

**Evaluation TORs
UNICEF State of Palestine
Terms of Reference
For Evaluation Consulting Firms**

Title	Formative Mid-Term Evaluation of Strengthening Maternal, Neonatal and Young Children Health (MNCH) in Gaza
Location	State of Palestine
Reporting to	Monitoring and Evaluation Specialist
Duration	Six months (working 50% to allow periods for UNICEF and partner review, and to allow periods for spacing of data collection) ¹
Expected Start and end Date	1 st December 2021 – 31 May 2022

I. PART ONE – External

1. BACKGROUND

The long-protracted crisis in Gaza caused by the closure, punctuated by peaks of extreme violence and exacerbated by the divide between authorities in the West Bank and Gaza is having a heavy toll on all Gazans and particularly on women and children. The worst acute emergencies such as epidemics and water-borne diseases have been so far avoided thanks to the resilience of the communities and the pre-existing quality of infrastructure and services. However, both of these are fast deteriorating. This proposal – developed by UNICEF, WHO, and UNFPA - details a unique opportunity for the Agence Francaise de Development (AFD) to make an immediate and long lasting impact in improving the living conditions and opportunities for women and children in Gaza, by leveraging previous investments by the Government of France and linking humanitarian interventions with investments in infrastructure and human capital.

1.1 INTRODUCTION OF THE SECTOR

Increasing health needs resulting from the consequences of the demonstrations at the perimeter fence between Gaza and Israel since 30 March 2018, are occurring against the backdrop of an already precarious humanitarian situation in Gaza. The 12-year closure, intra-Palestinian political divide, an energy crisis, inconsistent payment of public sector medical personnel, restrictions on the importation of medical supplies leading to shortages, including of equipment and spare parts, as well as on the movement of patients and health staff are all pushing the health sector in Gaza to a state of near collapse.

Since 2000, the Gaza Strip has suffered a process of increasing economic and political isolation, which culminated in the imposition of a land, air and sea closure by Israel in 2006. This further intensified in 2007 in the immediate aftermath of Hamas’ takeover of the Strip. The closure comprises stringent restrictions on the movement of people, goods and services in and out of Gaza, including the complete closure of border crossings for several days. Despite the partial lifting of import bans in 2010, together with other

¹ This period has been defined for the evaluation timeframe as per the current scope of the evaluation.

measures aimed at relaxing restrictions, the closure is still in force today, permeating every aspect of daily life for the entire population.

There are administrative, legislative and political divisions between the West Bank and the Gaza Strip, which are also separated physically; any passage between the two occurs through Israel. Palestinians living in the Gaza Strip are issued yet another type of Israeli-issued identity card and status. The different statuses accorded by Israel to Palestinians living in different areas of the occupied Palestinian territory permit them differential access to health services and different levels of free movement².

In Gaza, maternal and child health care is an integral component of the health services. The four major healthcare providers are the Ministry of Health (MoH), United Nations Relief and Work Agency (UNRWA), Non -Governmental Organizations (NGOs), and private for-profit institutions.

The MoH is responsible for a significant portion of primary, secondary, and some tertiary health care (providing more than 50% of services). It runs 49 Primary Health Care (PHC) centers (at 28 of them Maternal and Child Health (MCH) services are provided, and at 15 of them family planning services are provided) and 14 hospitals (5 maternity wards, 7 Neonate Intensive Care Units (NICUs) and pediatric hospital). The PA ministry procures tertiary services from other providers, locally and abroad. Around 70% of births (both vaginal and Cesarean) take place in public hospitals, while the rest are mostly out resourced by MoH and UNRWA. This reflects the heavy burden on MoH to offer advanced and secondary care for mother and newborn health.

According to the Palestinian Central Bureau of Statistics, total expenditure on health in 2017 reached 1,466 million USD (1³0.7% of GDP). Out of these expenditures, the government accounts to 42.4%, private insurance companies – 3.4%, households/out-of-pocket – 41.8% and NGOs -12.4% The government health insurance covers primary services including sexual and reproductive health, including maternal, and child health services, secondary care, prescription medicines on the essential medicines list, and tertiary care services. Officially, the main health financing mechanism for the public health sector is the government health insurance scheme, which is compulsory for public sector workers and voluntary for the remaining population. Through a presidential decree, the Gaza population is covered free of charge. People can also enroll in the government health insurance if hospitalized, becoming immediately entitled to normal coverage. Governmental health insurance premiums represent less than 10% of the Ministry of Health budget. Therefore, most public health expenditure is funded by general taxes and revenues, which are heavily dependent on the prevailing political climate. This has forced the Ministry of Health to incur large debts, which substantially impacts on annual operational expenditure. International assistance to health cluster in 2019 was almost 14 million USD.

²Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan Report by the Director-General, 1 May 2019

³Palestinian Central Bureau of Statistics (2017). <http://www.pcbs.gov.ps>

1.2 GOVERNMENT POLICIES TOWARDS THE SECTOR

In 2016, the Palestinian Ministry of Health designed and adopted a National Health Strategy for the period of 2017-2022. The key objectives of the strategy that MNCH project directed to supporting are :

1. Ensure the provision of comprehensive health services to all Palestinians, heading towards localization of health services in Palestine.
2. Promote the management of non-communicable diseases, preventive healthcare, community health awareness and gender related programs
3. Institutionalize quality assurance systems in all aspects of health services.
4. Promote and develop health workforce management system.

Furthermore, the National Sexual and Reproductive Health Strategy 2018-2022 outlines three main objectives:

5. To ensure availability and access to high quality SRH services
6. To promote SRH across different ages through community awareness and adopting healthy behaviors and preventive care
7. To promote sustainability and governance of the SRH sector

1.3 UNICEF STRATEGY IN THE SECTOR

In the State of Palestine, UNICEF supports the government in advancing the multi-year planning and budgeting for implementation of strategies and programmes for women, men, boys and girls, with a focus on mothers and young children (e.g. National Strategy for ECD and ECI 2017-2022, Immunization, National Early New-born Action Plan 2017-2022). The overall goal of the 2018-2022 Area Programme is to further the realization of children's rights and improve access to basic services, the protective environment and social inclusion for Palestinian children and women.

Six Area Programme outcomes towards which UNICEF will contribute have been identified for the programme cycle 2018 to 2022, and are detailed in the subsequent programme strategy chapters as stated in Outcome 3: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are better able to survive and reach their optimal development .

1.4 PROJECT OBJECTIVES

The "Sexual, Reproductive, Maternal Neonate Child Health (SRMNCH) in Gaza" project aims to provide solutions for building comprehensive, gender responsive and sustainable SRMNCH systems based on generated data and evidence In partnership with France, UNICEF, WHO, UNFPA and other health actors will address identified gaps and to improve access to quality and sustainable sexual and reproductive health, child health, nutrition and early childhood development services in Gaza, focusing on the following sub-objectives:

1. Contribute to the development of a comprehensive, sustainable, gender responsive system of the MNCH service delivery;

2. Improve access to community and facility-based quality services to all population of Gaza particularly focusing on the most vulnerable women, men, boys and girls;
3. Strengthen managerial and technical capacity of the local health authorities in managing a resilient and transformative system – including development and implementation of guidelines, protocols, HIS and standards of continuum of care;
4. Contribute to emergency preparedness and response for MNCH, including prepositioning of needed stocks of medicines and medical supplies;
5. Mitigate gender-based barriers to access to SRMNCH services; and contribute to gender equality agenda within the national cross sectoral gender strategy 2017-2022
6. Leveraging resources of other donor organizations and health partners to contribute to the scale up of this project; and
7. Strengthen coordination among health sector partners for scaling up sexual, reproductive, child health and development and nutrition strategies

1.5 Intervention areas and mode of operations

To build a gender responsive maternal and child health system in Gaza, UNICEF, WHO, and UNFPA have a strategic partnership with France, and key health partners, and scaled up the Khan Younis’s model of MNHC services to 6 maternity hospitals, 7 neonatal intensive care units (NICU) and 27 primary care centers in Gaza with direct investment in their infrastructure and equipment, as well capacity building.

During the implementation of AFD project in Khan Younis, UNICEF with partners commenced the mapping of the maternal, neonatal and child health care services in Gaza targeting 40 selected facilities 5 Primary Health Care Facilities (PHC), 7 Neonatal Care Units (NCUs) and 6 Maternity hospitals. The key results produced over the course of the mapping study were used for defining the gaps in the main areas of the MNCH service and for designing interventions which will be implemented by UNICEF with partners to strengthen delivery of SRMNCH services to women, newborns and young children in Gaza.

Beneficiaries

Benefits	Number of Beneficiaries
Improved access to lifesaving services in Gaza neonatal health clinic	30,000 high risk neonates
Access to quality sexual, reproductive and maternal health care services	45,000 high risk pregnant and lactating mothers
Community-based interventions and outreach services, including men, women, and adolescents and youth.	5,000 community members
Improved skills and changed behaviours towards sexual, reproductive, maternal and child health, nutrition and early childhood development	2,000 care givers including men
Training sessions on sexual, reproductive, maternal and child health nutrition and development	500 health workers (80% female)
Training in system management	50 managers (hospital, PHC and MoH)
training and licensing to maintain equipment	50 engineers and technical personnel
360 thousand women, men (at least 5%) and boys and girls	180,000 women and 180,000 children

1.6 PROGRAM THEORY OF CHANGE

The Theory of Change for the UNICEF priority deprivation in mothers and children health and nutrition describes the change pathway to move from the current manifestation of the deprivation, where “Mothers and children in the State of Palestine are not having their right to survive from preventable maternal, newborn and child deaths neither to reach their optimal development” to the desired state, where “By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional system and are better able to survive and reach their optimal development”

To achieve the desired state, two critical preconditions must be met:

- There will be Improved coverage of quality comprehensive health system, particularly for vulnerable children and mothers
- Parents and caregivers nurture their children’s healthy growth and development, apply good health, nutrition and hygiene practices and act to claim their right to quality services

Similarly, as per the Result Framework of the project, the Outcome of the Health and Nutrition Programme is to ensure that: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional system and better able to survive and reach their optimal development. Likewise, there are 3 outputs contributing towards the outcome listed as

- Output 1: MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies
- Output 2: Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development and services
- Output 3: Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding ECD and ECI services for CWD.

2. RESULTS TO DATE

Under output 1, a new civil engineer has been on board who will supervise reconstructions in Gaza health facilities. Ongoing discuss with MoH to finalize the bills of quantities for the identified health facilities (including one maternity unit and 4 PHCs in the first year) for the reconstruction and rehabilitation. The needs are based on the mapping study results. These are aimed to support on gender-sensitive rehabilitation and refurbishment of health facilities in Gaza including improvement WASH infrastructure and energy efficiency. Similarly, a list of procurement of medical supplies including drugs and medical consumables developed and jointly finalized with WHO and UNFPA. MOUs with WHO and UNFPA developed. Interagency Project implementation work plan and indicators tracking sheet developed and finalized. These will be contributing to quality and gender responsive package of sexual, reproductive, maternal, newborn and child health care services including pre-natal and postnatal, nutrition and early childhood development delivered. In addition, ToR for steering committee and technical committees discussed with health authorities. Membership of committees discussed with MoH and members identified for each technical committee. Likewise, the ToR for consultancy to develop standards of WASH in Health facilities is finalized and is in process of recruitment. Through this intervention, technical

assistance will be provided to update protocols, guidelines, quality assurance standards for delivery of continuum of SRMNCH and nutrition care in hospitals and PHC.

Similarly, under output 2, UNICEF with WHO and UNFPA established communication and visibility committee to work on the C4D initiative which has been aimed to promote ARMNCH practices including shared responsibilities between men and women. Also, UNFPA finalized the TOR and consultancy advertised which will assess the KAP on social norms towards SRH and child rearing practices among men. Moreover, under the output 3, the procurement of medical supplies including drugs and medical consumables for preposition and contingency developed aligned to essential, life-saving medicines and medical consumables for ensuring full-scale delivery of gender sensitive SRMNCH services. Furthermore, free hotline has been established in MoH PHC to provide SRMNCH counselling contributing to 24-hour hotline services on MCNH in case of emergencies and scale up the utilization of the RapidPro Platform-Real Time Monitoring System of SRMNCH services.

With exception to this project as well, the global pandemic of COVID-19 significantly impacted this project too. The restriction in movements of people and goods impacted on reconstruction work and trainings. The global increased demand of medical supplies but the limited number of flights for delivery of goods resulted in delay in delivery. However, UNICEF maintained interagency collaboration despite the extreme challenges caused due to COVID-19 pandemic and global emergency.

Additionally, Annex A is a table outlining the project's operational plan which clearly describes the major roles of implementing agencies, including MoH and other partners, as well as the monitoring, evaluation and reporting requirements that should be ensured during the implementation of the project. .

3. PURPOSE OF THE ASSIGNMENT

The main purpose of formative Mid-term evaluation is to assess the current state of the project against the agreed Result Framework, identify gaps and issues along with areas of deviates of the project, withdraw good/best practices and provide strategic recommendations to inform the continuation of the project implementation. As the evidence generated by this evaluation will be used for to inform strategic policy and planning of the project, the evaluation should also consider strategic recommendations to UNICEF, government and implementing partners. This evaluation will also inform the national, UN and UNICEF planning to feed into the strategic planning period of 2024-2028.

3.1 Specific Objectives:

1. Assess to what extent has UNICEF brought together the implementing agencies – WHO, UNFPA.
2. Determine to what level has UNICEF been effective at ensuring results across the different partners.
3. Assess to what extent has UNICEF supported coordination with the MOH in the West Bank and Gaza to support the development of one health system and to support lessons learnt to feed into the new Health Sector Strategic Plan 2023-2028.
4. Assess the project's performance using standard OECD evaluation criteria (relevance, effectiveness, efficiency, coherence and potential sustainability) and humanitarian action criteria (connectedness, coverage) in assessing the project objectives and how cross-cutting issues such

as a human rights-based approach to programming (HRBAP), gender equality and equity has been addressed or recommendations of mainstreaming the cross-cutting issues

5. Assess the coordination and multi-sectoral integration approach of project targeted to achieve the project outputs and results.
6. Identify key lessons learnt of the project, extrapolate the scalability, document the issues/challenges encountered by the project and provide recommendations to UNICEF, governments, and implementing partners.

3.2 USE AND AUDIENCE OF EVALUATION:

The findings, recommendations and lessons learned from this evaluation will be used to identify and implement strategies for enhancing the relevance, efficiency, effectiveness, and sustainability and impact of the MNCH sector. The evaluation's target audience will be the relevant Ministries, donor, UNICEF, WHO, UNFPA and other UN agencies, donors, beneficiaries and partners.

The findings and lessons learned will be shared with local community members, actors involved in MNCH sector, stakeholders, implementing partners and relevant likeminded institutions . The actors and other stakeholders not directly involved or concerned with this evaluation will be the secondary audiences and users of the evaluation report such as UNICEF Regional Offices and UNICEF HQ as the lessons learnt, good/best practices would contribute to strategic thinking around integrated approaches to MNCH in the region.

4. SCOPE OF EVALUATION

This formative mid-term evaluation will contribute to draw out achievements of the Strengthening Maternal, Neonatal and Young Children Health (MNCH) in Gaza project so far obtained along with exploring the good/best practices, areas of improvements and future strategies to be incorporated in the remaining period of the time. The evaluation will cover all target groups of the project and specifically direct and indirect beneficiaries of the projects, including households, stakeholders, contractors, management committees, NGOs, and ministries. Given the formative nature of evaluation, scope of evaluation encompasses OECD evaluation principles along with generating evidence of good practices/best practices of MNCH project, lessons learnt of the project during the project implementation period and identifies areas that can be scaled up. Furthermore, the basis of the evaluation should be the Theory of Change of the project along with Results framework and findings should be aligned against the TOC and result framework as well as project indicators.

Geographically, the evaluation will cover the locations in Gaza Strip as agreed under the project proposal. In each stage of the evaluation, the organization for Economic Co-operation and Development (OECD)-Development Assistance Committee (DAC) criteria should be used (relevance, coherence, efficiency, effectiveness, sustainability, equity and human rights issues). As well, additional criteria for evaluating humanitarian action, including connectedness, and coverage will be utilized.

The evaluation will present lessons learned, best practices and recommendations for the remaining period of project, while also adopting an approach that integrates the aspects of gender, human rights and equity throughout the evaluation and applied across the analysis of the programmes. The evaluation further also should integrate the humanitarian and development nexus, which has been promoted by UNICEF in the

region of conflict in SOP. The Mid-Term Formative Evaluation of the MNCH project in Gaza Strip has been requested by the donor and included in the proposal. Additionally, a final evaluation has been planned at the end of the MNCH project.

The scope of this evaluation will also focus as much as relevant on assessing the project contributions to gender equality and women's empowerment and providing actionable, evidence-based recommendations and lessons learned to inform the future Gender Equality and Women's Empowerment (GEWE) in UNICEF SoP work.

Factors that are out of the scope of this evaluation include criteria for impact as it is too early to evaluate these in this early stage as the implementation of the project will be completed by 2023. Therefore, the evaluation may have limited data or evidence to be able to cover the impact of this component to date.

5. EVALUATION QUESTIONS:

The evaluation criteria are all six recommended by the Development Assistance Committee (DAC), of the Organization for Economic Co-operation and Development (OECD) as specified in the question listed below. The evaluation questions should not include criteria for impact as it is too early to evaluate these in this early stage as the implementation of the project will be completed by 2023. Below are examples questions for each criteria but limited however these are indicative questions. The evaluation team for this evaluation are recommended to elaborate on the list of questions during the submission of their inception report. The list of evaluation questions will be discussed and finalized with UNICEF and the technical committee during the inception phase. Furthermore, the evaluation will include an additional criterion for evaluating humanitarian action, focusing on connectedness, and coverage.

a) Relevance

- Does the MNCH project reach to the target groups and meet their needs and priorities (including government, executing agencies, partner organizations, including other UN agencies, NGOs and beneficiaries)?
- Are the activities and outputs of the programme consistent with the national and international guidelines and the overall goal and the attainment of its objectives?
- To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken into account when the project was designed?
- Are the state and non-state actors active in the program areas to support the target group?

b) Efficiency

- To what extent has the intervention been cost effective?
- To what extent are the costs of the intervention justified, given the changes/effects it has achieved?
- Was the intervention's process often timely for reporting and monitoring at inter-agency investment and government allocations?
- Were the personnel allocated to MNCH project to efficiently reach the goals?

c) Effectiveness

- To what extent were the objectives achieved / are likely to be achieved?
- Are the activities implemented to reach the goal as planned and/or described in the

Logframe/project document? If deviations occur: why?

- Are all relevant stakeholders involved? Is local know-how considered?
- Is the data collection adequate to follow up the program achievements? (specially with respect to indicators) Are information and material up-to-date?

d) Sustainability:

- To what extent are the benefits and achievements of the project likely to continue after it has ended through national Government or community ownership?
- What behavioral change approach should be adapted to improve community trust and ownership?
- What measures are in place to reach sustainability of MNCH project particularly in following areas:
 - Financial Sustainability
 - Environmental sustainability
 - Technological sustainability
 - Social Sustainability

e) Coverage

- Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities?
- Did the MNCH project assistance considered duplication or gaps in the supported areas by other organizations?

f) Coherence

- To what extent were context factors (political stability/instability, population movements etc.) considered in the design and delivery of the intervention?
- To what extent was the intervention design and delivery overall in line with humanitarian principles and standards?

g) Connectedness

- What have been the linkages between the intervention and any other UNICEF interventions in relief/recovery/development?
- To what extent did the intervention link to any transition strategies in the context or development goals?

h) Cross-sectoral questions (HRBAP and Equity):

- The evaluation team should approach its work and guided by human rights conventions, equity-based approach, human rights-based approach in programming (HRBAP), AAP, PSEA and gender equality focusing on the following questions which should be taken into consideration across the range of criteria above:
- Was the project aligned with UNICEF's equity agenda in addressing the needs of the target groups, ages, genders and differently-abled people (i.e. to what extent has the initiative reached or engaged different groups including the most marginalized)?
- To what extent has UNICEF MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?

- What measures were put in place to incorporate cross-cutting themes like gender, children's rights, disability, and accountability?

6. METHODOLOGICAL APPROACH

This evaluation intends to adopt a methodology that will deploy a participatory and interactive approach in nature; however, the evaluation team should consider the evaluation methodology considering the COVID-19 pandemic. The evaluation will deploy a mixed method (quantitative and qualitative methods) for the validity and reliability of the information collected. Both the data generated through qualitative and quantitative data will be disaggregated by gender in order to appropriately compare to baselines and targets values. The most relevant and appropriate probability sampling should be considered for the quantitative data collection that will enable statistical inferences while purposive sampling can be used for the qualitative data collection.

The evaluation questions cover all the OECD DAC criteria for evaluation of development assistance. Gender should be understood as a cross-cutting component of all aspects of the evaluation focusing on how gender mainstreaming and integrations during the response. Additionally, the analysis should be gender sensitive by disaggregating the evaluation data by sex, age and disability to determine the benefits of the program on different gender and social categories.

An indicative methodology that can be deployed for both the quantitative and qualitative data collections are detailed below, but not restricted only to this list:

- **Secondary data:** This will include a desk review of documents which will provide empirical evidence as well as to be used in assessing the project across governorates in SoP
- **Primary data collection** through quantitative and qualitative methods. A balance of quantitative and qualitative data collection should be used for the evaluation.
 - **Quantitative methods** may include:
 - Individual interview with lactating mothers or pregnant mothers, or their spouse.
 - The evaluation will use available routine monitoring data from the project database disaggregated by sex and age.
 - **Qualitative data collection methods** should be balanced based on the type of information and evaluation questions; these could include:
 - Focus group discussion (FGD) with local partners, beneficiaries, relevant Ministries, other key stakeholders.
 - Key informant interviews (KII) with key stakeholders' including national representativeness which will be a challenge during primary data collection. However, the sample design must include at least one district from each of the seven provinces.
 - Structured and semi-structured interviews with relevant stakeholders.
 - Participant observation in field visits to health facilities (hospitals, PHC, etc.).

This evaluation will also take into consideration a rights-based approach and participatory methodology to ensure children and youth are engaged and are part of the evaluation to enhance ownership of the findings. In line with the Standards for UN Evaluation in the UN System (developed by the UN Evaluation Group), all of those engaged in designing, conducting and managing evaluation activities must aspire to

conduct high quality and ethical work guided by professional standards and ethical and moral principles. The consultancy firm will follow the UNICEF Procedure for Ethical Standards in Research and Evaluation, Data Collection and Analysis. It must identify actual or potential ethical issues, as well as measures and methods adopted to mitigate these issues. The evaluation should also ensure adequate adherence to UNICEF evaluation's quality assurance criteria and processes and proper coverage of limitations.

The evaluation process will be guided by the 1989 Convention on the Rights of the Child (CRC) which spells out the rights to protection from all forms of child abuse, neglect, exploitation and cruelty, including the right to special protection in times of war and protection from abuse in the criminal justice system. In addition to the CRC, the evaluation process will be guided by other important treaties reinforcing rights that concern children. At the international level, these include the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which is particularly pertinent to the rights of girls, and the 2006 Convention on the Rights of Persons with Disabilities (CRPD), which the European Union ratified in 2010.

6.1 RESOURCES FOR DESK REVIEW:

UNICEF will work closely with the Evaluation Consulting Firms(s) in providing primary and secondary data. This will include (but not limited) the following resources:

- Conducting a desk review of UNICEF project documents and work plans, monitoring reports including three-monthly and yearly reports, workshop reports, strategies, etc.
- All relevant project related documents disaggregated data and results.
- Reviewing UNICEF's relevant Work Plans, strategy notes and Theory of Change of H&N programme
- Reviewing the MNCH, Health and Nutrition Strategy
- Knowledge, Attitudes and Practices (KAP) studies conducted by partners.
- Mapping Study of the Maternal, Neonatal and Young Children Health (MNCH) in Gaza.
- Programme Cooperation Agreements and Programme Documents between UNICEF and local partners
- Contribution Agreements extensions
- Mid-term reviews and relevant formative/ summative evaluations Results-Oriented Monitoring documentation done by independent consultants.
- Project progress reports in 2018, 2019 and 2020.

6.2 EVALUABILITY AND POSSIBLE LIMITATIONS TO EVALUATION

There are several limitations to the evaluability of this project.

- a) The COVID1-19 pandemic posing travel restrictions, restrictions on gathering and physical contact will greatly influence on evaluability of the MNCH related projects or approaches to be designed for the evaluation.
- b) The protracted crisis may constrain or restrict access during the data collection and might affect the evaluation exercise.
- c) Benefits and costs that can be covered are within a certain limited range; not capturing all possible social benefits and costs either numerically or qualitatively. This evaluation recognizes that there might be a limit to the cost analysis that can be conducted on such a WASH project, particularly given the long-term impacts of WASH projects on infrastructure, systems, and communities.

- d) The response rate may be low in certain areas owing to the fact that some communities are conservative and may not openly participate in the evaluation questions.
- e) The sensitivity of talking directly to children and households who have benefited from the various activities, including hygiene promotions activities due to the confidentiality principle. It is suggested that the evaluation team overcome these challenges by signing non-disclosure agreements; and seeking the agreement of the implementing partners.
- f) There is no database of partners' monitoring data and each partner will have their own reports. To undertake this evaluation the firm should access monitoring data from the Ministries and partners, but this may not always be available.
- g) There is no reference to disaggregated baseline data.
- h) Availability of staff and partners for the evaluation exercise might lead to some limitations due to heavy workloads and commitments elsewhere. Ad hoc problems caused due to difficult working conditions.

Evaluability assessments will be conducted before undertaking an intensive evaluation to assess whether reliable and credible answers can be given to the initially prioritized evaluation questions based on an assessment of information requirements and available knowledge. To conduct the evaluability assessment, the consultant team will reference country's COVID-19 situation, government rules and regulations on travel, gathering and physical contact, the logical framework, assess the availability of disaggregated baseline data, indicator, targets, output and outcome data available through Monitoring and Evaluation (M&E) information. UNICEF SoP and the implementing partners will make available the relevant information to conduct an evaluability assessment to the consultant team members before the actual commencement of the evaluation. In the event evaluability will not be established in certain areas, the evaluator must take measures to address the problem, such as reconstructing the theory of change, readjusting the evaluation scope or timing or consulting the evaluation commissioner in order to revise the expectations.

7. DISSEMINATION STRATEGIES

The findings of this evaluation will be disseminated, made available and usable to various audiences through a wide variety of channels or formats to influence change in programs, policies, or practices. The dissemination strategies channels and formats should take into account the needs of different audiences, the type of information to be distributed and its purpose. UNICEF SoP is proposing the use of print formats, such as brochures, one-page descriptions, newsletters, executive summaries, or technical reports for the public, conference and workshop participants, or policymakers, other actors and the donor.

8. MAJOR TASKS TO BE ACCOMPLISHED:

This evaluation will be divided into 5 different phases for organizational purposes. A tentative timeline for the evaluation is provided below and is expected to be completed in three months⁴.

Phase	Deliverable	Estimated Timeframe (including time for UNICEF review)
Inception (to be conducted remotely)	<ul style="list-style-type: none"> • Develop a report structure which includes a methodological approach, and work plan for the UNICEF MNCH project. Share with UNICEF for review, feedback and sign-off. • The consultancy will submit an inception report that will include the following, among others: <ul style="list-style-type: none"> ○ Evaluation plan including timelines and activities and people to meet. ○ Methodology including a matrix with a row for each question and columns for how the judgement will be formed and methodology per question. ○ Data collection tools (quantitative and qualitative). The proposed tools should be cleared by UNICEF before the start of the data collection phase. ○ Ethical protocols aligned with principles outlined in ethical issues below. ○ Interview and workshop plan. ○ Plans for data analysis (quantitative and qualitative), report preparation and dissemination. ○ Evaluation Consulting Firms adjusts based upon feedback from UNICEF SoP and shares the 2nd draft with UNICEF. ○ Evaluation Consulting Firms validate the inception report with the Steering Committee Members. ○ Evaluation Consulting Firms adjust the second draft of the inception report based on the feedback of the Regional Office and share the final version. 	15 days
Desk Review	<ul style="list-style-type: none"> • Conduct a comprehensive analysis of relevant primary and secondary resources, • Participate in the initial briefings with UNICEF and partners to ensure that the evaluation team is clear on the expectations of the evaluation. 	10 days
Data collection & Analysis	Conduct field visits to collect data through a combination of data collection methods as per the proposed methodology in section 6.	35 days (requires consideration of spacing of data collection over time, i.e.

⁴This is however tentative and is subject to change given the situation on the ground.

	<p>Qualitative data will be collected from field visits of the implemented activities as well as consultative meetings with stakeholders in targeted areas of Gaza and the West Bank.</p> <p>It is expected that the team will incorporate gender and ensure representative involvement of beneficiaries and non-beneficiaries in the evaluation. This phase will include the following procedures:</p> <ul style="list-style-type: none"> ○ Adapting tools and fieldwork including FGDs, KIIs etc. ○ Submit primary data (the collected data files are UNICEF property and cannot be used for other purposes without written agreement from UNICEF.) 	sequencing of quantitative and qualitative data collection should be considered in the inception report)
Findings Feedback process	<ul style="list-style-type: none"> • After the data collection period, a feedback process will be scheduled between the evaluator (s) and relevant UNICEF SoP staff and the key stakeholders to discuss findings and determine if any changes/recommendations need to be made prior to drafting the report. 	7 days
Draft Report	<p>A presentation of the preliminary findings will be made to UNICEF.</p> <ul style="list-style-type: none"> • Data analysis and a written first draft of the report in English will be shared • Once the report is shared with UNICEF SoP and stakeholders, a comment matrix will be utilized to organize feedback on the report • Evaluator(s) shall onboard feedback/recommendations and ensure that UNICEF is satisfied with the accuracy of the information and overall quality of the report • A presentation should be organized to present findings. The final evaluation report should not exceed 40-60 pages (without annexes). The report shall be structured as per the UNICEF’s Adapted UNEG Evaluation Reports Standards and will include at least the following: <ul style="list-style-type: none"> • Executive summary • Brief description of the program, its context, financial arrangements, areas of intervention, timing, implementation modalities and actors • Objectives, methodology, the timing of evaluation and challenges/limitations of the analysis • Results in terms of relevance, efficiency, effectiveness, impact, sustainability considering the evaluation main questions above& including humanitarian evaluation criteria. • Analysis, including reflection on gender, human rights • Lessons learned, challenges, conclusions, recommendations, action plan • Annexes <p>More detailed information of the UNICEF’s Adapted UNEG Evaluation Reports standard is provided in the UNICEF Global Evaluation Report Oversight System (GEROS) Review</p>	10 days

	<p>Template, which will be shared at the start of the consultancy. The report shall be written in line with the UNICEF style guide, to be shared at the start of the consultancy.</p> <p>Evaluation team adjusts feedback of UNICEF SoP and Steering Committee⁵ and shares the draft evaluation with UNICEF SoP. Evaluation team adjusts the second draft of evaluation report based on the feedback of Regional Office and share the second version in-cooperating feedback from UNICEF’s SoP Special Representative</p>	
Summary Report	<p>Lay Summaries: This is a 10-pages maximum non-technical Executive Summary, to increases general interest in the results but does not overwhelm the reader with a long document. The summary should be in Arabic to reach groups for whom the report may not be accessible due to technical language, etc.</p> <p>PowerPoint Presentation: Develop a PowerPoint presentation of evaluation results to be presented at the evaluation dissemination workshops.</p>	10 days
		87 days ⁶ in six-month period

9. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The section below outlines the criteria for an ethical review checklist to indicate that this evaluation should in fact either go through an ethical review process through the Palestinian Health Research Council (Helsinki Committee) or Institutional Ethical Review Board (IRB) in HQ. The evaluation process will adhere to the United Nations evaluation norms and standards available at: http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4 and ethical guidelines for evaluation

The assignment is to be carried out according to the ethical principles, standards and norms established by the United Nations Evaluation Group (UNEG).

The Evaluation team will follow the UNICEF Procedure for Ethical Standards in Research and Evaluation, Data Collection and Analysis and the United Nations evaluation norms and standards available at: <http://www.unevaluation.org/document/download/2787>

Additionally, the evaluation will be carried out according to the ethical principles, standards and norms established by the United Nations Evaluation Group (UNEG) outlined below.

- a) **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.
- b) **Responsibility.** The study report must mention any dispute or difference of opinion that may have arisen among the evaluation team or between the evaluation team and the commissioner of the

⁵ UNICEF SoP envisioned instituting an Evaluation Steering Committee to provide technical and logistic support and oversight to this evaluation exercise. The evaluation steering committee is composed of the following members involved in implementation of the MNCH projects: UNICEF, Implementing Partners, donor, and External evaluation team (one member)

⁶The review should include around 10 days for UNICEF review.

evaluation in connection with the findings and/or recommendations. The team must corroborate all assertions, or disagreement with them noted.

- c) **Integrity.** The evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.
- d) **Independence.** Evaluation in the United Nations systems should be demonstrably free of bias. To this end, evaluators are recruited for their ability to exercise independent judgement.
- e) **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, they must be reported immediately to the evaluation manager. If this is not done, the existence of such problems may in no case be used to justify the failure to obtain the results stipulated in these terms of reference.
- f) **Validation of information.** The evaluation team will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.
- g) **Intellectual property.** In handling information sources, the evaluation team shall respect the intellectual property rights of the institutions and communities that are under review. All materials generated in the conduct of the evaluation are the property of UNICEF and can only be used by written permission.
- h) **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

In line with the Standards for UN Evaluation in the UN System, all those engaged in designing, conducting and managing evaluation activities will aspire to conduct high quality and ethical work guided by professional standards and ethical and moral principles.

10. DELIVERABLES AND DEADLINE(S) FOR SUBMISSION:

	Expected Deliverable	Estimated Date
1.	Submission of desk review and quality inception report	15 th January, 2022
2.	First draft of the evaluation report shared with UNICEF together with accompanying PowerPoint presentation;	31 st March 2022
3.	Final quality evaluation report integrating feedback including desk review, key findings, lessons learned and recommendations.	15 th May 2022
4.	Arabic Lay Summaries and PowerPoint Presentation	31 st May 2022

11. ESTIMATED DURATION OF CONTRACT, TENTATIVE DATES AND LOCATION

The evaluation is planned to commence by 01 December 2021 and to be completed by 31 May 2022. Specific level of effort for the consulting firm will be based on the agreed work plan/inception report that will be finalized with the contract.

The evaluation team will not be based at the UNICEF office. The duty station is State of Palestine, Gaza Strip. The inception report and the desk review can be conducted remotely. Official in-country travel will be involved, as required. In light of the COVID-19 pandemic travel may not take place depending on availability of transport links and in-country quarantine restrictions

12. TERMS OF PAYMENT

By deliverables (as above):

- 20% upon completion of deliverable 1
- 50% upon completion of deliverable 2
- 30% upon completion of deliverable 3 & 4

Recourse: UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.

13. EVALUATION MANAGEMENT (ROLES AND RESPONSIBILITIES)

- The Chief of the Social Policy, Planning, Monitoring and Evaluation (SPPM&E) Section in UNICEF SOP will provide overall guidance for the evaluation.
- The Monitoring and Evaluation (M&E) specialist in UNICEF Palestine is the evaluation manager and will contribute directly to quality assurance activities and primary supervision in close cooperation with the relevant section in the UNICEF State of Palestine office in Jerusalem and Gaza field Office. The evaluation manager will serve as a liaison with respect to correspondence between the evaluators and the Technical Committee. Any queries or challenges or request from the evaluation team will be channeled through UNICEF evaluation Manager.
- M&E focal person from WHO and UNFPA will review the inception report and provide technical feedback for improvement in the methodology, and support in ensuring the quality of evaluation.
- UNICEF, UNFPA, WHO and its implementing partners, will provide technical inputs and facilitate access to the project's locations and served population.
- The UNICEF, UNFPA and WHO M&E and the project team will facilitate and manage operational requirements, which entails providing project documentation as needed for the evaluation.
- The UNICEF, UNFPA and WHO M&E team will make formal contacts with stakeholders as necessary as well as provide logistics and operational support in conducting interviews/focus group discussions and/or organizing the end-of-evaluation workshop.
- The evaluator is expected to undertake field trips to selected project locations in the target areas.
- The UNICEF with support from UNFPA and WHO M&E team will support in ensuring quality and ethics in field data collection.

14. QUALITY ASSURANCE:

- The Technical Steering Committee from UNICEF, UNFPA, WHO, other stakeholders and the evaluation team will have a major role in ensuring that all the deliverables meet the quality assurance criteria. Quality assurance will take place at different stages of the evaluation process. The Committee will assess the quality of key evaluation products, including methodology and evaluation instruments, inception and final reports. Given that it is a country-led evaluation, the M&E specialist will also ensure that the evaluation meets UNICEF quality standards and follow UNICEF global quality assurance processes.
- The UNICEF Regional Office will provide technical assistance to the UNICEF Country Office in developing the TOR for the evaluation, review of inception and final reports.
- The Evaluation Consultancy Firm will be responsible for the timely production of evidence-based evaluation, including recommendations to quality standards.

15. GENERAL CONDITIONS (PROCEDURES AND LOGISTICS)

No contract may commence unless the contract is signed by both UNICEF and the evaluation team or Contractor.

- The selection process for the consultancy firm will strictly follow UNICEF's internal procurement rules
- UNICEF will provide assistance where possible for necessary access and permits required for the evaluation
- The firm will provide fortnightly verbal or short email progress updates and have review meetings with UNICEF on monthly basis (face to face or phone meetings)
- The firm will provide a draft report for review and amend as requested before submitting the final report
- UNICEF may request that the Consultancy firm submit original copies of all evaluation tools, discussion and interview guides, sampling procedures, field notes, completed questionnaires and any other material related to the implementation of the evaluation.

UNICEF will not provide office space to the team. All requirements including venues for workshops, transportation, visa, health insurance, secretariat services, interpreter, translator, etc., will not be covered by UNICEF unless agreed in writing between UNICEF and the Consultant. UNICEF office will provide any documentation, letters to the government, etc., to make sure that the evaluation is conducted in good conditions.

Other stakeholders, beneficiaries and the implementing partners will support in establishing the focus and direction of this evaluation. The opinions, interests, concerns and priorities of stakeholders will be solicited early in the evaluation process. Stakeholders might include internal staff, such as program managers and officers, but should also include external stakeholders such as policy-makers, researchers, community members, professional organizations and others who have interest, experience and expertise in the program or initiative being evaluated. Additionally, the stakeholders will provide the information, or the data required for this evaluation, mobilize the interview participants and as well provide logistical and other support required for the successful implementation of the evaluation process.

16. QUALIFICATION OR SPECIALIZED KNOWLEDGE/EXPERIENCE REQUIRED:

The consultancy firm should be able to demonstrate a strong track record in conducting evaluation in health and nutrition in fragile areas. The reports can either be that of the institution or the evaluation team members. The bid should show a demonstrable capacity to engage in evidence-based policy dialogue with Governments and other key stakeholders based on previous evaluations, studies or project implemented. This should be a section in the technical proposal.

The evaluation team should comprise a gender balanced team of technical experts with an expertise in quantitative and qualitative methods of data collection, and with the following specific qualifications. The team should be made up of international and national evaluation consultants.

Essential: The evaluation team should be composed of at least three people, and have the following specific qualifications:

Team Leader- Evaluation Specialist

- PhD or Masters in evaluation or related area and/or equivalent experience/training in health and nutrition or related subject preferred. S/He should have at least 10 years of documented experience in research and evaluation of development programmes/projects or a minimum of 8 years' experience in MNCH areas including health and nutrition programmes/projects from developing or least developed countries.

Experience and Skills

- Working knowledge of MNCH, social work and health and nutrition programs
- Working knowledge of research and evaluation functions.
- Working skills in statistical analysis, system programming, database design and data security measures.
- Working skills in Excel and statistical programs such as SPSS, STATA and R.
- Working skills in analysis and consultation.
- Skills to communicate complex information clearly and concisely both verbally and in writing
- Ability to work effectively with a team and to engage external constituents.
- Experience working in large and complex projects in the humanitarian and development field.

Languages

- Excellent communication and report writing skills in English;
- Fluency in written and spoken English and Arabic are essential for interviews, transcription, and translation. Knowledge of Arabic language skills is preferred (please note: budget must include the hiring of local translator if Evaluation Consulting Firms lacks Arabic language skills)

Competencies

- Good analytical, facilitation and communication skills;
- Demonstrated ability to work in a multi-cultural environment and establish harmonious and effective working relationships
- Ability to take initiative and work with minimum supervision;

Second team member-MNCH specialist

A second team member should be a specialist in Maternal, Neonatal and Child Health with at least 7 years of experience in research and evaluations in developing or least developed countries.

- Master's degree required, with a strong preference for a degree relevant to Maternal, Neonatal and Child health and nutrition, public health, or another health and nutrition -related field.
- 7+ years of demonstrated experience conducting program evaluations or research, including evaluation or implementation experience specifically in the area of rural water and sanitation in the State of Palestine, or a similar context.
- Demonstrated experience in conducting quantitative and qualitative research

Third team member-Gender mainstreaming evaluation expert.

Third team member should be a gender evaluation expert with at least 7 years of experience conducting thematic gender evaluations at a programme level and engaging in gender-sensitive assessments.

The third team member should include a statistician with at least 7 years of experience in evaluations:

- 7+ years of demonstrated experience conducting program evaluations or research, including evaluation or implementation experience specifically in the area of rural water and sanitation in the State of Palestine, or a similar context.

- Master's degree or higher in the social sciences, humanities, public policy, international relations, natural sciences or other field relevant to UNICEF, UNFPA and WHO work.
- Demonstrated experience in conducting quantitative and qualitative research

17. APPLICATION AND EVALUATION PROCESS:

Each proposal will be assessed on technical merits and the cost of the consultancy services which will inform UNICEF final decision for awarding the contract. The Evaluation Team will give primacy to the technical aspects of the proposal, and the soundness of the financial proposal and other technical compliance. The proposal that will score the highest overall score for both the technical and financial score will be recommended for award of the contract.

The Technical Proposal should include but not be limited to the following:

- **Methods and Approach:** Detailed approach to the methodology and the design of the evaluation. This will include the design, sample size, representativeness, external validity and consideration of target beneficiaries.
- **Detailed work plan:** Provide a detailed work plan which takes into consideration the timeline for the work laid out in the ToR and incorporating time for UNICEF and stakeholder review and feedback.
- **Team composition** should be detailed which is in line with the profile of the evaluation team as outlined in section 15.
- **Reference of previous work:** Details of similar assignments (minimum 2) undertaken in the last five years including the following information:
 - Title of Project
 - Year and duration of project
 - Scope of Project
 - Outcome of Project
 - Reference / Contact persons
- **CV's**
 - CV of each team member (including qualifications and experience)
 - Ensure to include information related to the qualifications and experience of each proposed team member as required and outlined in section 15 of this document.
- **Company/Institutional Profile:** Provide a company profile and/or reports (or links) that demonstrate the requirements as outlined in section 15 of this document. Include a copy of the company registration: Where the process is still ongoing please provide evidence that the process has begun.
- **The Financial Proposal should include but not be limited to the following: The evaluation team should submit a financial proposal which should include the following:**
 - **Resource costs:** Daily rate multiplied by number of days of team members
 - **Travel Costs** - in country (from/to Jerusalem, Gaza and West Bank), visas and international travels (if applicable) All travel costs should be included as a lump sum fixed cost. For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal. A breakdown of the lump sum travel costs should be provided in the financial proposal.

Bidders are required to estimate travel costs in the Financial Proposal. Please note that if any international travel is involved this should be budgeted i) based on economy class fare regardless of the length of travel; and ii) costs for accommodation, meals and incidentals shall not exceed the applicable daily subsistence allowance (DSA) rates, as propagated by UNICEF.

- Data collection cost. This should include a detailed breakdown from the inception and main evaluation data collection and analysis.
 - Key administrative cost
 - Any other cost the institution finds important to include
- The budget should take into consideration the evaluation payment plan in line with the deliverables in this ToR.

In addition, the institution should include the following:

A) A complete copy latest audited financial statements with comparative figures for the two most recent years; preferably signed by Company's accounting firm/certified external auditor. The financial statements are to include, but not limited to, the following:

- The Balance Sheet (mandatory)
- The Income Statement/Profit and Loss Statement (mandatory)
- Statement of cash flows
- Statement of changes in shareholders' equity
- The report from the external auditor, if available
- Notes to the financial statements, if available

(Where possible, please provide an English translation of financial statements if the documentation is not in English. Note that any financial documentation received is treated with confidentiality and discretion.)

B) A copy of Company's certificate of legal registration.

C) Company's UN Global Marketplace (UNGM) registration number.

Your company is requested to register for, at the very least, Basic and Level 1 stages. For registration and instructions on how to, kindly refer to the UNGM site: www.ungm.org

18. EVALUATION WEIGHTING CRITERIA:

Cumulative Analysis will be used to evaluate and award proposals. The evaluation criteria associated with this TOR is split between technical and financial and it will be assessed on this basis: 70% technical and 30% financial as follows:

70 % Technical
 30 % Financial

100 % Total

Below table provides a detailed breakdown of the **technical** evaluation criteria.

Main Criteria	Sub-Components	MAX score
Team profile relevance, and experience of key staff assigned [Score 25]	Team leader's expertise and qualifications as per the TOR / requested qualifications	7
	Diversity of team's background/expertise	4
	Team command of English	4
	Team command of Arabic	3
	Team's experience in State of Palestine (data collection)	3
	Team's previous experience with UNICEF and/or with HEALTH AND NUTRITION projects	4
	- The proposed structure and composition of the team for this assignment. The main disciplines of the assignment, the key expert responsible and proposed technical and support staff along with their curriculum vitae (CVs) provided. Team composition and tasks assigned - Highlights about the company, how it is organized and a brief about its key personnel including CVs/resumes of lead resource persons and, if any, partnership arrangements - Range and depth of experience with similar projects/contracts/client	
Proposed methodology and approach [Score 25]	Adequate, relevant and practical methodology proposed	10
	Quality Assurance (plan for the systematic monitoring and evaluation of the various aspects of the project to ensure that standards of quality are being met)	10
	Risk Assessment/ Mitigation measures proposed	5
	- Understanding of, and responsiveness to UNICEF State of Palestine evaluation requirements based on Terms of Reference; Understanding of scope, objectives and completeness of response; Overall concord between UNICEF requirements and the proposal; Understanding of Subject area - Thoroughness in defining research methodology and protocol, selection of a scientifically valid sample and development of good, concise research tools/questionnaires	
Assessment Work Plan [Score 14]	Clarity of proposed workplan	5
	Adequate timeline for assessment workplan	5
	Adequate allocation of resources	4
	- A comprehensive work plan to deliver the overall requirement (ToR) including the main activities of the assignment, their content and duration, phasing and interrelations,	

	milestones, key performance indicators (including interim approvals by the Client), and a list of deliverables (reports, products) within the estimated delivery timeframe and dates. - Consistency of the proposed work plan with the technical approach and methodology, showing understanding of the ToR - The level of effort for each team member articulated and staff input throughout various stages/components explicitly laid out - The plan must identify and present specific steps and component activities in a chronological manner and must have attached, a flow chart/ critical path analysis, activity plans, personas etc.	
Capacity of the firm [Score 6]	Administrative capacity	3
	Demonstrated logistical capacity (including capacity for visas/ travel including to go to Gaza)	2
	Registration documents	1
Total Score		70

NOTE: MINIMUM POINTS – TECHNICAL THRESHOLD IS 49 POINTS

19. PRICE PROPOSAL SUMMARY:

	Payment summary per deliverable	Qty	Total Price in ILS
1.	Submission of desk review and quality inception report	Lumpsum	
2.	First draft of the evaluation report shared with UNICEF together with accompanying PowerPoint presentation;	Lumpsum	
3.	Final quality evaluation report integrating feedback including desk review, key findings, lessons learned and recommendations.	Lumpsum	
4.	Lay Summaries and PowerPoint Presentation	Lumpsum	
Total Value of the Proposal in NIS (New Israeli Shekel)/USD			