

TERMS OF REFERENCE

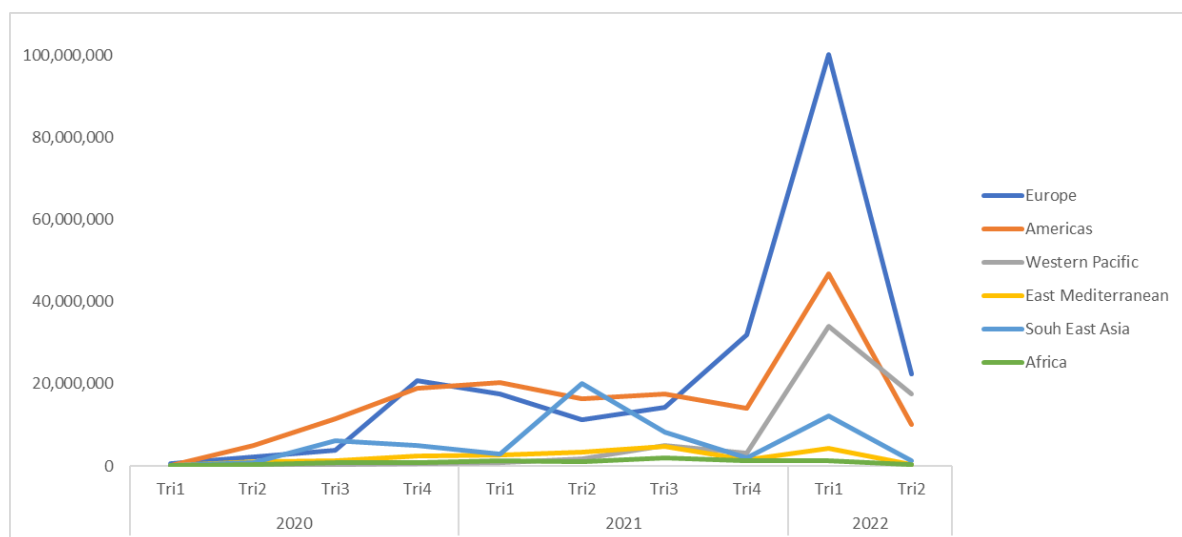
Evaluation of UNICEF's Response to COVID-19 in the South Asia Region

CONTEXT

Since the start of the outbreak in December 2019, the new coronavirus disease (COVID-19) has spread to nearly every country. By August 2022, there were an estimated 589,680,368 **confirmed cases** of COVID-19, including children, with 6,436,519 deaths. Between the start of the pandemic and now, Southeast Asia has reported a total of **59,764,980 cases**. **A total of 794,681 deaths due to COVID have occurred in South East Asia alone**¹. As noted by the UNICEF Executive Director at the beginning of the pandemic, children are “the hidden victims of the COVID-19 pandemic.”² Lockdowns and school closures affected their education, mental health and access to basic health services and raising the risks of exploitation and abuse.

The figure below shows the number of COVID-19 cases by region from January 2020 to June 2022. It illustrates the differential unfolding of the pandemic across the world, with waves occurring in different regions at different points in time.

Figure 1: Number of cases per region (2020-June 2022)



Source: WHO COVID-19 Dashboard, <https://covid19.who.int>

Globally, the COVID-19 pandemic occurred in a number of phases characterized by the COVID-19 variants and cases. The first wave began December/ January 2020 and was mainly characterized by the alpha variant; the second wave occurred from around December 2020 to August 2021, characterized by the Delta Variant, a third wave began around September 2021. The phases also could be characterized in two general eras; before the vaccine was available; and after the vaccine was available. The pandemic not only overwhelmed healthcare systems but also had far-reaching effects on various sectors, including health, education, nutrition, and social services. The strain on health systems, disruptions in routine services, and the socio-economic consequences of the pandemic

¹ WHO COVID-19 Dashboard; <https://covid19.who.int/data>

² <https://www.unicef.org/press-releases/un-launches-global-humanitarian-response-plan-covid-19-pandemic>

disproportionately affected vulnerable populations and marginalized groups. The impact on healthcare systems was evident in increased caseloads, shortage of supplies, and limited access to essential services, resulting in thousands of deaths. The delivery and utilization of routine services, such as maternal and child health provisions and immunization programs, were disrupted, posing risks to pregnant women, newborns, and children. The closure of schools resulted in significant learning loss for millions of students, particularly affecting girls and those from low-income backgrounds. The direct link between COVID-19, job loss and resulting food insecurity was consistently observed among specific household types, including migrant workers, daily wage laborers and female headed households.

UNICEF RESPONSE AND FUND-RAISING EFFORTS³

UNICEF played a critical role in the response both globally, at the regional and country levels. In most countries, the agency led on readiness and preparedness and areas of the vaccine – supply (through COVAX), cold chain strengthening as well as demand generation & communication.

The UNICEF response was galvanized and begun pretty early on in the pandemic. On 30th December 2019, UNICEF's new Senior Adviser in its Public Health Emergencies (PHE) team attended his first meeting of the first day in his new role. The PHE unit sits within UNICEF's Emergency Operations Division (EMOPS) and is co-located within the World Health Organisation (WHO) office in Geneva. Its role is to monitor and report to UNICEF on public health threats emerging, as identified by WHO.

That initial meeting raised cases of a 'novel coronavirus' identified in Wuhan, China, and noted by WHO as an issue of concern. The initial pathology and anticipated spread of the disease were still unknown. However, the PHE team decided, based on the information provided in the meeting, to elevate the issue directly to UNICEF headquarters, so that an appropriate response – at this point, assumed to be located within the Asia region – could be mounted.

1. This action catalysed a series of corporate responses:

1. From end December 2019 - early January 2020, the PHE and EMOPS team liaised with UNICEF's Asia Regional and China Country Offices to gain information on the virus spread/provide technical support to their response⁴
2. The first senior level corporate meeting regarding COVID-19 in early January 2020;
3. As cases rose, and concern grew, the corporate emergency machinery moved into action. In mid-January, prior to WHO declaring COVID-19 a Public Health Emergency of International Concern (30th January 2020), UNICEF declared an internal emergency.⁵
4. At the onset of the epidemic, UNICEF worked in close coordination with country governments and other UN entities primarily focusing its efforts to support coordinated actions for the preparedness, containment and mitigation of the outbreak. The rapid escalation of COVID-19 cases both globally and in the region, clearly and quickly transformed the pandemic from a pure health event into a broader and much more complex phenomenon, which has had immediate and medium term social and economic consequences on the society at large and on vulnerable communities in particular.

³ Adopted from the Global COVID-19 Evaluation

⁴ Interviews with 68 UNICEF staff and management, April 2022

⁵ Interviews with 68 UNICEF staff and management, April 2022

5. In this regard, UNICEF shifted the focus of its response and progressively adopted a multi-sectoral approach to protecting women and children’s rights through policies and programmes. This approach required strong coordination with all relevant stakeholders involved in the response actions in order to protect such rights.

2. Strategic frameworks

UNICEF launched its first COVID-19 global Humanitarian Action for Children (HAC) appeal on February 17th 2020 (see Box X below). Initial Emergency Procedures for the COVID-19 response were actioned for an initial three-month period from March 20th 2020. On 16 April 2020, the UNICEF Executive Director approved the activation of a Level 3 (L3) Scale-Up Corporate Emergency Activation Procedure (CEAP)⁶ for the pandemic, which formalized the ‘de facto’ Level 3 (‘L3’) approach implemented since early February 2020. The L3 was declared for an initial period of 6 months to 16 October 2020 and was subsequently extended into a ‘consolidation’ phase lasting until 31 December 2021.⁷ It was deactivated on July 1st 2022.⁸

The main strategic and fundraising documents for the response was the global HAC in 2020, and regional HACs in 2021 and 2022. By late 2020, UNICEF’s funding appeal under the Global COVID-19 HAC had reached \$1.93 billion.⁹

Box 1 below provides their sequencing and priorities:

Box 1: COVID-19 HACs

2020: The first global COVID-19 HAC (17th February 2020) outlined the Key Areas of the Response as:

- Risk Communication and Community Engagement (RCCE)
- Infection prevention and control (Including Health and WASH);
- Child Protection (including psychosocial support);
- Education.¹⁰

Revisions took place in March, April and July 2020, with the July HAC outlining two strategic priority areas:

- Public health response to reduce disease transmission and mortality; and
- Continuity of health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection and other social services; assessing and responding to the immediate socio-economic impacts of the COVID-19 response.¹¹

2021: Seven regional COVID-19-specific HACs¹² focused on: supporting the reduction of virus transmission and mortality; sustaining the continuity /restoration of essential social services; addressing/mitigating the socio-economic impacts of the pandemic; and providing access to vaccines, diagnostics and therapeutics.¹³

A Global COVID-19 Chapeau HAC for 2021 consolidated the seven regional HACs.¹⁴ Priorities were¹⁵:

⁶ See UNICEF Procedure on Corporate Emergency Activation for Level 3 Emergencies Document Number: EMOPS/PROCEDURE/2019/001 Effective Date: 1 June 2019 https://aa9276f9-f487-45a2-a3e7-8f4a61a0745d.usrfiles.com/ugd/aa9276_303cc96bd1454d72acbce55cc68b9bf.pdf

⁷ UNICEF Current Level-3 Emergencies

<https://www.corecommitments.unicef.org/level-3-and-level-2-emergencies> accessed 20 January 2022

⁸ UNICEF (2022) Executive Director Communication, 25.01.2022, internal document

⁹ UNICEF Global COVID-19 Situation report Feb-July No. 9

¹⁰ UNICEF, Novel Coronavirus (COVID-2019) Global Response Humanitarian Action for Children appeal (HAC), 17 February 2020

¹¹ UNICEF, Revised Coronavirus (COVID-19) Global Response HAC, July 2020

¹² UNICEF’s East Asia and Pacific Regional Office (EAPRO) revised its 2020 HAC to incorporate COVID-19; remaining regions addressed COVID-19 in 2021 HACs and through the global response.

¹³ UNICEF (2021) Evaluation Terms of Reference

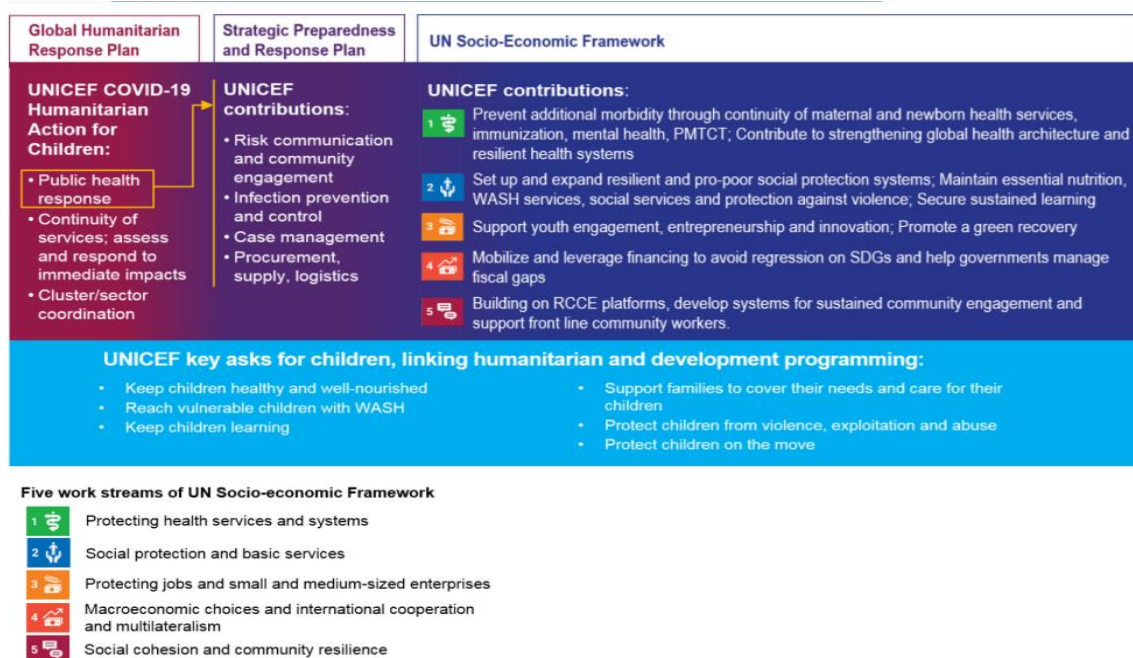
¹⁴ Novel Coronavirus (COVID-2019) Global Response Humanitarian Action for Children appeal (HAC), 17 February 2020 and UNICEF, Global COVID-19 Chapeau HAC for 2021, December 2020

¹⁵ UNICEF, Global COVID-19 Chapeau HAC for 2021, December 2020 and Evaluation ToR

- Coordination with WHO, humanitarian country teams, UNCTs and civil society partners;
- Prioritization of the most vulnerable children and adolescents
- Redesign, reallocation and reimagining of regular programmes based on high-quality evaluative evidence, including real-time data;
- Strengthening systems and building technical capacities across all sectors and expanding field presence for decentralized operations.
- Conflict-sensitive interventions, that foster inclusion, trust and social cohesion.
- Support to ACT-A (part of the global COVAX facility).

2022: For 2022, COVID-19 concerns and priorities were directed to be integrated in regional HACs. All 2022 HACs contain proposed programmatic strategies and a budget to address COVID-19.¹⁶

UNICEF role within the wider international response



Source: UNICEF Response to the COVID-19 Pandemic, Background Paper for the Executive Board, June 2020

Every UNICEF region including South Asia issued a **regional HAC** for the response to COVID-19 and the **humanitarian strategies** outlined therein converged around **key areas of focus** which included: supporting the **reduction of virus transmission and mortality**; sustaining the **continuity /restoration of essential social services** (including through ‘building back better’); **addressing/mitigating the socio-economic impacts** of the pandemic; and providing **access to vaccines, diagnostics and therapeutics**, with a view to contributing to ending it. Support to communicating around the vaccine and strengthening vaccine related supply chain was a key part in the UNICEF COVID-19 response in most regions.

¹⁶ Analysis of seven regional HACs for 2022

UNICEF played a crucial role in responding to the COVID-19 pandemic in the South Asia region. With a focus on timely and child-centered humanitarian action, UNICEF supported national governments in their response and recovery efforts. This included providing technical advice, operational support, and capacity development, as well as securing additional funding to address the diverse needs arising from the pandemic. UNICEF's response efforts were guided by following strategic priorities identified in the global and regional Humanitarian Action for Children (HAC) appeal: Public health response to reduce novel coronavirus transmission and mortality by i) strengthening risk communication and community engagement (RCCE), and ii) providing critical medical and WASH supplies and improving infection prevention and control (IPC); and Continuity of health, education and social services; assessing and responding to the immediate secondary impacts of the COVID-19 response by iii) supporting continued access to essential health care services for women, children and vulnerable communities, including case management, iv) supporting access to continuous education, social protection, child protection and gender-based violence (GBV) services disrupted by the pandemic and v) data collection and analysis of secondary impacts on child and women. Within South Asia, each country developed a quick emergency response plan. However, the real time assessment conducted in 2020 found that these were more aspiration plans. The implementation plans in each country evolved as the pandemic evolved

Gender Aspects of the UNICEF COVID-19 Response

In March 2020, UNICEF released technical guidance on how to address gender in the COVID-19 response¹⁷. The guidance emphasized the following five core programmatic and advocacy actions in its guidance on gender Equality in COVID-19 Response; i) care for caregivers; (ii) preparations for increased gender based violence cases; (iii) maintaining core health and education services and systems; (iv) engaging with existing women's and youth rights networks to support connectivity and vital information flow (socio-economic impact) and (v) ensuring gender data are available, analyzed and actionable. Between June, 2020 and June 2021, the regional office of South Asia conducted an assessment to examine the extent to which gender (including the above five actions) had been incorporated in the SAR response¹⁸. That assessment found that while guidance including 20+ headquarters' guidance documents shared by ROSA in the early stages of the pandemic, more incorporation of gender in the response could have been done. There was need for data strengthening. Moreover, the gender integration was more gender targeted/sensitive rather than gender responsive or gender transformative.

RATIONALE

There has been considerable evidence on the COVID-19 burden and impact in the region. Between August and November 2020, ROSA also conducted a real time assessment (RTA) of UNICEF's COVID-19

¹⁷ Five Actions for Gender Equality in the COVID-19 Response UNICEF Technical Note.
<https://www.unicef.org/documents/five-actions-gender-equality-coronavirus-disease-covid-19-response-technical-note>

¹⁸ Gender Integration and Effectiveness of the UNICEF COVID-19 Response in South Asia: Real Time Evaluation Findings and Recommendations in the UNICEF COVID-19 Response in South Asia
<https://www.unicef.org/evaluation/documents/gender-integration-and-effectiveness-unicef-covid-19-response-south-asia>

response in South Asia¹⁹. The RTA documented the nature and quality of the region's response by the end of 2020. Some evidence regarding activities and results of specific country office COVID-19 efforts also have been provided by the Country Programme Evaluations conducted by ROSA in the past two years. In addition, WHO in collaboration with UNICEF and other partners has conducted COVID-19 Vaccine Post Introduction Evaluations (cPIEs) in some countries in the region to assess the roll out of the COVID-19 vaccines in some countries. The cPIEs however, do not provide findings assessing individual agency contribution (or lack thereof).

Therefore, as to date the region has not conducted a region wide assessment examining UNICEF's response since 2020, which is important given the burdens posed and UNICEF's contribution by the Delta and Omicron waves as well as on UNICEF's response. Most importantly, questions still remain regarding the extent to which the large infusion of funding during COVID-19 has led to sustainable system building in health/ primary health care, education, nutrition, WASH, social protection, SBC and other sectors.

This follow-up assessment will focus on the main component: **overall UNICEF response to COVID with a focus on the period after December 2020**, in parallel with two following assessments being carried out by UNICEF ROSA office.

1. Assessment of COVID-19 in South Asia – Lessons for future
2. The roll out of the COVID-19 vaccine including roll out among children in South Asia

Each component is handled by separate but coordinated team of consultants

PURPOSE AND OBJECTIVE OF EVALUATION

Purpose

The purpose of the evaluation is threefold:

1. Inform programme design/positioning and support managerial decision-taking at country office level during public health emergencies using COVID-19 as a case study
2. Foster organizational learning about what works and does not work, during public health emergencies and provide a set of recommendations on how to deal with future public health and other emergencies,
3. UNICEF has an accountability to design and implement programmes at a standard of excellence. The assessment will support accountability by providing an independent assessment of how UNICEF addressed the Delta and Omicron COVID-19 waves and if lessons learned during the first wave were incorporated to adjust programming

Objectives:

Objectives for the Evaluation of UNICEF's general COVID-19 Response (including all areas of the response)

1. Examine the effectiveness, quality and coherence of UNICEF South Asia COVID-19 response

¹⁹ Real Time Assessment of the UNICEF South Asia COVID-19 Response.
<https://evaluationreports.unicef.org/GetDocument?fileID=16489>

2. Assess the extent to which efforts undertaken by UNICEF contributed to countries' COVID-19 response and system strengthening during the COVID-19 pandemic in all areas of focus including health, education, social behavior change, nutrition, social protection, gender, and adolescent programming.
3. Document challenges, bottlenecks and lessons learned from UNICEF's COVID-19 response strengthening resulting from the COVID-19 response
4. Provide recommendations on how UNICEF can prepare for other public health emergencies

SCOPE OF WORK:

- Geographic Scope: The evaluation will include seven countries within the South Asia region, all countries except India, given that India has recently concluded an evaluation of response to COVID-19 in the country.
- Sectoral scope: This evaluation will focus on the overall response by UNICEF to COVID-19 and will include all sectors, including health, WASH, nutrition, child protection, social protection and Social and Behaviour Change (SBC).
- Timeframe: The evaluation will examine activities carried out between February 2020 to June 2022. UNICEF's strategy to respond to COVID-19 was initiated in February 2020 with its COVID-19 Global Response Humanitarian Action for Children (HAC) appeal.²⁰ 01 July 2022 was the end date of UNICEF's Level 3 Emergency for Global COVID-19 Pandemic.
- Participants: Participants in each country will be selected using both random and purposive sampling. Participants will include key stakeholders involved in implementing the response, both inside and outside of UNICEF, relevant national and sub national -level government officials, stakeholders from other UN agencies involved in the response, as well as CSO and other partners.
- Relationship to other evidence-generating activities: The evaluation is designed to complement other data collection efforts, namely the monitoring of HPM indicators. One of its objectives is to identify and fill gaps in ongoing evidence gathering efforts. This will require staying abreast of the findings from numerous rapid assessments, reviewing HPM and RAM indicators, reading field communications and reports, and asking questions to further understand the reported findings or to fill a gap where no information about a programmatic response exists.

²⁰ Novel Coronavirus (COVID-2019) Global Response Humanitarian Action for Children appeal (HAC). (2020, February 17). Retrieved from <https://www.unicef.org/media/65561/file/COVID-19-Global-HRP-2020.pdf>

- **Evaluation Criteria:** The evaluation will focus on the following OECD DAC Criteria: Effectiveness, relevance and sustainability. In addition, the evaluation will also analyse the gender and equity dimensions of the response to COVID-19.

EVALUATION QUESTIONS AND SUB QUESTIONS

The evaluation will be guided by the following four overarching questions and accompanying sub questions?

- 1. What was the overall quality of the UNICEF COVID-19 response post 2020 including during and between the Delta and Omicron waves of the epidemic?**
 - a. How well did the country office adapt to the needs that COVID-19 presented including those in health, education, nutrition, social protection, child protection, WASH and others?*
 - b. What and in what ways were needs prioritized at each wave? What critical areas of need were ignored?*
 - c. How effectively did the country offices implement the response since 2020?*
 - d. To what extent were emergency plans adjusted and adopted based on lessons learned during 2020 and earlier COVID-19 waves and how responsive/ agile were those plans to increasing needs and demands?*
 - e. How prepared were UNICEF supported government units for subsequent waves of COVID-19 that occurred after the first wave?*
 - f. In what ways was social behavior change used to enhance information/ understanding of the risks presented by the virus? What combination of social behaviour change platforms/ modalities were used*
 - g. In what ways did social behavior change match the phases of the epidemic including needs presented by each wave as well as the geographical distribution of cases and burden?*
 - h. How did UNICEF country office work with the different levels of the organization, government and other UN partners to ensure timely delivery and response?*
 - i. How was the response monitored during all phases and how was data used for mid-course adjustments*
 - j. What general challenges and lessons were learned in addressing COVID- 19 post 2020 including Delta and Omicron waves during the region?*
 - k. What recommendations can be made regarding UNICEF's response to public and other emergencies similar to COVID-19?*
- 2. What was the nature and scope of the system building efforts supported by UNICEF?**
 - a. What role has UNICEF played in strengthening the systems*
 - b. What systems were maintained and built with UNICEF's support in all areas of the response?*
 - c. How was system building prioritized (by type, geographical location, level of care) and how did that fit within general system national strategic plans of the governments in South Asia?*
 - d. How sustainable are the system building efforts supported by UNICEF and what efforts have been put in place to ensure that these systems are maintained post COVID?*
 - e. What are the linkages between the COVID-19 emergency/ humanitarian response and on-going development programming in the different target countries?*
 - f. In what ways did UNICEF coordinate with other UN and implementing partners to ensure sustainability of built/ enhanced systems?*

Questions Specific to Gender

- a. To what extent was gender integrated in all aspects of the response?*

- i. To what extent did the response pay special focus on adolescent girls;
- ii. To what extent did UNICEF actively support existing networks of women and youth and social and community platforms to be inclusive so that women and girls could meaningfully participate?
- iii. To what extent was UNICEF able to actively dialogue with host governments on gender equality issues and plan joint responses.
- iv. To what extent was gender disaggregated data available, analysed and acted upon to support the response
- v. To what extent did the response pay special attention to care for caregivers;
- vi. To what extent did the response make preparations for and act upon increased gender-based violence cases;

Questions Specific to Overall Lessons Learned and Positioning

- a. *What are the lessons learned for preparation of future public emergencies based on the COVID experience in South Asia?*
- b. *How can UNICEF work with governments to prepare them for other public health emergencies?*
- c. *How can UNICEF use its support during COVID-19 to further position itself including for subsequent public health emergencies in line with its mandate?*

METHODOLOGY:

The evaluation will be guided by the “Norms and Standards” and the “Ethical Guidelines for Evaluation” developed by the United Nations Evaluation Group (UNEG²¹), and UNICEF’s corporate guidance for equity focused evaluations. It will be planned and implemented with a non-experimental design, using mixed methods and drawing upon secondary data when possible, generating primary data, only, when credible secondary data is not available. The team will be expected to generate primary data through Key Informant Interviews and, perception survey, however, UNICEF welcomes use of alternative data generating approaches that add further value. The methodology described below is not intended to be conclusive. Therefore, the team of consultants will be required to enhance and tailor it in agreement with ROSA during the inception process.

Desk Reviews from existing evaluations, studies and reports: A number of reports/ rapid assessments have been generated to track COVID-19 progress. In addition, the desk review will include external documents produced by Government counterparts, other UN agencies, international development partners and NGO partners, such as key national surveys; national policies and plans, strategic frameworks, national reports, and evaluations conducted by the partners. In particular, the desk review will play an important role in answering questions related to results achieved by UNICEF supported efforts including those around vaccine roll out. It should be noted however, that this assessment will not look at attribution but contribution of UNICEF’s work. And PIEs

Abstraction and review of UNICEF administrative and reporting data: UNICEF will provide data from its administrative information systems that are used for planning, monitoring, reporting and performance

²¹ United Nations Evaluation Group. Norms and Standards for Evaluation, 2016, available at <http://www.unevaluation.org/document/detail/1914>

management for use in this assessment. These will be used to further assess results in specified areas to map and analyze achievement of COVID-19 efforts during COVID.

Key Informant Interviews: A selected number of key informant interviews will be conducted with stakeholders. Key informant interviewees will include government representatives, civil society organizations, development partners, UN agencies, UNICEF staff, and other implementing partners.

Online perception survey: In addition to the above, data will be collected from wider range of stakeholders using an online survey. This will ensure that more stakeholders than those who can be interviewed using the key informant interviews are reached.

It is not expected that primary data will need to be collected from other end beneficiaries (including children) among the population. However, efforts will be made to include representatives of beneficiaries.

GUIDING FRAMEWORKS:

The assessment will be guided and/or informed by a number of frameworks. The assessment acknowledges the cycle below to most disasters/ humanitarian situations. While COVID-19 could not have been prevented, the roles that UNICEF played along the cycle below will be important to document. In particular, UNICEF’s role in the response, recovery and reconstruction of systems may be appropriate for this assessment. In addition, efforts that UNICEF is taking to mitigate similar future public health emergencies will be within the scope of this assessment

Typical Cycle of Humanitarian Action



Adaption from the IASC cluster approach²²

UNICEF’s core commitment to Children during Humanitarian action²³ underly UNICEF’s response in COVID-19 and other emergencies. The CCCs will therefore be applied in this assessment. The CCCs are the core UNICEF policy and framework for humanitarian action. They are at the heart of UNICEF’s work on upholding the rights of children affected by humanitarian crises. The CCCs have been revised to equip UNICEF and its partners to deliver principled, timely, quality and child-centred humanitarian response and advocacy in any crises with humanitarian consequences. As is applicable, the assessment will examine the extent to which the humanitarian principles below were applied during the COVID-19 response.

Application of Humanitarian Principles in UNICEF operations

Area	Key Considerations
<p>Capacity Building of UNICEF Personnel → See 1.5.4 Roles and responsibilities</p>	<ul style="list-style-type: none"> • Build the humanitarian leadership capacity of UNICEF personnel at all levels (FO/CO/RO/HQ) and their ability to apply humanitarian principles in decision-making. • Build the capacity of UNICEF personnel to apply humanitarian principles effectively in the conduct of operations, especially in a complex and high-threat environment. This includes capacity building on civil-military coordination, access negotiations and humanitarian advocacy.
<p>UNICEF Field Presence and Operations → See 3.1 Administration and Finance</p>	<ul style="list-style-type: none"> • Ensure that UNICEF field presence and operations allow for adequate identification and response to the needs of affected populations, including those in hard-to-reach areas. • Strive to stay and deliver in complex and high threat environments and refer to humanitarian principles to guide UNICEF actions and decisions.
<p>Access → See 2.1.4 Humanitarian access</p>	<ul style="list-style-type: none"> • Seek to establish and maintain humanitarian access, ensuring all affected populations can safely and consistently reach assistance and services. • Seek engagement with all parties to conflict, and other stakeholders as necessary and feasible, to gain access to the populations in need. • Design context-specific access strategies grounded in humanitarian principles. • Proactively pursue acceptance among communities and stakeholders for a sustainable access to all populations in need.
<p>Advocacy → See 1.4.2 Humanitarian advocacy</p>	<ul style="list-style-type: none"> • Conduct advocacy for sustained and unimpeded access to all populations in need. • Conduct advocacy on child rights, including on grave violations of child rights, in line with the principles of humanity, neutrality, impartiality and independence. • Promote the application of humanitarian principles, in coordination with partners and in line with interagency guidelines.
<p>Coordination → See 2.1.2 Coordination</p>	<ul style="list-style-type: none"> • Promote compliance with humanitarian principles when supporting the leadership and coordination of humanitarian response along with national and local authorities

²² <https://emergency.unhcr.org/entry/61190/cluster-approach-iasc>

²³ UNICEF’s Core Commitment to Children in Humanitarian Action: <https://www.unicef.org/emergencies/core-commitments-children>

Area	Key Considerations
	<ul style="list-style-type: none"> Engage in coordination mechanisms to establish and maintain principled humanitarian access, in collaboration with UN Agencies, national and local authorities and CSOs, within existing coordination mechanisms such as the Humanitarian Country Team (HCT), the United Nations Country Team (UNCT), the Security Management Team (SMT), and the intersector/intercluster coordination mechanisms.
<p>Needs Assessment → See 2.3.1 Needs assessments, planning, monitoring and evaluation</p>	<ul style="list-style-type: none"> Provide neutral and impartial humanitarian assistance based on impartial needs assessments. Ensure respect for humanitarian principles throughout the targeting and prioritization processes, especially in determining service locations and targeting methods. Special care should be taken to avoid only seeking out and assessing populations under the control of a single party to conflict.
<p>Programmes → See 2.2.4 Linking humanitarian and development</p>	<ul style="list-style-type: none"> Safeguard operational independence and principled humanitarian action when linking humanitarian and development programmes, especially in situations where the government is party to the conflict. In some contexts, it may neither be possible nor appropriate to engage in development action.
<p>Partnerships → See 3.5 Partnerships</p>	<ul style="list-style-type: none"> Partner with organizations and entities committed to the core values of UNICEF and the UN, as well as to humanitarian principles. Ensure UNICEF partners properly understand the operational application of humanitarian principles. Maintain engagement with partners and communities to ensure the understanding and application of humanitarian principles.
<p>Resource Mobilisation → See 3.6 Resource mobilisation</p>	<ul style="list-style-type: none"> Ensure that resources are allocated impartially, based on the needs of affected populations, and that the humanitarian imperative comes first when allocating aid, even in the most complex environments. Mitigate the risks of donors' conditions and funding associated with objectives that could jeopardize the neutrality, impartiality and independence of humanitarian response, and refrain from funding arrangements that undermine child rights or the best interest of children, or that put the safety and security of humanitarian workers at risk. Maintain operational independence and seek to avoid dependency upon a single funding source.
<p>Security Management → See 3.7 Security Management</p>	<ul style="list-style-type: none"> Utilize acceptance as a security risk management approach that can support humanitarian access. Acceptance by communities and/or threat actors can reduce the likelihood of harmful events occurring and increases the chances of an effective response if a harmful event does occur. Humanitarian principles underpin acceptance – cultivating good relations and consent for humanitarian activities among local populations and key actors²⁴. Build the capacity of security professionals and managers with security responsibilities on generating acceptance, assessing the degree of acceptance and integrating acceptance in the Security Risk Management process.

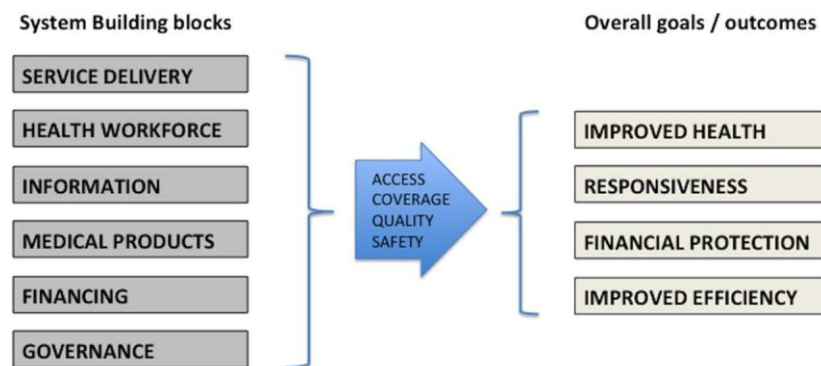
²⁴ Security Risk Management (SRM) Manual, Annex E: Reflecting Acceptance in the SRM, pg. 106-110

Area	Key Considerations
	<ul style="list-style-type: none"> • Make use of armed escorts only after a thorough analysis in the Security Risk Management (SRM) process that determines no other SRM measure is available to bring security risks to acceptable levels, as per the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys. • Refer to the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys when contributing to the SMT’s evaluation of the potential impacts of using armed escorts. This evaluation should be context and location-specific and should also be informed by humanitarian principles.

Other guiding frameworks also include the Core Humanitarian standards²⁵ which are also referenced in the CCCs

Finally, the assessment will use the WHO Health system framework in assessing the ways in which UNICEF’s efforts built the health system. The framework describes health systems in terms of six building blocks which include service delivery, health workforce, information, medical products, vaccines and technologies, financing, and leadership and governance. The assessment acknowledges that some blocks in the framework may be outside UNICEF’s mandate. For example, regarding the COVID-19 vaccine roll out, UNICEF led on cold chain strengthening and demand generation & communication. Therefore, the assessment will have a deep dive in these areas for the component examining the COVID-19 vaccine,

The WHO Health System Building Framework



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DELIVERABLES:

Inception Period Products

²⁵ Core Humanitarian Standards: <https://corehumanitarianstandard.org/the-standard>

- i. This process will begin with the development of a power point summarizing the methodology, tools and planned timeline.
- ii. Based on this power point, a brief inception report will be developed. This report will present the complete methodology approach to conducting the work, with all tools fully drafted. All design issues under discussion to that point to be answered, any revisions to the issues and questions
- iii. Finalization of the inception report will be concurrent to the initial stages of data collection based on the agreed upon methodology as reflected in the inception power point.

End of Assignment Products

- iv. Power point Presentation Reflecting Preliminary Results: A comprehensive power point that reflects preliminary results will be developed and presented to the relevant stakeholders. The format of this power point will be finalized and agreed upon during the inception process.
- v. Draft Report with key findings, conclusions, recommendations and lessons. This report to include chapters based on the evaluation questions presented in this TOR as well as the UNICEF report writing guidelines.
- vi. Final Reports: Upon receipt of comments from ROSA and others, the team of consultants will finalize the report, incorporating feedback from the above stakeholders. The report should be approximately 80 pages without annexes.
- vii. PowerPoint and summary two-pager: A visually compelling presentation to provide an assessment brief for ROSA, Country offices and other stakeholders.
- viii. Data archive: Data gathered in the exercise is transferred in an organized archive that will permit follow-on users to replicate or extend the analysis. Suitable care to be taken in assuring the anonymity of respondents.

Important notes:

- i. Monitoring deliverables about work progress are not listed but will be periodically required.
- ii. Page limits, if any, to be established during the inception period. In general, there will not be artificial limits, but the reports should aim for conciseness, readability, and visual appeal.
- iii. The format of the final deliverables will be decided in the inception period. A high value will be placed on products that communicate well with different audiences. Thus, infographics, PowerPoints, and other products may be fully integrated into the reports or may be proposed as complementary end products.

NORMS AND STANDARDS:

Although this is a combination of research, study, and evaluation methods, it will be held to the highest standards employed by UNICEF for the conduct of evaluations and research. Special measures will be put in place to ensure that the assessment process is ethical and that the participants in the assessment process can openly express their opinion. The sources of information will be protected and known only to the evaluator(s). The assessment Team will ensure ethical conduct in data generation. Specific attention should be paid to issues specifically relating to:

- Harm and benefits.
- Informed consent.

- Privacy and confidentiality; and
- Conflict of interest of the evaluation informants.

Consequently, the Team has to ensure that it is clear to all subjects that their participation in the evaluation is voluntary. All participants should be informed or advised of the context and purpose of the assessment, as well as the privacy and confidentiality of the discussions.

This means it will abide by the following:

- United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System, 2016
- Ethical Guidelines for UN Evaluations; Ethical guidance for Research in UNICEF
- The final report is expected to meet the UNICEF-adapted UNEG Evaluation reports standards as well as benchmarks used in UNICEF’s Global Evaluation Reports Oversight System (GEROS).

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

PLANNED BUDGET AND FUNDING SOURCE

WBS	Grant	Total Contract Value

CONTRACT SUPERVISION:

Supervisor/Approving Authority: The ROSA Regional Evaluation Advisor, with support from the Evaluation Officer, will supervise the assignment and approve the deliverables.

QUALIFICATIONS AND EXPERIENCE REQUIRED:

1. Team Lead:

- At least eight years of professional experience in evaluations/strategic analytic review exercises, with evidence of understanding global standards, theories, models and methods related to evaluations and research
- Expertise in conducting similar or related programme evaluations/assessments, including proven track record of sectoral evaluation/assessments including those in health

- Understanding of system strengthening and planning
- Experience in interacting with and collecting relevant data from different level of stakeholders
- Excellent written and oral communication skills in English required.
- Demonstrated teamwork skills
- Strong oral and written communication skills
- Ability to deliver products on time
- Ability to work on multiple tasks under pressure
- Knowledge of UNICEF programming an asset
- Experience working on COVID-19 in a programme or evaluative capacity, an asset
- Previous work experience with UNICEF an asset, although not required.

2. A senior Evaluator

- At least eight years of professional experience in evaluations/strategic analytic review exercises, with evidence of understanding global standards, theories, models and methods related to evaluations and research
- Expertise in conducting similar or related programme evaluations/assessments, including proven
- Experience working on humanitarian projects/ interventions and an understanding of needs and responses in such situations
- Understanding of research and evaluation methodologies, including methodologies for collecting data in emergencies
- Experience working on COVID and/or other public emergencies
- Understanding of system strengthening and planning
- Experience in interacting with and collecting relevant data from different level of stakeholders
- Excellent written and oral communication skills in English required.
- Demonstrated teamwork skills
- Strong oral and written communication skills
- Previous work experience with UNICEF an asset, although not required.

ROLES AND RESPONSIBILITIES OF TEAM MEMBERS:

TEAM LEAD

- A.** Leading and coordinating a team of about four consultants.
- b.** Leading the implementation of the design for the evaluation
- c.** Overseeing the development of data collection tools including key informant guides, perception survey and any other tools as indicated in the inception plan
- d.** Working with the overall team lead in the development of the inception report and ensuring that key UNICEF stakeholders are consulted. This will include working with ROSA evaluation function, the health and Emergency sections as well as with country offices to identify, sample and staff, implementing partners, Local and National government stakeholders to interview
- e.** Overseeing and conducting data collection and analysis to ensure timely provision of data for the sub team focus area

- f. Leading efforts to prepare the evaluation report for the sub team. Please note, each sub team will have its own report
 - g. Preparing the power point summarizing findings and presenting the findings to the regional office and relevant stakeholders
 - h. Participating in presentations of findings to key stake holders, including the Pakistan Country Office and others. These presentations will include presentation at validation and sense making workshops.
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SENIOR EVALUATOR:

- a. Working with the sub team lead to develop data collection tools and instruments
 - b. Support the sub team lead to prepare the inception report and ensuring that key UNICEF stakeholders are consulted. This will include conducting interviews during the inception process and providing input in the development of the report.
 - c. Support development of data collection tools including key informant guides, perception survey and any other tools as indicated in the inception plan
 - d. Participating in data collection including interviews for government officials and other stakeholders. The senior evaluator may be assigned specific thematic areas to oversee as part of the data collection and analysis process.
 - e. Along with the sub team lead, overseeing validation and sense making workshops
 - f. Supporting development of the evaluation report
Providing input in the power point summarizing findings and presenting the findings to the country office, evaluation reference group
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DURATION AND TIMELINE:

The assessment will take place between March 2023 and September 2023

Deliverables	Due date/latest date for completion of deliverable
1. Inception report with clearly outlined data collection tools	March 15, 2023
2. Data collection	March 17 – June 20, 2023
3. Analysis and report writing	June 22, 2023- August 20, 2023
4. Draft report, dissemination and feedback	September 15, 2023
5. Final report	September 30, 2023

WORKING LOCATIONS:

The base of work will be the premises of the consultant utilizing information acquired remotely during the inception and report writing stages

ENDORSEMENT OF TERMS OF REFERENCE:

<p>Endorsed by:</p> <p>Name: Esther Kaggwa Title: Regional Evaluation Advisor, UNICEF South Asia</p> <p>Date: _____ Signature: _____</p>
<p>Endorsed by:</p> <p>Name: _____ Title: _____</p> <p>Date: _____ Signature: _____</p>
<p>Endorsed by:</p> <p>Name: _____ Title: _____</p> <p>Date: _____ Signature: _____</p>