

TERMS OF REFERENCE

Position Title:	Institutional consultancy for the comprehensive external evaluation of the community health programme in Rwanda
Level:	High-level professional institution
Location:	Kigali, Rwanda or International
Duration:	5 months
Start Date:	November 2015

1. Purpose and Background

Purpose

The purpose of this mixed formative and summative Evaluation¹ is to document the Rwanda community health programme, assessing programmatic achievements and constraints by reviewing the existing conceptual framework and overall system, including financial support, management structure, supervision mechanism and governance.

The aim is to gain an in-depth understanding of the progress and challenges, and to identify areas for improvement; to assess the alignment with, and appropriateness of, policies and guidelines for the community health programme; as well as to determine the extent and depth of coordination and collaboration for partnerships. The evaluation will be conducted through a systematic assessment of the relevance, efficiency, effectiveness, impact and sustainability of the program. The findings and recommendations are intended to inform future planning to enhance the implementation of the community health programme in Rwanda.

Background

Over the last three decades and following the 1978 Alma Ata Declaration on Primary Health Care (PHC), Community Health Workers (CHWs) were promoted to become part of many developing countries' health systems (Walt 1988). While there was considerable variation in the types of CHWs and the forms taken by CHW programs, CHWs' international experiences gave rise to debates on their role in health systems and highlighted the problems associated with their management. While successful experiments across a range of contexts provided inspiration for CHW programmes, numerous challenges arose in the process of shifting from effective and small-scale local programs to national CHW schemes. Common problems cited included lack of community integration, unrealistic expectations, unsupportive environments, poor supervision, lack of appropriate incentives, high turnover and ultimately poor quality and cost-effectiveness (Berman et al. 1987; Walt 1988; Walt 1990; Gilson et al. 1989).

General approaches to implementing community-based activities are outlined in the National Community Health Policy of Rwanda (2008). The system in Rwanda is decentralized to the district level. The country is divided into four provinces and the City of Kigali, and 30 districts, 416 sectors, around 9,000 cells and about 14,873 Imidugudu (villages). A system of community-based health insurance in the form of mutual health

¹ In continuation, it is called 'formative/summative evaluation'.

insurance was established in 1996. Since 2006 Rwanda has implemented a Performance Based Financing (PBF) model to provide incentives to facility-and community-based health workers. The PBF approach provides quarterly remuneration to health workers based on performance measured by predetermined indicators.

Rwanda started the community health programme in 1995. At that time, there was no policy, strategy or operational guidelines on how community health programmes can be implemented. The idea behind community health creation was mainly to improve access to health services by bringing services closer to the communities while also addressing the shortage of health work force. The basic package of health care and promotional services provided by CHWs and the number of CHWs' carders have been increasing overtime. In 1995 when the MoH endorsed the programme, the number of CHW was about 12,000. From 2005, after the decentralization policy, sustained capacity building of the CHWs was introduced through training mainly in maternal and child health (MCH) service delivery; this was complemented with supplying relevant health materials for CHWs. By 2011, the number of CHWs had grown to 60,000. From May 2012, the MoH and MINALOC decided to reduce the number of CHW from 60,000 CHWs to 45,011 (by removing CHWs in charge of social affairs in all 14,873 villages). Each village has two pairs (binomes) of CHWs in charge of integrated community case management (ICCM), and one Animatrice de Santé Maternelle (ASM) in charge of maternal and newborn health.

Rwanda's 2015 Demographic and Health Survey (RDHS2015) evidenced that Rwanda has achieved significant progress in health-related behavioural indicators. For example, delivery with skilled birth attendants increased from 39% (RDHS 2005) to 91%; delivery at health facilities increased from 30% (2005) to 91%; immunization coverage increased from 75% (2005) to 93%; and child malnutrition reduced from 51% (2005) to 38%. At the impact level, maternal mortality reduced from 1,071 (RDHS 2000) to 210 and the under-five mortality rate (U5MR) reduced from 196 (2000) to 50 per 1,000 live births. CHWs' contributions have been felt in various ways. For example: Rwanda's Vaccine Preventable Disease Division (VPDD), former Expanded Programme on Immunization, has achieved the best immunization coverage levels in central Africa. CHW have been commended for mobilizing the population and raising awareness on the advantages of immunization; and for mobilizing men and women to utilize family planning services that are currently affordable and accessible to the majority of Rwandans. A nationwide community nutrition surveillance programme has been put in place and is reaping good results. CHW have been heavily engaged in Malaria prevention, where a significant impact at the community level has been seen; and TB and HIV/AIDS prevention have also shown impressive results (PBF TB evaluation report, 2011).

This shows that CHWs, when used appropriately and incentivized, can bring about significant positive changes in health at the community level. However, like many African countries, and despite current health achievements, the CHW programme in Rwanda still faces significant challenges that hinder the delivery of a quality comprehensive package of services. These challenges range from capacity and resource gaps to sustain routine community health activities (such as creation of cooperatives, training, and refresher training), to the urgent need to reinforce supply systems, purchase equipment, and upgrade infrastructure to strengthen health service delivery to the community. Effectively addressing these challenges will significantly contribute towards achieving the national health targets described in the HSSP III 2012-2018.

The implementation of different community health interventions has significantly contributed to the improved access to health services. Examples of these interventions are the community-based health insurance (CBHI), the community performance-based funding (stimulates demand and supply of health services), and the Rwanda Community Health Information System (RCHMIS; improves data collection and informs timely actions). CBHI has attained more than 90% enrolment, which results in more Rwandans seeking health care (DHS 2010). The insurance covers primary health care services mainly delivered at the health centre level, and if required, patients with CBHI can be referred to secondary care delivered at district hospitals by qualified

medical doctors, or be referred to national hospitals to specialized doctors. CHWs are part of the referral system starting right at the community level.

Access to health care is a key priority for improving a country's overall health status. Therefore, it is crucial to document perceived barriers to accessing health care, as well as initiatives undertaken to overcome those barriers. Documentation of community health activities will lay out the actions required to strengthen Rwanda's health system, and enable replication of good community health practices. This will ultimately support the achievement of maternal and child health goals outlined in Rwanda's third national Health Sector Strategic Plan (July 2012 – June 2018), and provide lessons learnt for other countries in the region and elsewhere.

UNICEF collaborates with the Government of Rwanda, providing both financial and technical assistance to the community health initiatives. The support to date included training, supervision, organization of coordination meetings, procurement of programme supplies, equipment and consumables, and health infrastructure improvement, among others. UNICEF intends to provide further support to review the community health programme, including the planning and implementation processes, challenges, successes and lessons learnt during the implementation period, in order to improve the programme design and strengthen sustainability.

2. Justification

Rwanda has been implementing the community health programme since 1995. In the past 20 years the programme developed further and evolved significantly, yet no comprehensive evaluation has been undertaken to assess the relevance, efficiency, effectiveness, impact and sustainability of the programme.

An evaluation is required to guide the Ministry of Health on how to use the community health workers most effectively to achieve national health goals, contributing to the achievement of post-2015 global sustainable development goals. Programmatic achievements and constraints need to be documented and analysed, informing new technical guidance to maximize the impact of the community health programme.

3. Objectives

The objectives of the comprehensive evaluation are as follows:

The overall objective of this evaluation is to understand whether the intended objectives of the CHW programme have been achieved, as per the stated objectives in the programme plan. Specifically, the evaluation will determine to what extent the intervention has been able to meet its objective to create capacity, tools and structures to respond to the high levels of maternal, child and new-born morbidity and mortality in Rwanda.

This involves a comprehensive system review, i.e. a critical review of the existing Rwanda community health programme conceptual framework and overall system such as management structure, supervision mechanism, financial allocation, incentive mechanism, governance and performance evaluation system. The evaluation will assess the community health programme (CHP) performance in different dimensions of programme evaluation, including (i) impact, (ii) relevance, (iii) effectiveness, (iv) efficiency, (v) coherence, (vi) sustainability, (vii) coordination, (viii) human-rights based approach, and (ix) results-based approach.

Specific questions for each objective are listed in the next section 'scope, focus and evaluation criteria'.

Through the detailed assessment, the evaluation will also document lessons and identify best practices in the implementation and management of the community health programme. This will provide evidence to improve the programme design and implementation, and related policy change, if needed.

The findings of the evaluation will mainly be used by MoH and District Hospitals/Health Centres, and partners, UNICEF and other – in their different capacities and functions, to develop future plans and interventions and to inform policies and strategies to improve programme performance.

The evaluation will not attempt to quantitatively measure the behavioural change that occurred (due to lack of baseline information on this sphere) but will use results of surveys on child, newborn and maternal health indicators to determine improvements. Qualitative information from a large pool of stakeholders will triangulate the findings.

Scope, Focus and Evaluation Criteria

Geographically, the scope of the evaluation should expand to the national level to ascertain its sphere of influence on the overall maternal, newborn and child health (MNCH) programme in Rwanda.

The evaluation should focus on and include the following beneficiaries and stakeholders in the process:

- **Final beneficiaries:** newborn babies, children, mothers and other caregivers and community members
- **Service providers:** health care professionals whose capacity has been built (including doctors, midwives, community health nurses and sub district health professionals) and CHWs
- **Sub-national decision-making level:** district and health facility authorities
- **National decision-making level:** national authorities and key stakeholders (Ministry of Health, Rwanda Biomedical Centre, Development Partners, the UN System - UNICEF, WHO, UNFPA; USAID, JHPIEGO, Family Health Rwanda, etc.)
- **National Professional Societies and Academia:** Rwanda Paediatric Society, Midwifery Society, School of Public Health, Teaching Hospitals etc.

The time period covered by this evaluation will be 1995 to 2015. However, due to the long period covered, the evaluators may find some aspects of the programme will be difficult to document, or data will be difficult to collect/analyse for certain time periods. In addition, the absence of a programme theory and baseline data will pose challenges in establishing the causal chains. Those elements are considered limitations for the evaluation.

Evaluation Criteria

The comprehensive external evaluation will be guided by OECD/DAC evaluation criteria of relevance, effectiveness, efficiency, sustainability and impact. It will also look at criteria of interest to the Ministry of Health and UNICEF including coherence, human rights-based approach, results-based approach to programming and equity.

Objective 1 is to assess the programme impact

- To what extent did the programme contribute to the maternal, newborn and child health (at the family, community and policy level)?
- To what extent did the programme contribute to increased access and utilization of maternal-newborn and child health, and improved health seeking behaviours?

Objective 2 is to assess the programme relevance

- National decision-making level: how well the programme fit to national priorities. To what extent has the programme contributed to the policy direction for the maternal, newborn and child health.

- Community level: how well was initiative accepted by the communities? Did it fit to community priorities?

Objective 3 is to assess the programme effectiveness

To what extent the programme:

- Improve capacity of decentralized structures to deliver community health services?
- Increase the participation of community members in the community health activities?
- Increase motivation of community health workers?
- Improve coordination of community health services at national, district, health centres and community level?

Objective 4 is to assess the programme efficiency

Were the available resources (financial, human and commodities) efficiently used to achieve the programme objectives? Are the available resources adequate to meet programme needs?

Objective 5 is to assess the programme sustainability

- How well is the initiative incorporated into national and subnational legislation?
- How well are CHW incorporated in the community? What is the attrition rate (and reasons for drop-out)? What are the main incentives for CHW to stay in the programme?

Commented [OP1]: What is their status in policy documents; what are the incentives for them to stay...

Objective 6 is to assess programme coordination

- What were the overall programme coordination mechanisms? Was it functional? Can it be improved?

Objective 7 is to assess the application of a human rights-based approach (HRBA) in programming

- To what extent does the programme consider the equity approach (i.e. focus on most deprived areas, areas with high prevalence of critical newborn and under-5 mortality, low income families)? To what extent are vulnerable groups involved in planning and utilization of the service?

The key policies and performance standards to be referenced in evaluating the programme are described in the United Nations Evaluation Group (UNEG) “Standards for Evaluation in the UN System” and “UNICEF’s Evaluation Policies and Principles”. Basics of human rights-based approach and results-based approach to programming are described, for example, in the UNICEF Programme Policy and Procedure Manual.

4. Methodological Approach & Expected Output

Type of Study: The comprehensive evaluation is expected to be a mixed-method (qualitative and quantitative), cross-sectional study including a retrospective longitudinal study to analyse the trends in maternal, newborn and child health access to care, as well as maternal, newborn and child health outcomes.

Data Source: On the quantitative aspect, the consultant will collect relevant primary data from the field at all levels including households (i.e. districts, health facilities, CHWs and communities or households). In addition, trend analyses will be done on key MNCH outcome/impact indicators and will be compare with available survey data results. The consultant will further be expected to analyse any other secondary sources of relevant information.

The qualitative component will draw on the understanding and perception of the main stakeholders involved in the project, e.g. based on interviews with relevant stakeholders and focus group discussions on the selected topics with communities.

The evaluation methodology will be guided by the norms and standards of the United Nations Evaluation Group (UNEG), and the UNEG guidelines on integrating Human Rights (HR), Gender Equity (GE) in Evaluation. In order to be responsive to HR and GE aspects, special consideration will be given to gender, sex, distance from service locations and wealth when stakeholders and beneficiaries' view are sought in data collection. In the design phase of the evaluation framework, careful considerations will be given to such inclusion aspects. In the analysis phase, appropriate disaggregation will be attempted to shed light on HR and GE elements. For example, the evaluation will see if different health needs for men and women were considered by CHWs in providing services, if any effort was made to empower female and/or male CHWs to address certain issues, if there is any evidence of CHWs potentially improving intra-household gender dynamics at the time of household visits, and whether this in turn has led to improved gender equality in health care service outreach in general.

The evaluation methodology will be further defined with support from the consultancy institution. The international lead evaluator or institution, will work with the Rwanda MoH/MCCH, UNICEF, and other MNCH partners to finalize the design and conduct the evaluation under the leadership of the steering committee. The evaluation team will work with the lead evaluator to provide assistance for the situation analysis in line with the country context and quantitative assessment of the intervention by collecting and using the service delivery data. The evaluation team will share the responsibilities for field visit, data compilation, data analysis and drafting of the report. The evaluation team will further work with the steering committee and other stakeholders to coordinate the work, conduct interviews/focus group discussion, conduct the data collection and analysis, and disseminate the findings of the evaluation.

For sampling of quantitative data, a large sample will be chosen through simple random sampling at the first stage (for administering a standard questionnaire). Those respondents will be asked if they wish to proceed to an in-depth interview for qualitative data at the second stage. A limited number of respondents then will be chosen based on the required characteristics such as sex, age and geography. Quantitative data will be analysed using standard statistical techniques, including multivariate analysis. Qualitative data will be analysed using a model of narrative analysis, interpretations and social /cultural norms. Data from the quantitative and qualitative data will be compared to triangulate the findings.

The evaluation process and methodology will include three phases:

Phase 1. Inception:

- Develop an evaluation work plan, to be submitted to the Steering Committee for approval.
- In-depth desk review of available documents related to MNCH and CHP, data on MNCH from other surveys and HMIS, national/district reviews and other literature related to Rwanda's community health programme.
- Preliminary discussions with the Rwanda MoH/MCCH Division Head Coordinator, members of the National Maternal Child and Community Health Technical Working Group, steering committee and UNICEF. This will facilitate a common in-depth understanding of the conceptual framework, refining the evaluation questions and adjusting data collection methods, tools and sources.
- Drafting of **Inception report (deliverable 1)**, including the details of the methodology, an evaluation matrix for each agreed evaluation question and a detailed analysis plan, to be presented to and approved by the members of the steering committee. The proposed methodology needs to be appropriate to capture all agreed indicators.

Phase 2. Data collection:

- In-depth interviews with national level MoH officials, national level health managers and providers, Maternal Child and Community Health Technical Working Group members, donors, UN System and

development partners. The consultant will submit a **report with the key information and findings of interviews (deliverable 2)**.

- Field visits to selected districts to conduct data collection and interview/focus group discussion. Interviewees/focus group discussion participants will include key health care providers, health facility staff, sector officials, community health workers, community leaders, community volunteers, households, mother support groups and caregivers. A **field report** summing up the findings will constitute **deliverable 3**.

Phase 3. Analysis and reporting phase:

- Following the completion of the fact-finding phase, the evaluation team will conduct a detailed analysis of the data collected at all levels and compare with other survey results. A **presentation of the key findings (deliverable 4)** will be given to MoH, Maternal Child and Community Health Technical Working Group and other key stakeholders working on MNCH. Once the findings are discussed and validated by the Maternal Child and Community Health Technical Working Group, a final report will be shared with key partners for a final review and validation. The **final evaluation report and 4 selected topics for publication** as end products, are subject to approval by the Steering Committee (**deliverable 5**). Lastly, the consultants will produce **four academic articles** for peer-reviewed publications (**deliverable 6**).

5. Major Tasks, Deliverables & Timeframe

Deliverables:

Tasks	Expected Deliverables	Timeframe
1. Desk review of available documents, coverage data of core MNCH indicators and literature related to the community health programme	Feedback meeting on findings from desk review	Week 1-2
2. Reconstruct theory of change, and establish an evaluation framework in a participatory manner	Theory of change and evaluation framework	Week 3-4
3. Design of the data collection phase and relative tools and preparation of inception report	Inception report (deliverable 1) including work plan, presentation of methodological approach, instruments to be used, interview/focus group and country visit protocols, annotated outline of final report ²), to be presented and approved by the Steering Committee.	Week 5-6 1st payment: 30%
4. Obtaining, cleaning and analysing quantitative data	Quantitative data analysis progress report	Week 7-8
5. National level stakeholders (MoH/MCCH, UN System, MCCTWG) meetings and interviews	Brief report of the national in-depth interviews (deliverable 2)	Week 9-10
6. Field work (selected districts) including interviews with DHU, DH & HC, service providers, communities or households,	Field visit, observation and interview report (deliverable 3)	Week 11-12

² See "UNICEF Evaluation Report Standards".

sampled facilities visits and interviews with primary beneficiaries		
4. Analysis of findings and draft report preparation, presentation for validation	PPT presentation (deliverable 4) or presentation in other format on the preliminary draft of the analytical report, and at least four draft selected topics for publication ³	Week 13-14 2nd payment: 40%
5. Debriefing on findings with the National MCCHTWG and other stakeholders	Written feedback on meetings with stakeholders.	Week 15
6. Incorporate comments from key stakeholders and finalization of the formative/summative evaluation report; identify four topics for publication.	Final evaluation report, and summary of four final selected topics for publication (deliverable 5) as end products, subject to approval by the Steering Committee	Week 16-17
7. Writing and submission of four articles to peer-reviewed publication	Academic articles (deliverable 6)	Week 18-20 3rd payment: 30%

The end products are specifically **deliverables 4, 5 and 6** (set of Power Point slides with key salient features of the report, validated final report of the external evaluation with key recommendations, and four academic articles). The final report should be in line with the UNICEF evaluation standard and very focused on practical and implementable recommendations.

Specifically, the report should include at least the following sections: executive summary, description of the evaluation methodology (as per agreed inception report), assessment of the methodology (including limitations), findings, analysis, conclusions, lessons learned and recommendations for improvement. The Annexes to the report should contain: the TOR, the approved data collection instruments, and any other relevant information.

The final evaluation report should follow UNICEF Evaluation report standards. The report template should include:

- Title page and opening pages
- Executive summary
- Programme description
- Role of MoH, UNICEF and other stakeholders in programme implementation
- Purpose of evaluation
- Evaluation criteria
- Objectives
- Evaluation design
- Methodology
- Stakeholder participation
- Ethical issues
- Major findings
- Analysis of results
- Case studies/good practices
- Key Constraints
- General Conclusions
- Recommendations

³ See UNICEF Technical Notes Series No 3 "Writing a Good Executive Summary".

- Lessons learned
- Annexes TOR, tools of data collection used

The report should be provided in both hard copy and electronic version in English. Complete data sets (database, filled out questionnaires, records of interviews and focus group discussions etc.) should also be provided to MoH and UNICEF at the end of the evaluation.

Potential uses of the evaluation findings: This study will serve (1) to inform policymakers on the impact of the community health programme on maternal and child health (2) to make policymakers and developers aware of areas in which the community health programme can be strengthened to support maternal and child health (3) to inform external stockholders/the academic community of the impact and lessons learned of the community health programme.

Dissemination of Results: Findings of the evaluation will be summarized and discussed with the Ministry of Health. Findings will also be made available to individual health care providers, health care facilities, and other relevant organizations through scientific meetings, presentations, and publications.

6. Stakeholder Participation

The main stakeholders are the members of the Steering Committee (The Ministry of Health, MCCH TWG Representatives, UNICEF CSD and UNICEF PM&E), which will function as a reference group for the evaluation and assume the following responsibilities:

- Plan and design the evaluation through consultation with the main parties involved and final approval of the evaluation terms of reference;
- Provide technical inputs to the evaluation design;
- Provide guidelines to evaluators and monitor the implementation;
- Review the evaluator's inception report (including proposals for desk review of documents, evaluation instruments, field visits, annotated outline of the report);
- Review preliminary findings for validation of facts and analyses and help generate recommendations;
- Approve the preliminary reports;
- Review and approve the final report, verify the findings and propose a management response on how to implement recommendations;
- Ensure that evaluation findings are used for future planning and community health programme/MCH programmatic interventions as well as advocacy purposes.

UNICEF Rwanda will be responsible for selection of the institution to conduct the evaluation: keeping this process separately from the Steering Committee will enrich transparency of the process and ensure neutrality/impartiality.

The evaluation will be managed by UNICEF Rwanda. The management of the evaluation will involve drafting the terms of reference, initiating the evaluation selection process, liaison between the evaluation team and other members of the Steering Committee, as well as quality assurance of the reports.

MoH and UNICEF Rwanda CO will be responsible for providing relevant information at country level, providing access to relevant reports/statistics, providing inputs for data analysis, organizing field visits, logistical support, organizing meetings with different stakeholders.

The variety of stakeholders in the Steering Committee will ensure that different opinions are represented and objectivity is achieved.

7. Ethical Consideration/confidentiality

Scientific and ethical clearance will be sought from the Rwanda National Ethics Committee. Adequate measures should be taken to ensure that the process responds to quality and ethical requirements as per UNICEF Evaluation Standards. As per United Nations Evaluation Group (UNEG) Standard and Norms, the consultant should be sensitive to beliefs, manners and customs and act with integrity and honesty in relationship with all stakeholders. Furthermore, the consultant should protect the anonymity of individual information, and respect the confidentiality of all information which is being handled during the assignment. Consultants are allowed to use documents and information provided only for the tasks related to the terms of reference of this evaluation. Data will be stored in a secure location, kept confidential with access restricted to principal investigators. The study data will be used only for the purpose of this study.

8. Qualifications and Requirements

Evaluation team composition

The selected evaluation institution will be responsible for the creation of an evaluation team. The minimum request is that the team consists of at least two experts (one expert in quantitative research and impact evaluation, and further expert team members for qualitative research, and overall research tasks). The exact division of work will be decided by the institution, but in general, the team leader will be responsible for discussions, negotiations, final decisions, shape of the evaluation, while further team members will be tasked with technical issues (e.g. desk review, conducting field research, data collection, drafting reports).

The qualifications and skill areas required include:

Institutional Consultancy Firm qualifications:

- Minimum of five years' experience as a firm working in similar health evaluation assignments.
- Firm needs to have worked in different countries amongst which at least one should be African
- Experience in working with UN agencies (desired).
- Experience in evaluations/research: knowledgeable on UN evaluation policy, recommended by UNICEF regional or global evaluation advisors or other senior managers, skilled in performing structured interviews and facilitating focus group discussions

Technical expert & team leader:

- Extensive quantitative research and impact evaluation expertise and experience
- Academic background in health / strong knowledge of epidemiological approaches
- Minimum of 8 years experience in evaluation assignments or related similar assignments.
- Familiarity with technical aspects related to community health programming, maternal, child and newborn health
- Knowledgeable on institutional issues related to the provision of global public goods (including funding, administration, the role of the UN system, partnerships, sustainability of activities)
- Knowledge of the areas of intervention

Qualitative research expert:

- Extensive qualitative evaluation expertise and experience, including data collection skills; demonstrated skills in similar evaluations
- Knowledge of technical aspects of similar programmes
- Knowledge of the areas of intervention
- Indicate minimum qualification

All members of the team:

- Language proficiency: excellent oral and writing skills in English
- Minimum three years working field evaluation experience
- Advanced university degree in related field or social science
- Analytical skills: demonstrated analytical skills related to the use of quantitative and qualitative data for decision-making
- Process management skills: Demonstrated skills and experience in conducting and presenting evaluations
- Good communication and advocacy skills: Ability to communicate with various stakeholders, and to express ideas and concepts concisely and clearly in written and oral form

Evaluation and selection criteria of the consultancy institution:

A two stage procedure shall be utilized in evaluating proposals, with evaluation of the technical proposal being completed prior to any financial proposal being compared. A 70/30 assessment model for the technical and financial proposal respectively will be adapted. Cumulative weighted average methodology will then apply in determining the best value for money proposal.

Applications shall therefore contain the following required documentation:

a. Technical Proposal: The consultant institution should prepare a proposal on the basis of the tasks and deliverables (as per the ToR). The proposal should include the approach and methodology with a detailed breakdown of inception phase, proposed scope and data collection methodology. The proposal shall also include a brief explanation of the data analysis, report writing and possible dissemination plan, and importantly, a draft work plan and timeline for the formative/summative evaluation. The Technical Proposal shall also include updated CVs and copies of two reports of previous MNCH programme and/or community health programme evaluated by the consultant.

b. Financial Proposal: this consists of an expected financial offer with cost breakdown of consultancy fees and daily subsistence allowance (DSA) and operational costs for the field work in Rwanda. The financial proposal shall be submitted in a separate file, clearly named financial proposal. No financial information should be contained in the technical proposal as this will lead to proposal cancellation. Financial Proposals should be filled as per table below:

Deliverable	Number of person days	Delivery date	Costs
Inception report (Deliverable 1)			
Draft Report (Deliverable 2,3 and 4)			
Final reports and four academic articles for publication including a presentation (Deliverable 5 & 6)			
Operational Costs (a detailed addendum budget required)			
Total			

9. Supervision

The evaluation will be supervised by UNICEF CSD-Health Unit and PME jointly with MoH/MCCH. The Steering Committee will provide technical inputs to the design of the evaluation, provide guidance to the evaluators, and monitor the evaluation implementation process.

10. Terms and conditions:

Procedures and logistics

Evaluators are expected to use their own hired vehicles, equipment, including computers. UNICEF will be under no operational obligation to pay for operational costs related to this consultancy, all costs required to operationalise this consultancy shall be borne by the hired institutional firm and should be included into the proposed financial proposal.

Terms of payment

The payment will be in **three (3) instalments** as follows:

- 30% of the total payment upon completion of the desk review, submission of inception report with work plan and methodology, theory of change and research instruments and protocols.
- 40% of the total payment upon completion quantitative and qualitative data collection and analysis, including field visits and submission of the draft final report of the evaluation;
- The remaining 30% will be paid upon completion of all deliverables, as per the above schedule (validated final report of the evaluation; a set of Power Point slides (25-30 slides) with key salient features of the evaluation; and four selected topics for publication in the form of academic articles for submission to peer-reviewed journals).

Payment will only be made for work satisfactorily completed and accepted by UNICEF. UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines

All materials developed by the firm will remain the copyright of MoH/UNICEF, who will be free to adapt and modify the materials for future use.

11. How to apply:

Qualified institutions are requested to submit a full proposal, consisting of two parts (technical and financial, which can be downloaded from our website) to Rwasupply@unicef.org.

Closing date: 25th September 2015