
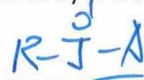

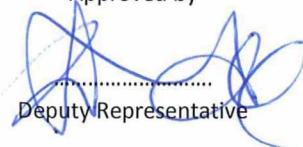


**UNICEF AFGHANISTAN
REQUEST FOR CONTRACT FOR SERVICES**

SHORT TITLE OF ASSIGNMENT			
Impact Evaluation of UNICEF Afghanistan Mother and Child Cash Transfer Programme (MCCT).			
REQUESTING SECTION	Social Policy Section		
SUPERVISOR (CONTRACT MANAGER)	Chief of Social Policy		
GRANT	1. Non-Grant 2. SC229938		
WBS	0060/A0/07/886/008/001		
PROPOSED DURATION	26 Months	NOTES / COMMENTS	
PROPOSED START DATE/END DATE	01/11/2023 – 31/12/2025	Proposals from Global LTA holders will be solicited based on the LTA.	
TYPE OF PROCUREMENT EOI, RFP, RFQ, ITB/LTA	Global LTA		
SUPPLY PLAN LINE NUMBER	147		
LOCATION OF REQUIRED SERVICES	Kunar, Samangan, Badghis, Zabul.	Additional provinces might be included.	
ESTIMATED VALUE MAY EXCEED CRC THRESHOLD (Yes/No)	Yes		
Need for procurement of institutional services is reflected in the AWP/ Supply plan or is in response to a specific request			Yes
The tasks cannot be completed by UNICEF staff or counterparts			No
TOR is clearly defined with tangible, measurable deliverables, or an end-product and with payments (contract fee) clearly linked to these			Yes
TOR includes a description of the specific activities and timeframes for completion of the activities			Yes
The TOR includes performance indicators for evaluation of results (e.g., timeliness or quantitative measures)			Yes
SIGNED FOR AGREEMENT			
Recommended by  Programme Chief Date/Time..... 25.10.23	Reviewed by SPEAR  Chief SPEAR Date/Time..... 25.10.23	Reviewed by  Supply Manager 25/10/23 Date/Time.....	Approved by  Deputy Representative Date/Time.....

UNICEF AFGHANISTAN
TERMS OF REFERENCE FOR SERVICES - RES

SHORT TITLE OF ASSIGNMENT

Impact Evaluation of UNICEF Afghanistan Mother and Child Cash Transfer Programme (MCCT)

BACKGROUND

Afghanistan is facing unprecedented humanitarian crisis and its longstanding issues have snowballed into a complex crisis which presents a real risk of escalating into a humanitarian catastrophe with massive human and social economic costs. The number of People in Need (PiN) has progressively increased by over 300% from 9.4 million people in January 2020 to a staggering 28.3 million people (almost 66 per cent of the population) in 2023. Children are among the most vulnerable in Afghanistan comprising 54.4 percent of those in need. Moreover, an estimated 2.3 million children are expected to suffer from acute malnutrition in 2023 with 875,000 expected to suffer from severe malnutrition (HNO 2023). In addition, an estimated 840,000 pregnant women and lactating mothers are likely to suffer from acute malnutrition (HNO 2023). Over 32% of the provinces in Afghanistan have high stunting levels at between 40% to 66% (MICS, 2023) a grim testament of the dire conditions facing women and children in Afghanistan.

While considerable progress has been made in Afghanistan in improving the maternal and newborn health (MNH) in the last two decades, this has been largely attributed to increased availability of health facilities providing the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS). Despite the notable improvements, data continues to show wide variation in terms of utilization of services. For example, the data from the 2015 AfDHS shows significant disparities for antenatal care and safe deliveries such as only 5.9% of women in Badghis giving birth in a healthy facility compared to 46.2% in Bamyán and 35.5% in Kandahar. Recent data from the Multiple Indicator Cluster Survey conducted by UNICEF indicates that the proportion of women attending antenatal care is as low as 6% in some provinces e.g., Nuristán compared to 63% in Bamyán.

Women face several barriers including socio-economic barriers ranging from conservative cultural values limiting their movement and decision-making power, illiteracy, and lack of awareness of the benefits of different maternal healthcare options, and high transport costs to reach health facilities. Main barriers to accessing MNH care in Afghanistan include distance to health facilities, transportation and other costs incurred in reaching health facilities, cost of medicines, perceived quality of care and Socio cultural and religious factors. The change in regime in August 2021 has resulted in regressive policies and worsened the already weak governance system giving limited hope for ensuring women and girls rights via the state system as witnessed by the successive bans on women's right to education and right to work. At the same time, the United Nations Development Programme (UNDP) estimates that around 97 per cent of Afghans have plunged into poverty as of mid-2022, up from 47 per cent in 2020 severely compromising families and care givers' abilities to ensure that children's needs and rights are met.

Cash transfers are a proven mechanism to address demand side constraints in achieving a range of needs and rights of children across the lifecycle within the first 1000 days of life. They not only address financial barriers faced by households to access goods and services, but when combined with relevant accompanying measures, can also serve as a powerful vehicle/incentive for changing behaviours, social norms and realizing social and economic outcomes across a wide range of areas including, food security, health, and education. Importantly, cash transfer programs that are designed in a complementary and integrated manner with evidence generation embedded can provide a strong basis for informing a nascent social protection system.

Since November 2021, UNICEF has delivered cash transfers to at least 308,000 unique households in Afghanistan reaching over 2.2 million individuals (including 1.4 million children) with unconditional cash transfers to allow them to meet a broad range of needs including health, nutrition, education, protection, and other basic needs, as well as needs arising due to specific external factors such as harsh winters. Among the beneficiaries, at least 24,000 families with pregnant and lactating women, have so far been supported with cash transfers under UNICEF's Mother and Child Cash

Transfer (MCCT) Programme with the aim of improving access to institutional health services and meeting other needs related to out of pocket health expenses and nutritious foods

UNICEF is planning to scale-up the current MCCT programme in five provinces in Afghanistan (Kunar, Badghis, Samangan and Zabul) to give children a positive start in life by addressing the underlying drivers of poverty and deprivation with a primary focus on the first 1000 days of life. The first 1000 days of life are the most critical for survival and growth, yet this is the point in the lifecycle when children are the most vulnerable and voiceless. This is also an age group where the rights and status of women in society intersect with children's survival and well-being. Women and girls are among the most marginalized in Afghan society with systematic denial of their rights and the reversal of progress made in the past few years. For these reasons, the programme will target households with, children under the age of two years, pregnant women, and lactating women with predictable transfers over a period of 18 months. The key objectives of the programme are:

- a) Overcome financial barriers to accessing health and nutrition services
- b) Improve knowledge and influence behavioral change in relation to health seeking behavior and positive maternal and child health practices.
- c) Generate evidence to inform future programming and the design of social protection and safety net programmes.

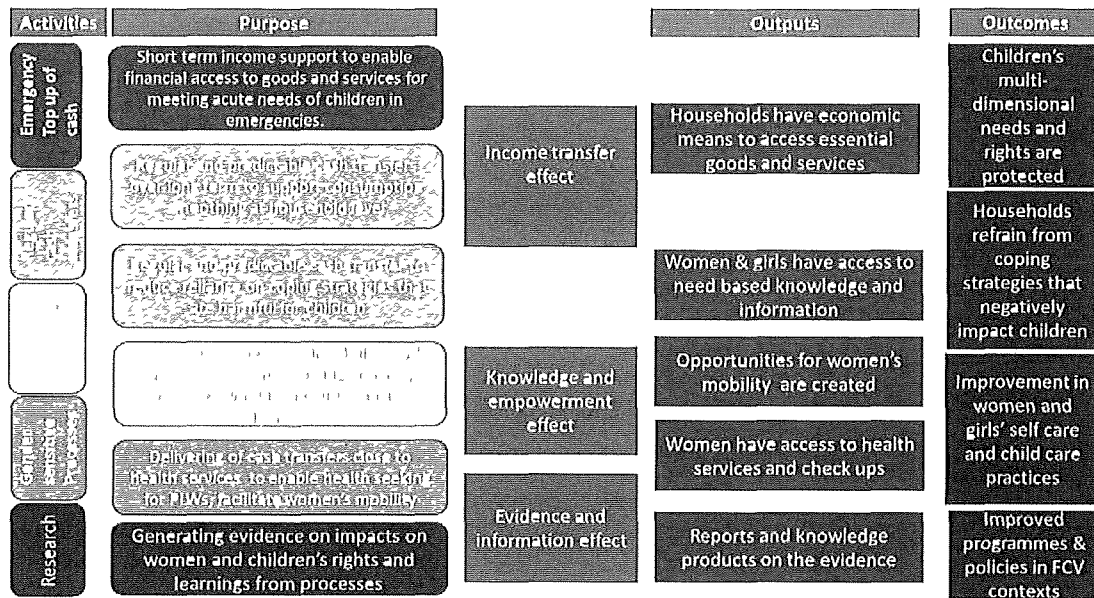
The Key Programme Design Components are;

1. Provision of quarterly cash transfers (\$20 per month) to households with pregnant and lactating women with children under the age of two years.
2. Social behavioral change communication with a focus on health and nutrition outcomes.
3. Linking pregnant and lactating women to health and nutrition services.
4. Research, evaluation, and broader evidence generation and learning agenda to systematically capture outcomes for women and children, and effectiveness of programme design features, implementation processes and operational mechanisms to serve as the basis for developing a nascent social protection system in Afghanistan

Theory of Change and Expected Results

The programme is expected to contribute to the consistent fulfillment of children's basic needs, reduction in adoption of coping strategies with negative impacts on children, enhanced self-care among women and girls as well as *improvement in child caring practices, and robust evidence to influence an improvement in policies and programmes on social protection in contexts impacted by fragility, conflict, and violence.*

Figure 1 MCCT theory of Change



PURPOSE

The purpose of this assignment is to generate and share evidence from the MCCT programme on the impacts of the programme interventions in realizing the intended and unintended outcomes of the project and contribute to improving the design and implementation of MCCT programme, demonstrate opportunities for improving the design and implementation of similar programmes and inform the development of the social protection system in Afghanistan.

The users of the study findings will include UNICEF Afghanistan, UNICEF globally, the De Facto Authorities (DFA), other UN Agencies, NGOs implementing cash programmes in Afghanistan, Agencies implementing cash worldwide in contexts like the Afghanistan context and the academia.

OBJECTIVES

The objectives of the assignment are to;

1. Design of methodology and conduct of a comprehensive baseline of the MCCT programme covering all MCCT targeted geographical areas.
2. Undertake a mid-term impact evaluation after 9 months of implementation and a final impact evaluation following the completion of the programme after a period of 18 months covering targeted geographical locations by the MCCT programme.
3. Identify the impacts of the MCCT programme design, operational frameworks and project implementation on project objectives and demonstrate where evident, possible adjustments to maximize on the strengths and minimizing the weaknesses of the design and operational frameworks in the implementation of the MCCT programme and beyond
4. As part of the assignment, undertake at least two academic publications in relevant knowledge hubs such as academic journals and other public information repositories including within and outside UNICEF.

The above four workstreams will refer to the UNICEF Afghanistan country strategy on MCCT as well as specific MCCT programme design components

SCOPE OF WORK/ WORK ASSIGNMENT

Thematic Scope

The MCCT programme is comprised of four core elements which are (i) provision of cash transfers to households with pregnant and lactating women with children under two years age, (ii) linkage of pregnant and lactating women to health and nutrition services and (iii) undertaking social behavioral change communication activities to ensure improved and sustained health seeking behavior, knowledge and practices for pregnant and lactating women and children

The final thematic element is research and evaluation which encompasses the scope of this assignment and will entail;

Research Questions

Effectiveness Questions

- 1 What are the impacts of the MCCT programme on health and nutrition outcomes of pregnant and lactating women and children?
- 2 Which programme components/features and processes of the MCCT programme contributed significantly than others to achieve the programme impacts and outcomes and why?
3. What are the impacts of the Social Behaviour Change Communication on the health seeking behaviour and maternal and child health care behavior, knowledge, and practices of pregnant and lactating women, families, and communities?
4. In the event of a crisis, what would be the impact of an emergency cash transfer on ensuring that the targeted population and children can meet their acute needs in times of crisis?
- 5 What is the impact of the MCCT programme design feature of facilitating cash distributions close to health facilities on the health seeking behaviour and mobility of pregnant and lactating women and their children?
6. To what extent are the programme design and implementation modalities effective? Where, when, and why?
7. To what extent are the activities and outputs of the programme consistent with the objectives of the programme?
8. To what extent are the programme objectives likely to be achieved?

Relevance Questions

- 9 To what extent is the design and implementation of the programme sensitive to the needs and realities of the target population?
10. What are the impacts of the programme on gender relations at the household and community level?
- 11 To what extent are the ongoing
- 12 or previously completed cash transfer programme/projects likely to influence the impacts and outcomes of the MCCT programme?

Efficiency Questions

- 13 To what extent is the value of transfer and regularity of the cash transfers adequate? To what extent are the unique needs of pregnant and lactating women and children under two met within the objectives of the programme?
- 14 What are the potential synergies between the MCCT programme and other programmes/projects implemented in the same locations?
15. How efficient are the delivery processes at each stage of implementation likely to be in the context of time, resources, and coordination between different actors?
16. What are the affected population and other stakeholder costs associated with accessing the programme?
- 17 What are the impacts of the programme beyond the affected population and communities?

Sustainability Questions

- 18 How can the MCCT programme be replicated at the national level? and what would it take to scale up the MCCT programme to a national level?

Themes

- i) Determining the current ability of programme beneficiaries to meet their basic needs, identify their expenditure patterns and overall, their socio-economic and household conditions
- ii) Determining the level of access to health and nutrition services for pregnant and lactating women and their children and the factors that positively or negatively influence their access to health and nutrition services, considering the differences in geographic areas and different practices and norms in these areas
- iii) Assessing the affected population's (pregnant and lactating women) current level of health seeking behaviour, knowledge and nature and state of their health and nutrition care practices and the change due to the programme
- iv) Determining the aggregate impact of the main programme components i.e., cash transfer, social and behaviour change communication and interlinkages with health and nutrition services among the affected population.
- v) Highlighting the extent to which cash distribution near health facilities and encouraging presence at cash distribution sites has contributed to increased women's mobility and exposure to health services and health seeking behaviour.
- vi) Determining the effectiveness of the theory of change i.e., how the main components of the programme (cash transfer, social and behaviour change communication and interlinkages with health and nutrition services) interlink to influence the best health and nutrition outcomes for pregnant and lactating women and children.
- vii) Determining the unintended impacts of the programme among the affected and unaffected population such as enabling parents to relax their household's budget constraints and thus improve their home environment thereby reducing the effects of financial strain and deprivation and the stress associated with this, as well as possibly intra household dynamics (including gender and allocation of resources) and consequently improving parental capacity to nurture and interact with their children and the wider community not targeted by the programme (spill over effects, both positive and negative, perceptions and acceptance by wider community, men and religious leaders).
- viii) Identifying design and operational strengths and weaknesses and proposing measures to overcome identified weaknesses based on lessons learned from the implementation and their implications of MCCT programme taking into consideration the evolution of the future social economic, political, and environmental context in Afghanistan.
- ix) Identifying important context specific and environmental factors such as poverty, health, protection/peace and security, culture (religion), ethnicity and tribal relations, economic development, education and literacy and emergencies and the overall humanitarian situation that may negatively and positively influence outcomes for targeted beneficiaries.
- x) Identify intended and unintended outcomes for targeted and non-targeted households especially pregnant and lactating women and children through appropriate study methodologies applicable to the Afghanistan context
- xi) Determine the project design and operational strengths, challenges, and weaknesses Any unintended impacts of the design and implementation itself. Identify how the design and implementation challenges and weaknesses can be addressed prior to the commencement of the project implementation, continued implementation after midline evaluation and to inform post project roll out of similar interventions following the final evaluation
- xii) Identify any other themes emerging during the study because of the fieldwork and analysis that may be of interest to UNICEF implementation of the MCCT programme and beyond.

Geographical Scope

The assignment will cover MCCT priority provinces of Kunar, Samangan, Badghis and Zabul. These provinces have been prioritized based on a combination of multi-dimensional poverty, stunting, infant mortality, neo-natal mortality, and attendance of antenatal care. Within these provinces, specific districts have been selected based on the prevalence of

acute malnutrition and shared in Annex 2. The actual registered households per district and the final districts to be included in the project will be shared at contracting.

METHODOLOGY

Design: The identified LTA (Long-Term Arrangement) holders will determine and propose the most appropriate evaluation design to cover the three phases (Baseline, Midline and Endline) of the evaluation and comprehensively articulate how the methodology/ies selected will be designed and implemented to demonstrate the impacts of the programme in line with the programme objectives.

- a) Overcome financial barriers to accessing health and nutrition services
- b) Improve knowledge and influence behavioral change in relation to health seeking behavior and positive maternal and child health practices.
- c) Generate evidence to inform future programming and the design of social protection and safety net programmes

Methodology: The Long-Term Arrangement holders identified to undertake this assignment will design the methodology, tools, and implementation strategy, conduct the field survey, and produce a baseline report, midline report and endline report for this Impact Evaluation. The methodology will consider the following

- I. The proposed Long Term Arrangement holders will propose an experimental design (treatment and control) while relying on a thorough and statistically relevant sampling method that will determine the sample sizes for both treatment and control groups that should be statistically relevant
- II. The assignment will use mixed methods combining qualitative and quantitative methods for data collection and analysis from both primary and secondary sources. The quantitative surveys will be aligned to the project theory of change and will measure the key outcome and impact indicators and intermediate outcomes. Qualitative data will be sourced from any existing and relevant literature and primary data while clearly articulating the sequencing of the quantitative and qualitative data collection and analysis as well as the rationale for, purpose and approach to a mixed methods approach.
- III. The proposed Long Term Arrangement holders will consider the sufficiency of the proposed study questions and where necessary propose relevant additional questions that could better draw out the impacts and outcomes of the evaluation.
- IV. The survey will consider other benefits and services that beneficiaries have access to, whether provided by UNICEF, other UN Agencies, De Facto Authorities (DFA), NGOs and other stakeholders that may influence the outcome of the evaluation and challenge the attribution of causality to interventions by this project. The Long-Term Arrangement holders are expected to highlight these complexities in their proposals.
- V. The submitted proposals will highlight the specific approaches to be employed in collecting primary and secondary data and particularly primary data considering the challenging operational context in Afghanistan vis a vis drawing information from the project target population. UNICEF confirms the feasibility of accessing primary data through high-frequency phone surveys. For secondary data, UNICEF will share existing programme documents and other relevant literature, policies, strategy documents, project proposals, plans, partnership agreements, post distribution monitoring reports (if available), and other documents that may be requested relevant to the scope of work.
- I. Highlight their study assumptions and ethical considerations, limitations, and mitigation measures

The Long-Term Arrangement holders will detail their proposed methodology in the proposal and ensure that their proposal is articulated in detail in line with the proposed assessment matrix. UNICEF anticipates that elaborating the methodology at inception will have no financial implications.

Key activities for the LTA holders				
Evaluation Phase	Detailed Activities	Duration	Deliverable	Payment Schedule
Planning	Literature review (strategies and programme design documents)	3 weeks	Detailed plan for entire assignment	20%
	Consultation meeting with relevant UNICEF team(s)			
	Engagement with all relevant stakeholders (UNICEF internal and external stakeholders)			
	Finalize theory of change, monitoring and evaluation framework, log frame and detailed baseline and Evaluation plan			
	Presentation of baseline and Evaluation plan and endorsement of plan by UNICEF			
Baseline	Baseline Inception meeting	24 weeks	Inception report and presentation. Baseline report and presentation Academic publication.	20%
	Detailed planning and preparation for baseline including tools and methodologies to be employed and strategy and content for enumerator training			
	Draft Baseline Inception report produced and disseminated			
	Draft Baseline Inception Report presented and validated at a Workshop			
	Final Baseline Inception Report produced			
	Baseline data collection and analysis			
	Draft Baseline report and presentation			
	Review of draft Baseline report and feedback			
	Dissemination of Baseline findings			
	Submission Final Baseline report following review workshop with stakeholders and highlighting conclusions and recommendations from participants			
	Publication from Baseline study			
Mid-term Evaluation	Inception meeting on Mid-term Evaluation	24 weeks	Inception report. Mid-term Evaluation report. Academic publication	30%
	Detailed planning and preparation for Mid-term Evaluation including tools and methodologies to be employed and strategy and content for enumerator training			
	Draft Mid-term Evaluation Inception report produced and disseminated			
	Draft Mid-term Inception Report presented and validated at a Workshop			
	Final Mid-term Inception Report produced			
	Mid-term Evaluation data collection & analysis			
	Draft Mid-term Evaluation report & presentation			
	Review of draft Mid-term Evaluation report and feedback			
	Dissemination of Mid-term Evaluation findings			
	Submission of Final Mid-term Evaluation report following review workshop with stakeholders and highlighting conclusions and recommendations from participants			

	Publication from Mid-term Evaluation study			
Final Evaluation	Inception meeting on final Evaluation	24 weeks	Inception report. Evaluation report. Academic publication.	30%
	Detailed planning and preparation for final Evaluation including tools and methodologies to be employed and strategy and content for enumerator training			
	Draft Final Evaluation Inception report produced and disseminated			
	Draft Final-evaluation Inception Report presented and validated at a Workshop			
	Final-evaluation Inception Report produced			
	Evaluation data collection & analysis			
	Draft Final Evaluation report and presentation			
	Review of draft Evaluation report and feedback			
	Dissemination of Evaluation findings			
	Submission of Final Evaluation report following review workshop with stakeholders and highlighting conclusions and recommendations from participants			
	Publication from Evaluation study			

QUALIFICATIONS, SPECIALIZED EXPERIENCE AND ADDITIONAL COMPETENCIES REQUIRED

The evaluation team should comprise one Technical Team Leader and enough technical team members to ensure the assignment's successful implementation. Team members proposed in the technical proposal document must be available for their assigned tasks during the assignment. The Long-Term Arrangement holder should have the following competencies, experience, and qualifications and it is mandatory that the Long-Term Arrangement holders should partner with a local company/institution to collect the data & this should be elaborated in the technical proposal.

Team composition from the LTA holder

The Team Leader:

Qualification: An advanced degree (Masters or PhD) in economics, statistics, public policy, evaluation, research methodology, sociology, or other social science related field from an internationally recognized institution with specific skills in mixed methods approach, project operational evaluations.

Experience:

- At least ten years' experience in leading the design and conduct of evaluations and assessments of development programmes particularly those related to social protection and cash transfers
- Experience conducting research and or evaluations in emergency/humanitarian contexts and or contexts like Afghanistan
- Prior experience leading research or evaluation teams on assignments for UNICEF or other UN agencies
- Excellent written and oral report drafting skills in English. Experience in producing high end academic publications in peer reviewed journals
- Strong interpersonal, communication, reporting, and organizational skills
- Familiarity with or experience working with UNICEF and/or other similar UN organizations or development agencies particularly in programmes related to social protection.
- Necessary skills and experience in ethical research practices
- Experience in engaging with children appropriately and ethically.

- Understanding of human rights, equity, and gender-based approaches to programming and evaluation/research.
- Project operational review/assessment experience

Team members:

Subject Matter Expert

Qualification: An Advanced degree (Masters or PhD) in economics, statistics, public policy, evaluation, research methodology, sociology, or other social science related field from an internationally recognized institution

Experience

- Seven years' experience in the design and conduct of evaluations and assessments of development programmes particularly those related to social protection and cash transfers.
- Five years' experience in conducting evaluations, at least 4 evaluations on social protection programmes.
- Experience in conducting participatory research and evaluations on social protection related projects/programmes.
- Demonstrate experience engaging with children appropriately and ethically.
- Understanding of human rights, equity, and gender-based approaches to programming
- Mixed methods and economic multiplier evaluation/research skills.
- Project operational review/assessment experience

Data Analyst:

Education qualification: Master of Statistics, Mathematics or Economics

Experience:

- Excellent analytical and research experience, including a sound knowledge of qualitative and quantitative research methods with strong technical experience in study design.
- Three years of experience in mixed methods data analysis

Profile of a local partner company

Registration with authorities: Registered with De-Facto Authorities in Afghanistan

Team composition of the member from the local partner company: Gender balanced.

Data collection Supervisors

Education qualities: Minimum of bachelor's degree

Experience:

- Five years of experience in data collection/enumeration in Afghanistan.
- Two years of experience in supervising data collectors/enumerators.
- Knowledgeable about the current environment of Afghanistan.
- Ability to work independently and respond to feedback in a timely and professional manner.
- Experience in a complex and high threat environment.
- Strong interpersonal, communication and organizational skills.
- Demonstrate experience engaging with children appropriately and ethically.
- Fluency in Dari/ Pashto and English to oversee field data collection.

Data collectors/Enumerators

Education qualification Bachelor's degree

Experience:

- Two years' experience in data collection in Afghanistan.
- Fluency in Dari/ Pashto and English to oversee field data collection.
- Strong interpersonal, communication and organizational skills
- Demonstrate experience engaging with children appropriately and ethically

Note: The evaluation team proposed is expected to be available for the duration of the assignment and the team leader is expected to undertake at least three in-country mission during the assignment, preferably during the inception phase, baseline study and final evaluation study. Any changes to the proposed core team after offer of contract will be exceptional and subject to UNICEF approval.

PAYMENT SCHEDULE

Payment will be made upon submission and acceptance of the specified deliverables and submission of an invoice according to the following schedule:

Main deliverable	Indicative timeline after contract signing	Payment schedule
Finalization of Inception and planning including presentation and submission of endorsed Baseline and Evaluation plan.	3 weeks	20%
Completion of baseline study as per agreed workstream and deliverables in the workplan (attached as annex) including submission of final report and academic publication	24 weeks	20%
Completion of mid-term evaluation study as per agreed workstream and deliverables in the workplan (attached as annex) including submission of final report and academic publication	24 weeks	30%
Completion of Final evaluation study as per agreed workstream and deliverables in the workplan (attached as annex) including submission of final report and academic publication.	24 weeks	30%

CONDITIONS OF WORK

Ethical principles:

Research methods and procedures for obtaining informed consent should be consistent with UNICEF Ethical and Principal Guidelines for the reporting on children and young people under 18 years old (<http://childethics.com>)

Confidentiality:

Data collected under this assignment will be treated as strictly confidential. The rights of distribution and/ or publication will reside solely with UNICEF. Data collected cannot be used for any purpose not related to this assignment. The contracted institution will not retain any data related to this assignment after completion of deliverables, all datasets will be transferred to UNICEF.

ASSESSMENT OF CONTRACTUAL RISKS AND PLANNED RISK RESPONSES

Risk	Risk response
Untimely completion of the deliverables	The contract supervisor will hold weekly, or bi-weekly meetings as deemed necessary to discuss progress, challenges, and solutions to resolve issues.
Poor quality of the deliverables	The deliverables including the inception, baseline and evaluation reports and academic publications as well as presentation of preliminary findings will be quality assured by the contract manager. In addition, the inception report will be reviewed by an independent ethical review body before proceeding to data collection and will have to be endorsed by a reference group/steering committee.
Change in team composition	The contract manager will oversee the changes in team composition and ensure that changes are in line with the requirements of the assignment.

Operation Procedure and Work Condition
All travel & accommodation is the responsibility of the LTA holder to arrange.

Technical Evaluation Criteria

TECHNICAL CRITERIA FOR EVALUATION		
TECHNICAL CRITERIA	POINTS TO CONSIDER	Score
Overall Response	<ul style="list-style-type: none"> • Completeness of response • Overall concord between TOR/needs and proposal 	5
Key Personnel	<ul style="list-style-type: none"> • Experience of team leader and key staff members that will work on this assignment (should include their CV's and detail of relevant experience and qualifications) • Composition and experience of proposed staff with similar projects • Experience of proposed sub-contracted companies/institutions and their proposed personnel 	20
Proposed Methodology and Approach	<ul style="list-style-type: none"> • Proposed methodology for assignment • Project management, monitoring, and quality assurance process 	35
Examples of similar work completed in the past	<ul style="list-style-type: none"> • Examples of similar work completed in the past 	10
TOTAL SCORE		70
TECHNICAL CRITERIA	POINTS TO CONSIDER	Score

The Technical Proposal has a total evaluation value of 70 points. Technical Proposals receiving 49 points or more will be considered technically responsive, and the financial proposal will be opened. Proposals which are not considered to be technically compliant and non-responsive will not be given further consideration.

Financial Proposal

The currency of USD should be used for international Long Term Arrangement holders having legal entity outside of Afghanistan. No other currencies are accepted in proposing financial proposal.

The total amount of points allocated for the price component is [30]. The maximum number of points will be allotted to the lowest price financial proposal opened and compared among invited LTA holders who obtain the threshold points in the technical component evaluation. All other price proposals will receive points in inverse proportion to the lowest price, e.g.:

$$\text{Score for "Price proposal X"} = \frac{\text{Max Score for price proposal (e.g., 30)} * \text{Price of lowest priced proposal}}{\text{"Price of proposal X"}}$$

Total Technical and Financial = 100 Points

FINANCIAL PROPOSAL RESPONSE FORMAT

See Annexure

ANNEXES

Annex 1: FINANCIAL PROPOSAL RESPONSE FORMAT (attached)

Annex 2: Tentative list of Districts and target Population (Final evaluation districts to be based on final registration of the affected population. Final list of evaluation districts to be shared at contracting)

Zone	Province Name	District Name	2023 Population	PLWs	MCCT Implementation
Western Zone	Badghis	Ghormach	74,716	5,977	Yes
Western Zone	Badghis	Ab Kamarı	121,638	9,731	Yes
Western Zone	Badghis	Qadis	142,096	11,368	Yes
Western Zone	Badghis	Jawand	113,993	9,119	Yes
Western Zone	Badghis	Muqur	35,190	2,815	
Western Zone	Badghis	Bala Murghab	152,631	12,210	
Western Zone	Badghis	Qala-e-Naw	114,346	9,148	
Eastern Zone	Kunar	Chapa Dara	41,240	3,299	
Eastern Zone	Kunar	Bar Kunar	43,355	3,468	Yes
Eastern Zone	Kunar	Marawara	33,378	2,670	
Eastern Zone	Kunar	Shıgal	65,996	5,280	Yes
Eastern Zone	Kunar	Narang	48,744	3,900	Yes
Eastern Zone	Kunar	Watapur	41,390	3,311	Yes
Eastern Zone	Kunar	Dangam	32,318	2,585	
Eastern Zone	Kunar	Dara-e-Pech	71,398	5,712	
Eastern Zone	Kunar	Ghazı Abad	49,879	3,990	
Eastern Zone	Kunar	Nurgal	31,929	2,554	
Eastern Zone	Kunar	Sar Kanı	47,678	3,814	
Eastern Zone	Kunar	Chawkay	49,122	3,930	
Eastern Zone	Kunar	Narı	45,984	3,679	
Eastern Zone	Kunar	Asad Abad	44,717	3,577	
Eastern Zone	Kunar	Khas Kunar	38,569	3,086	
Northern Zone	Samangan	Aybak	175,337	14,027	Yes
Northern Zone	Samangan	Ruy-e-Duab	70,209	5,617	Yes
Northern Zone	Samangan	Dara-e-Suf-e-Payın	100,355	8,028	Yes
Northern Zone	Samangan	Khuram Wa Sarbagh	60,104	4,808	Yes
Northern Zone	Samangan	Hazrat-e-Sultan	76,701	6,136	
Northern Zone	Samangan	Feroz Nakhchır	19,513	1,561	
Northern Zone	Samangan	Dara-e-Suf-e-Bala	88,866	7,109	
Southern Zone	Zabul	Daychopan	53,942	4,315	Yes
Southern Zone	Zabul	Kakar	50,624	4,050	Yes
Southern Zone	Zabul	Atghar	18,980	1,518	Yes
Southern Zone	Zabul	Mızan	36,140	2,891	Yes
Southern Zone	Zabul	Shamul Zayı	40,712	3,257	
Southern Zone	Zabul	Qalat	81,946	6,556	
Southern Zone	Zabul	Nawbahar	15,391	1,231	
Southern Zone	Zabul	Shinkay	36,393	2,911	

Zone	Province Name	District Name	2023 Population	PLWs	MCCT Implementation
Southern Zone	Zabul	Tarnak Wa Jaldak	54,605	4,368	
Southern Zone	Zabul	Shah Joi	89,770	7,182	
Southern Zone	Zabul	Arghandab	49,230	3,938	
TOTAL			2,559,125	204,726	