





**UNICEF Uganda**  
**REQUEST FOR A CONTRACT/LTA FOR SERVICES (INSTITUTIONS)**

<b>PURPOSE OF ASSIGNMENT</b>			
<b>Title:</b> Evaluation of The Child Sensitive Social Protection Programme in West Nile sub-region, Uganda (2019-2024)			
<b>DUTY STATION:</b>	Kampala - Uganda		
<b>NAME OF CONTRACT MANAGER AND ALTERNATE</b>	Tawanda Chinembiri / Atnafu Getachew Asfaw		
<b>PROPOSED DURATION</b>	4 Months	<b>NATIONAL / INTERNATIONAL:</b> International	
<b>PLANNED START DATE</b>	27 <sup>th</sup> May 2024	<b>NOTES / COMMENTS:</b>	
<b>ESTIMATED BUDGET FOR SERVICES</b>	\$120,000		
<b>WBS</b>	4380/A0/06/214/002		
<b>GRANT</b>	SC190522		
<b>OTHER LOCATIONS TO BE VISITED</b>	Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Pakwach, Yumbe, Zombo, Obongi, Madi Okollo, Terego and Arua City		
Need for procurement of institutional services is reflected in the RWP and institutional contract plan, or is in response to a specific programming decision or justified for operational needs			<b>YES</b>
ToR is clearly defined with tangible, measurable deliverables, or an end-product and with payments (contract fee) clearly linked to these			<b>YES</b>
ToR includes a description of the specific activities and timeframes for completion of the activities			<b>YES</b>
Is a Non-Disclosure Agreement required as part of the provision of the services			<b>YES</b>
<b>SIGNATURES (to be adjusted based on the UCO guidance on signing authority thresholds - see link <a href="#">here</a>)</b>			
Prepared by  Stella Ogalo  Date/Time...13/05/2024.....	Reviewed by (Supply & Logistics)   Supply Manager 13.05.2024  Date/Time.....	Approved by (Section/ZO Chief if < USD 100k)   Section Chief, SPA  Date/Time...13/5/2024.....	Approved by (Dep Rep if > USD 100k)   OIC Dep Rep (PGM/Ops)  Date/Time...13 May 2024.....

Other Approvers \_\_\_\_\_ (insert signature, position, date)

**UNICEF**  
**TERMS OF REFERENCE FOR SERVICES – INSTITUTIONS (CONTRACT OR LTA)**

**SHORT TITLE OF ASSIGNMENT / LTA**

Impact Evaluation of the Health Systems Strengthening on Nutrition and Health under the CSSP project

**BACKGROUND & OBJECTIVES**

**Background:**

The CSSP Programme is 5-year (2019–2024) USD 50 million programme funded by the Swedish International Development Cooperation Agency (Sida) in 13 districts of West Nile Sub region of Uganda. It is jointly implemented by UNICEF in partnership with WFP and the Government of Uganda, through the Office of the Prime Minister’s (OPM), the Ministry of Gender, Labour and Social Development (MLGSD), Ministry of Health (MoH), and Ministry of Local Government. The programme’s overall objective was to achieve improved health and nutrition of young children and enhanced community and household resilience among refugees and host populations in refugee-hosting districts of West Nile. To achieve these objectives, the CSSP programme was to provide direct support to targeted households and help government and its partners to support social protection and health systems to become more efficient, transparent, child- and nutrition-sensitive; and to scale up coverage of existing programmes and improve their effectiveness.

**Objectives:**

This is an endline impact evaluation with a focus on the UNICEF component, whose purpose is to assess the impact of the programme interventions on the health and nutrition outcomes and health system. The evaluation will establish attribution of the implemented interventions to planned programme objectives and explain the differentials by the level of attained health system and beneficiary outcomes. The evaluation will establish cost effectiveness and efficiency of the program to inform scalability and sustainability considerations. The evaluation will also serve an accountability purpose to the stakeholders especially direct beneficiaries (in the districts), government (local and central) and funders; and will provide lessons for programming and scale up of similar programmes to development practitioners.

This evaluation is being conducted in the final year of programme implementation as was initially planned and coincides with the preparation of UNICEF Uganda Country programme 2026- 2030, the preparation of the National Development Plan IV and the corresponding District Development Plans. The evaluation is timely for informing the programme implementors and funders on the effectiveness, efficiency, relevance, coherence, impact and sustainability aspects of the programme, for learning, accountability and replicability. Lessons will be used in the preparation of the next UNICEF programme, the next NDP and other planning processes in the districts and ministries and other stakeholders, especially the accelerating of the country's achievement of the SDG targets, particularly 1&3 by 2030. The users will therefore include, but not limited to, UNICEF, SIDA, WFP, GoU, District local governments, implementing partners.

**SCOPE**

**Programmatic scope:** The evaluation is summative in nature including a rigorous impact and economic evaluation that will cover all the of the UNICEF-led interventions covered by the programme, over the programme period 2019 - 2024. It will be centered on an assessment of the contribution of the health systems (supply side) and Social and Behavioral Change Communications (demand side) interventions to both maternal and child nutrition as well as maternal and child health.

Moreover, the evaluation will seek to assess contributing factors to the success or failure of the programme interventions, the adaptiveness/responsiveness of the programme, the child-centered aspect, and how the programme addressed gender, disability, and age vulnerabilities, including marginalization, and deprivation.

**Geographic focus:** The evaluation team will consider the 13 programme districts (Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Pakwach, Yumbe, Zombo, Obongi, Madi Okollo, Terego and Arua City)

**Institutional scope:** While noting the multi-stakeholder dimensions, the evaluation will target the Government counterparts (both at national, regional and district levels), development partner (SIDA), the Implementing CSO partners (AVSI), other international non-governmental organizations and national civil society organizations supporting similar initiatives in West Nile. The Evaluation will labour to analyze the respective role the CSSP programme played in overall Health sector and the related expectations of stakeholders regarding the programme. Within CSSP – West Nile, the evaluation will assess interactions, coordination, roles and responsibilities, support from and expectations of SIDA.

**Operational scope:** The evaluation will assess the timeliness, and efficiency of delivery of the interventions; the quality and inclusiveness of internal collaboration and cohesion between UNICEF and WFP on operational aspects of programme planning and implementation; the relevance of financial modalities, governance and assurance procedures and measures introduced; and will reflect on operational opportunities, best practices, and challenges implementing the programme in West Nile.

## METHODOLOGY

The end term/impact evaluation will aim to establish attribution of the implemented interventions to planned programme objectives, explaining the differentials by the level of attained health system and beneficiary outcomes. Attribution will be established by comparing results in the West Nile with that in the counterfactual districts. The evaluation will also establish the cost efficiency/effectiveness on health systems strengthening on the coverage, quality and utilisation of RMNCAH, nutrition and HIV/AIDS services.

A mixed methods approach will be utilized in order to generate clear and actionable evidence-based insights and learning on both the supply side and demand side of the interventions. The methodology will mirror that used during the baseline survey for comparison of the before and after and between the intervention and counterfactual districts. The baseline results will therefore form the main reference of this evaluation. The Quasi- experimental design, factored into the programme at the design stage, will be employed where the Difference in Difference (DiD) approach<sup>1</sup> will be used to understand the impact in the intervention and counterfactual districts as a result of the implementation of SIDA-UNICEF RMNCAH, and nutrition service interventions. Attribution will be established by comparing results in the West Nile with that in the counterfactual districts.

<sup>1</sup> DiD is an evaluation method used in non-experimental settings. The goal of this method is to estimate the causal effects of a program when treatment assignment is non-random; hence, there is no obvious control/counterfactual group

The counterfactual districts were selected based on their refugee status, refugee population, neighboring a refugee hosting district, health facilities registered as per DHIS2, DHSS progression score, district performance based on MOH Annual Health Sector performance that among others looked at coverage of health services (ANC, ART, Immunization), maternal and child morbidity and mortality, and HMIS reporting rates. An exact or close match of the intervention with a corresponding counterfactual district was done using at least two of the variables mentioned above with a priority given to the refugee status, health sector performance, and DHSS progression score. These variables are considered primary to this evaluation. It was possible to find closely related matches on more than three variables for 6/11 districts. The inability to find perfect matches for all districts presents a limitation, but this will potentially be addressed by including matching variables as control variables in the analysis to control for any confounding influence on the evaluation outcomes. In order to facilitate comparisons, the end-term and impact evaluations should draw from the evaluation matrix of indicator variables (see Annex 2).

The approach to assessing the differences and the associated factors of the change in maternal and child nutrition from 2019 to 2024 between the intervention and counterfactual districts will reference baseline values for maternal and child health and nutrition.

The main outcome of interest for this specific objective is change in maternal and child health and nutrition indicators as defined in the evaluation matrix (see Annex 2.) between 2019 to 2024. The change in maternal and child nutrition indicators will be computed for each district and compared initially between the matched intervention and counterfactual district. Group comparisons will be made to allow comparisons of the changes between refugee hosting and non-hosting districts in either the intervention or counterfactual arm.

The main explanatory variables under consideration are all the health systems and beneficiary outcomes i.e. coverage, Utilization, quality of care and health seeking behavior; and the level of health systems strengthening as measured by the DHSS progression model score.

Difference-in-difference (DID) approach, which will measure the differential outcomes between estimates in treatment districts and the counterfactual districts at baseline and end-term (double difference). This approach effectively factors out all pre-existing differences between the two groups so as to be able to assess the impact of the HSS interventions. A multivariable regression approach for the difference in difference analysis will be undertaken to control for other factors. Where the outcome is binary logistic regression will be applied while linear regression will be used where it is continuous quantitative data. Tests for the significance of the trends using different methods, for instance Chi-square.

To evaluate the economic benefit of the incremental critical funding for health systems on targeted maternal and child health and maternal and child nutrition outcomes, the evaluation will document itemised funding given to the West Nile sub-region districts and how it has affected the targeted RMNCAH, HIV & Nutrition outcomes.

**Qualitative methods** will include Key Informant Interviews and Focus group discussions across a wide range of stakeholders. More specifically, the key informant interviews will be used with policymakers, government officials, program managers, community leaders, beneficiaries with knowledge on the research topic. KIIs will be semi-structured or structured interviews that follow a predetermined set of questions while allowing flexibility for probing and exploration. They will be conducted mostly face-to-face. The use of KIIs will help provide an opportunity to delve deeply into specific issues and obtain detailed information from knowledgeable sources. Focus group discussions will be conducted with homogeneous groups of participants who share common characteristics or experiences in which shared perceptions, attitudes, beliefs, or experiences related to the research topic will be discussed. Validation and

Triangulation of insights obtained from KIIs and FGDs across various stakeholder groups will enhance the credibility and validity of the findings.

### **Sampling**

The same sampling procedures (for both qualitative and quantitative methods) as those used at the baseline for consistence comparison over time and between the intervention and counterfactual districts. (to be outlined in the inception report).

## **DELIVERABLES AND TIMELINES**

Activity	Deliverable	Timeline
<u>Preparatory phase</u>		
<ol style="list-style-type: none"> <li>1. Understanding the TOR- Review of baseline evaluation and other reports and seeking any required clarity</li> <li>2. Preliminary stakeholder analysis</li> <li>3. Preparation for the inception phase</li> </ol>		1 weeks
<u>Inception phase</u>		
<ol style="list-style-type: none"> <li>1. 1-week inception mission</li> <li>2. Preparation of draft inception report)</li> <li>3. Engagement with stakeholders on inception report</li> <li>4. Finalization of inception report</li> </ol>	<ul style="list-style-type: none"> <li>• Draft inception report.</li> <li>• Presentation of the draft inception report – in person to the Evaluation Reference Group.</li> <li>• Final inception report (plus completed audit trail addressing all comments)</li> </ul>	3 weeks
<u>Data collection phase</u>		
<ol style="list-style-type: none"> <li>1. Preparation for data collection</li> <li>2. Mission to collect data</li> <li>3. Preparation of interview reports</li> <li>4. Population of evaluation matrix</li> <li>5. Preparation and delivery of emerging findings</li> </ol>	<ul style="list-style-type: none"> <li>• Presentation of preliminary findings at a workshop with key evaluation stakeholders, including the Evaluation Reference Group</li> </ul>	4 weeks
<u>Drafting, validation and completion phase</u>		
<ol style="list-style-type: none"> <li>1. Data analysis and drafting</li> <li>2. Engagement with stakeholders on draft report</li> <li>3. Finalization of report and summary</li> </ol>	<ul style="list-style-type: none"> <li>• PowerPoint presentation – on emerging findings, conclusions and recommendations</li> <li>• A complete first draft evaluation report.</li> <li>• Presentation of the draft evaluation report– to the CSSP stakeholders, Evaluation Reference Group.</li> </ul>	3 weeks

	<ul style="list-style-type: none"> <li>A final evaluation report (plus completed audit trail addressing all comments) should be between 40-60 pages</li> </ul>	
<u>Dissemination and Advocacy</u>	<ul style="list-style-type: none"> <li>Evaluation Policy brief</li> <li>PPT Presentation of the findings, conclusions and recommendations at a workshop with key evaluation stakeholders</li> </ul>	1 weeks
TOTAL		12 weeks

### PROPOSED PAYMENT SCHEDULE

Payment will be as per below schedule and upon submitting Invoices with evidence of completed works:-

Deliverables	Delivery Date	Payment
<u>Inception phase</u>		
1. Final inception report (plus completed audit trail addressing all comments)	<ul style="list-style-type: none"> <li>4 weeks after signature of contract</li> </ul>	30% of agreed amount
<u>Drafting, validation and completion phase</u>		
2. A draft evaluation report	<ul style="list-style-type: none"> <li>9 Weeks after signature of contract</li> </ul>	40% of agreed amount
3. <u>Final Evaluation Report</u>		
4. <u>Policy Brief</u>		
5. <u>PPT on key Findings &amp; Recommendations</u>	<ul style="list-style-type: none"> <li>11 weeks after signature of contract</li> </ul>	30% of agreed amount
<u>Total amount</u>		100%

### Content of technical proposals

The Evaluation is **The Child Sensitive Social Protection (CSSP) Programme in West Nile**. It is a 5- year (2019-2024), USD 50 million programme funded by the Swedish International Development Cooperation Agency (SIDA) and is jointly implemented by WFP in partnership with UNICEF and the Government of Uganda, through the Office of the Prime Minister's (OPM), the Ministry of Gender, Labour and Social Development (MLGSD), Ministry of Health (MoH), and Ministry of Local Government. The programme covers the 13 districts of West Nile namely (Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Pakwach, Yumbe, Zombo) including the two newly carved out districts of Madi-Okollo (from Arua 2019) and Obongi (from Moyo 2019).

Key stakeholders	Roles and responsibilities
SIDA	Funding and oversight

WFP	Grant manager for the United Nations Joint Programming (UNJP) and leads in annual planning, monitoring and financial reporting. Implementer of the Social protection component of the CSSP project.
UNICEF	Implementer of the HSS component of the CSSP programme
OPM	OPM chairs the UNJP steering committee that guides the UNJP throughout implementation.
The Ministry of Gender, Labour and Social Development (MGLSD)	In charge of the national social protection framework. MGLSD is the main partner with respect to tools, systems and standards that increase social protection integration.
MoH	Responsible for overseeing and managing the health systems strengthening component of CSSP
Ministry of Local Government	Responsible to deliver health services at the district level. System strengthening activities are implemented in close collaboration with the District Local Government.

The main objective of the Child Sensitive and Social Protection programme in the West Nile region of Northern Uganda is to achieve improved community and household resilience among host and refugee populations in refugee-hosting districts of West Nile<sup>2</sup>. To address the multiple deprivations in the West Nile region, the programme targets the enhanced economic inclusion of households; improved maternal and child nutrition; and improved maternal and child health.

The programme is structured into three components, each with several subcomponents:

- i. Support to social protection systems, providing household transfers, strengthening national cash-transfer mechanisms, and strengthening national beneficiary identification and assistance management systems (WFP).
- ii. A comprehensive health and nutrition package including health systems strengthening (i.e., enhancing management capacity at the district level, quality of care at the facility level, strengthening referral linkages and behavioural change communication) as well as systems support to the provision of health and nutrition services (i.e., support to supply chain management for nutrition and RMNCAH services) (UNICEF)
- iii. Finally, a component addressing cross-cutting aspects, including strong linkages with existing programmes, strengthening local retail markets, strengthening national systems for feedback and complaints, and operational research (UNICEF/WFP).

The Theory of Change (ToC) for the Child Sensitive and Social Protection programme identifies critical inputs into social protection, markets, health and community systems that will stimulate the efficiency and transparency of the social protection systems, as well as that of nutrition and health systems. Improvements in the latter areas are, in turn, anticipated to contribute to more secure incomes, improved access to markets and the dietary diversity, higher quality of health care and health seeking behaviour. The beneficiary and health system goals are anticipated to result into the improved economic inclusion of households, improved maternal and child health and nutrition, which should lead to the attainment of the overall programme objective of improved community and household resilience for both the host and refugee populations. The diagrammatic illustration of the ToC can be found in Annex 1.

The UNJP for West Nile was developed during implementation of the 2016-2020 UNICEF Uganda Country Programme. In January 2021, UNICEF started implementing the 2021-2025 Country programme. In the health sector, the country programme is operationalizing the UNICEF 2030 Health Strategy with a strong focus on strengthening health systems to deliver results for children and a strategic prioritization for the most vulnerable children. The Country Program's overall goal is to support national efforts and strategies to accelerate the realization of children's rights and progress towards achievement of the sustainable development goals for children, in line with agenda 2063 for Africa. The Country Program is aligned to NDPIII and the National Health Sector Strategic Plan. UNICEF is offering expertise and influence on the UNJP for the realization of children's rights; leveraging financing for children; supporting child rights-based policies; shaping markets and promoting equitable access to essential supplies and services; brokering

<sup>2</sup> Child-Sensitive Social Protection in Refugee-Hosting Districts of West Nile, Uganda – Programme Document – June 2019.

partnerships for children and influencing social behaviours and norms. UNICEF outcomes relate to health, nutrition, WASH, and social protection, in terms of increasing access and utilization.

To achieve objectives linked to component 2 of the program, UNICEF employs the following Key strategies and interventions.

District Level: Enhance management capacity.

- Train DHT members in bottleneck analysis for planning and budgeting
- Strengthen HMIS (data collection, analysis and use)
- Performance reviews and district and regional levels
- Supportive supervision, mentorship and coaching to health facilities.
- Functionalization of the human resource information system (iHRIS)
- Support stakeholder coordination
- support annual DHSS assessments using the progression model.

Facility level: Improve quality of care.

- Functionalization of health unit management committees
- Training of health care workers in various aspects of RMNCAH, data management and use
- Provision of basic equipment, essential medicines, and supplies
- Repair of selected health facilities, set up of neonatal intensive care units (NICUs) and maternal high dependency units (HDUs)
- Functionalization of Health Center IVs in some districts to provide CEmNOC care service.
- Water, sanitation, and hygiene (WASH) improvements (installation of piped water systems, construction of sanitation facilities, bathrooms) at selected health facilities
- Monthly and quarterly health facility reviews and learning meetings.
- Conducting periodic data and service quality assessments and improvement (DQAIs) for RMNCAH services
- Conducting annual client satisfaction/exit interviews to determine quality of care gaps and plan for quality improvement measures.
- Implementation of annual health facility quality assurance program (HFQAP) assessments

Community level: Strengthen referral linkages and support behavioral change communication.

- Training of village health teams (VHTs) in various aspects of RMNCAH and supporting them to deliver on their mandate.
- Supporting integrated community outreaches for hard-to-reach populations
- Implementation of Family Connect, a digital health solution for increasing uptake of maternal and child health services.
- Supporting the community boda boda (motorcycle taxis) referral system of pregnant mothers and children in hard-to-reach communities in some districts
- Conducting quarterly community dialogue meetings on various aspects of RMNCAH services
- Supporting quarterly meetings between health facility staff and community health workers
- Facilitation of the VHT peer supervisors for monthly data compilation to support reporting at community level.

**MANAGEMENT & OVERSIGHT**

A designated focal point within UNICEF Uganda will provide technical advice as and when required

**CONDITIONS OF WORK**

This contract will be for a period of six months with key tasks delivered within a 3-month period. The consulting team can work remotely with a field missions that can be agreed upon with all parties.

**CRITERIA FOR EVALUATION – INSTITUTIONS**

<b>TECHNICAL CRITERIA</b>	<b>POINTS TO CONSIDER</b>	<b>MAX POINTS</b>
<b>Overall Response</b>	<ul style="list-style-type: none"> <li>✓ Completeness of response</li> <li>✓ Overall concord between TOR/needs and proposal</li> </ul>	5
<b>Company profile</b>	<ul style="list-style-type: none"> <li>✓ Profile of company and experience on similar projects</li> <li>✓ Client references</li> <li>✓ Previous UNICEF contracts and duration</li> <li>✓ Number of customers, size of projects, number of staff per project</li> </ul>	15
<b>Key Personnel</b>	<ul style="list-style-type: none"> <li>✓ Range and depth of organizational experience with similar projects</li> <li>✓ Samples of previous work</li> <li>✓ Number of customers, size of projects, number of staff per project</li> <li>✓ Client references</li> <li>✓ Key personnel: relevant experience and qualifications of the proposed team for the assignment</li> <li>✓ Company policy on Child labor, Safeguarding and Prevention of Sexual Exploitation and Abuse (articulate policies for the protection &amp; safeguarding of children and prevention of PSEA) – mandatory.</li> </ul>	25
<b>Proposed Methodology and Approach</b>	<p>Proposed Methodology and Approach</p> <ul style="list-style-type: none"> <li>✓ Work plan showing detail sampling methods, project implementation plan in line with the project</li> <li>✓ Project management, monitoring and quality assurance process.</li> <li>✓ Innovation approaches (With less impact to the Environment)</li> <li>✓ Gender and disability considerations</li> <li>✓ Organization commitment to Sustainability (Please provide details (including and targets and achievements) of your organization's sustainability management policy, management system to control sustainability issues. e.g., Environmental Management System, Social Accountability e.g., your</li> </ul>	25

	contribution to local community etc.) that covers the service required.	
<b>TOTAL SCORE</b>		70
<b>Minimum score for technical evaluation</b>		50

<b>EVALUATION COMPONENT</b>	<b>WEIGHT</b>
<b>TECHNICAL</b>	70
<b>FINANCIAL</b>	30