
- How successful has UNICEF been in reaching the global goals set by the World Health Assembly and SEARO?

Keeping in mind the temporal context of the programme, the questions should be answered in two ways: how efficient has the programme been up to date and, which changes need to happen to ensure that the programme will be effective in achieving the expected results by 2020.

e. Impact

- How successful has the programme been to date in reducing neonatal mortality, improving coverage of EPI in low-performing districts, ensuring adolescent friendly health services and improving the quality of MNCAH services? Are there signs of early/short term impacts?
- How capable will the programme be by 2020 to measure the impacts of the 2017-2020 cycle?

f. Efficiency

- How effectively has UNICEF used the resources dedicated to the programme to deliver high-quality outputs in a timely fashion, and to achieve targeted objectives?
- How cost-effective has each intervention been in achieving targeted objectives?
- How successfully has UNICEF coordinated with other key actors (e.g., implementation partners, MOH&FW and other line ministries, other entities conducting complementary interventions) to ensure non-duplication of efforts, a clear delineation of roles and responsibilities within joint programmes, and the overall success of the programme's implementation?
- How has the focus on 22 districts affected efficiency in service delivery interventions?
- What approximate proportion of relevant beneficiary groups have been reached by each intervention? To what extent have targeted subpopulations been reached?
- How much did the "type" of priority district (e.g. high child marriage, low performing, climate change) define where to bring each intervention?

g. Connectedness

- How effectively has the Health programme coordinated with other UNICEF sections (e.g. C4D, nutrition, WASH, SPEAR, CAP, Education) to ensure that further building blocks of child and women's health that lie outside the scope of the present programme are in place?
- How does UNICEF interact with other players (GoB, Ministry of Health, WHO, Save the Children, UNFPA, WB)? What is UNICEF's space, added value and comparative advantage?
- To what degree has UNICEF been able to adapt global strategies (e.g. EPI, Every Mother, Every Newborn, ENAP (Every Newborn Action Plan), Health Systems Strategy, Community Health, Emergency Response (CCC), etc.)

h. Sustainability

- Overall, how successful has the programme been in increasing on-the-ground capacity to deliver and maintain high-quality health services longer term? What if any gaps to longer-term sustainability remain?
- How successful has the programme been in equipping the government and strengthening government systems to scale-up and sustain the successfully proven interventions?
- How is the programme preparing for a middle-income economy scenario?

Further questions will be posed to determine whether outcomes achieved (or not achieved) are directly attributable to UNICEF, and to identify potential areas of improvement moving forward. These are as follows:

- What key internal and external factors have influenced UNICEF's ability to meet the key objectives targeted by the programme?
- To the extent that the key objectives have been attained, to what extent are these gains directly attributable to the programme's interventions? What has UNICEF's contribution to outcomes been, not least of all in joint programmes undertaken with partners?
- How is UNICEF perceived? How do people perceive UNICEF's investments and priorities?
- Is the new country programme structure conducive to achieving the results of the health programme?
- What changes/shifts/adaptations are needed for the health programme to be relevant in a middle income economy scenario?
- -What should be UNICEF Bangladesh's role in the universal health coverage/ health insurance discussion that is now being prioritized by the Government?

All of these questions are subject to further specification by the project team once the evaluation has commenced.

4. Indicative assignment dates: May 1-October 31st, 2018

5. Duty station: Remote (during inception phase), Dhaka, with visits to the field

6. Methodology

An initial identification of groups and individuals among which the evaluation should collect data from has been done, though can be changed in the inception phase according to the evaluation team findings. Organised broadly by group, these include: community health workers, health service providers in different level clinics (doctors, nurses, midwives) and administrators, including both those participating in key interventions and those not participating, wherever possible; MOH&FW and other relevant ministerial officials, including those working with UNICEF at an overarching policy level as well as those working with UNICEF at an operational level (including those benefiting from programme interventions); end beneficiaries, i.e., pregnant and lactating mothers, mothers and fathers of children, adolescents; community health committees/ groups; UNICEF Country Office (Dhaka and field offices), Regional Office, and Headquarters staff; UNICEF's implementation partners; external experts; and international and local non-governmental and civil society organisations.

As noted in the above paragraph, UNICEF acknowledges that the present evaluation will take a predominantly upstream focus, in keeping with some interventions' current stage of implementation as well as the limitations of time and resources, which will not necessarily permit a direct assessment of concrete gains at the level of end beneficiaries. However, outcomes among key upstream beneficiaries (e.g., health service providers, administrators, and so on) will be measured. That said, in keeping with the desire to focus on results achieved and in process of being achieved, wherever possible the evaluation will seek to obtain beneficiary-level outcome data through secondary analysis – for example, through the dashboards and health information systems that have been set up by the government. These data, along with further quantitative data generated through formal desk reviews, direct observations, and select surveys, will serve to triangulate perceptual data gleaned through other modalities (e.g., interviews and focus groups) and strengthen the evaluation's focus on results.

The evaluation should thus employ the following combination of qualitative and quantitative data collection methods:

Formal Desk Review

- Systematic desk review of key documents (e.g., training curricula, presentations, instructional manuals, intervention log frames, project proposals, MIS, and so on)

Primary Data Collection – Interviews or Focus Groups

- Interviews and/or focus groups with key stakeholder groups, in order to gauge perceptions related to the questions outlined in Section 4 above in an open-ended manner
- Interviews or FGDs with end beneficiaries

Primary Data Collection – Surveys

- Self-administered surveys of health service providers and administrators as well as GoB officials

Primary Data Collection – Direct Observation

- Ad hoc observations of programming staff undertaking interventions with beneficiaries, wherever possible
- Demonstrations of key work tools developed (e.g., HMIS with focus on DHIS2 and Rohingya Portal)
- Direct observation of services provided in the field : IMNCI, SCANU, Community Health systems Strengthening, Adolescent Friendly Health Services, EPI cold chain and urban health etc

Primary Data Collection

- Currently, many of the programme's interventions are being evaluated using quasi-experimental methods and baselines and endlines are being collected and set up. Thus, primary data collection is already being collected. However, primary data collection from beneficiaries in terms of perception of UNICEF's work and understanding of quality of services being received could be collected to complement the secondary information available.

Secondary Analysis of Existing Data

- Analysis of input, output and outcome data collected by UNICEF and others (both among programme beneficiaries and non-beneficiaries, where possible) to ascertain the effects of key interventions. One example is the Real Time Monitoring data collected by UNICEF on service provision with information on ANC, PNC, and pneumonia, among others.
- Use of real time MIS data to ascertain the progress on MNCAH and EPI services;
- Use of secondary data from UNICEF's own assessment like baseline and end line evaluation of different projects like BEGIN (baseline plus end line), GAC, KOIKA, and ADOHEARTS (Baseline)
- Data and information from programme annual and biannual review with partners and annual coverage survey;
- Information and data from Country Programme Annual Report (COAR), RAM etc.

- Cost-effectiveness analysis of select interventions, in order to assess the units of programme outcomes yielded for each unit of input within a given intervention

Figure 2 summarizes the intended strategy for employing these various data collection methods, delineated by the stakeholder groups identified above. This is a first suggestion. If the evaluation team wants to propose different options, they are free to do so in the proposal.

Stakeholder	Analysis of existing data	Formal desk review	Survey	Interviews and FGD	Direct Observation
Health service providers and administrators	X	X	X	X	X
MOH&FW and other relevant GoB officials	X	X	X	X	
Relevant UNICEF staff (field office, Dhaka, ROSA, HQ)	X	X		X	
End beneficiaries			X	X	X
Healthy community groups/committees				X	X
Implementation partners	X	X		X	X
External experts				X	
International and local NGOs and civil society organizations (CSOs)				X	

7. Evaluation norms and standards

The evaluation will abide by the following norms and standards:

- United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System, 2005 (updated 2016)
- Ethical Guidelines for UN Evaluations will guide the overall process
- The evaluation should incorporate the human rights-based and gender perspective and be based on Results Based Management principles and logical framework analysis

These guidance documents will be part of the contract of the evaluator/team.

The final report is expected to meet the UNICEF-adapted [UNEG Evaluation reports standards](#) as well as benchmarks used in UNICEF's [Global Evaluation Reports Oversight System](#) (GEROS).

A Reference Group comprised of key stakeholders from the government and other partners will be set up from the onset of the evaluation. The Reference Group will be consulted on each key milestone of the evaluation and will give feedback on the TORs and deliverables of the evaluation. Evaluation results will also be presented and validated by the Reference Group.

7. Duration, timeline and deliverables

5 months

The time-frame for the entire consultancy

	Deliverable	Items covered/Included	Time frame	Payment schedule
1	Inception report and presentation	<ul style="list-style-type: none"> - Inception report including sampling design (if applicable), data collection tools, data analysis and triangulation methodology, timeline, interview schedule, evaluation questions and tools consistency matrix, etc. - Secondary data review should have happened during this stage - Presentation of the inception report to UNICEF for approval of report 	1 month	20%
2	Field work report and presentation	<ul style="list-style-type: none"> - Conduct data collection mission (interviews, surveys, FGDs, observation) - Presentation of aide memoire on key findings and highlights from field work 	2 months	30%
3	Draft final report and presentation	<ul style="list-style-type: none"> - Data analysis and triangulation - Responding evaluation questions in report, ensuring DAC-OECD evaluation criteria - Drafting conclusions and recommendations tied with findings - Power point presentation with main contents of the report for initial feedback 	1.5 months	30%
4	Final report	<ul style="list-style-type: none"> - Incorporation of feedback into final report - Final presentation 	0.5 month	20%

8. Qualifications or specialized knowledge/experience required for the assignment:

Institutional Consultancy:

Given the complexity of the assignment, it is anticipated that this evaluation is conducted by a reputable agency with experience in conducting similar evaluations on institutional strengthening, strategy development and organizational development for organisations operating in the international development sector. The evaluation team should comprise a maximum of 5 team members, including at least the following: Lead Evaluator (international consultant), one subject matter expert (international or national consultant) and one National Consultant. Given the country context, it is important that the evaluation team be gender-balanced and that one of the team members has expertise on gender.

The **Lead Evaluator** will play a lead role during all phases of the evaluation and coordinate/supervise the work of the National Consultant. She/he will ensure the quality of the evaluation process, outputs, methodology and timely delivery of all products. The team leader, in close collaboration with the National Consultant, will lead the inception phase including the conceptualization and design of the evaluation, guide the data collection phase, lead the analysis of key findings, lead the drafting of the final report and lead the validation process with stakeholders.

The key qualifications of the **Lead Evaluator** include:

- At least ten years of professional experience in evaluations with strong evidence of understanding global standards, theories, models and methods related to evaluation;

- Proven experience in designing, leading and conducting evaluations of similar scope in the context of developing programming, which involve critical analysis of organizational strategies and strategic positioning;
- Relevant working experience in Bangladesh and preferably experience in maternal and neonatal health and adolescent health and Health Systems Strengthening.;
- Strong experience in the design, management and implementation of development programmes and knowledge of programming principles: Human Rights Based Approach (HRBA), Gender Equality, Capacity Development and Results Based Management (RBM).
- Very strong quantitative and qualitative data collection and analysis skills;
- Knowledge of the UNICEF/UN programming;
- Excellent written and oral communication skills in English.

The proposed Lead Evaluator of the bidding agencies should submit the report of the two most recent evaluations for which s/he served as a team leader.

The **Subject Matter Expert** will provide technical expertise on health issues and health systems in the various stages of the evaluation. She/he will ensure that evaluation design, methods and tools are adapted to the local governance context in Bangladesh; contribute to data collection as needed and ensure that the final evaluation report, including recommendations, accurately reflects the local governance context in Bangladesh.

The key qualifications of the **Subject Matter Expert** include:

- At least 7 years' experience in conducting research on health issues and health systems in the context of developing countries;
- Excellent understanding of health issues in Bangladesh and South Asia as well as in-depth knowledge of health systems in Bangladesh;
- Good knowledge of health sector programmes;
- Relevant working experience in Bangladesh and preferably experience in health systems and the health sector of the country;
- Very strong quantitative and qualitative data collection and analysis skills;
- Knowledge of the UNICEF/UN programming;
- Excellent written and oral communication skills in English (and Bangla if applicable).

The **National Consultant** will contribute to designing the evaluation, will provide inputs to the inception report and will be responsible for the collection of relevant data in the field. This consultant will work closely with the Team Leader and contribute substantively to the work of the team leader, providing advice regarding the context of Bangladesh. He/she will, under the overall supervision of the Team Leader, contribute to the preparation of the final report as necessary.

The key qualifications of the **National Consultant** include:

- At least five years' experience in conducting research and analysis on issues relating to health (focusing on maternal and newborn health and adolescent health in Bangladesh);
- Proven understanding of evaluation principles, methods, norms and standards – especially those of the United Nations Evaluation Group;
- Prior experience in evaluation and in supporting the conduct of evaluations;
- Ability to communicate with counterparts and stakeholders in Bangla;
- Proven ability to deliver high-quality written work in the English language and to engage effectively with stakeholders at all levels;
- Excellent written and oral communication skills in English and Bangla.