

## UNICEF BOTSWANA TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT

Title of assignment:	EVALUATION OF DIFFERENTIATED MODELS OF CARE FOR ADOLESCENTS LIVING WITH HIV IN BOTSWANA
Section:	Programme (Adolescent & HIV)
Location:	Gaborone, Botswana
Duration:	7 Months
Estimated start date:	19 <sup>th</sup> October 2022
Estimated end date:	30 <sup>th</sup> April 2023

### 1. Background

Botswana is among a few countries in Southern Africa with the highest HIV prevalence globally. Women and young people are disproportionately affected by HIV. In 2019, HIV prevalence among adults 15-49 years was estimated at 20.7 per cent with women having a notably higher prevalence than men (25 % and 17 % respectively). Adolescents and young people (10-24) comprise nearly one third (30%) of Botswana's population. Adolescent girls and young women (AGYW) are disproportionately affected by HIV, with a quarter of all new infections occurring in this group. In 2019, new infections among AGYW 15-24 years constituted 24 per cent of the estimated 9 500 new infections, while new infections among adolescent boys and young men (ABYM) 15-24 years constituted 10 per cent of new infections. Gender inequalities and gender-based violence (including sexual violence, forced sex and intimate partner violence) continue to drive HIV forward. Social norms and traditional practices further compound and exacerbate the vulnerability of many girls to the triple threat of HIV, EUP and SEA.

The Government of Botswana has ensured a very high antiretroviral therapy (ART) coverage that led to a reduction of AIDS deaths by 33 per cent between 2010 and 2018 amounting to 5,000 deaths per year by 2019. However, young people (15-24 years) lag in treatment coverage. The testing and treatment cascades indicate that among adolescent girls and young women and adolescent boys and young men living with HIV only 79 per cent and 62 per cent knew their HIV status; 67 per cent and 63 per cent were receiving antiretrovirals; and only 60 per cent and 55 per cent were virally suppressed, respectively. Overall, adolescent boys and young men have lower linkage to treatment and viral suppression.

Many factors contribute toward the prevailing HIV epidemic amongst adolescents and young people (AYP) in Botswana. Behavioural drivers of the epidemic include low levels of condom use; low levels of comprehensive HIV knowledge; high rates of multiple partners; and inter-generational and transactional sex amongst AYP. Structural barriers include gaps in policies and programming that insufficiently address the unique needs of AYPLHIV (particularly related to psychosocial outcomes); sub-quality services not in alignment with international standards of care;

inadequate knowledge and capacity of health providers; a shortage of funds; and a lack of sector coordination.

Adolescents and young people living with HIV (AYPLHIV) have to further contend with challenges related to growing up with HIV infection, including stigma and discrimination, clinical complications, side effects of treatment, long-term adherence to ART, mental health challenges, while faced with the developmental tasks of this phase of life. Disclosure of HIV diagnosis to others including sexual partners, sexual and reproductive health decisions, academic performance with potentially long-term effects on employability, income and wellbeing are challenges this cohort of young people face. Additional challenges include transitioning from health services provided in paediatric HIV care settings to adult HIV care systems and assuming increased responsibility for their own care.

Despite these challenges, the specific needs of this population have not been adequately supported. Health care and other service providers lack the knowledge and skills to deal with the complex needs of AYP. SOPs and guidelines to inform health care workers and other social service providers about how best to address the needs of AYP, as well as training materials are unavailable or require revision.

The COVID-19 pandemic has added further challenges with vital HIV prevention and treatment services disrupted and restriction on travel and gatherings preventing or limiting access to health and other social services.

UNICEF Botswana in collaboration with Baylor Botswana is using a client-centred approach to implement differentiated service delivery model that tailors HIV services across the cascade to improve client experiences and outcomes. Specifically, the intervention is a three-pronged approach utilising teen clubs, training of health care workers and parents and caregivers to increase retention, viral load suppression and improve mental health of AYPLHIV. The overall goal of the programme is to improve the health, wellbeing and safety of ALHIV. This is conducted through the delivery of a multi-pronged intervention package that includes training of HCWs on quality, adolescent-friendly HIV care, treatment and support services; training of parents/caregivers on how to support their children living with HIV; and enrolment of ALHIV into Teen Clubs (TCs). The programme has been running for a period of two years and targets 255 ALHIV from six districts – Selibe-Phikwe, Tutume, Boteti, Serowe, Kweneng East and Gaborone. A study was conducted in 2019 to establish a baseline of key outcomes from which to measure the effectiveness of the multipronged intervention package after 24 months of follow up.

COVID-19 control and prevention measures significantly impacted on the testing of comprehensive models of care. Innovative approaches such use of technology and virtual platforms were adopted as remedial approaches in protecting gains and supporting continuity of services. UNICEF and Botswana Baylor worked together to explore the use of these virtual approaches to provide psychosocial support and care, as well as quality HIV services for the adolescents living with HIV (ALHIV) who are part of the Teen Clubs. This included adapting the existing teen club curriculum for training to be delivered remotely through mobile technology and

for club meeting sessions to resume virtually through WhatsApp groups. A comprehensive assessment was conducted to fully comprehend the impact of COVID-19 on outcomes of interest among ALHIV. These outcomes informed the development of a remote training platform and audio-visual materials including adaptation of the teen club curriculum into e-content and development of audio-visual materials.

Given the above outcomes, UNICEF, in support of the Government of Botswana, is seeking to contract the services of an institution to conduct the end line evaluation of the differentiated models of care for AYPLHIV living in Botswana. The end-line evaluation is to assess the impact of the multi-pronged intervention package on improving clinical, psychosocial and behavioural outcomes on ALHIV on ART, the feasibility of scaling-up and sustaining the intervention package within the Botswana context, the resources and costs involved in implementing the package of interventions and the acceptability of the intervention by adolescents, caregivers and providers.

The key implementing partners for this evaluation include Ministry of Health and Wellness (MOHW), UNICEF and Botswana-Baylor. MOHW provides overall project oversight and mobilizes and involves District Health Management Teams (DHMTs) and District AIDS Coordination offices (DAC), and the other partners at national and district levels. Botswana-Baylor supports the implementation of the evaluation activities. UNICEF also provides funding and technical support.

## 2. Evaluation Purpose, Objectives and Scope

The main purpose of the assignment is to evaluate the effectiveness of a multi-pronged intervention package on clinical, psychosocial and behavioural outcomes of a cohort of AYPLHIV on ART living in six districts in Botswana (Selibe-Phikwe, Boteti, Serowe, Kweneng East, Tutume and Ghanzi) conceptualised and implemented from January 2018 to June 2022 with a 24-month follow-up period.

The evaluation will be a summative evaluation to assess if the outcomes of the intervention were achieved in the targeted districts where the intervention was conducted. This evaluation will coincide with the end of the intervention as supported by UNICEF and as a result there is need to generate evidence on its contribution to improved outcomes of AYPLHIV on ART.

The primary user of the evidence generated from the evaluation will be the Government of Botswana through MoH and NAHPA, as the evaluation will inform learning on the effectiveness of the intervention, guiding future replication and/or national scale up of the intervention. This will also inform healthcare workers on how to improve outcomes of AYPLHIV who are on treatment and support. It will also provide valuable evidence on the role caregivers can play in improved outcomes of AYPLHIV. Findings from the evaluation will also be used by development partner, other non-governmental organisations and the wider HIV community using peer approaches to

support AYPLHIV. The evaluation will also consider the effect of gender, geographical location, and income status on the intended outcomes of the package of interventions. In particular, the evaluation objectives are as follows:

- a) Assess the extent to which the multi-pronged intervention package improved clinical, psychological and behavioural outcomes of AYPLHIV in the targeted districts; achieved intended and unintended results; identify indicative causes and analyse key dynamics that contributed to results achievement,
- b) the feasibility of scaling up and sustaining the intervention package within Botswana,
- c) assess the relevance of the intervention for adolescents, young people, caregivers and providers and the programming environment.
- d) to assess the resources and costs involved in implementing the package of interventions over the life cycle of the programme in relation to results achieved.
- e) and to assess the gender, equity/inclusion and child rights aspects and implications of the project through a gender and equity analysis.

### 3. Evaluation Framework

The following evaluation questions and sub-questions will form the evaluation framework:

Criteria	Evaluation Questions	Sub-questions
Effectiveness	What were the outcomes of AYPLHIV who were exposed to the programme and to what extent were the planned results of the programme achieved?	What were the adherence, retention in care and viral suppression outcomes of AYPLHIV who were exposed to the package of interventions?
		How did the participants score on psychological domains caregiver relationship, depression and illness cognition?
		What were the behavioural outcomes of AYPLHIV (alcohol and drug use, sexual behaviour)?
		What were the major factors influencing the achievement or non-achievement of the results?
		Were the changes in the clinical/medical/social outcomes of AYPLHIV due to the package of interventions?
		What differences in outcomes based on gender, geographical location can be observed?
Relevance	To what extent were the care and support needs of the AYPLHIV adequately met through the package of interventions?	To what extent were the beneficiaries satisfied with the package of interventions? To what extent did the caregivers and service

		providers find the package of interventions appropriate for AYPLHIV?
		To what extent were the programme strategies, approaches and methods relevant and responsive to the local settings, population, circumstances and challenges?
		To what extent are programming and strategies informed by a solid understanding of an evidence-based Theory of Change?
		To what extent did the programme create linkages with similar programmes supporting AYP affected by HIV in Botswana, for the purposes of learning lessons, cross-fertilisation, and coordination of interventions?
		How can the package of interventions be taken to scale?
Sustainability	Has the programme systematically promoted national ownership, capacity-building and skills transfer to counterparts (government, civil society, AYP) in order for them to be able to sustain the programme?	<p>To what extent has the programme been able to leverage other partners', including Government resources, to contribute to sustainability of the programme?</p> <p>To what extent have advocacy efforts been successfully used to contribute to national ownership?</p>
Efficiency	Do the programme results justify the investments (financial and human resources) made?	<p>To what extent were the implementing strategies appropriate for achieving results?</p> <p>To what extent was the package of interventions risk-informed (i.e., take into account emergency situations) and adaptable to unforeseen changes in circumstances (e.g., the COVID-19 pandemic)?</p> <p>To what extent did the programme generate solid evidence from monitoring and evaluation in order to inform policy/advocacy and improved programming?</p>
Gender and Equity	To what extent did the implementation of the intervention address child rights and Leave No-one Behind (gender and other excluded and marginalized groups).	How well did the programme integrate gender and equity considerations into its design and implementation?

		<p>Was sufficient information collected during the implementation period on specific result indicators to measure progress on gender and equity?</p> <p>To what extent was the programme disability inclusive?</p>
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## 4. Evaluability and Methodology

As part of the design and planning of this package of interventions, a protocol to evaluate the impact was developed and a study conducted to ascertain baseline measures. The protocol has since been amended to cater for the different delivery modalities accounting for COVID-19 pandemic. The primary evaluation question posited by the protocol considers what effect the package of interventions had on the improvement of clinical, psychosocial and behavioural outcomes of AYPLHIV on ART. This protocol will be shared with the consultants during the inception phase. The selected institution will be expected to review the protocol alongside existing and relevant resources and in consultation with Government and UNICEF teams propose adjustments to the protocol where sensible. Data collection instruments will undergo the same treatment for use in this evaluation.

**Evaluation design:** The evaluation will be based on a mixed-method design that is gender-sensitive and socially inclusive, using both qualitative and quantitative methods. A quasi-experimental design is preferred for this evaluation and will utilize a representative sample of AYPLHIV on ART in the six targeted districts. Evaluators are expected to review the existing protocol and assess the feasibility and appropriateness of the proposed design and make recommendations on what would be the most appropriate as part of their inception report. The approach undertaken will consider budgetary constraints, logistical feasibility, and access to beneficiaries of the intervention package.

From the evaluation questions, the evaluators will propose an evaluation matrix which will include for each question, appropriate data collection methods and tools and analyses required.

Based on UNICEF's data quality standards, all data collection and analysis will be disaggregated by key demographic characteristics (age, sex, location) and if possible, by vulnerability, including disability.

**Data collection tools:** As per the existing protocol there are several tools that have been developed for the package of interventions, collecting data during the course of implementation as well as for the evaluation. A summary of these tools is presented below:

Data collection tools					
Tool	Purpose	Type	Data source	Party responsible for data collection	Time point
Study register	<ol style="list-style-type: none"> <li>1. Assess eligibility</li> <li>2. Collect general health facility information</li> <li>3. Gather clinical data</li> <li>4. Collect contact details for enrolment and follow-up</li> <li>5. Record UICs</li> <li>6. Track study progress</li> </ol>	Quantitative	Clinic folders; institutional knowledge of Baylor staff; UIC algorithm; ALHIV; primary caregivers	Baylor staff and fieldworkers	TP1, TP2, TP3
Attendance records for HCW training and Primary caregiver information session	<ol style="list-style-type: none"> <li>7. Ensure training/information sessions took place</li> <li>8. Collect basic descriptive information about events including date, length of session/s, topics covered, participants</li> </ol>	Quantitative	Training facilitator/s and participants	Training facilitator/s	After all trainings (e.g. year 1 inception trainings and year 2 refresher trainings)
TC session tracker	<ol style="list-style-type: none"> <li>9. Collect basic descriptive information about all TC sessions</li> <li>10. Measure ALHIV attendance/retention in TC</li> <li>11. Identify any differences in TC execution that may lead to differential exposure of ALHIV and affect outcomes</li> </ol>	Quantitative	TC facilitator/s and ALHIV	TC facilitator/s	Monthly basis for the duration of the study (22 sessions in total)
ALHIV survey	<ol style="list-style-type: none"> <li>1. Measure individual-level demographics and confounders</li> </ol>	Quantitative	ALHIV self-reported responses in one-on-one interviews	Fieldworker	TP1, TP2, TP3



	2. Measure self-reported clinical, psychosocial and behavioural outcomes 3. Measure self-reported exposure to intervention and satisfaction				
Costing inventory list and expenditure analysis sheet	1. Collect costing information to compile a costing/feasibility report	Quantitative	Baylor/Facility/NGO or CBO-level financial records	TBD (Fieldworker, Costing expert)	TP2, TP3
Focus Group Discussion guide	2. Measure experiences, acceptability and self-reported impact (to complement quantitative data findings) of the multi-pronged intervention from the three main stakeholders' perspectives: ALHIV, primary caregivers and HCWs involved in the study	Qualitative	ALHIV group discussion; HCW group discussion; primary caregiver group discussion	Fieldworker	TP3

**Evaluation scope:** The evaluation should include all 6 targeted districts and target groups identified as part of the intervention. These include AYPLHIV on ART, healthcare providers and caregivers/parents. Other key stakeholders at district level, implementing partner and at the national level can be included.

**Sampling approach:** The evaluators will examine the proposed sampling methodology as per the existing protocol for both quantitative and qualitative data and adapt as needed and ensure representativeness and well as good participation by key stakeholders.

**Flexibility of approach:** UNICEF is cognizant that methodology and approach may be affected by prevailing conditions (e.g., COVID-19 pandemic) and budgetary constraints and therefore expects the successful evaluators to be flexible and creative in responding to changing situations.



A clear articulation of how the fieldwork will be undertaken and any contingency measures that will be in place to deal with COVID-19 should be detailed by the applicants. This should include alternative data collection methods if needed and safety precautions for participants and staff are accounted for. Partnership with a local research firm/institution is highly recommended.

The evaluation will be based on the United Nations Evaluation Group (UNEG) criteria for evaluating development programmes, namely relevance, effectiveness, efficiency, impact and sustainability with a focus on the impact criteria.<sup>1</sup> Quality of the evaluation will be assessed against UNICEF's Evaluation Quality Standards (see link below). At least a 'Satisfactory' rating for evidence will be expected as per definitions therein. The evaluation team should refer to these in the development of the inception and final evaluation reports.

<https://www.unicef.org/evaluation/media/816/file/UNICEF-Adapted-UNEG-Evaluation-Report-Standards.pdf>

## 5. Work Plan, Relationships and Reporting

The selected institution will work closely with UNICEF team, the Ministry of Health and the National AIDs and Health Promotion Agency in the form of a Steering Committee, to conduct the evaluation and the cost analysis for the intervention package.

The consultancy will be for the duration of 7 months. The consultancy will follow the schedule in line with the expected deliverables and timelines will only be negotiated if the delay is due to conditions beyond the control of the incumbent.

A *phased approach* will be adopted to ensure the successful implementation of the evaluation. It is foreseen that the assignment would entail the following broad stages:

- 1) *Inception Report and Endorsement*: Develop an Inception Report that (i) articulates the theory of change; (ii) recommends an evaluation design detailing the sampling approach, data collection tools and instruments; and (iv) proposes a detailed timeline and stakeholder consultations.
- 2) *Design and Implementation of Evaluation*: Data collection, analysis, report writing and stakeholder engagement by using proposed and approved methodology to investigate the effectiveness of the differentiated models of care for AYPLHIV as per scope of the TOR.
- 3) *Participate in one or more validation workshops of evaluation design and evaluation findings and recommendations with the steering committee and other stakeholders*
- 4) *Produce a final evaluation report in line with UNICEF GEROS requirements*

<sup>1</sup> Further details on the UNEG criteria can be obtained from: <http://www.unevaluation.org/document/detail/22>.

- 5) *Cost analysis*: As part of the main report include a section that estimates the costs of implementing the package as model for service delivery to AYPLHIV in Botswana by using the costing methods recommended in the Global Health Costing Consortium (GHCC) reference case.
- 6) *Evaluation advocacy brief*: For dissemination of evaluation findings.

#	Deliverables	Duration	Instalments
1.	The Inception Report (desk review, adapt methodological approach, tools development, stakeholder validation meetings, relevant ethical clearance as appropriate from the Human Resource Development Council) including PowerPoint slides for presentation.	August 2022 – September 2022	20%
2.	The Evaluation Research (sampling of research tools, data collection, data analysis, presentation of preliminary results to stakeholders, draft report) including PowerPoint slides for presentation.	September - December 2022	50%
3.	Final evaluation report and advocacy brief including PowerPoint slides for presentation.	January 2022 - March 2023	30%

The draft and final evaluation report should be between 40-60 pages, excluding the executive summary and annexes. The report should indicatively be structured as follows:

- a. Executive summary
- b. Introduction
- c. Description of the project, including the Theory of Change
- d. Overview of the evaluation approach, the design and methods used, including limitations and challenges
- e. Findings
- f. Conclusions and lessons
- g. Recommendations
- h. Annexes

## 6. Payment Schedule

Payment will be upon satisfactory completion and approval of deliverables by UNICEF as outlined in the table above. UNICEF's policy is to pay for the performance of contractual services rendered or to effect payment upon the achievement of specific milestones described in the contract.

No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

Payments will be made upon delivery and approval of deliverables by UNICEF. UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if outputs are incomplete, not delivered or for failure to meet deadlines.

## 7. Management and Oversight

The evaluation management team, comprising members from UNICEF and UNICEF ESARO will provide technical and management support. A Reference Group composed of members from the Ministry of Health and NAHPA and relevant stakeholders will provide feedback at critical stages in the evaluation process, including inception and report writing stages.

## 8. Qualification Requirements

UNICEF and the Government seek an institution with team members that have the following qualifications:

- Demonstrable experience in designing and conducting evaluations including cost analysis studies;
- Ability to analyse and synthesize information from a broad range of sources;
- Evaluation design: the team should consist of members with demonstrated skills and expertise required to design, plan and conduct **mixed-method evaluations**, potentially using **quasi-experimental techniques that are gender-sensitive and socially inclusive**;
- Skills in **quantitative and qualitative** data collection and analysis, drawing findings from multiple sources and handling potential contradictions between datasets.
- Primary research: **gender-sensitive** design, management and implementation of primary quantitative and qualitative research in potentially challenging project environments, such as during the COVID-19 pandemic Statistical analysis: the team should have capacity for **statistical modelling and analysis** of impact data; highly proficient user of SSS or STATA; and **qualitative data analysis** techniques, including the use of software e.g. ATLAS.ti, NVivo or equivalent where needed
- Relevant subject matter knowledge and experience: knowledge and experience required in **conducting evaluation against the OECD DAC Criteria, research about children, gender, equity, and child rights** to ensure that the evaluation design and research methods are as relevant and meaningful as possible given the aims and objectives of the project and the context in which it is being delivered;

- Experience in conducting evaluating HIV and adolescents' programmes will be an added advantage;
- Familiar with adolescents' and young people's issues;
- Evaluation management: the team has experience managing complex evaluation (impact and process) and research process from end to end.
- Country experience: it is particularly important that the team has the appropriate country knowledge /experience and **language proficiency** (Sesotho and English) required to conduct the research
- Able to work in a multicultural environment;
- Excellent spoken and written fluency in English required; the team must also include an expert able to communicate in Setswana; knowledge of other local languages in the area desired;
- Excellent analytical, research and report writing skills;
- Effective communication and relationship-building skills
- Team composition: a gender-balanced and culturally diverse team that makes use of national/regional evaluation expertise is an asset
- Information management: design and manage sex- and equity-disaggregated data and information systems capable of handling large datasets
- Safety considerations: ensuring the whole evaluation process adhere to best practice for research, including the implementation of **safeguarding policy and procedures to ensure safety and protection of participants**. Note that all bidders are expected to be able to show that they have a safeguarding policy in place during the research activities.
- Experience working with/in the UN or other international development organizations in the social sector is an asset

The selected institution must provide UNICEF with a Certificate of Incorporation and other documentation that this is a registered company or institution. The institution must possess at least 5 years' experience in evaluation of programmes in health, nutrition, food security, social research with an emphasis on mixed method data collection and analysis.

The institution should come with sufficient human resources to complete the evaluation within the desired timeframe. At a minimum, the evaluation team should include expertise in the areas of HIV programming and in particular programming for adolescents and young people, evaluation, statistics and costing. It is also recommended that the team consider one of these to be a national to facilitate the team locally. Up-to-date CVs/resumes of proposed team members should be included in the submission of a technical proposal.

The lead researcher/team leader must have:

- An advanced University degree (Master's or PhD) in Public Health, Epidemiology, Statistics or other relevant social science with strong experience in evaluation design;

- At least 10 years of relevant experience and proven expertise in conducting evaluations, reviews and/or assessments;
- Experience working with the United Nations, particularly UNICEF, including a strong understanding of UNICEF's policies and programming is an asset;
- Proven skills in research analysis, including quantitative and qualitative data collection and analysis techniques.
- Excellent report writing skills, analytical skills, as well as good computer skills.
- Experience leading teams and team processes.
- Excellent command in written and spoken English.

## 9. Content of Proposal

The interested institutions are expected to develop the above into a proposal. All proposals should include an introductory note, summary of understanding of the terms of reference, clear outline of evaluation design and methodology with a detailed breakdown of inception phase proposed scope, data collection methodology and data analysis report writing dissemination plan and timeline including stakeholder consultation and engagement. A draft timeline for completion of assignment, a company profile and CVs of key individuals proposed for assignment should be included in the proposal. The proposal should be in two parts: Part A – Technical; Part B – Financial, of not more than 10 pages. Please note Annexes can be included.

Financial proposals should clearly outline proposed phases of the study. Each phase must be budgeted, as progression to each phase will be dependent on available budget. Cost breakdown of consultancy fees, DSA operational costs for field work, air fare and related cost that will be incurred for the assignment.

## 10. Technical Evaluation Criteria and Relative Points

Item	Technical Evaluation Criteria	Max. Points Obtainable
1	<b>Overall Response</b> ( <i>e.g. the understanding of the assignment and the alignment of the proposal to the TOR</i> )	<b>10</b>
1.1	Completeness of response	5
1.2	Overall concord between RFP requirements and proposal	5
2	<b>Company and Key Personnel</b>	<b>30</b>
2.1	Range and depth of Institutional experience and capacity ( <i>operational partner/third party agreements, client references, previous results. Clarity on services that are to be obtained from a third party and related cost (if any).</i> )	20
2.2	Experience with projects of similar scope and complexity	5

2.3	Key personnel: relevant experience and qualifications of the proposed team for the assignment	5
3	<b>Proposed Methodology and Approach</b> (e.g., Work plan showing detail sampling methods, project implementation plan in line with the project)	<b>30</b>
3.1	Proposed robust plan (such as timelines, steps to set-up, criteria/methodology in management, quality assurance, monitoring tools.) Rationale/methodology is provided.	20
3.2	Technologies used: compatibility with UNICEF (Security/IT systems)	5
3.3	Innovative approach	5
	<b>TOTAL TECHNICAL SCORES</b>	<b>70</b>

*Note: Minimum technical required score – 50 points. Technical proposal weight is 70%, while financial proposal's weight equals 30%.*

## 11. Risks

Some activities may be delayed if feedback and inputs from key stakeholders are delayed. The selected institution will work closely with the Government and UNICEF Teams for the respective follow-up.

## 12. Terms and Conditions

The institution will use their own vehicles equipment, including computers. UNICEF will be under no operational obligation to pay 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.

## 13. How to Apply

- A cover letter expressing interest in the work. The cover letter should indicate relevant experience and availability.
- A technical proposal as per the TOR and in line with the technical evaluation criteria above.
- A financial proposal as per TOR – daily rate(s) should be reflected.
- Company/Team profile (as applicable).
- Professional curriculum vitae for all team members.
- Previous work samples that are relevant to this assignment.
- Three professional references (for the team/company);

Proposals should be sent to:

[BTW\\_procurement@unicef.org](mailto:BTW_procurement@unicef.org) with a cc [ritumeleng@unicef.org](mailto:ritumeleng@unicef.org)

Closing date for Submission: **12th October 2022 at 23:59**

Any enquiries regarding this advert should be sent to the above emails