

TERMS OF REFERENCE

EVALUATION OF THE NATIONAL NEWBORN CARE PROGRAMME IN SIERRA LEONE

Duration: 7 months

1. Evaluation Object: The National Newborn Care Programme in Sierra Leone

Maternal and child health (MCH) remains a key public health priority, globally, as many countries risk missing the sustainable development goal (SDG) 3 targets of reducing maternal mortality ratio (MMR) to less than 70 deaths per 100,000 live births and neonatal mortality ratio (NMR) to at least 12 per 1000 live births respectively by 2030.¹ The latest estimates from West and Central Africa show that the region has the highest maternal mortality ratio, with an estimated maternal mortality ratio of 724 per 100,000 live births and the highest neonatal rate of 31 per 1,000 live births.²

The Sierra Leone maternal mortality ratio was 443 per 100,000 live births in 2020 an improvement from 1,682 in 2000.³ Slower progress has been made in neonatal mortality reduction, with the current rate being 31 per 1,000 live births⁴ Direct causes of maternal mortality in Sierra Leone are obstetric haemorrhage, hypertension, obstructed labour, and sepsis, while the top causes of neonatal deaths are prematurity, asphyxia, and sepsis (Annex I, Figure 1). Major obstacles, such as accessing blood transfusions, reaching hospitals in a timely manner, and receiving adequate care from skilled attendants, put pregnant women and their children at risk. Especially, adolescent mothers are at higher risk as their bodies are not fully developed.

While the situation is improving, in general, many health facilities are not in compliance with the norms and standards for the basic package of essential health services with severe human resource challenges and inadequate tracer basic amenities, including sanitation facilities, improved water sources, emergency transport, and basic equipment and essential drugs. The challenges have further been compounded by the COVID-19 pandemic, slowed economic growth resulting in increasing debt and falling public revenues, in addition to disrupting essential health services.⁵

The Government of Sierra Leone has prioritized reproductive, maternal, newborn, child and adolescent health (RMNCAH). In 2010, the Government of Sierra Leone launched the Free Health

¹ World Health Organization. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. World Health Organization.

² WHO, UNICEF, UNFPA, World Bank Group and UNPD (MMEIG) - February 2023

³ <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

⁴ Statistics Sierra Leone - Stats SL and ICF. 2020. Sierra Leone Demographic and Health Survey 2019. Freetown/Sierra Leone: Stats SL/ICF. Available at <https://www.dhsprogram.com/pubs/pdf/FR365/FR365.pdf>.

⁵ World Bank 2021: <https://www.worldbank.org/en/news/press-release/2022/06/21/afw-sierra-leones-economy-is-recovering-from-the-covid-shock-although-uncertainties-persist>

Care Initiative (FHCI) for pregnant women, lactating mothers, and children under five years of age, where consultation fees, medicines and medical supplies are all exempted for pregnant and lactating mothers and children under 5 at governmental hospitals. Among other important policies and plans in place, the government has developed the National RMNCAH and Nutrition Policy and Strategy 2017-2025⁶, and Sierra Leone Every Newborn Action Plan (SLENAP) 2017 – 2030. The RMNCAH and Nutrition strategy is also aligned to national documents such as the National Health Sector Strategic Plan, the UHC roadmap and global commitments including the SDGs and the Global Strategy for Women’s, Children’s, and Adolescents’ Health 2016-2030.⁷

The maternal and newborn health services in Sierra Leone are provided at three levels: peripheral health units (PHUs); district hospitals and regional; and national hospitals. Supervision of PHU level care is provided by the District Health Management Teams (DHMT) supported with technical inputs by National Level programmes and Directorates especially the Primary Health Care Directorate of the MOHS. Supervision of hospital level care takes place through a combination of National Programmes and Directorates, especially the Directorate of Hospital and Laboratory Services of the MOHS. Additionally, there are several mission and private (for profit and not-for-profit) primary and secondary level facilities, which provide maternal and newborn health services.⁸

The National Newborn Care Programme in Sierra Leone is based on the SLENAP and guided by the RMNCAH and Nutrition Strategy (2017 – 2025). The SLENAP has a goal of ending preventable newborn deaths achieving a neonatal mortality of 12 (or less) per 1,000 live births by 2030, as well as ending preventable stillbirths, achieving a stillbirth rate of 12 (or less) per 1,000 live births by 2030. It has five strategic objectives:

- i. Scale up community-based newborn care and essential newborn care at all primary health facilities to improve equitable access to essential newborn services
- ii. Improve the quality of maternal and newborn care
- iii. Reach every woman and newborn to reduce inequities
- iv. Harness the power of parents, families, and communities, and
- v. Count every newborn through measurement, programme tracking and accountability.

During the development of the SLENAP, an analysis of bottlenecks⁹ to newborn care identified a very limited availability of services for newborns in the country and thus recommended establishment of different levels of newborn care services, with a view of reducing high levels of neonatal mortality and stillbirths. Since 2017 UNICEF Sierra Leone Country Office (UNICEF SLCO),

⁶ [https://www.afro.who.int/sites/default/files/2017-](https://www.afro.who.int/sites/default/files/2017-11/Sierra%20Leone%20National%20Reproductive%2C%20Maternal%2C%20Newborn%2C%20Child%20and%20Adolescent%20Health%20Strategy%202017-2021.pdf)

[11/Sierra%20Leone%20National%20Reproductive%2C%20Maternal%2C%20Newborn%2C%20Child%20and%20Adolescent%20Health%20Strategy%202017-2021.pdf](https://www.afro.who.int/sites/default/files/2017-11/Sierra%20Leone%20National%20Reproductive%2C%20Maternal%2C%20Newborn%2C%20Child%20and%20Adolescent%20Health%20Strategy%202017-2021.pdf)

⁷ RMNCAH & Nutrition 2017 - 2025

⁸ SLENAP 2017 – 2030

⁹ https://www.globalfinancingfacility.org/sites/gff_new/files/documents/Sierra-Leone-GFF-Investment-Case.pdf

with funding from UK, USAID Bill & Melinda Gates Foundation and China, has supported the Ministry of Health and Sanitation (MoHS) in the establishment of Special Care Baby Units (SCBUs) in targeted health facilities to improve life chances for babies born too soon. The first four SCBUs were established at tertiary (1) and regional hospitals (3) in 2017. With UNICEF’s support, the MoHS established 12 more SCBUs and scaled up the healthcare services for newborn children and their mothers across other districts, except in Karene and Falaba districts. The units are equipped with specialist equipment such as incubators, phototherapy machines, resuscitators, oxygen concentrators to provide immediate special care for premature born children and those born with illnesses.

Table 1: Location of SCBUs by district

	District	No. of SCBU Facilities
1.	Bo	1
2.	Bombali	1
3.	Bonthe	2
4.	Kailahun	1
5.	Kambia	1
6.	Kenema	1
7.	Koinadugu	1
8.	Kono	1
9.	Moyamba	1
10.	Port Loko	1
11.	Pujehun	1
12.	Tonkolili	1
13.	Western Rural	1
14.	Western Urban	2
	Grand Total	

The number of admitted children at SCBUs increased steadily since 2020, almost tripling in 2022 (Annex I, Figure 2) by the help of awareness raising activities. The survival rate of admitted children increased to some extent, implying that newborn infants have better chances to survive when they have timely access to health services. (Annex I, Figure 3). In establishing SCBUs, UNICEF provided support essential to ensure quality of care at SCBUs. Specifically, UNICEF’s support included: 1) comprehensive needs assessment; 2) training of human resources and ensuring their availability; 3) renovation of existing space to convert it to SCBU based on the standard design; 4) providing lifesaving equipment, instrument, furniture, and commodities as per the standard list outlined in the standard operating procedures (SOPs); 5) preventive maintenance and repair of equipment; 6) creating an enabling environment to provide quality care; and 7) monitoring and supportive supervision.

While monitoring data shows steady progress in treating newborn infants at SCBUs, there is a need to generate substantive evaluative evidence on the National Newborn Care Programme’s



performance. For this purpose, in collaboration with the government partners, UNICEF is commissioning this evaluation to generate learning on the programme’s key achievements and challenges. The evaluative evidence will contribute to redesigning the programme strategy and replicating it in the next scaling-up phase. The evaluation results are expected to deliver recommendations that will contribute to improving the programme performance.

2. Evaluation Purpose and Objectives

2.1. Purpose of Evaluation

The evaluation’s primary purpose is to deliver credible and useful evidence for improving policies and programmes dedicated to newborn care. Accordingly, the evaluation’s purpose encompasses learning and accountability.

With respect to accountability, the evaluation will provide the Government of Sierra Leone, UNICEF and development partners and all relevant service providers and rights-holders with solid evidence on the extent to which the National Newborn Care Programme attained its envisaged objectives including the equitable access and quality of care.

With respect to learning, this evaluation is expected to provide findings for potential corrective actions that the Government, UNICEF and other key stakeholder may want to explore further to improve and scale up the Newborn Care Programme and prevent neonatal mortality.

The evaluation will generate actionable and strategic programmatic and operational recommendations aimed at improving the programme performance and its ability to deliver sustainable and equitable outcomes for newborn children and their mothers. The evaluation results will be used widely by UNICEF in support to the Government of Sierra Leone in delivering services for newborn children and their mothers. The use and users of the evaluation are listed in Table 2 below.

Table 2: Users and Uses of the evaluation

Evaluation Users	Evaluation Uses
<p>Government of Sierra Leone:</p>	<ul style="list-style-type: none"> • Evidence-based decision making on strategizing and implementing sustainable and effective programmes dedicated to newborn children and their mothers. • Inform planning, implementing, financing and monitoring quality and coverage of National Newborn Care interventions in Sierra Leone. • Inform programme design, improvement, advocacy, and engagement with potential donors.

	<ul style="list-style-type: none"> • Inform strategies for scale-up and sustainability processes. • Strengthen and inform multisectoral coordination among government line ministries in relation to maternal and newborn health.
UNICEF	<ul style="list-style-type: none"> • Evidence-based planning and implementation of technical support to national programmes dedicated to newborn children and their mothers. • Advocacy activities aimed at increasing the visibility of needs and priorities of newborn children and their mothers. • Scaling up and improving resource mobilization strategies and technical support to the Government of Sierra Leone in strengthening policies of service delivery for newborn children and their mothers • Inform the design and improvement of the National Newborn Care programme in the next country programme based on the evaluation findings and recommendations
UN and other development partners	<ul style="list-style-type: none"> • Inform decision making in improving relevant strategies and interventions aimed at supporting national programmes covering the needs and priorities of newborn children and their mothers. • UNICEF, in collaboration with partners involved in the implementation of the UN Sustainable Development Cooperation Framework (UNSDCF) will share lessons learned and evaluative evidence useful for identifying modalities and areas for enhancing strategic cooperation on the issues related to newborn children and their mothers. • Show donors successful interventions for which funding is needed to sustain, improve, integrate, or scale up National Newborn Care programming.
NGOs/CBOs	<ul style="list-style-type: none"> • Inform strengthening of newborn care programmes, advocacy and resource mobilization. • Mainstream the good practices identified from the evaluation into their day-to-day practices.



2.2. Evaluation Objectives

The objectives of the evaluation are to:

1. To determine the extent to which the Newborn Care Programme is relevant to the needs and priorities of newborn children and their mothers and effective to reduce morbidity and mortality of newborns and their mothers.
2. To evaluate the coherence, effectiveness, efficiency, and sustainability of the UNICEF support to the National Newborn Care Programme.
3. Identify enabling factors, opportunities and challenges in the design and implementation of the National Newborn Care Programme within the context of implementation.
4. Generate key lessons (what worked and what did not work) and good practices (and worth replicating) in implementing the National Newborn Care Programme.
5. Provide key recommendations on how to improve both the implementation processes (operational recommendations) and strengthen the corresponding strategies (strategic recommendations), especially for strengthening UNICEF's support to programme performance, advocacy, and policy dialogue on ending preventable newborn mortality and stillbirths in Sierra Leone.

3. Evaluation Scope

Geographical scope: The evaluation will cover the National Newborn Care Programme interventions supported by UNICEF Sierra Leone Country Office at all levels of implementation, including the national, district, and community levels. There are currently 16 SCBUs implemented in all districts of the country (Table 1), except in Karene and Falaba districts.

Thematic scope: The evaluation will cover all thematic areas of the Newborn Care Programme guided by the SLENAP (2017 – 2030), and the RMNCAH and Nutrition Strategy 2017 – 2025.¹⁰

The evaluation will measure the programme performance through the lenses of equity, gender and human rights. The key evaluation criteria are relevance, coherence, efficiency, effectiveness, and sustainability. The evaluation will not include the impact criterion as the programme's impact is not evaluable at this stage, but it will lay a groundwork for a potential impact evaluation in the future.

Temporal scope: The scope of the evaluation is the overall UNICEF's support to the National Newborn Care programme interventions and implementation strategies for the period between January 2017 to date.

¹⁰ <https://www.afro.who.int/sites/default/files/2017-11/Sierra%20Leone%20National%20Reproductive%2C%20Maternal%2C%20Newborn%2C%20Child%20and%20Adolescent%20Health%20Strategy%202017-2021.pdf>

4. Evaluation Criteria and Questions

The evaluation will be conducted in line with United Nations Evaluation Group (UNEG) standards and the Organization for Economic Cooperation and Development (OECD) / Development Assistance Committee (DAC) criteria. This evaluation will be guided by the standard OECD criteria (Relevance, Coherence, Effectiveness, Efficiency, and Sustainability)¹¹ and an additional Gender, Equity and Human Rights criterion.

4.1. Evaluation Questions

The evaluation will seek to answer a set of evaluation questions by criteria to achieve the purpose of this evaluation. The evaluation questions presented below are indicative and preliminary. The evaluation team will be expected, in consultation with UNICEF SLCO, the Government of Sierra Leone and the Evaluation Reference Group, to finalize the questions during the inception phase. The evaluation team will answer all those questions, which will provide the foundation for formulating the findings, conclusion, and recommendations.

4.1.1 Relevance

4.1.1.1 To what extent does the programme respond to the identified needs and priorities of children and their mothers, especially the most vulnerable?

4.1.1.2 To what extent is the programme aligned with the national and global development goals and targets relevant to newborn care policies and programmes?

4.1.1.3 To what extent did the programme implementation strategies and monitoring mechanisms adapt to respond to the emerging needs of newborn children and their mothers during Covid-19?

4.1.2. Coherence

4.1.2.1. To what extent is the programme consistent and complimentary with other development efforts in the districts and communities with sufficient coordination and harmonization while avoiding duplication of efforts?

4.1.2.2. To what extent are the programme's cross-sectoral components coherently interlinked and harmonised to address the identified needs and priorities of children and mothers?

4.1.3. Effectiveness

4.1.3.1. To what extent has Newborn Care Programme achieved its intended objectives and results up to present?

¹¹ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

- 4.1.3.2. What internal and external factors to UNICEF contributed to the achieving or hindering of the programme's envisaged objectives?
- 4.1.3.3. To what extent did the programme ensure that the most vulnerable children and women have access to the SCBUs?
- 4.1.3.4. To what extent did the programme improve the quality of newborn health services?
- 4.1.3.5. To what extent has UNICEF SLCO support to the MoHS and implementing partners contributed to the achievement of the expected standard quality of care for the newborns in the targeted health facilities?

4.1.4. Efficiency

- 4.1.3.1. To what extent are the programme's human and financial resources sufficient to ensure its efficient implementation?
- 4.1.3.2. To what extent do the programme's monitoring and reporting systems support its results-based management? Are there any other alternative strategies that could have been put in place to achieve the same level of results but at a lesser cost?

4.1.4. Sustainability

- 4.1.4.1. To what extent were appropriate measures put in place to sustain the programme's results, continuous implementation and scale-up by the national partners?
- 4.1.4.2. To what extent can UNICEF and Government partners further improve the quality of newborn care services?
- 4.1.4.3. To what extent has UNICEF's support to the programme been successful in mitigating the threats to the sustainability of results caused by the COVID-19 crisis?

4.1.5. Equity, Gender and Human rights

- 4.1.5.1. To what extent are the gender equality, equity and human rights and disability dimensions effectively incorporated into the National Newborn Care programme design, implementation, and monitoring?

5. Evaluation Design and Methodology

The programme evaluation will be non-experimental, formative (covering ongoing programme activities) and summative (covering programme's implemented activities). The evaluation will be conducted using participatory, theory-based and mixed-method approaches.

5.2.1. Data collection methods

The evaluation will entail primary and secondary quantitative and qualitative data collection methods. UNICEF encourages remote real-time data collection methods using suitable technology to the extent possible. The evaluation team is encouraged to develop rigorous and innovative evaluation methods and tools which should comply with the 'do no harm' principles.

Primary data collection methods:

Key informant interviews

- Ministry of Health and Sanitation,
- SCBU health workers
- Newborn Care programme CSO implementing partners,
- UNICEF Staff
- Community members

Focus group discussions

- Sierra Leone Newborn Care technical working group members
- Community Health Workers (CHWs)
- Mothers and caregivers

Surveys

- Mothers and caregivers
- SCBU health workers

Secondary data

- Newborn care programme monitoring data
- Relevant newborn care programme research and studies
- MICS 2017
- DHS 2019
- National Nutrition Survey (NNS) 2021
- HMIS
- DHIS

The purpose of using multiple methods is to triangulate data from different sources to formulate the findings and to provide the most relevant and credible answers to the evaluation questions.

5.2.2. Sampling Strategy

The evaluation team is requested to propose appropriate sampling approaches for selecting service providers and rights holders using the information about the programme's thematic and geographic scopes. The sampled groups will comprise UNICEF, government and implementing partners, health workers, mothers and caregivers of children treated at SCBUs. Preferred sample

size for the quantitative data collection is representative of the admitted cases - mothers/caregivers whose children were treated and health workers who treated children, at the SBCUs.

During the inception phase, the evaluation team will finalize sampling of target groups at the national and sub-national levels in consultation with UNICEF and government partners.

Essentials to consider in developing technical proposals and an inception report

A detailed design of the evaluation, including the proposed methodology for each evaluation question and/or objectives, sampling strategy, and the tools to be used, will be proposed by bidding evaluation companies in their technical proposal. It is expected that the methods and sampling proposed for evaluating the programme are sufficiently robust to ensure the reliability and validity of the evaluation results. The final methodology will be agreed to during the inception phase and approved by the evaluation reference group. **The bidding company is strongly encouraged to propose the use of innovative methods in their technical proposal.**

Existing data and documents will be made available to the evaluation team by UNICEF staff upon finalizing the contracting process. The evaluation team will submit an inception report with a detailed methodology, which will include both quantitative and qualitative elements designed to accurately answer the evaluation questions. In order to demonstrate that the evaluation team has clearly understood the content of the programme as well as the fundamental questions to be addressed by this evaluation, the inception report will provide a critical summary of the information contained in the programmatic documents made available to the evaluation team by UNICEF after signing the contract. The inception report will also indicate for each of the evaluation questions the following information: what methods and data collection tools will be used to respond to it, from whom the data in question will be collected (including the respondent sampling strategy), which analytical methods will be used to interpret the data, what measures will be adopted to ensure the quality of the evaluation, and how the data will be disseminated. This report should also propose specific measures that will ensure that the evaluation complies with ethical standards including the confidentiality and respect for dignity of those involved.

6. Quality Assurance

The evaluation will be conducted according to the evaluation norms and standards of the United Nations Evaluation Group (UNEG)¹²/OECD DAC and the UNEG Code of Conduct¹³. Transversal analysis of human rights, gender, and equity aspects shall be conducted in line with the Guidelines on the Integration of Human Rights and Gender Equality in Evaluations¹⁴. Close attention shall be

¹² <http://www.unevaluation.org/document/detail/1914>

¹³ <http://www.unevaluation.org/document/detail/100>

¹⁴ <http://www.uneval.org/document/detail/980>

paid to the conformity of different deliverables of this mandate with the GEROS standards¹⁵, as UNICEF will not accept deliverables that do not comply with these standards or the UNEG guidelines. The GEROS standards, which will be also used to determine the rating of the final report by a UNICEF-independent entity, will be shared by UNICEF with the evaluation team immediately after the signature of the contract.

At UNICEF's level the Evaluation Manager, who will manage the evaluation will coordinate the quality assurance of all deliverables in accordance with UNEG norms and standards and ethical guidelines, and other relevant procedures, ensuring that the evaluation methodology, findings and recommendations are relevant and of high quality. She/he will contribute to the dissemination of the evaluation results and the follow-up of the management response. She/he will review the completeness of the deliverables (inception and final report drafts), and work with the evaluation team on revisions as necessary, to ensure that the deliverables meet standards. Once the standards are met, the Evaluation Manager will solicit comments from stakeholders (UNICEF/ERG), consolidate all comments into a response matrix, and ask the evaluation team to indicate the actions taken to address each comment and ensure their inclusion in the final deliverable.

The main conclusions and recommendations of the evaluation will be disseminated in the form of briefing notes or policy briefs. The evaluation validation workshop will serve as an opportunity to develop, in a participatory manner, the action plan for the implementation of the main recommendations of the evaluation or "management response".

The Evaluation Reference Group (ERG) will provide substantive comments and observations to ensure the technical quality of the various evaluation deliverables, primarily the inception report and the draft final report.

The evaluation's inception report will be reviewed by the Sierra Leone Ethics and Scientific Review Committee (SLESRC) for ethical clearance before commencing the data collection work. The bidders are requested to include 2-3 weeks for the ethical review in their workplans.

7. Ethical Principles in Evaluation

The evaluation should be conducted according to the ethical principles and standards defined by the United Nations Evaluation Group:

- **Anonymity and confidentiality:** The evaluation must respect the rights of the people who provide information, guaranteeing their anonymity and confidentiality.
- **Responsibility:** The entire team must confirm the results presented in the report, any disagreements are to be mentioned. The report should inform about any conflicts or differences of opinion that may have arisen between the evaluation teams or between the evaluation team and the programme managers regarding the conclusions and / or recommendations of the evaluation.

¹⁵ <http://www.uneval.org/document/detail/607>

- **Integrity:** The evaluation team will need to highlight issues that are not specifically mentioned in the ToR, to carry out a complete analysis of the programme.
- **Independence:** The evaluation team must ensure that each member remains independent in respect to the programme under review, and he/she should not be involved in its implementation or any other phase.
- **Validation of information:** The evaluation team/s must ensure the accuracy of the information gathered during the preparation of the reports and will be responsible for the information presented in the final report.
- **Intellectual property:** Using the different sources of information, the evaluation team/s must respect the intellectual property rights of the institutions and communities involved in the evaluation.
- **Informed consent:** The evaluation team is required to receive informed consent from participants before involving them in the data collection process and respect their right to provide information in confidence. The data collection team must inform participants about the scope and limits of confidentiality and ensure that their data/information cannot be accessed by non-authorized persons or traced back to them. It is essential to prepare risk management plans to minimize potential harm to participants and the data collection team before commencing fieldwork.
- **Incidents:** If problems arise during fieldwork, or at any other point of the evaluation, they should be reported immediately to the Evaluation Manager. If this is not done, the existence of such problems can in no way be used to justify the failure to achieve the results expected by UNICEF in these terms of reference.

8. Evaluability

The programme's interventions in terms of their relevance, coherence, effectiveness, efficiency and sustainability are evaluable through primary and secondary qualitative and quantitative data. The programme does not have a dedicated Theory of Change (ToC). For the evaluation purposes, the evaluation team will construct a ToC to evaluate the programme's performance using the theory-based approach.

9. Deliverable and timeline

9.1. Indicative work plan

The evaluation will be conducted through a combination of both remote and two in-country visits in Sierra Leone for the data collection and evaluation results validation workshop. It is envisioned that the evaluation will be conducted in **seven months** and will consist of the activities described in Table 3 below. The evaluation team is expected to propose a detailed work plan clearly indicating the roles and responsibilities of each team member in the technical proposal.

Table 3: Indicative work plan

Main activities and deliverables	Estimated duration
I. Inception phase	
Submit first draft inception report and data collection tools to UNICEF.	4 weeks
Submit approved inception report by UNICEF to Sierra Leone Ethics and Scientific Review Committee (SLESRC) for ethical clearance.	4 weeks
Final inception report and data collection tools incorporating all comments.	3 weeks
Deliverables:	
<ol style="list-style-type: none"> 1. Inception report with data collection tools and protocols 2. Presentation to ERG 	
II. Data collection	
Pilot-testing and validation of data collection tools.	2 weeks
Primary data collection and analysis including secondary data and analysis <i>*The evaluation team will clean datasets and conduct initial data analysis of incoming data during the fieldwork. The evaluation should plan the fieldwork activities considering this condition.</i>	6 weeks
Debriefing and presentation of preliminary findings to UNICEF	
Deliverables:	
<ol style="list-style-type: none"> 1. Brief report from piloting 2. Brief field report 3. Presentation of preliminary findings 4. Datasets 	
III. Data analysis and report writing	
Submit the first draft evaluation report to UNICEF	6 weeks
Present the evaluation report and recommendations to ERG.	
Submit the final evaluation report and PPT incorporating comments.	3 weeks
Submit the final evaluation brief and infographics.	
Deliverables:	
<ol style="list-style-type: none"> 1. Evaluation report 2. PPT 3. Evaluation brief 4. Infographics 	

9.2. Description of the deliverables

This evaluation will have the following deliverables:

1. **Inception Report**, including a detailed description of the methodology, data collection tools, and suggested work plan. The report (max. 30 pages + appendices) will be structured as follows:
 - Introduction presenting the object of the evaluation, its purpose, scope, and objectives
 - Preliminary results of the documentary review are summarized in the evaluation context section
 - Evaluation criteria and questions refined through the desk review and preliminary interviews
 - Detailed description of the evaluation methodology, including relevant data collection methods that will allow answering evaluation questions and sampling strategy
 - Evaluation matrix presenting for each evaluation criterion and each evaluation question planned data collection methods and data sources
 - Methods of data analysis
 - Limitations of the evaluation and section on ethics and ethical considerations
 - Work Plan
 - Suggested structure of the final report following the UNEG and UNICEF norms and standards
 - Annex: List of the main documents reviewed; Proposed data collection tools; Initial list of key informants
2. **Draft evaluation report** elaborated according to the international evaluation quality standards namely: the UNEG Checklist on Quality of Evaluation Reports¹⁶, the GEROS Quality Assessment Criteria¹⁷, and the UNEG Guide on the Integration of Gender Equality and Human Rights in Evaluation¹⁸. This report will be the subject of several iterations (series of exchanges) between the evaluation team and UNICEF to ensure respect for these standards. Each finding, conclusion, and recommendation should be numbered and the links between them should be clearly stated in the conclusions and recommendations sections.
3. **Power Point presentation** summarizing key preliminary findings and conclusions
4. **Evaluation presentation and recommendation validation workshop**. The Team Leader will produce and deliver PowerPoint presentations of the main evaluation findings, conclusions, and recommendations; the presentations will be shared with the ERG members.
5. **Final Evaluation report** (max 60 pages with the rest to be placed in annexes and an executive summary of a maximum of 5 pages) incorporating the comments made by UNICEF staff and the Reference Group members
6. **Power Point Presentation** which summarizes the Evaluation Report with slide(s) on Key findings and Recommendations.
7. **Evaluation synthesis** for external audience (1-2 pages) summarizing the key findings and conclusions.

¹⁶ <http://www.unevaluation.org/document/detail/607>

¹⁷ https://www.unicef.org/evaluation/files/GEROS_Methodology_v7.pdf

¹⁸ <http://www.uneval.org/document/detail/980>

8. **Infographic** illustrating key messages of the evaluation in engaging and accessible format
9. **Raw data** in electronic medium, data collection instruments in electronic medium, transcripts in electronic medium, completed data sets, etc.

Textbox 1: Desired structure of the evaluation report

The full final report shall be structured as follows:

- Table of Contents including List of Tables and List of Figures
- Executive Summary (covering all main sections of the report: background, methodology and process, main findings and recommendations, lessons learnt)
- Acknowledgments (all who supported the evaluation and provided strong cooperation and collaboration during the process)
- List of abbreviations and acronyms
- Introduction (object of the evaluation, evaluation purpose, objective, scope, intended uses, and users)
- Evaluation context
- Methodology, including sampling strategy and data analysis methods
- Key findings (by criterion – each question will need to be answered) + Boxes on Preliminary Conclusions scattered throughout this section (given that all findings will be numbered, each conclusion will need to indicate these specific findings and corresponding paragraph numbers on which it is based on)
- Conclusions (a more advanced and critical reflection using the findings)
- Lessons learnt
- Recommendations (strategic and operational, maximum 5 priority recommendations for each type; targeted and with a list of actions of consideration)
- Annexes (ToRs; List of persons interviewed, and sites visited; List of documents consulted; More details on methodology, such as data collection instruments, including details of their reliability and validity; evaluation matrix; results framework)

10. Evaluation Management

The evaluation will be technically managed by the Research and Evaluation Consultant under the overall responsibility and guidance of the Chief of the Evidence, Policy and Social Protection Section. The UNICEF SLCO/EPSP Section will lead the evaluation process and ensure that it is conducted according to UNICEF Evaluation Policy and UNEG Norms and Standards.

An Evaluation Reference Group (ERG), comprising of UNICEF, government and implementing partners, will be constituted to support the evaluation process by providing technical guidance and reviewing the evaluation deliverables (inception and evaluation reports). The ERG will be presided by the Deputy Representative and Evaluation Manager will be its reporter.

The Regional Evaluation Adviser and Multi-country Evaluation Specialist based at the UNICEF Regional Office for West and Central Africa (WCARO) will also provide technical oversight over the entire evaluation process, including all evaluation products.

11. Team Composition

The evaluation will be carried out by a team of experts with extensive experience both at the national and international levels. The team proposed by the firm should provide complementarity in experience and skills to effectively deliver the assignment. Team members proposed in any bidding document must be available for the duration of their assigned tasks. The team should have a good knowledge of the country specific context of Sierra Leone as well as of the health and nutrition sector. The team is expected to have a data collection team onboard to conduct the data collection in sampled programme areas around Sierra Leone.

The Team Leader: The evaluation Team Leader will oversee the entire evaluation process which will involve leading the evaluation mission and representing the evaluation team; working with UNICEF Evaluation Manager, and ERG members. The Team Leader will be responsible for timely and quality deliverables. The Team Leader should have:

- Advanced university degree in public health, health economics or other related social sciences preferably in maternal, neonatal and child healthcare or public health)
- Over 10 years of experience in programme evaluation and must have completed at least two high quality programme/project evaluation in that period (**a copy of an evaluation report, which the Team Leader has been a primary author of, will need to be submitted a part of the application**)
- Have a perfect command of quantitative and qualitative methods of research and evaluation methods based on equity, human rights and gender
- Demonstrated experience and expertise in designing and implementing multi-sectoral evaluation processes in partnership with a wide range of stakeholders including government and communities
- Experience working with the UN or other international development organizations in the social sector will be an asset
- Leadership, analytical and communication skills, including a track record of excellent presentation skills
- Have excellent oral and written communication skills in English as well as skills in facilitation of participatory processes.

The team member(s): The team will be multi-disciplinary and include members who will bring together a complementary combination of the technical expertise required with proven track

record on similar assignments. The team should include the following qualifications and competencies:

- Advanced degree in health, statistics, economics, and other social science related fields
- At least 5 years of work experience in data analysis and reporting for evaluations of large-scale MNCH/ Health programmes
- A perfect command of quantitative and qualitative methods of research and evaluation methods based on equity, human rights and gender
- In-depth knowledge of and experience in human rights, equity, and gender-based approaches to MNCH/health programming
- Strong written and spoken communication and facilitation skills
- Experience working directly with mothers and children in cultural contexts like or in Sierra Leone
- Fluency in English
- Fluency in Krio for the national team members.

The **field researchers** are expected to have previous experience with data collection in communities and have excellent command of face-to-face interviewing techniques. The Team Leader is expected to ensure adequate training and supervision of the field researchers.

12. Intellectual Property Rights

UNICEF retains the right to patent and intellectual rights, as well as copyright and other similar intellectual property rights for any discoveries, inventions, production or works arising from the implementation of the services under this Agreement with UNICEF. Neither the contractor nor its personnel shall communicate to any other person or entity any confidential information made known to it by UNICEF and relevant Government Ministries in the course of the performance of its obligations under the terms of this Agreement nor shall it use this information to private or company advantage. This provision shall survive the expiration or termination of this Agreement. The right to reproduce or use materials shall be transferred with a written approval of UNICEF based on the consideration of each separate case.

The core reports will be issued by UNICEF for the evaluation noting in the acknowledgements sections institutions and persons who have made major contributions to their authorship. The evaluation team will provide UNICEF with raw data, corrected/verified data once cleaned and programming files that permit replication of results from core evaluation reports.

Data collected for the evaluation is the property of UNICEF. Copies of the data can be distributed with the permission of UNICEF with a view to helping to disseminate learning derived from the data sets.

13. Evaluation of Technical Proposals

Technical Proposal (max 20 pages) will include the following:

- Understanding of the terms of reference (not only objectives and purposes but also UNICEF expectations in terms of the timing needed for the completion of the assignment as well as the quality and use of the evaluation)
- Evaluation methodological approach and theoretical framework to address evaluation questions including estimative sample size and sampling strategies
- Data collection and analysis methods
- Risk mitigation measures
- Ethical procedures
- Work plan
- A clear definition of the roles and responsibilities within the team and in relation to the UNICEF Country Office.
- Team members' CVs and details of a sub-contractor/local partner responsible for the fieldwork
- Three references including email and phone number.
- A copy of two evaluation reports produced by the Team Leader during the last 5 years should be attached to the application.

The technical proposal shall be submitted in a separate file, clearly named/marked: "Technical Proposal." No financial information should be included in the Technical Proposal. The technical offers will be scored according to the assessment grid provided in Table 4.

Table 4: Technical assessment criteria

Number	Assessment criteria	Sub-criteria	Score	Total score
1	Understanding of ToR	Understanding of ToR (according to the value added of the technical proposal).	5	5
2	Methodology	Methodological reference framework to address evaluation questions (according to the relevance of the methodological framework for answering evaluation questions). Proposed Technologies/innovative approach/solutions that meets/exceeds UNICEF requirements.	10	25

		The quality and robustness of sampling strategy (according to the relevance and consistency of the proposed data collection and sampling methods for answering the evaluation questions)	10	
		Data analysis methods (according to the relevance and consistency of the proposal for answering the evaluation questions).	5	
3	Organizational capacity of the evaluation team to execute the mandate	Evaluation Work Plan (According to the relevance of the proposed timeline for the delivery of expected outputs). Project plan/monitoring, quality assurance mechanisms, identified risks/mitigation measures, assumptions and dependencies	5	10
		Roles and Responsibilities of the Evaluation Team members (according to the appropriateness of the distribution of roles and responsibilities for the achievement of expected results within the required time)	5	
4	Expertise and experience of the Team Leader	Expertise of the Team Leader (according to the conformity with the required profile and the expertise evaluation in general and in equity-focused and gender and human rights-based evaluations)	10	15
		Experience of the Team Leader (According to the quality of the evaluation report submitted as part of the proposal, and the consultant's experience in evaluation in general and in the targeted thematic area and as an evaluation team leader)	5	
5	Expertise and experience of the Evaluation team members	Expertise of the team members (According to the conformity with the required profile, the expertise in the targeted thematic area,	8	15

		knowledge of the national context and evaluation and research methods)		
		Experience of the team members (according to the experience in evaluation in general and in the thematic targeted area)	7	
Total Score attributed to the technical proposal				70 points

Technical Evaluation Criteria

Technical offers will be scored out of **70 points**. Offers with scores less than 50/70 will be disqualified. A reference check will be conducted on companies meeting the minimum technical requirements.

Financial Proposal Structure

Financial offers will be scored out of **30 points**. 30 points will be allocated to the lowest offers among the technically acceptable offers. All other price proposals receive scores in inverse proportion according to the following formula:

$$\text{The score for price A} = (30 * \text{Price of the lowest-priced proposal}) / \text{Price of proposal A}$$

Final recommendation

The contract will be awarded to the best suited service provider which has the highest cumulative score (technical + financial) out of 100.

14. Administrative Issues

The bidder should provide an all-inclusive cost in the financial proposal and factor in all cost implications required for the service.

If travel to Freetown is expected as part of the assignment, the bidder is required to include the estimate of all related travel costs and DSA.

Note:

- Travel cost shall be calculated based on economy class travel, regardless of the length of travel.
- Costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC).

Responsibilities of the Institution

It is the responsibility of the institution to complete all deliverables outlined in the TOR. Furthermore, the institution will need to:

- Provide own computers, communication, and other necessary equipment for completing the assignment.
- Organize transport to and from Sierra Leone and accommodation in Sierra Leone if located overseas
- Organize own transport for commuting to UNICEF office when on mission in Freetown
- Organize all logistics and transport for field data collection
- Ensure all relevant and agreed stakeholders have the chance to input to draft documents
- Respond to all comments received and explain how they have been taken into consideration in the final product
- Complete all tasks of this assignment with quality and in a timely manner as per agreed timeframe.
- Update UNICEF regularly about progress, challenges, and strategies to deal with challenges and seek UNICEF's support as necessary.

Responsibilities of UNICEF

It is the responsibility of UNICEF to perform all contractual provisions due to the contractor including:

- Provide essential background information and relevant documents.
- Arrange for meeting space for consultation meetings and workshops as necessary.
- Ensure initial contact with key stakeholders
- Provide technical guidance including (1) discussing with the institution the strategy and design for implementation of assignment (2) reviewing documents/materials generated by the institution and providing feedback through discussion with the institution in a timely manner
- Provide technical and logistical support for organization of inception and validation workshops, either remote or in person.

Payment schedule

The service fee will be paid in three instalments as follows:

- 15% upon validation and approval of the Inception report by ERG and UNICEF
- 35% after the submission of the draft report of satisfactory quality confirmed by UNICEF
- 50% after approval of the final evaluation report, submission of Evaluation brief, PPT presentation and all other deliverables as per the ToR (Section 3).

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs:

- is incomplete
- does not meet the quality standards of both UNICEF and the Government of Sierra Leone
- is not delivered or has failed to meet deadlines.

15. Documentation requirement


Business registration/certificate of incorporation to be submitted with the proposal.

16. Planned Budget (FOR UNICEF INTERNAL USE)

The total budget for the activity is 150,000 USD.

WBS: WBS 3900/A0/08/885/001/011

Prepared by: Moses Lusih, Research & Evaluation Consultant


13/07/2023

Validated by Budget Owner: Vandana Joshi, Chief Health & Nutrition


13/7/23

Validated by Budget Owner: Mona Korsgard, Chief Evidence, Policy and Social Protection



Reviewed by Supply Manager: Bervery Chawaguta




14/7

Approved by Dep Rep Programmes: Liv Elin Indreiten


13/07/23

ANNEX I

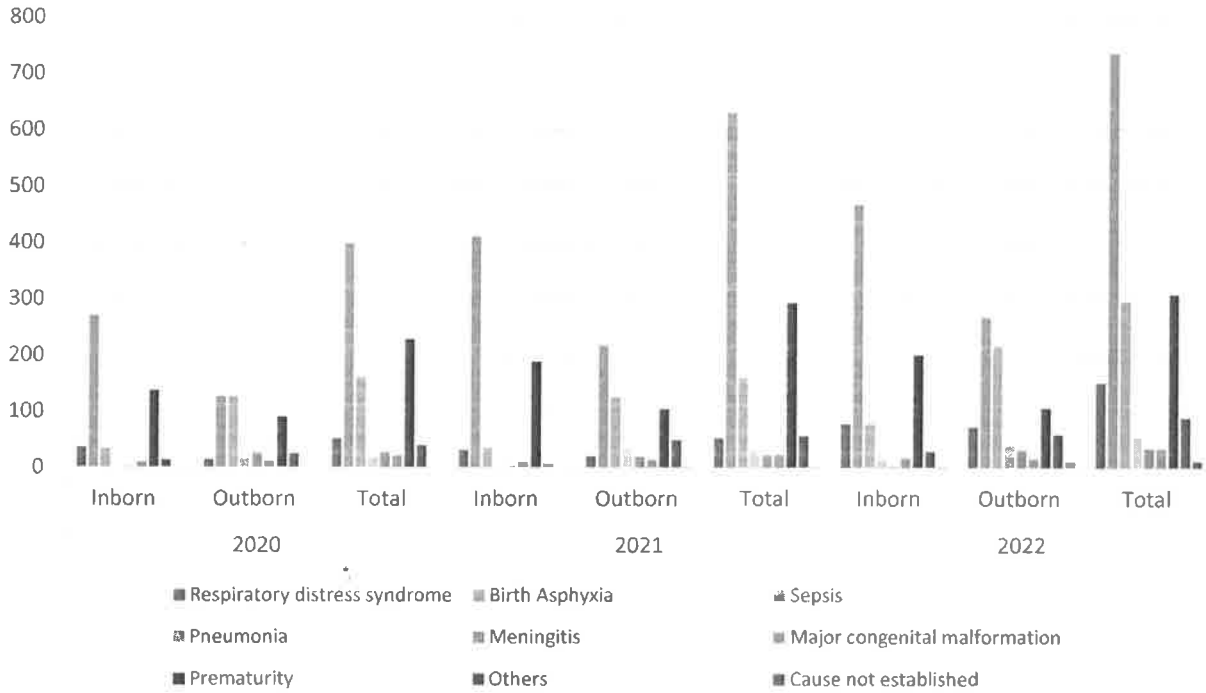


Figure 1 Causes of NMR at SCBUs (2020-2022)

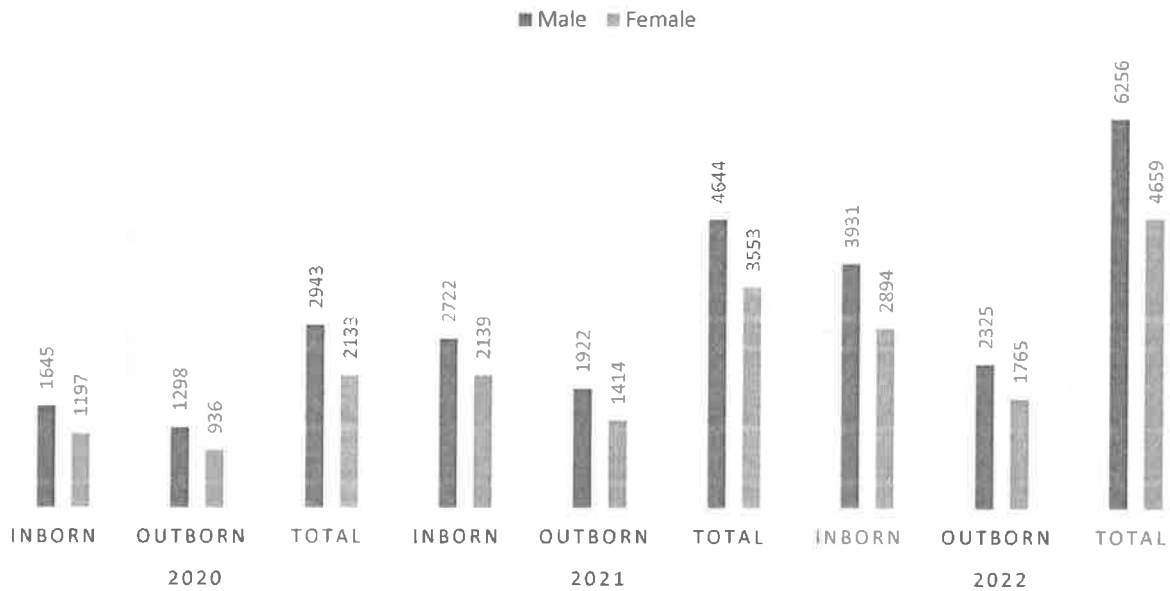


Figure 2: Number of admitted children at SCBUs

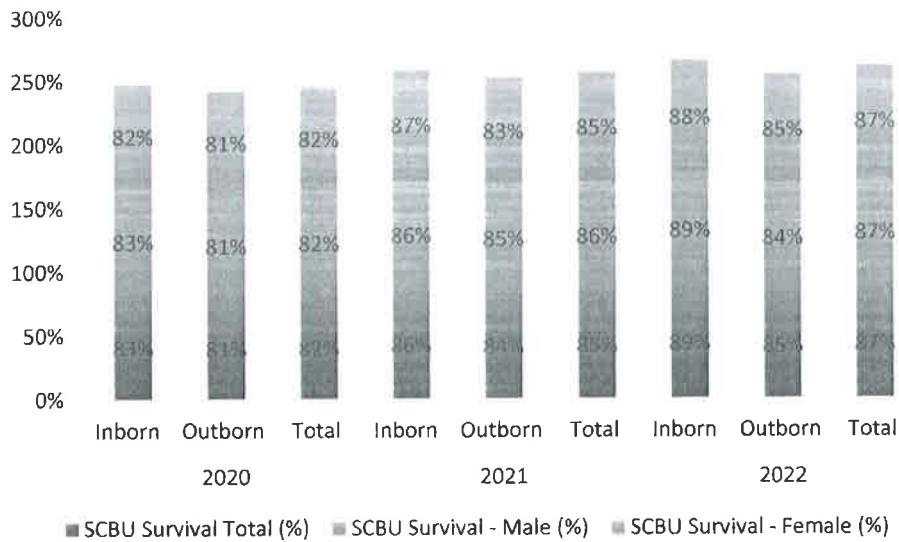


Figure 3 Survival Rate at SCBUs (2020-2022)

