4.1. BACKGROUND

The current Ebola Virus Disease (EVD) outbreak in West Africa is unprecedented in terms of the number of cases, deaths and its geographical spread. It is the largest and most complex Ebola outbreak since the Ebola virus was first discovered in 1976. There have been more cases and deaths in this outbreak than all other Ebola outbreaks combined. The first cases occurred in December 2013 and the epidemic was first notified in March 2014. It has spread among West African countries starting in Guinea before spreading across land borders to Sierra Leone and Liberia, Nigeria, Senegal and Mali. Fear of a global pandemic escalated after the cases in Europe and the United States. The most severely affected countries, Guinea, Sierra Leone and Liberia, have recently emerged from long periods of conflict and instability and have very weak health systems and limited resources and capacity.

Once the outbreak took hold, the disease spread fast, with high fatality rates across the three affected countries, and massive disruption to all aspects of economic and social activity including the provision of basic services in health, education, nutrition, and community development. The spread of the disease was also rapid and unpredictable. By the 15 April 2015, the total number of cases stood at 25,826 (suspected, probable and confirmed), with 10,704 deaths.\(^1\)

It has also been a calamity for children in the countries affected. UNICEF estimates that 9.8 million children and young people under the age of 20 live in Guinea, Sierra Leone and Liberia; countries where disease transmission is widespread and intense. Of these, 2.9 million are under the age of five year old. UNICEF estimates that over 15,000 children have lost one or both parents or caregivers due to Ebola.\(^2\)

The crisis has been characterised as a twin epidemic – one of the Ebola virus and a second one of fear, which restricted economic activity, undermined trust in the authorities and disrupted services in the countries affected, and led to international concern regarding the global risks. Fear and distrust remain factors in trying to re-establish confidence in national health services and in the response measures of contact-tracing, coming forward with cases, and reporting of deaths.

In October 2014, an initial CDC estimate of a potential 1.4 million cases\(^3\) added to the sense of panic. Foreign governments took a very strong interest and UNICEF has been under unprecedented

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2 http://www.unicef.org/appeals/ebola_response.html
3 Reportedly, this was never an official figure but once raised in the high level planning meeting in Accra, it went public and influenced the planning figures of other agencies.
pressure from the highest political levels to perform. This meant that reputational risks were very high and UNICEF activities still remain visible and subject to scrutiny.

Ebola menaced entire populations and put everyone at risk, including children. Children face not only direct risks of exposure to the virus, but also secondary risks as a result of the loss of infected caregivers and family members. Furthermore, as basic service delivery became strained as a result of the outbreak, children’s access to health care, education and protection services became limited, increasing their vulnerability and risk in both the immediate and the long term. Women have been affected by the virus in their traditional role as caregivers in the home and their traditional roles as nurses, midwives and health facility cleaners, increasing their direct exposure to infected persons. Children who have lost one or both of their parents or caregivers to Ebola, or whose caregivers were/are being quarantined or treated for extended periods in medical centers, may find themselves unaccompanied or separated and in urgent need of immediate protection and long-term support, including alternative care. Affected children also run the risk of rejection due to the stigma attached to the disease, and may be at risk of exploitation and abuse. Psychosocial support is needed to reduce stress, build trust and improve the wellbeing of affected communities. In Guinea, Sierra Leone and Liberia, the collapse of health care systems challenged the provision of maternal and newborn care and the management of acute malnutrition. The disruption of health services means that many children were not receiving life-saving vaccinations, or treatment for preventable but potentially fatal common childhood illnesses such as malaria, pneumonia and diarrhea. The Ebola outbreak also shut down schools, or kept them closed for long period of time, and this may have long term effects on education.

This is the first time an Ebola outbreak of this size has been experienced in West Africa. Previous outbreaks have been relatively limited. The current outbreak however, has presented several unique challenges:

- Late recognition of the outbreak: although the first recorded cases were identified as early as November and December 2013, the recognition of EVD by the authorities in Guinea came very late. It was only in March 2014 that the Ebola epidemic was finally officially declared by the authorities and in August 2014 when WHO declared that Ebola had become an international threat.
- Lack of familiarity: affected communities and government/health services had not experienced the disease previously, were unfamiliar with the complexities of dealing with Ebola and did not have the appropriate equipment, facilities and procedures for treatment and care.
- Fear and Stigma: fear, stigma and misperceptions about the disease hindered effective action in many areas, both urban and rural. In some locations, social mobilization teams and health workers were attacked and people were afraid to seek care in the health facilities.
- Poor hygiene and sanitation practices, unsafe burial practices and lack of early isolation and care facilitated the spread of the disease.
- Location: the outbreak started in an area where three countries border each other, giving rise to regional coordination challenges, including the application of infection, prevention and control measures.
- Mobility: the porous nature of the borders of the countries involved, regional trade, interconnectedness of families and fluid population movement both within and between the affected countries also facilitated its rapid geographical spread.
Coordination was a challenge. The Ebola response included more than 200 responding organizations, specifically (a) National Governments of the affected countries; (b) Local Government entities; (c) UNMEER; (d) Various UN organization, including WHO, UNFPA, UNDP, WFP, IOM, FAO and others; (e) Government agencies and armed forces from several OECD countries (f) Various chapters of MSF; (g) IFRC / ICRC; (h) scientific groups; and other national and international NGOs.

Coordination was informed by several frameworks. The UNMEER strategic framework envisioned that, under National Government leadership, a well-directed and networked system of coordination built around professional teams would be assembled at district level, encouraging community ownership and provision of services to locations that needed the interventions. In practice, a variety of coordination mechanisms were set up.

The UNICEF response plan was documented in the Humanitarian Action for Children, and accessible through the UNICEF internet site (please see URL in box below).

Specifically, the priority areas were:

<table>
<thead>
<tr>
<th>Priority areas of the UNICEF response (HAC September 2014-June 2015)</th>
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</thead>
<tbody>
<tr>
<td>a) Social Mobilization /Communication for Development</td>
</tr>
<tr>
<td>b) Case management with a focus on community care and infection prevention and control</td>
</tr>
<tr>
<td>c) Child protection including psychosocial support, family tracing and reunification and alternative care for separated and unaccompanied children</td>
</tr>
<tr>
<td>d) Provision of Personal Protective Equipment and other supplies for Ebola response</td>
</tr>
<tr>
<td>e) Access to essential medicines, health services and medical supplies</td>
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<tr>
<td>f) Infant and Young Child Feeding</td>
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<td>g) Access to safe water and hand-washing</td>
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<tr>
<td>h) Continuity of education through innovative approaches to learning</td>
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<tr>
<td>i) Provision of non-food items</td>
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<tr>
<td>j) Continuity of HIV prevention and treatment services</td>
</tr>
<tr>
<td>k) Ebola preparedness and prevention activities</td>
</tr>
</tbody>
</table>


The longer-term consequences of the disease outbreak are unknown and are yet to emerge. There is a risk of a food security and nutrition crisis given the lack of agricultural activity during the peak of the crisis. UNDP has recently been leading an Early Recovery Assessment with the World Bank and the European Commission, in which UNICEF has led one of four working groups on infrastructure and basic services. The outbreak is not yet over and risks remain. Discussions about recovery are on-going.

A meeting of UNICEF senior managers was held in February 2015 to draw out lessons learned in relation to the response, highlighting many areas for improvement: some specifically related to the
novel challenges raised by the crisis, others concerned recurring organisational systems issues that have been raised in reviews and evaluations of UNICEF humanitarian action.

4.2. PURPOSE AND OBJECTIVES

The purpose of the evaluation is to provide an impartial assessment of UNICEF’s response to the needs of the affected populations and other challenges arising from the Ebola outbreak in West Africa. The results of the evaluation are intended to inform action by UNICEF, UNICEF’s partners and other stakeholders not only in addressing the current emergency but also in responding to future large scale emergencies of a similar nature; and to prepare for recovery and reconstruction in the affected countries.

The evaluation will assess how the UNICEF response has been appropriate and effective in addressing this extraordinary emergency, taking into account the unprecedented nature of the crisis. It will consider how far the response has been conducted in an efficient, timely and cost conscious way while responding to the shifting parameters of the crisis. The evaluation will not be able to address issues of impact and sustainability but will consider whether the response has established readiness to manage the risk of any resurgence of the outbreak or possible future outbreaks and how far it has prepared the ground for recovery and reconstruction. The evaluation will review the coherence and coverage of the UNICEF response, the partnerships put in place as well as its management and internal and external coordination. The evaluation will assess how far the response took considerations of equity and gender equality as well as the UNICEF Core Commitments to Children.

The evaluation is intended to support both accountability and learning. Accountability is important, given the very substantial human and financial resources UNICEF has allocated to the emergency including the high volume of funding received by UNICEF to address the EVD outbreak. The evaluation results should help to show how far these resources have been used appropriately, efficiently and to good effect, with particular regard to the situation of children. The evaluation will also consider accountability to the affected population. The conclusions of the evaluation should clearly identify challenges and success factors to support the learning of function of the evaluation.

However, the learning aspect is particularly important, given that many elements of the current emergency were unprecedented. The evaluation results are intended to inform key aspects of UNICEF strategy, systems, procedures and actions not only with regard to the current emergency and the recovery phase already beginning, but also in addressing future large scale emergencies characterised by the technical, operational, humanitarian and ethical challenges posed by the Ebola emergency. UNICEF is already considering how best to anticipate and organise future responses to emergencies which may have similar characteristics and the evaluation is intended to support these reflections and reactions.

The evaluation will therefore include both summative and formative dimensions. The summative element will review plans and performance to date, in order to provide impartial evidence on how UNICEF has responded to the emergency. The formative and forward-looking element is intended to contribute to improving UNICEF’s response to the current emergency and recovery as well as learning lessons for application in future emergencies, where appropriate. The evaluation will also
consider how far lessons learned from previous emergencies have been relevant and applied in the current response.

At the country level, the evaluation is intended to help UNICEF consider and understand which aspects of the UNICEF response have been working well, which aspects have been working less well, and why, in terms of the specific objectives of the various planning documents and in relation to established principles such as the Core Commitments to Children (CCCs) and existing guidelines and standards.\(^4\) Attention will also be given to assessing how far such guidelines and standards were themselves relevant and appropriate, given the unprecedented character of the emergency.

At the regional and global level, the evaluation is intended to inform, as appropriate, adjustment of UNICEF’s CEAP\(^5\) and the associated Simplified Standard Operating Procedures (SSOPs) supporting the response to Level 3 corporate emergencies. The evaluation should also provide lessons on multi-country management of L3 emergencies.

Throughout, UNICEF has worked closely with a range of local, national, regional and global partners. The evidence and analysis provided by this evaluation will also inform UNICEF’s partners in national and local government, civil society partners and sister agencies in the UN.

The evaluation will therefore have a strong utilisation focus. The main users of the evaluation will be UNICEF country offices, the Regional Office management, and Divisions and Offices in HQ. Other users of this evaluation are expected to include national partners, other UN entities, implementation partners, donors and the UNICEF National Committees who contributed resources and support. It will also be important to provide feedback to affected people, especially those in any way directly involved in the evaluation.

### 4.3. SCOPE

The outbreak was much more than a health emergency. It affected all aspects of life in the West African countries concerned and, for a period, seemed be threatening global social and economic chaos. A wide range of interventions at all levels was launched to address the crisis. National governments responded through a multitude of interventions. A wide range of external agencies intervened in the crisis according to their mandates and the UN Secretary General established UNMEER to coordinate the response across the UN agencies involved. UNICEF was assigned specific roles within this wider set of agencies, which nonetheless influenced and constrained UNICEF’s scope for action. The UNICEF response should necessarily be seen in this wider context.

\(^4\) A partial list of the evolving planning documents is as follows: UNICEF Ebola Regional Response Strategy, which was in-line with the UN Inter-agency Strategic Framework for Ebola; UNICEF Ebola Preparedness Strategy; UNICEF Humanitarian Appeal for Children 2014/Ebola Section; UNICEF Humanitarian Appeal for Children (2014-2015)/Ebola Section; UNICEF Programme Strategy documents, specifically those on Child Protection; Social Mobilization; Community Care Centres; and Communication for Development (C4D). The evolving planning documents were also influenced by the UNMEER strategic framework, Framework for Global Response to the Ebola Outbreak in West Africa and the WHO Road Map on Ebola.

\(^5\) UNICEF’s Corporate Emergency Activation Procedure (CEAP) is further explained at following URL: [http://www.unicef.org/hac2012/hac_global.html](http://www.unicef.org/hac2012/hac_global.html)
However, the evaluation will not attempt a comprehensive assessment. Rather than analysing these wider contextual issues in detail, this evaluation will focus closely on key roles and actions carried forward by UNICEF. It will be important that the scope of the evaluation remain limited if the key issues are to be assessed in adequate depth. Also, many other reviews and analyses have been completed or are under way at each level. This evaluation should draw on these studies, avoid duplication of effort and, importantly, must avoid taking the time of people involved at all levels, including local communities, where this is not useful or necessary.

The scope of the evaluation is therefore defined as follows:

Programmatic focus: the “priority areas” of the UNICEF response were set out in the HAC September 2014–June 2015 are presented in the Background Section of this ToR. Of these, UNICEF gave particular attention to the following and, while the multi-sectoral nature of the response needs to be acknowledged, these areas will therefore be the main programme focus for the evaluation:

- Communication for Development/social mobilisation and community engagement;
- Case management with a focus on community care (including Community Care Centres (CCCs) and infection prevention and control;
- Child protection including psychosocial support, family tracing and reunification and alternative care for separated and unaccompanied children;
- Ebola prevention and control activities; and preparedness, resilience and early recovery.

In addition to the priority areas listed in the background section of this ToR, UNICEF gave close attention to internal coordination; human resource deployment and management; to public information, communications and reporting; partnerships and coordination, including working with governments in the affected countries; and resource mobilisation and management. The evaluation will consider these important operational areas in relation to the analysis of the priority results areas, with a view to determining how far achievements were supported or constrained by operational factors. Particular attention will be given to the following:

- Internal coordination and reporting lines, in particular the differing roles of the Global Emergency Coordinator (GEC) and the Regional Director, and the role of the Ebola Cell at HQ.
- Human resource mobilisation, deployment and management, including the special provisions made for this emergency.
- Financial resource mobilization and management, including use of CERF funds.

Focus on the intervention strategy: As noted above, the outbreak was unusual in key respects, including the rapid and unpredictable spread of infection. This required UNICEF to adjust and re-prioritise its approach. Priority was given to case management and stopping the spread of the

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6 UNICEF engaged and innovated strongly and successfully in the area of supply (logistics), where the response was UNICEF’s biggest ever supply operation; WASH, including waste management; and nutrition, which was closely linked to other interventions. In developing the design of the evaluation, it will be important to recognize these and other UNICEF contributions, without losing the programme focus outlined above.
disease, which carried implications for the focus of effort, management of resources and the sequencing of the programmatic interventions listed above. The evaluation will therefore give close attention to the strategic decision making process, including context and consequences, and consider the implications for UNICEF’s future work, including its procedures and standards.

**Geographic focus:** The evaluation will focus mainly on the three countries most affected by the outbreak: Guinea, Sierra Leone and Liberia.\(^7\)

**Institutional scope:** The evaluation will focus on the UNICEF response. However, as noted, this needs to be set within the wider framework of governments and agencies involved and analysis of roles, responsibilities and expectations. Within UNICEF, the evaluation will look not only at the work of the country offices but will look at the regional and global roles, responsibilities and actions including how far the CEAP and the SSOPs for Level 3 emergencies have worked effectively. Attention should be given to how the L3 procedures have been understood and used at HQ, regional and country level respectively.

**Resources:** While the evaluation will give priority to the programmatic issues noted above, close attention will also be given to human and financial resources as factors supporting or constraining programme efficiency and effectiveness. The evaluation will consider issues of human and financial resource mobilisation, deployment and management, including the consequences of draining resources from other programmes and emergencies.

UNICEF is committed to reviewing the effectiveness, efficiency and timeliness of utilization of funds provided by the Central Emergency Response Fund (CERF). CERF funds were utilized by UNICEF in its Ebola response and attention will therefore be given to CERF funding within the wider context of fund mobilization and use.

**Time frame:** The evaluation will consider the entire span of the outbreak from the beginning of 2014 to the present, giving particular attention to the period from the declaration of the Level 3 emergency in August 2014.

### 4.4. EVALUATION QUESTIONS

As indicated above, the evaluation will be framed by the usual OECD/DAC evaluation criteria of relevance, efficiency and effectiveness as well as issues of coherence, coverage, and coordination. Issues of preparedness, risk management and connection to future requirements provide a further set of lenses as well as responsiveness to issues of equity, gender equality and children’s rights.

The evaluation questions below based on the criteria listed here represent a provisional list of questions to be refined by the evaluation team in the scoping and inception phase of the evaluation process.

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\(^7\) Although the three most affected countries will be the primary focus, the evaluation also needs to consider the considerable efforts and resources went into prevention and preparedness activities in a number of other countries.
Relevance/Appropriateness: How appropriate has the UNICEF response been, given the extraordinary and shifting profile of the emergency? Were the strategic, programmatic and partnership priorities appropriate? How far was it possible to reconcile the “stop Ebola” imperative with the UNICEF core commitments to children (CCCs)? Were needs assessment and analysis sufficient and were appropriate, feasible and measurable targets set out in response plans? How closely aligned were UNICEF’s response plans with the plans of national governments and UNMEER? Has the UNICEF response been aligned with key sources of guidance and normative standards, including the Core Commitments to Children (CCCs), and what has been the rationale for any variance? Were lessons learned from previous emergencies relevant and useful? In what ways has the affected population been involved in the design, implementation and monitoring of UNICEF’s response? How appropriate was the support provided by UNICEF HQ and the Regional Office in meeting the needs of the country offices? Finally, was sufficient attention given to other risks, such as resurgence of malaria or the potential for a cholera outbreak?

Efficiency: How well have UNICEF’s resources, both human and financial, been managed to ensure the most timely, cost-effective and efficient response to the outbreak? How quickly was the CEAP activated, and how clearly have the SSOPs for Level 3 been communicated at various levels of the organization, and to what degree have they impacted the efficiency of the response? To what extent has investment prior to the outbreak resulted in emergency preparedness and a more timely, cost-effective and efficient response? To what extent have innovative or alternative modes of delivering on the response been explored and exploited to reduce costs and maximize effectiveness? What has constrained the efficiency of the response?

With regard to CERF grants, the evaluation should assess the following: How effective, efficient and timely were allocations and expenditures against CERF grants? Were adequate and timely proposals established to request for CERF funds? To which programmatic areas were the funds allocated and how far did they support programme achievements? Present any evidence that CERF grants saved lives, including time frame involved. Please refer to http://www.unocha.org/cerf/about-us/humanitarian-financing for objectives and additional information on CERF grants).

Effectiveness: How successful has UNICEF been in achieving the aims set out in programmatic and operational commitments? What factors contributed to success and what factors constrained UNICEF efforts? To what extent are the results achieved

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8 Please refer to http://www.unocha.org/cerf/about-us/humanitarian-financing for objectives and additional information on CERF grants. Amount of 2014 CERF funds received for the response, and allocation to UNICEF can be viewed through following links:
For Sierra Leone: http://www.unocha.org/cerf/cerf-worldwide/where-we-work/sle-2014
attributable to UNICEF? Were affected communities satisfied that their needs and expectations were adequately acknowledged and addressed? Were the results achieved broadly equitable and were the needs of children and women adequately met? How far has the organization-wide mobilization under the CEAP and the SSOPs for Level 3 supported UNICEF’s response and impacted its effectiveness? Were UNICEF systems and procedures adequate to assess and address needs?

**Coverage:** To what extent was the affected population adequately identified, targeted and reached by UNICEF and its partners across the three most affected countries, taking into account the dynamic and volatile nature of the outbreak? How successful has UNICEF been in reaching the most vulnerable groups, including children? Have data been disaggregated by sex, age and location?

**Coordination:** How effectively and efficiently has UNICEF fulfilled its sectoral leadership obligations? How effectively has UNICEF coordinated its response with other key actors in the initial phase of the response and in the transition to early recovery, taking account of the varied and shifting frameworks for coordination? Internally, how effective, efficient and timely has coordination between the various levels within UNICEF been, in the light of the Level 3 requirements? What lessons can be drawn from the establishment of the Ebola Unit at HQ?

**Monitoring and reporting:** to what extent has monitoring and reporting met UNICEF’s needs at each level of the organization, and the needs of UNICEF’s partners and stakeholders? Were the indicators set out in response plans appropriate and measurable? How far has monitoring and reporting been undertaken efficiently and effectively and in turn how far has it contributed to the efficiency and effectiveness of the various aspects of the response?

### 4.5. METHODOLOGY AND APPROACH

The evaluation will build as far as possible on existing information and analysis, including the results of the UNICEF Lessons Learned exercise. It will take a consultative approach, while being sensitive to the continuing burden on all involved in the response, including the population in the communities affected. While recognizing the constraints of time and resources, the evaluation process will aim to be systematic and evidence-based, taking care to triangulate and verify data and analysis at each step. It will employ mixed methods, using both qualitative and quantitative data. The evaluation will be focused on utilisation and will aim to engage stakeholders at key moments in the process and generate material in user-friendly formats.

**Phase 1: Scoping and Inception Phase (October – November 2015)** – During the first phase of the evaluation, the Evaluation Team will conduct a rapid desk review of key qualitative
and quantitative data and critical information available from country offices, the Regional Office and HQ as well as documents, data and reports from other stakeholders. Interviews with key informants will be conducted to provide orientation. These methods will establish a clear chronology and a broad overview of the response to the outbreak, as well as a framework on priority issues and questions for further examination. The main output of the scoping and inception phase will be an Inception Report, to be approved by the Evaluation Office in consultation with the in-house Reference Groups (see section on Management and Governance Arrangements below).

**Phase 2: Structured Field Work (November 2015 - January 2016)** – In the second phase, the evaluation team will visit Guinea, Sierra Leone and Liberia as well as the Regional Office in Dakar to collect further qualitative and quantitative data in a structured manner, undertaking key informant interviews and focus group discussions with UNICEF staff, national officials and members of the affected population, as well as staff of partner agencies and donor officials. In this phase, the team will also extend the collection of documentary evidence, to provide the basis for a formal desk review using data collection tools to code, organize and analyse the information. The evaluation team will share an aide memoire and/or powerpoint presentation of emerging findings with the UNICEF offices visited. Efforts should be made to provide feedback to members of the affected population consulted in the course of the evaluation.

**Phase 3: Report Preparation (January – March)** – This phase of the evaluation will include the preparation of a final report, based on systematic, impartial analysis of the information gathered in Phase 1 and 2. The expected output will be a concise assessment of the UNICEF response to the emergency, presenting conclusions and SMART recommendations. The final report shall contain an executive summary of up to 2,000 words and a main text of no more than 10,000 words (excluding annexes Annexes).

**Phase 4: Dissemination (April 2016)** – A series of well-facilitated participatory workshops would be conducted with the country offices, regional office and UNICEF’s key partners. The aim of these participatory workshops is to promote maximum utilization of the evaluation results. Thus, further visits to Guinea, Sierra Leone, Liberia and Regional Office will be made to communicate the findings, conclusions and recommendations of the evaluation and to facilitate strategic reflection on response and uptake of useful lessons and recommendations. Ways of providing feedback to members of the affected population should also be found. A final dissemination workshop would be held in New York and/or Geneva to share the results of the evaluation.

**4.6. MANAGEMENT AND GOVERNANCE ARRANGEMENTS**

In keeping with the corporate nature of the UNICEF response, the Evaluation Office will manage the evaluation, in close collaboration with the country offices, the Regional Office,
the Ebola Unit and other HQ Divisions concerned. An evaluation Manager will lead the process, under the guidance of the Evaluation Office Director. The Evaluation Office will commission a team of external consultants to undertake the evaluation, and provide overall management of the evaluation process.

The Emergency Management Team will serve as a Reference Group for the evaluation to strengthen the relevance, accuracy and hence credibility and utility of the evaluation. This is an advisory role, the main responsibility being to review and comment on key evaluation outputs (i.e. this TOR, the Inception Report, reports on emerging findings and the Draft and Final Reports). Final decisions on the evaluation process and quality assurance of outputs rests with the Evaluation Office.

Separately, at country level, it will be helpful to establish an evaluation working group in each country including membership from the national authorities and UNICEF’s key partners to provide inputs and consider emerging findings and the final report (see Dissemination section above).

A UNICEF Team Site will be set up for the evaluation to post regular updates, promote collaboration and ensure transparency.

4.7. DELIVERABLES AND TIMEFRAME

The evaluation team will generate the following major outputs that will be reviewed by the Evaluation Office and the EMT and approved by the Evaluation Office before being disseminated more widely. These include:

- **An Inception Report** of maximum 8,000 words (not including annexes). The Inception Report is intended to outline the team understanding of the UNICEF response to the emergency at the country, regional and global levels. It will include a clear chronology and a broad overview of the initial response to the emergency as well as a framework presenting priority issues and questions for further examination. It will also include a data collection tool-kit (i.e., interview guides, focus group discussion guides, direct observation forms, questionnaires for consultations with affected populations, and so on) to be used in the course of the evaluation;

- **Aide memoire and/or Power-point Presentations** that will be used by the evaluation Team to present the preliminary findings in participatory workshops to partners at country level;

- **A draft evaluation Report** that outlines clear evidence-based findings, conclusions and SMART recommendations, with a clear Executive Summary, for consideration by the EMT;
• **A Final evaluation Report** of no more than 10,000 words (plus Annexes), with a clear Executive Summary of no more than 2,000 words. This will address as appropriate comments on the draft report.

The evaluation will be undertaken over a period of six months from October 2015 to April 2016, as laid out in the table below.

### Indicative Timeline

<table>
<thead>
<tr>
<th>Step</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recruit evaluation Team (EO)</td>
<td>October</td>
</tr>
<tr>
<td>2. Commence Phase 1, including data collection and data analysis (Evaluation Team)</td>
<td>October - November</td>
</tr>
<tr>
<td>3. Produce Phase 1 outputs, including Inception Report for comment and data collection tool-kit (Evaluation Team)</td>
<td>November</td>
</tr>
<tr>
<td>4. Commence Phase 2</td>
<td>November</td>
</tr>
<tr>
<td>9. Dissemination workshops Dakar, Guinea, Sierra Leone, Liberia (EO/Evaluation Team)</td>
<td>April 2016</td>
</tr>
</tbody>
</table>

With respect to steps six to eight above, please note that each draft of report produced will need to be first quality checked and cleared by the Evaluation Office; after which it will be quality checked and cleared by the Reference Group before it is disseminated to relevant stakeholders for comments and feedback.

### 4.8. EVALUATION TEAM

UNICEF will hire a team of external consultants to conduct the evaluation, comprising:

a) A senior team leader with extensive evaluation experience in humanitarian approaches and programmes, including experience in public health. The team leader should have at least 12 years of experience in leading evaluations and excellent writing and communication skills in French and English.

b) Three senior consultants with the following range of competences:

i. familiarity with UNICEF emergency operations

ii. experience and knowledge of approaches to community care, including infection prevention and control

iii. familiarity with methods and approaches to C4D including social mobilisation and community engagement

iv. experience and knowledge of approaches to child protection in emergencies

v. ability to undertaking back-office analysis (e.g., desk review, analysis of timeline data, analysis of funding resources, etc.).
vi. knowledge of evaluation methods
vii. sound knowledge of English and French

c) A national consultant with comprehensive knowledge of at least one of the countries affected by Ebola, and familiar with participatory methods and techniques to promote consultations with affected population. The national consultant must be from the West African region or originate from there; but preferably from an Ebola affected country.

The team leader will work on the evaluation full time from start to finish, and in a timely and high-quality manner. S/He will be responsible for managing and leading the evaluation Team, undertaking the data collection from UNICEF and available sources; analysis, conducting the participatory workshops, as well as report drafting, report finalization and dissemination. The other team members will be responsible for carrying out data collection from UNICEF and available sources, analysis, and drafting elements of the report. A gender balanced team is encouraged.

4.9. To be read with RFPS-USA-2015-502087

A. We estimate that the evaluation can be duly executed by a team of 4-5 evaluators/consultants with the right mix of skills and expertise. However, bidders have the right to vary the team size, with proper justification for allocation of work and cost. To that end, this contract will be offered under institutional arrangements. This section presents guidelines for submission.

B. Background Information: Bidders are required provide to background information about their institutions as follows:
   • Date and country of incorporation
   • Summary of corporate structure and business areas
   • Corporate directions and experience
   • Location of offices or agents relevant to this proposal
   • Number and type of employees
   • Financial statements of the two most recent financial years

C. Institutional expertise and experience: Bidders are required to provide a minimum of two (2) references from clients for whom evaluations, or related projects of a similar scope of were carried out. Reference information should be organized as follows:
   • Name and description of client company/organisation
   • Names of senior individuals in the client companies who were involved in projects (referred to) who are knowledgeable
   • Scope and scale of projects
   • Services provided to client
UNICEF may contact referees for feedback on services provided to them by bidders.

D. The bidder should submit at least two sample reports of evaluations undertaken by the team leader (or links where the reports can be found on the internet). Preferably, these evaluations should be evaluations undertaken in a large scale emergency context.

E. Technical Proposal - General issues:
   • The technical proposal should emphasize the conceptual thinking and methods proposed for the evaluation, and minimize repeating information stated in this TOR document.
   • The methodology should stipulate, as clearly as possible, questions that will be explored at the different levels, global, regional and country level. The methodology should also present the mix of qualitative and quantitative analysis to be used.
   • There is no minimum or maximum length for the technical proposal. However, sufficient detail and clarity are required.
   • The proposal should stipulate the level of effort to be committed by the different team members in each work phase (inception, document review, field-based data collection and reporting). The same information should be featured in the financial proposal, associated cost data.
   • Bidders may be asked to provide additional information at the proposal assessment stage.

F. Technical Proposal - Specific requirements: In addition to whatever other approaches and methods are proposed, the following specific items must be present in the technical proposal:
   • The methodology should include a description of the key components including an approach for field-based data collection and incorporation of secondary data, an approach to incorporate data from the developmental evaluation, sampling criteria, as well as evaluation criteria for normative questions;
   • CVs for team members, highlighting experiences that are relevant to the evaluation under consideration;
   • Basic information about the organization submitting the bid including, the organization’s evaluation profile, highlighting the organization’s experience with the UN and UNICEF;
   • Requirements and/or assurances (e.g. non-use of child labor) must also accompany the submission package; and,
   • A declaration for intended participation of any former UNICEF staff.

G. While all contents of the technical proposal are important, special attention will be paid to the composition and strength of the proposed evaluation team, and the rigor of the proposed methodology and work plan. These two elements account for 70 percent of the points awarded for the technical proposal as indicated on page 9 of the RFPS document. The proposer’s capacity and sample report will account for the remaining 30 percent.
H. Cost Proposal - General issues

- Bidders must submit a firm-fixed price bid\(^9\), in **US Dollars**.
- The quotation will not subject to revision unless officially invited to re-submit by UNICEF.
- All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization.
- Bidders will suggest a payment schedule, linked unambiguously to contract milestones.
- Invoicing and payment will be effected by bank transfer, in US Dollars.

Budget categories and details

I. The budget should be presented in three categories: personnel costs, project costs, and overhead costs (in the case of institutional submissions). Sub-headings within the categories may be done at bidder’s discretion.

- **Personnel Costs**: These should include classification (i.e. job title/function) and rates for team members; duration of work for each. This information may be contained within a table showing expected level of effort per team member, by phase. The level of effort must be visible in both the technical and the financial proposals, albeit without associated cost in the technical proposal.

- **Evaluation costs**: These should include cost of travel, including subsistence allowances, travel by air, train, road, etc., telecommunication and miscellaneous expenses. Travel to selected destinations will be on a cost-reimbursable basis. **This is the sole budget component that will be charged this way; other elements will be firm-fixed price.** Travel costs and subsistence rates (lodging, food, local transport, and incidentals) will be based on the lower of the rates proposed by the bidder, or the official and prevailing United Nations rates. Bidders are encouraged to submit economical travel and subsistence costs.

- **Overhead costs**: In the case of institutional contracts, general and administrative costs should include institutional overhead and fee/profit over and above overhead. Otherwise, the cost proposal must include detailed item-wise quotations, based on the terms of reference and other relevant documents.

Experience has shown that bidders often submit data using their own cost rubrics and not according to the three categories described next. This is **acceptable**, as long as the proposed clustering into the three headings is reflected in the cost summary.

J. Specific requirements: In addition to whatever other approaches and methods are proposed, the following specific items **must be** present in the cost proposal:

- Presentation of a work plan in four work phases (inception, document review, field-based data collection and reporting),
- The level of effort for all team members as was reflected in technical proposal, repeated in the financial proposal with costs.

\(^9\) All costs will be fixed, except for travel to selected destinations, which will be on a cost-reimbursable basis.
• A payment schedule, linked unambiguously to contract milestones.

**Awarding the contract and payment**

**K.** UNICEF will award the contract after considering both technical and cost factors, on the principle of best value-for-money. Payment will be made only upon UNICEF’s acceptance of the work performed in accordance with agreed schedule of payment and/or contract milestones. The terms of payment are **net 30 days, after receipt of invoice and acceptance of work.** Where the need arises, earlier payment may be negotiated between UNICEF and the contracted institution, on the terms indicated in the RFPS.