unite for children

EVALUATION TERMS OF REFERENCE (TOR)

Summary		
Type of Contract:	Institutional ☒ Individual ☐	
Title of the Evaluation:	Evaluation of GAVI supported Health System Strengthening Support (HSS) Programme in Kenya	
Purpose of Assignment	To assess the immunization systems strengthening and coverage of the GAVI Health Systems Strengthening Support 2018-2023 in Kenya	
Location of Assignment	Nairobi with Field Travel	
Duration of contract	4 Months	
Start date	From: July 2023	To: October 2023
Reporting to:	Chief of PME	
Grant Reference:	**SC170202**	
Activity and WBS details:	2400/A0/007/005/003	
Commissioning Section:	Health	
Is consultancy assignment in the approved AWP/Costed Evaluation Plan (CEP)	**Yes** ☒ **No** ☐	
If yes, attach copy of the approved page	**YES**	
If no, attach approved NFR/Justification for the consultancy		

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1. Background

1.1 Context:

Immunization against common childhood diseases remains one of the most cost-effective public health interventions to achieve SDG 3 targets. While Kenya has a fairly well-developed immunization system, devolution of health services, including human resources management has compounded challenges facing delivery of quality immunization services which is evidenced by declining coverage for key antigens even in regions that have previously performed well. The National Government is responsible for service delivery at the six national referral and teaching hospitals; procurement of vaccines including Gavi supported vaccines and distribution to the 9 regional vaccine stores; policy development; research; advocacy; resource mobilization; capacity building of County staff; oversight of quality and standards and management of health information system.

Since the establishment of the Kenya Expanded Program of Immunization (KEPI) in 1980, considerable progress has been made in reaching all children with lifesaving vaccines. The National Vaccines & Immunization Program (NVIP) is committed to achieving and maintaining high immunization coverage by reaching all children with potent vaccines and reducing the number of unvaccinated and under vaccinated children, sustaining availability of current vaccines given as per recommended vaccination schedule, introducing new vaccines when they become available, aiming to reach the Global Vaccine Action Plan (GVAP) targets that aims at preventing millions of deaths by 2020 through more equitable access to existing vaccines. The NVIP currently coordinates all childhood vaccinations and tetanus toxoid for pregnant women and COVID 19 vaccination.

1.2 Object: GAVI HSS Programme Description

To help address the challenges facing the immunization program, GAVI provided financial support to Kenya to strengthen its Immunization system to achieve equitable immunization outcomes. UNICEF received programmable amount of US$10,076,904.11 from Gavi to support the implementation of the activities at national level and in counties, as following: non COVID-19 re-programmed amount US$6,864,114.11; COVID-19 reprogrammed amount US$1,598,926.00; and enhanced quality assurance activities by UNICEF (US$1,613,864.00). The role of UNICEF is to manage the grant on behalf of the Ministry of Health and the first disbursement was received from GAVI in April 2017, but the implementation fully commenced in November 2017 after the government had addressed most of the issues that had been outlined for action. This GAVI HSS program was designed, from inception, with sustainability as part of the design, and it took into consideration various parameters of sustainability that included political, financial, technical, managerial, and social capital. The programme will conclude by September 2023.

The objectives of the HSS support are to contribute to the reduction of childhood morbidity and mortality due to vaccine preventable diseases through strengthening of the immunization system and this is aligned to the current UNICEF CPD output 1.2 which is focusing on ensuring that the Ministry of Health and its partners at national level and in targeted counties demonstrate strengthened capacities to ensure quality immunization services and practices. The Immunization Systems Strengthening support is expected to contribute to the achievement of at least 80 per cent of sub-counties reporting more than 80 per cent Pentavalent (DPT3) coverage. The HSS programme is thus aligned to the right to social security as articulated in Article 22 of the Universal Declaration of Human Rights [1] and in Article 9 of the International Covenant on Economic, Social

[1] https://www.un.org/en/universal-declaration-human-rights/

and Cultural Rights (ICESCR)[2]. Broadly, the programme addresses and contributes to fulfilling the convention of rights of a child[3].

Immunization services in Kenya is delivered through a network of 9,000 health facilities (public, private, and faith-based). Most public health facilities are managed by County Governments with the National Government managing the six national referral hospitals. In addition to procuring all the routine scheduled vaccines and delivering to the central vaccine store (CVS) and the nine regional depots, the Ministry of Health provides the overall policy oversight and leadership in coordinating health sector functions through the Intergovernmental Forum and various Interagency Coordinating Committees (ICC) including the immunization ICC. The ICC brings together heads of key agencies supporting the immunization programme and provides overall policy and technical guidance to the immunization programme including guiding the implementation of the Gavi supported Health Systems Strengthening activities. In line with the Grant Management Agreement (GMR) between the Ministry of Health and Gavi, the Immunization programme established a project coordinating unit which brings together core partners supporting Gavi HSS (UNICEF, CHAI, KANCO) and coordinated and supported the development of annual work plans to guide the HSS programme implementation, provided support to the 17 Counties to develop County specific work plans and budgets, coordinated and monitored the implementation of work plans and including undertaking programmatic monitoring visits to implementing Counties. The Ministry of Health has been reporting to Gavi on key programme indicators through Gavi Country Portal.

The following objectives and intermediate results are aimed at being achieved through support from Gavi:

Objectives	Details
Objective 1: (Immediate)	**To accelerate strong political engagement, improve governance and financial sustainability for immunization outcomes in line with devolution.**
Intermediate result 1	National and 47 county governments are clear on their roles and responsibilities about management of EPI services in a devolved system
Intermediate result 2	Each of the 17 focus counties have at least 1 Civil Society Organization (CSO) actively engaged in EPI related activities
Intermediate result 3	Enough funds for immunization at national and county level
Objective 2:	**To achieve equitable access to and utilization of routine immunization services in 17 focus counties.**
Intermediate result 1	Caregivers in the 17 focus counties are aware of and adhere to the national immunization schedule
Intermediate result 2	Health-workers adhere to immunization guidelines including reporting on Adverse events following Immunization (AEFIs)
Intermediate result 3	All health facilities in target counties implementing micro plans to reduce numbers of unvaccinated children
Intermediate result 4	Difference in average DPT 3 Coverage in the 17-focus county and National is reduced
Objective 3:	**To strengthen immunization supply chain and logistics system (iSCL) for availability of quality vaccines and immunization supplies at national and subnational levels.**
Intermediate result 1	80 per cent of immunizing health facilities have functional cold chain equipment

[2] https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx
[3] https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Objectives	Details
Intermediate result 2	Reduction in damage and wastage of vaccines through freeze and heat excursions
Intermediate result 3	Down time for cold chain equipment in the 17 focus counties reduced to less than 1 month
Intermediate result 4	All sub counties report on stock management using the national SMT
Intermediate result 5	Zero HF stock outs of nationally available vaccines
Intermediate result 6	National and county logistic staff have adequate competencies in ISCM
Objective 4	**To strengthen immunization data management and information systems for timely decision making at national and subnational level.**
Intermediate result 1	Improved data quality assessment scores in 17 counties
Intermediate result 2	Regular National and sub-national performance reviews conducted
Intermediate result 3	Quarterly immunization bulletin that highlights existing inequities available in the 17 focus counties
Intermediate result 4	Improved data quality assessment scores in 17 counties

2. Evaluation Purpose

The purpose of this summative evaluation is to carry out an end-term assessment of the GAVI HSS program that is ending in September 2023 to assess its contribution in achieving the immunization systems strengthening and coverage and equity objectives with a focus on the relevance, coherence, effectiveness, efficiency, and sustainability of the program. The programme outcomes and other elements of programmatic achievement will be evaluated as part of the effectiveness component of this evaluation. The evaluation is part of donor requirement and was included as part of the results framework for the program at inception.

3. Objective

The evaluation findings will specifically inform the Country's vaccines and immunization programming and GAVI future HSS support to the country as well as inform UNICEF Kenya Country Management Team, MoH NVIP, key donors, other UN technical agencies, and key implementing partners on improving design and implementation of immunization health systems strengthening programs, to ensure that no intended beneficiary is left behind. Overall, it is anticipated that the findings of this evaluation will inform the implementation and operationalization of the GAVI 5.0 support to the country, which is under finalization.

The overall objectives of the GAVI HSS evaluation are as follows:

1. To assess and establish the **relevance** of the GAVI HSS support in Kenya considering the following: i) Immunization health systems situation; ii) Vaccines and immunization programming and resource landscape; iii) GoK and MoH priorities; iv) UNICEF global and regional strategies; v) opportunities for cross-sectoral integration; and vi) equity, gender, and human rights sensitivity
2. To evaluate the **effectiveness** of the GAVI HSS support in i) Realizing planned programme outcomes and contributing to national and sectoral priorities; and ii) Cost effectiveness of implementation, including value for money iv) Achievement of equity in access to and utilization of routine immunization services in the 17 focus counties. v) Strengthening the immunization supply chain and

logistics system (iSCL) for availability of quality vaccines and immunization supplies at national and subnational levels

3. To assess the **efficiency** of the GAVI HSS support in i) achieving results through appropriate and economical use of resources; and ii) identifying strategies for more efficient and effective use of resources iii) determining the level of engagement and contribution of civil society organizations in the implementation of the GAVI support iv) Using the immunization data management and information systems for timely decision making at national and subnational level.
4. To assess the **sustainability** of the current GAVI HSS support approach for i) MoH at national and county levels considering capacity, system readiness, and trends in domestic financing; priorities, and resource availability, especially the increasing demand for transition planning, ii) Contribution of the program to the acceleration of political engagement, improved governance and financial sustainability for immunization outcomes in line with devolution.

4. Scope of the Evaluation

The programmatic scope of the end-term evaluation will cover all programme components for the whole duration of the HSS grant (2017-2023) as outlined in the HSS proposal and the grant agreement of 2016, and the various adjustments that have been made in the subsequent years, following consultations with GAVI and the Ministry of Health. However, the assignment will not focus on the impact of the HSS programme, as the programme focus was health system strengthening, which included building the capacity of the health care system to deliver immunization services as well as demand creation. It will be difficult to have direct attribution of most of the interventions implemented to impact level results, for example reduction of mortality among children under 5 years. The evaluation shall focus on whether the agreed HSS programme interventions were implemented as intended and what were the resulting outcome, and this shall include immunization program coverage over the implementation period. The geographical scope will be at national and the county level with consideration to the 17 GAVI HSS focus counties (Bomet, Baringo, Nandi, Trans Zoia, Nakuru, Isiolo, Meru, Laikipia, Kitui, Tana River, Garissa, Wajir, Mandera, Kakamega, Bungoma, Homa Bay, Nairobi).

The evaluation will engage all relevant stakeholders, including MoH, UNICEF, key donors, CSOs, other UN agencies, and key implementing partners. The evaluation will cover the implementation period of 2017- June 2023.

The consultancy firm/institution shall be required to:

a) Review all the relevant Ministry of Health NVIP policies, strategies & guidelines, coverage surveys, programme assessments, GAVI HSS proposal & grant agreement HSS programme reports and related documents.
b) Prepare and present an Inception report, including the data collection tools and research protocol.
c) Adapt data collection tools, and pre-test and adjust as necessary based on the feedback received from the quality assurance teams and other relevant stakeholders.
d) Secure (and submit) ethical, research and institutional clearance of the evaluation. as needed.
e) Manage the data collection and assure quality of data collected at the different levels including Management of data entry and cleaning.
f) Conduct data analysis to meet the evaluation objectives and respond to evaluation questions

g) Present draft reports to the Evaluation Reference Group, the Immunization Technical Working Group, Research and Evaluation Committee of UNICEF Kenya Country Office, UNICEF Regional Office, the external reviewer commissioned by UNICEF and any other relevant quality assurance teams as needed

h) Draft final report, clearly articulating the evaluation findings, conclusions, and recommendations

i) Prepare a summarized version of the report/evaluation brief and a PowerPoint presentation

5. Evaluation Criteria and Questions

Informed by OECD-DAC/UNEG criteria, key suggested evaluation questions are identified below. The equity and human rights, including child rights and gender equality are mainstreamed in the description of the evaluation questions. Evaluation questions will be further refined/streamlined during the inception phase of the evaluation.

Criteria	Evaluation Questions
Relevance - Is the GAVI HSS support doing the right things?	1. How was the GAVI HSS support and the National Immunization and Vaccines Strategic plan aligned to the immunization situation in Kenya? 2. Were the key bottlenecks to immunization programming in Kenya and their causes sufficiently analyzed and clarified to justify the choice of HSS program priorities? 3. How has the HSS program contributed to the objectives of reaching more children with immunization services, identification of missed children and leaving no one behind? 4. How well was the GAVI HSS support aligned to immunization programme as outlined by the MoH, and key stakeholders? 5. To what extent has the GAVI HSS program capitalized on opportunities for cross-sectoral integration? 6. To what extent has the GAVI HSS program mainstreamed gender, equity, child and human rights aspects in its programming? 7. To what extent is the GAVI HSS program aligned with and contribute to national policies and strategies on human rights and gender equality? 8. Related to the above, how well is GAVI HSS program coverage adapted to deliver on equity and coverage of immunization services (geographic and special population groups)? 9. Did the activities undertaken in the GAVI HSS program meet the needs of targeted stakeholders, including those who are most likely to have their rights violated? 10. How did the GAVI HSS program enhance its equity focus on provision of immunization services? How was equity lens applied in the selection of the geographic focus of the program? 11. How robust was the GAVI HSS program programme design in times of emergencies, including crises such as covid-19? Did the programme respond in a timely and relevant manner in this crisis? 12. How did the GAVI HSS program enhance its relevance to the immunization landscape (transition, devolution, life cycle) in Kenya?

Criteria	Evaluation Questions
Coherence: - How well does the HSS intervention fit?	1. How coherent was the GAVI HSS program to existing policies and strategies, such as the KHSSP, NVIP Strategic Plan as well as other programmatic policies, including relevant results frameworks? 2. To what extent are the Coordination Committees (national/local) active in managing the GAVI HSS Programme and used to take corrective actions? 3. To what extent the GAVI HSS Programme is complementary to other aid programs in the financing of the health system? 4. How is the GAVI HSS program aligned to key sources of normative guidance such as Core Commitments for Children (CCCs) in development and humanitarian situations?
Effectiveness - Are the GAVI HSS objectives being achieved?	1. Did the GAVI HSS program achieve its planned targets? 2. What enablers and barriers (internal and external) have facilitated the GAVI HSS program to achieve or not achieve planned results? 3. Has the achievement of GAVI HSS program results, including immunization supplies and commodities, been cost effective? 4. How well has the GAVI HSS program fulfilled its upstream role in advocating immunization rights for children and immunization financing in Kenya? 5. How has the GAVI HSS program contributed to health systems strengthening in Kenya, including quality of care and improvements in programme outcomes? 6. Related to the above, to what extent does the GAVI HSS program and results framework integrate human rights and gender equality? 7. Has the GAVI HSS program influenced the redistribution of resources, power, and workload between women and men? 8. To what extent have monitoring, evaluation and accountability mechanisms informed GAVI HSS program learning and adjustment along the implementation process?
Efficiency - How well are resources planned/ committed for GAVI HSS being used?	1. How efficiently have GAVI HSS program resources (human, financial, supplies) been utilized? 2. Has the GAVI HSS program personnel strategy resulted in enhanced efficiencies? What are alternative personnel strategies that could result in enhanced efficiencies? 3. To what extent have GAVI HSS program interventions, including supply chain interventions, made it possible to produce the expected effects with the lowest transaction costs possible? 4. How have private sector partnerships enhanced or impacted the achievement of GAVI HSS results? 5. Has the GAVI HSS program financial management strategy led to improved efficiencies? What are alternative implementation modalities which could be utilized moving forward? 6. What is the potential Value for Money saving achieved thus far through GAVI HSS program implementation approaches, including partnership and human resource strategies?

Criteria	Evaluation Questions
	7. To what extent has the allocation and use of GAVI HSS program resources for targeted groups considered the need to prioritize individuals/groups who are marginalized and/or discriminated against? 8. Did the GAVI HSS program advocacy and communications approach enhance programme efficiencies? What improvements can be made moving forward? 9. To what extent have innovative or alternative modes of strengthening health systems been explored and exploited to lower costs and/or maximize results in the context of devolution? 10. How has GAVI HSS program investment in coordination mechanisms and monitoring systems contributed to timely and efficient response to the GAVI HSS programme and the overall immunization program needs in the country?
Sustainability - Will benefits from GAVI HSS last?	1. How sustainable are GAVI HSS program gains achieved thus far? 2. Did the GAVI HSS program have strategies in place to ensure national and county immunization capacity and results are sustainable in the LMIC context, considering potential reductions in external funding? 3. Did the GAVI HSS program design include an appropriate sustainability and exit strategy (including promoting national/local ownership, use of local capacity, etc.) to support positive changes, after the end of the grant? 4. To what extent has the GAVI HSS program contributed to the strengthening of health systems? Are the gains achieved thus far sustainable? 5. To what extent can the GAVI HSS program contributed to transition planning to enhance vaccines and immunization programme sustainability in the current context? 6. Has the GAVI HSS program fostered an enabling or adaptable environment for achieving real change on equity and coverage for the vaccines and immunization program?

6. Evaluation Approach

6.1 Methodology

The evaluability assessment, though missed during the programme design, may not be required as detailed M&E framework and the data management is robust through the Kenya Health Information System (KHIS). While a theory-based approach seems most appropriate in line with the objective and the timing of the evaluation, the proponents will have to propose a precise combination of methods to be mobilized to ensure a reliable assessment of expected results.

The evaluation process will start with an inception phase, which will involve review of programme documents and relevant literature. This phase will mainly include literature review of all relevant documents and sources of data. An inception report will be produced which will set out the scope, design, and the method including the data sources and data collection tools to be used. A mixed method approach will be used for collection and analysis of both quantitative and qualitative data. Use of this diverse methods approach is expected to lead to complementarity of the information and facilitate in offsetting limitations of exclusively quantitative

and qualitative evaluation, while maximizing on strengths of each data type. To ensure capturing the diverse features of the programme locations for field data collection, approximately 5 of the 17 Gavi HSS focus counties covering Urban, Agricultural/ Densely Populated, Pastoralist and ASAL regions should be included in the sample of the proposed data collection. The selection of the 5 counties will be discussed and agreed during the inception and will be included in the inception report. A detailed methodology including the list of 5 counties, an evaluation matrix, data analysis plan, data collection instruments, and consultations will be developed by the consultancy firm. Information and evidence will be collected on inclusion; disaggregate data wherever possible; and identify the outcome of the programme on marginalized groups.

Findings will be triangulated through qualitative data collection, including key informant interviews with UNICEF, GoK, key donors, private sector partners, other UN agencies and implementing partners.

The proposed methodology approach will consider human rights-based approaches, child-based rights and will be gender sensitive with data disaggregated by sex, ethnicity, age, and disability to the extent possible. More specifically the approaches should be non-discriminatory towards women in the study setting. These considerations will be made in all steps of the evaluation, from sampling, data collection, as well as data analysis, conforming to the UNEG norms and standards and ethical guidance (http://www.unevaluation.org/document/detail/2866).

6.2 Limitations to the evaluation

There is a limited window of time that is available for the evaluation to be undertaken, given the end date for the HSS program. As such the completeness in terms of including the vulnerable groups and hard to reach areas might pose challenge. The evaluation team will thus need to consider these challenges in drawing the work plan and timeline along with the resultant cost implications. Evidence and data availability at local level might be another challenge which might entail primary data collection with implication on the timeline.

7. Deliverables, timelines, and payment schedule

The evaluation process will involve a short inception phase, information collection and analysis, validation of findings, and reporting. It is planned that this is accomplished within a period of four months (July to October 2023). While detailed structure and content of each deliverable/report will be discussed at the start of each phase (inception, data collection/analysis, report writing, and dissemination), the links of available standards/guides are included in this ToR (section 8 below). All deliverables will be written in English and includes an executive summary.

The role of UNICEF will include introduction of the consultants to key stakeholders, providing access to secondary information, administrative support (mainly facilitative), and overall supervision of the quality assurance process. The evaluation team will adapt proposed methods, collect, analyse secondary and primary information, and produce an evaluation report based on UNEG standard format.

Deliverables	Timeline	Schedule of Payment

Inception phase – review of ToR and development of work plan, including refinement of evaluation methodology and ethical review/clearances	10 days	10 %
Review of primary and secondary data, quantitative and analysis	15 days	15 %
Qualitative data collection, stakeholder consultations, data triangulation – raw and cleaned data and documentation submitted to UNICEF	35 days	30 %
Hold stakeholder meetings to validate findings and recommendations; address key issues	10 days	10 %
Report writing, including executive summary, finalization of recommendations, review of report	15 days	20 %
Dissemination of findings	5 days	15 %
Total	**90 days**	**100%**

7.1 Reporting Requirements

The following reports are expected as part of the deliverables for this assignment.

1. Inception report as per the UNICEF adapted template
2. Monthly progress reports
3. Draft and final report of the HSS programme evaluation report (within 40-60 pages), clearly articulating the findings, conclusions, and recommendation with a standalone Executive Summary of not more than 4 pages. The UNICEF-Adapted UNEG Evaluation Reports Standards should be used
4. Summarized versions (shorter/popular version) of the evaluation finding with an accompanying PowerPoint presentation

7.2 Location and Duration

The assignment will be primarily Nairobi-based with field travel expected during the data collection to the agreed 5 counties. The Evaluation team will make their own arrangement for workspace and external consultations and meetings. UNICEF will facilitate in providing meeting space to conduct internal consultations with UNICEF when needed during the period of the assignment.

The indicative starting date for the assignment is 1st July 2023, with an end date of 30th October 2023. Given the reporting commitments to the donor and part of the country office evaluation plan, the timelines and milestones for individual activities are relatively fixed. The bidder is expected to deliver within the time frame outlined.

8. Dissemination and Advocacy Plan

For effective influence and uptake of the evaluation findings and recommendations, reports and policy products should be made public in forms that are usable by decision-makers tailored to their specific needs. The evaluation team should design dissemination products which includes visual summaries of the main results/findings/recommendations suitable to various stakeholders. The dissemination and advocacy plan will be reviewed and endorsed by ERG and UNICEF during the inception phase; and validated once evaluation results are available during evaluation reporting phase. The following guidelines may be useful and followed:

- UNICEF Style Guideline
- UNICEF Brand book
- UNICEF Infogram Guidelines

UNICEF will provide the relevant logos and authorized pictures and the evaluation team must ensure that all visual products need to be approved by UNICEF before final publishing.

9. Budget and Payment

The total estimated budget for this institutional consultancy is USD 100,000 from Other Resources (OR) which is committed within the GAVI HSS project. The payments as per the payment schedule specified in section 8 (above) will be issued after the product are quality assured by CO and RO.

10. Management and Quality Assurance Arrangements

The Evaluation Specialist will assume the overall role of the Evaluation Manager, while the Chief of Planning, Monitoring, and Evaluation and Chief of Health with support from the Health Specialist (Immunization) in UNICEF Kenya will provide guidance on technical issues relating to the HSS Programme. The KCO Research and Evaluation Group as the key internal quality assurance mechanism will provide the technical oversight. A Reference Group will be formed comprising of members from UNICEF KCO (Health and PME), UNICEF RO (Immunization/Evaluation Unit), relevant MoH Departments (NVIP, M&E, HMIS, CoG), GAVI, and representatives of implementing partners (WHO, KANCO). This reference group will guide the evaluation and oversee issues such as data ownership and intellectual property. The evaluation will be further validated and endorsed by the National Immunization Technical Working Group. Beyond the national level, quality assurance mechanism also includes the Evaluation Unit and the Health Advisor of the ESARO, and the ESARO facilitated external reviewer throughout the evaluation process.

The evaluation firm will provide updates on the progress of the evaluation as requested by UNICEF. Reports/deliverables meeting UNEG quality standards will be required at each payment schedule (outlined in the Section 9 above). All reports will be subject to a satisfactory rating by the Regional Office (and an external quality assurance reviewer), using quality assurance checklists that will be made available upon request.

11. Guiding Principles and Ethical Considerations

Depending on the suggested methodology, the evaluation firm, in consultation with the Reference Group, is to decide whether ethical clearance needs to be sought. In general, the evaluation consulting firm should comply to UN and UNICEF norms and standards and is expected for the consulting team to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process. The following general considerations apply:

- Participation in any interview should be voluntary and based on informed consent. Prior to conducting any interviews/discussion written and/or oral consent must be obtained from all respondents, after

the purpose of the evaluation has first been explained to respondents in a language of their understanding.

- In the case of child participants, consent is to be sought from either the parents or guardians prior to selecting for any interviews – where such consent is not deemed to be contrary to the best interests of the child.
- Participants/respondents will be informed of their right not to answer any questions they are not comfortable with and to terminate the interview at any time they deem fit.
- Confidentiality and anonymity regarding the data collected from the participants must be ensured through the following means: safeguards to ensure confidentiality during data processing and reporting which means not making or implying precise references to study participants or statements made by any participants.

Below are the links to some of the relevant documents that can be referred to on the guiding principle and ethical considerations.

- United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System
- UNEG Ethical Guidelines for Evaluations
- UNICEF procedure for ethical standards in research, evaluation, data collection and analysis
- UNICEF-Adapted UNEG Evaluation Reports Standards
- GEROS Quality Assessment System
- UNICEF guidance on external academic publishing

Specific to Kenya, any research or data collection involving human subject requires to secure following permits[4].

i) ethics approval by an accredited IRB,
ii) national research permit from the National Commission on Science, Technology, and Innovation (NACOSTI), and
iii) local research permit from the county involved as relevant.

12. Qualification Requirements

The consultancy firm or institution should adequately demonstrate expertise in the evaluation of large-scale health programmes in developing countries. The core evaluation team should include a lead evaluator (principal investigator) who has skills (knowledge) in public health and experience on health evaluations. Other team members will include personnel with health systems research, a lead expert on quantitative methodology and a lead expert on qualitative methodology.

Besides, as indicated in Section 11 above, the evaluation team will be responsible for preparing and submitting all required documents for ethical and research clearances. Having a national partner or a national team member in the team that can facilitate these clearance processes is a must in addition to being part of the core team. In addition, the team should also have members having adequate skills, knowledge and experience on Gender and relevant normative background covering human rights specifically on child rights.

The arrangement of necessary human resources including research assistants, enumerators and data entry clerks must be well defined in the technical and financial offer. The financial offer should include all eligible costs (fees, travel expenses, etc.) of the evaluation team. The evaluation team is also expected to work

[4] Costs or fees as applicable should be included in the financial bid.

independently and regular overhead costs relating to office space and equipment should be included in the financial offer.

Key profile of the firm/institution

- Experience in conducting large scale public health evaluation in Kenya or the region
- Minimum of 7 years' experience in providing program monitoring and evaluations
- Demonstrate diversity in the specialization of the core research team to ensure a relevant skills-mix for quality delivery of the assignment
- Proven track record for completing high quality related evaluations within the stipulated timelines

Specific required skills of the core team members:

- Masters (required) or Advanced Degree (Ph.D. desirable) in either social science, public health, epidemiology, monitoring and evaluation, (bio)statistics or demography
- At least 10 years of progressively responsible professional work experience at national and international levels in conceptualizing, designing, and implementing evaluations of large-scale health systems strengthening programmes in developing countries, including experience with both quantitative and qualitative research methods
- Demonstrable experience in theory-based evaluation from prior engagements, including the use of such techniques/methods as cost-benefit or value for money analysis.
- Experience in conducting mixed method research approaches including quantitative and qualitative research and analysis.
- Demonstrated ability to produce high quality evaluation and/or analytical research reports
- Good analysis and report writing skills.
- Good understanding of health programming in Kenya, Sub-Saharan Africa or similar context.
- Knowledgeable on current country, regional and global developments in immunization.
- Excellent spoken and written fluency in English
- Proficiency in various MS Office applications (Excel, Word and PowerPoint) and statistical package such as STATA, R, SPSS or SAS.
- Proven ability to: (i) handle multiple tasks under pressure with short deadlines; (ii) ability to work independently, seeking guidance on complex issues; and (iii) excellent interpersonal skills, proven team orientation and the ability to work across unit boundaries.
- A combination of public health & management skills and experience will be an added advantage.

All applicants both domestic (to Kenya) and international, matching the eligibility criteria are welcome to apply. The evaluation team should include national expert(s) or a partnership with a national evaluation firm throughout the process till completion.

13. Requirements for Technical and Financial Proposals

The technical bid is evaluated based on its responsiveness to the Terms of Reference and the evaluation criteria. The Financial Bid will only be evaluated if the Technical Bid achieves a minimum score of 70% of the

points and is considered qualified through the supplier qualification process. Proposals failing to obtain this minimum technical threshold or those which will not be considered qualified through the evaluation process will not be eligible for further consideration.

The following is an outline of what is expected.

13.1 Technical proposal (70%):

A. Table of contents
B. Presentation of the bidding institution or institutions if a consortium, including:
C. Short narrative description of the bidding institution's experience and capacity in the following areas:
D. List of similar/relevant past and on-going assignments carried out by the proposer in the past 7 years.
E. List of full reports (preferably with links to full reports) as examples of relevant past and on-going assignments of the proposer (at least 3), on which the proposed key personnel directly and actively contributed or authored.
F. Proposed methodology.
G. Work plan.
H. Evaluation team.

13.2 Financial proposal (30%):

The financial proposal will be reviewed separately from the technical proposal and should reflect all the costs that will be incurred to complete the assignment. The proposal will be evaluated as follows:

ITEM	TECHNICAL EVALUATION CRITERIA	MAX OBTAINABLE POINTS
1.	**Overall quality of the technical proposal** *Demonstrated understanding of the assignment by the proposer and the responsiveness of the proposal submitted to the TOR.*	**15**
2.	**Company experience** *Range and depth of organizational experience in the provision of the services mentioned in the TOR, samples, and references of previous work.*	**10**
3.	**Proposed Methodology and Approach** *Quality and appropriateness of the overall approach and methodology proposed to design and undertake the evaluation per the evaluation criteria and key evaluation questions, including detailed work plan in line with the TOR.*	**25**
4.	**Quality of the proposed team** *Relevant experience and qualifications of the proposed team for the assignment as per the TOR.* *- Team leader experience and qualifications (8 points/20)* *- Gender and geographical balance (4 points/20)* *- Other team members experience and qualification (8 points/20)*	**20**
	TOTAL TECHNICAL SCORE	**70**
	TOTAL FINANCIAL SCORE	**30**
SUMMARY OF TECHNICAL & FINANCIAL SCORE		**100**

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14. TOR Clearance and Approval

	Evaluation Specialist	Chief PME	Health Officer	Health Specialist	Chief, Health	Dy. Representative (Programme)	Representative
Name	Kinlay Penjor	James Hedges	Eunice Ndungu	Collins Tabu	Yaron Wolman	Mahboob Ahmed Bajwa	Shaheen Nilofer
Signature							OIC
Date	25-05-2023		26/05/2023		25/05/2023	02/06/2023	02/06/2023

15. Annex 1: Results/M&E Framework - HSS GRANT PERFORMANCE FRAMEWORK

Indicator Number	Description	Baseline (2016)	TARGET (2018)	2018	2019	2020	Comments
OI-C 1.1	Pentavalent 3 coverage at the national level (Penta 3)	82%	84%	82%	87%	90%	
OI-C 1.4.1	Measles containing vaccine (first dose) coverage at the national level (MCV1)	78%	82%	79%	86%	90%	
OI-C 2.1	Drop-out rate between Penta1 and Penta3	6.5%	6%	4%	5%	5%	
OI-C 6.1.1	Percentage of districts or equivalent administrative area with Penta3 coverage greater than 95%	8.5%	8.5%	10.6%	8.5%	8.5%	Currently, there are counties with coverage of more 100 %, suggesting denominator challenges. As the denominator challenges are addressed the number of counties with more than 95% will reduce
OI-C 6.1.2	Percentage of districts or equivalent administrative area with Penta3 coverage greater than 80%	38.3%	48.9%	55.3%	59.6%	70.2%	
OI-C 6.1.3	Percentage of districts or equivalent administrative area with Penta3 coverage between 50% and 80%;	59.6%	42.6%	53.1%	34.0%	23.4%	
OI-C 6.1.4	Difference in Penta3 coverage between the highest and lowest wealth quintiles (KDHS)	9.4%	9.4%		9.4%	7.0%	Result expected from KDHS of 2019
OI-C 6.1.5	Penta3 coverage difference between males and females (KDHS)	0.6%	0.6%		0.6%	0.6%	Result expected from KDHS of 2019
OI-C 6.1.6	Penta3 coverage difference between the children of educated and uneducated mothers/care-takers (KDHS)	16.0%	16.0%		16.0%	15.0%	Result expected from KDHS of 2019
IR-C 1.1.1	Number of surviving infants who received the first recommended dose of pentavalent vaccine (Penta1)	1,271,943	1,356,502	1,358,271	1,427,002	1,514,764	
IR-C 1.1.2	Number of surviving infants who received the third recommended dose of pentavalent vaccine (Penta3)	1,189,633	1,275,112	1,303,579	1,355,652	1,439,026	
IR-C 1.4.1	Number of surviving infants who received the first recommended dose of measles containing vaccine (MCV1)	1,133,449	1,244,752	1,296,116	1,340,070	1,439,026	
	Effective Vaccine Management Score (composite score) Planned for 2018	0.62	0.7				EVMA to be conducted in 2018 to inform future projections
IR-C 4.1	Percentage point difference between Penta 3 national administrative coverage and survey point estimate (KDHS and Coverage survey)	9%	9%		9%	6%	
IR-T 13	Proportion of Immunizing Health Facilities with Functional Cold Chain Equipment	74%	85%		93%	93%	
IR-T 14	Proportion of immunizing health facilities in the 47 counties reporting zero stock-outs for nationally available vaccines (Pentavalent)		90%		92%	95%	
IR-T 26	Percentage of trainees who have mastered knowledge as per pre and post test		80%	80%	80%	80%	
IR-T 30	Percentage increase in yearly national budget allocation for immunization as proportion of the previous year's allocation KANCO			100%	5%	5%	
IR-T 32	Number of meetings of AEFI expert committee	0		1	1	1	
IR-T 37	% of health facilities in the 17 focus counties providing timely administrative data reporting		80%	96%	85%	90%	
IR-T 43	Number of immunization champions engaged in promoting immunization KANCO		47	337	47	47%	

Indicator Number	Description	Baseline (2016)	TARGET (2018)	2018	2019	2020	Comments
IR-T 45	Pentavalent 3 coverage for the 17 focus counties (including Nairobi)	75%	78%	77%	80%	82%	
IR-T 46	Drop-out rate between Penta1 and Penta3 in the 17 counties	7%	7%	5%	6%	5%	
IR-T 47	% of health facilities in the 17 focus counties submitting complete administrative data reports		80%	96%	85%	90%	
PR-C 1.0.1	Percent utilisation of GAVI HSS budget		95%	54%	95%	95%	
PR-C 2.0	Total expenditure for the reporting period used by CSO partners KANCO		1,258,033.5		1,052,250.3	926,478.00	
PR-T 21	Number of sub-counties in the 47 counties that are using national SMT to monitor end to end vaccine stock level	291	291		291	291	
PR-T 22	Number of counties amongst the 17 focus counties that have conducted DQS		17	17	17	17	
PR-T 29	Proportion of 17 focus counties with at least 1 CSO involved in immunization mobilization KANCO		100%	100%	100%	100%	
PR-T 31	Number of ICC meetings with joint monitoring referenced in published minutes (national level)		2	2	2	2	
PR-T 33	% of planned outreaches conducted by focus counties and Nairobi County		75%	100%	80%	85%	
PR-T 34	Proportion of planned trainings conducted for all planned trainings (All thematic heads) The CU		90%	90%	90%	90%	
PR-T 38	Proportion of annual supportive supervision visits completed, of those planned in the 16 focus counties		80%	80%	85%	90%	
PR-T 39	Number of trainees as a percentage of the number scheduled for training C.U		80%	80%	80%	80%	
PR-T 40	Number of policy makers equiped with skills to address local immunization sector constraints KANCO		153	62	153	153	
PR-T 41	Number of civil society organizations trained to advocate for immunization within health and non-health sector partners and community leadership KANCO		320	337	320	320	
PR-T 42	Number of high-level advocacy and planning meetings held with MOF, MOH, Parliamentarians, County assemblies KANCO		1	29	1	1	
PR-T 44	Number of community health volunteers engaged for immunization demand generation KANCO		800	610	2600	2600	
D 1.0	Total number of surviving infants	1,460,195	1,517,990	1,593,114.7	1558221	1598918	
D 2.0	Total number of districts or equivalent administrative area	47	47	47	47	47	Counties

16. Annex 2: List of documents <TO BE COMPLETED, PRIOR TO ADVERTISEMENT>

1. Gavi HSS Decision Letter
2. Kenya Approved Proposal-for-HSS-support-2016
3.