Summative evaluation of the WHO Rapid Access Expansion Initiative

Request for Proposals (RFP)
Bid Reference
2017/DGO/EVL/01
Unit Name
WHO Evaluation Office
1. INTRODUCTION........................................................................................................... 4
  1.1 Objective of the RFP ............................................................................................ 4
  1.2 About WHO ......................................................................................................... 4
    1.2.1 WHO Mission Statement ............................................................................... 4
    1.2.2 Structure of WHO ....................................................................................... 4
    1.2.3 Description of Cluster/Service/Unit ............................................................... 4
  1.3 Definitions, Acronyms and Abbreviations .......................................................... 5

2. DESCRIPTION OF SUBJECT / PRESENT ACTIVITIES ...................................... 6
  2.1 Overview ............................................................................................................ 6
  2.2 Objectives of the activity .................................................................................... 6
  2.3 Activity coordination .......................................................................................... 6

3. REQUIREMENTS ..................................................................................................... 8
  3.1 Introduction ......................................................................................................... 8
  3.2 Characteristics of the provider .......................................................................... 8
    3.2.1 Status ........................................................................................................... 8
    3.2.2 Accreditations .............................................................................................. 8
    3.2.3 Previous experience .................................................................................... 8
    3.2.4 Logistical capacity ...................................................................................... 8
    3.2.5 Staffing ........................................................................................................ 8
  3.3 Work to be performed ....................................................................................... 9
    3.3.1 Key requirements ....................................................................................... 9
    3.3.2 Reporting requirements ............................................................................. 9
    3.3.3 Finance and accounting requirements ......................................................... 9
    3.3.4 Performance monitoring ............................................................................ 9
    3.3.5 Further Capacities ..................................................................................... 10

4. INSTRUCTIONS TO BIDDERS ........................................................................... 11
  4.1 Language of the Proposal and other Documents .............................................. 11
  4.2 Intention to Bid .................................................................................................. 11
  4.3 Cost of Proposal ................................................................................................ 11
  4.4 Contents of the Proposal .................................................................................. 11
  4.5 Joint Proposal ................................................................................................... 11
  4.6 Communications during the RFP Period .......................................................... 11
  4.7 Format and Signing of Proposals ...................................................................... 12
  4.8 Sealing and Marking of Proposals .................................................................... 12
  4.9 Exclusion of Submission of Offers by E-mail ..................................................... 13
  4.10 Period of Validity of Proposals ........................................................................ 13
  4.11 Closing Date for Submission of Proposals ....................................................... 13
  4.12 Modification and Withdrawal of Proposals ................................................... 13
  4.13 Receipt of Proposals from Non-invitees ............................................................ 14
  4.14 Amendment of the RFP .................................................................................... 14
  4.15 Proposal Structure ........................................................................................... 14
    4.15.1 Acceptance Form ....................................................................................... 14
    4.15.2 Executive Summary ................................................................................... 14
    4.15.3 Information about Bidders ......................................................................... 14
    4.15.4 Proposed Solution ...................................................................................... 15
    4.15.5 Approach/Methodology ............................................................................. 15
    4.15.6 Proposed Time line .................................................................................... 16
    4.15.7 Financial Proposal ..................................................................................... 16
  4.16 Conduct and Exclusion of bidders ................................................................... 16

5. OPENING AND EVALUATION OF PROPOSALS ............................................. 16
  5.1 Opening of Proposals ....................................................................................... 16
  5.2 Clarification of Proposals .................................................................................. 17
  5.3 Preliminary Examination of Proposals ............................................................... 17
  5.4 Evaluation of Proposals ..................................................................................... 17
    5.4.1 Technical Evaluation ................................................................................... 17
5.4.2 Financial Evaluation ................................................................. 18
5.5 Bidders’ Presentations ............................................................... 18

6. AWARD OF CONTRACT ........................................................................ 19
6.1 Award Criteria, Award of Contract ................................................... 18
6.2 WHO’s Right to modify Scope or Requirements during the Evaluation/Selection Process 19
6.3 WHO’s Right to Extend/Revise Scope or Requirements at Time of Award .......... 19
6.4 WHO’s Right to enter into Negotiations ............................................ 19
6.5 Signing of the Contract ..................................................................... 19
6.6 Publication by WHO of Contract awards ............................................ 19

7. GENERAL AND CONTRACTUAL CONDITIONS ........................................... 19
7.1 Conditions of Contract ..................................................................... 20
7.2 Responsibility .................................................................................. 20
7.3 Source of Instructions ..................................................................... 20
7.4 Warranties ....................................................................................... 20
7.5 Legal Status ..................................................................................... 21
7.6 Relation Between the Parties ............................................................ 22
7.7 No Waiver ....................................................................................... 22
7.8 Liability .......................................................................................... 22
7.9 Assignment ...................................................................................... 22
7.10 Officials not to Benefit ................................................................. 22
7.11 Indemnification .............................................................................. 22
7.12 Contractor’s Responsibility for Employees ...................................... 22
7.13 Subcontracting .............................................................................. 23
7.14 Place of Performance ..................................................................... 23
7.15 Language ....................................................................................... 23
7.16 Confidentiality ............................................................................... 23
7.17 Title Rights ................................................................................... 24
7.18 Termination and Cancellation .......................................................... 24
7.19 Force Majeure ............................................................................... 24
7.20 Surviving Provisions ..................................................................... 25
7.21 Use of WHO name and emblem .................................................... 25
7.22 Publication by WHO of Contract awards ........................................ 25
7.23 Successors and Assignees .............................................................. 25
7.24 Payment ....................................................................................... 25
7.25 Title to Equipment ........................................................................ 26
7.26 Insurance and Liabilities to Third Parties ........................................ 26
7.27 Settlement of Disputes .................................................................. 26
7.28 Observance of Laws ..................................................................... 27
7.29 Authority to Modify ..................................................................... 27
7.30 Privileges and Immunities .............................................................. 27
7.31 No Terrorism or Corruption .......................................................... 27

8. PERSONNEL ......................................................................................... 27
8.1 Approval of Contractor Personnel .................................................... 27
8.2 Project Managers ............................................................................. 28
8.3 Foreign Nationals ............................................................................ 28
8.4 Compliance with WHO’s Policies ..................................................... 28
8.5 Ethical Behaviour ............................................................................ 29
8.6 Engagement of Third Parties and use of In-house Resources .......... 29

9. LIST OF ANNEXES ............................................................................... 30
1. INTRODUCTION

1.1 Objective of the RFP

The purpose of this Request for Proposals (RFP) is to enter into a contractual agreement with a successful bidder and select a suitable contractor to carry out the following work: to conduct a summative evaluation of the WHO Rapid Access Expansion Initiative.

WHO is an Organization that is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1.2 About WHO

1.2.1 WHO Mission Statement

The World Health Organization was established in 1948 as a specialized agency of the United Nations. The objective of WHO (www.who.int) is the attainment by all peoples of the highest possible level of health. "Health", as defined in the WHO Constitution, is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. WHO's main function is to act as the directing and coordinating authority on international health work.

1.2.2 Structure of WHO

The World Health Assembly (WHA) is the main governing body of WHO. It generally meets in Geneva in May of each year and is composed of delegations representing all 194 Member States. Its main function is to determine the policies of the Organization. In addition to its public health functions, the Health Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the proposed programme budget. It also considers reports of the WHO Executive Board, which it instructs with regard to matters upon which further action, study, investigation or report may be required.

The Executive Board is composed of 34 members elected for three-year terms. The main functions of the Board are to give effect to the decisions and policies of the WHA, to advise it and generally to facilitate its work. The Board normally meets twice a year; one meeting is usually in January, and the second is in May, following the World Health Assembly.

The WHO Secretariat consists of some 7,900 staff at the Organization’s headquarters in Geneva, in the six regional offices and in countries. The Secretariat is headed by the Director-General, who is appointed by the WHA on the nomination of the Executive Board. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.

1.2.3 Description of Cluster/Service/Unit

The mission of the Evaluation Office is to contribute to establishing a culture of evaluation at all levels of the Organization, so that evaluation plays a critical role in WHO in improving performance, increasing accountability for results and promoting organizational learning. The Director-General’s Representative for Evaluation and Organizational Learning heads the Evaluation Office.
### 1.3 Definitions, Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMG</td>
<td>Evaluation Management Group</td>
</tr>
<tr>
<td>GAC</td>
<td>Global Affairs Canada</td>
</tr>
<tr>
<td>GMP</td>
<td>Global Malaria Programme</td>
</tr>
<tr>
<td>iCCM</td>
<td>Integrated Community Case Management</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated management of childhood illness</td>
</tr>
<tr>
<td>RAcE</td>
<td>Rapid Access Expansion</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Proposals</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
2. DESCRIPTION OF SUBJECT / PRESENT ACTIVITIES

2.1 Overview

Global Affairs Canada (GAC) is providing a grant to WHO to implement the Rapid Access Expansion (RAcE) programme (2011/12-17/18). Through this initiative, WHO is sub-granting nongovernmental organizations to support high burden countries to increase coverage of diagnostic, treatment, and referral services for the major killers of children under 5 (diarrhea, pneumonia and malaria), through the scale up of Integrated Community Case Management (iCCM). WHO is also working to generate evidence to inform WHO policy recommendations and guidance on iCCM. WHO is implementing activities in the Democratic Republic of Congo, Niger, Nigeria, Mozambique and Malawi, all of which have a demonstrated capacity to implement community case management of malaria and iCCM programming.

Funds are being provided to WHO headquarters through a grant arrangement. The WHO/Global Malaria Programme RAcE Geneva secretariat manages the technical and operational functions of the grant. WHO regional and country offices provide ongoing support to the sub-grantees hired to implement activities.

2.2 Objectives of the activity

The purpose of the summative evaluation is to:

- Contribute to relevant and practical lessons to inform the global policy and dialogue on Integrated Community Case Management (iCCM);
- Inform WHO maternal, newborn and child health policy dialogue, programming design and implementation and Global Affairs Canada (GAC);
- Ensure accountability of public funds to stakeholders.

The specific evaluation objectives are to:

- Assess the effectiveness, efficiency, relevance, impact¹ and sustainability of results of the RAcE programme;
- Assess sub-grantees delivery model of iCCM;
- Peer-review and validate ICF International's evaluation of the RAcE programme’s contribution to estimated impact;
- Provide relevant and practical findings, conclusions, recommendations, and lessons to inform policy dialogue, and future design and implementation of iCCM.

2.3 Activity coordination

The WHO Evaluation Office will commission and lead this evaluation, in close cooperation with GAC’s International Assistance Evaluation Division. The successful bidder, the contractor, will be required to submit reports to the Director-General’s Representative for Evaluation and Organizational Learning in his capacity as Evaluation Commissioner. A WHO Evaluation Officer will act as the

¹ The evaluation of impact must use methodological alternatives to traditional counterfactual approaches, i.e. assessing with confidence that the RAcE programme had an impact through the use of non-counterfactual mixed methods approaches. GAC, through this evaluation, aims to contribute, to the extent possible, to the widening body of evaluations trying to broaden evaluation approaches to impact evaluations for complex interventions.
Evaluation Manager, representing the Evaluation Commissioner in the management and day to day operations of the evaluation. An ad-hoc Evaluation Management Group (EMG), comprising representatives of WHO, GAC and a senior member from the UN Evaluation Group, will assist the Evaluation Manager. In addition, an Evaluation Reference Group will support the evaluation at key moments to ensure broad participation in the conceptualization of the exercise, access to information, high technical quality of the evaluation products as well as learning and knowledge generation.
3. REQUIREMENTS

3.1 Introduction

WHO requires the successful bidder, the Contractor, to conduct a summative evaluation of the Rapid Access Expansion Initiative.

3.2 Characteristics of the provider

3.2.1 Status

- The provider shall be a recognized institution with demonstrated specialization in evaluation, as well as expertise in areas related to child health, communicable diseases, assessing health systems of developing countries, gender equality and equity issues and working experience in Sub-Saharan Africa.

3.2.2 Accreditations

- N/A

3.2.3 Previous experience

- Previous work with WHO, other international organizations and/or major institutions in the field of evaluations of development assistance for health projects.

Proven experience in carrying out evaluations of: child health programmes/initiatives; assessing health systems of developing countries; and gender equality and equity issues, in particular, assessing programmes that target populations living in hard-to-reach areas. Work experience in Sub-Saharan Africa.

3.2.4 Logistical capacity

The selected provider shall have the logistical capacity to conduct the activities necessary for the evaluation, including the management and conduct of the required data collection process, data analysis and quality assurance, manage virtual global meetings, hire local consultants and arrange travel, as required.

3.2.5 Staffing

The selected provider will bring together a multi-disciplinary team, composed of three to four internationally-recruited members, including the team leader. The core team should draw upon specialized technical expertise, research and editorial assistance as necessary. It will be complemented by national expertise for the country case studies and should include women and men of mixed cultural backgrounds. The team members must be able to communicate clearly in English and must have excellent analytical and drafting skills. In addition, at least one member of the evaluation team should have excellent knowledge of French. Some knowledge of Portuguese is an asset.

The selected provider will conduct the evaluation in accordance with UNEG Norms and Standards for Evaluation and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

The team leader must have at least 10 years of extensive experience in leading evaluations of a similar size, complexity and character as well as technical expertise in the areas related to child health.
health (preferably ICCM), experience in assessing health systems of developing countries and work experience in Sub-Saharan Africa. The team leader should also have experience in gender equality and equity issues, in particular, assessing programmes that target populations living in hard-to-reach areas.

The core team members will bring together a complementary and balanced combination of the necessary technical expertise in the thematic areas directly relevant to the evaluation, such as experience in child health, public health, communicable diseases, health systems of developing countries, Integrated Management of Childhood Illness (IMCI), and if possible, ICCM. One team member must have experience with quantitative data analysis. The team members should also have expertise in gender equality and equity issues. The team members should have at least 10 years of individual experience in their respective areas of technical expertise and experience in Sub-Saharan Africa. They must also have experience in applying evaluation methods in their respective areas of expertise.

The core team must ensure that the national expertise (support to the core team members in preparation of, during, and following the country field work) present all necessary qualifications and experience to plan and organize the field work as well as to actively participate in the data collection.

### 3.3 Work to be performed

Please refer to sections 3 and 4 of the attached Terms of Reference (Annex 7) for the summative evaluation of the WHO Rapid Access Expansion Initiative which form an integral part of this Request for Proposals.

#### 3.3.1 Key requirements

- Please refer to Section 5 of the attached Terms of Reference for the evaluation (Annex 7).

#### 3.3.2 Reporting requirements

The indicative timeframe for the work is set out in the table below

<table>
<thead>
<tr>
<th>End November 2017</th>
<th>Deadline for submission of inception report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-February 2018</td>
<td>Deadline for submission of draft evaluation report</td>
</tr>
<tr>
<td>Mid-March 2018</td>
<td>Deadline for submission of final evaluation report</td>
</tr>
<tr>
<td>End March 2018</td>
<td>Deadline for preparation of Evaluation Brief in English and French</td>
</tr>
<tr>
<td>End March 2018</td>
<td>Presentation of the evaluation results in Geneva to the stakeholders</td>
</tr>
</tbody>
</table>

#### 3.3.3 Finance and accounting requirements

N/A

#### 3.3.4 Performance monitoring

The WHO Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation.

The first level of quality assurance of all evaluation deliverables will be conducted by the evaluation team prior to submitting the deliverables for the review of the WHO Evaluation Office Evaluation Manager. The evaluation team is expected to dedicate specific resources to quality assurance efforts, and must consider all time, resources and costs related to this function in their technical and financial bid. The bidder must set out the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer.
The second level of quality assurance of the evaluation deliverables will be conducted by the Evaluation Management Group. To further enhance the quality and credibility of this evaluation, the Evaluation Reference Group will also comment on the reports (factual checks).

The Director of the WHO Evaluation Office maintains an oversight and quality assurance role for the final evaluation report.

3.3.5 Further Capacities N/A
4. INSTRUCTIONS TO BIDDERS

Bidders should follow the instructions set forth below in the submission of their proposal to WHO.

4.1 Language of the Proposal and other Documents

The proposal prepared by the bidder, and all correspondence and documents relating to the proposal exchanged by the bidder and WHO shall be written in the English language.

4.2 Intention to Bid

No later than 09/08/2017 at 17:00 hours Geneva Time, the bidder shall complete and return by email to WHO to the following address: evaluation@who.int

1. The RFP 2017/DGO/EVL/01 Acknowledgement form, attached hereto as Annex 1, signed as confirmation of the bidder’s intention to submit a bona fide proposal and designate its representative to whom communications may be directed, including any addenda; and

2. The RFP 2017/DGO/EVL/01 Confidentiality form, attached hereto as Annex 2, signed.

4.3 Cost of Proposal

The bidder shall bear all costs associated with the preparation and submission of the proposal, including but not limited to the possible cost of discussing the proposal with WHO, making a presentation, negotiating a contract and any related travel. WHO will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the selection process.

4.4 Contents of the Proposal

Proposals must offer the total requirement. Proposals offering only part of the requirement may be rejected.

The bidder is expected to follow the proposal structure described in paragraph 4.15 below and otherwise comply with all instructions, terms and specifications contained in, and submit all forms required pursuant to, this RFP. Failure to follow the aforesaid proposal structure, to comply with the aforesaid instructions, terms and specifications, and/or to submit the aforesaid forms will be at the bidder’s risk and may affect the evaluation of the proposal.

4.5 Joint Proposal

Two or more entities may form a consortium and submit a joint proposal offering to jointly undertake the work. Such a proposal must be submitted in the name of one member of the consortium - hereinafter the “lead organization”. The lead organization will be responsible for undertaking all negotiations and discussions with, and be the main point of contact for, WHO. The lead organization and each member of the consortium will be jointly and severally responsible for the proper performance of the contract.

4.6 Communications during the RFP Period

DocRef: RFP HV-2017-V3
A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 10 August 2017, i.e. 13 working days prior to the closing date for the submission of offers.:

Email for submissions of all queries: luzota@who.int
(use subject: WHP Bid Ref. 2017/DGO/EVL/01 )

The WHO Evaluation Office Team at WHO will respond in writing (via email only) to any request for clarification of the RFP that it receives by the deadline indicated above. A consolidated document of WHO's response to all questions (including an explanation of the query but without identifying the source of enquiry) will be sent to all prospective bidders who have received the RFP. Questions are to be submitted following the format of the form "Questions from Bidders", attached hereto as Annex 4.

There shall be no individual presentation by or meeting with bidders until after the closing date. From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

4.7 Format and Signing of Proposals

The bidder shall submit four (4) hard copies each of the complete proposal by the closing date set forth in section 4.11 to the address in section 4.8. Each complete proposal should include the following:

- Hard copy of proposal and supporting documents (marked clearly Bid Ref 2017/DGO/EVL/01)
- Signed Self Declaration form, attached hereto as Annex 6
- Signed Acceptance Form, attached hereto as Annex 5
- CD-ROM/USB Key containing electronic copy of proposal and supporting documents

Please also note the following instructions for preparation of the Proposal:

1) The four (4) copies shall be labelled "Master Copy" and "Copy1", "Copy2" and so on, as appropriate. The bidder must ensure that the content of all copies is identical. If at any time a difference is discovered between any copies of the proposal then the "Master Copy" will prevail as the official copy.

2) The four (4) hard copies shall be unbound, provided in binders from which pages may be removed easily. Dividers may be used to separate sections of the document, if needed.

3) All pages of the proposal shall be numbered in the format 'Page X of Y'.

4) All four (4) copies of the proposal shall be typed or written in indelible ink and shall be signed by a person or persons duly authorized to represent the bidder, submit a proposal and bind the bidder to the terms of the RFP. A proposal shall contain no interlineations, erasures, or overwriting except, as necessary to correct errors made by the bidder, in which case such corrections shall be initialled by the person or persons signing the proposal.

5) The electronic copies of the proposal and supporting documents on the four (4) CD-ROMs/USB Keys should be in PDF, or MS Word compatible format.

4.8 Sealing and Marking of Proposals
Four (4) copies of the complete proposal must be sent by registered mail, via courier or hand delivered, in a sealed envelope or parcel to the following address:

Office WHO Evaluation Office
Bid Ref: 2017/DGO/EVL/01
Attn: Carol Drayton
World Health Organization
20 Avenue Appia, CH-1211 Geneva 27

NOTE: If the envelopes are not sealed and marked as per the instructions in this clause, WHO will not assume any responsibility for the misplacement or premature opening of the proposal and may – at its discretion – reject the proposal. If the envelopes are delivered by hand, it shall be the bidder’s responsibility to ensure that they are dated and signed for receipt (with an indication of the time of receipt) by an employee of WHO upon their delivery.

4.9 Exclusion of Submission of Offers by E-mail

Only hard copies are acceptable as official bid entries. Under no circumstances shall offers be submitted to WHO by E-mail. Any and all bidders submitting an offer by such means shall be disqualified and their offer rejected.

4.10 Period of Validity of Proposals

The offer outlined in the proposal must be valid for a minimum period of 120 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder’s consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

4.11 Closing Date for Submission of Proposals

Proposals must be received at WHO at the address specified in section 4.8 no later than 28/08/2017 17:00 hours, Geneva time.

WHO may, at its own discretion, extend this closing date for the submission of proposals by notifying all bidders thereof in writing. Any proposal received by WHO after the closing date for submission of proposals may be rejected.

4.12 Modification and Withdrawal of Proposals

The bidder may withdraw its proposal any time after the proposal’s submission and before the opening of the bids, provided that written notice via email of the withdrawal is received by WHO prior to the closing date.

The bidder’s withdrawal notice shall be addressed, sealed and marked in accordance with section 4.8 to be received before the closing date referred to in section 4.11. An advance copy of the withdrawal notice may also be sent by email but must be followed by a signed confirmation copy received by the closing date.

- Email for withdrawal of proposal: evaluation@who.int
No proposal may be modified after the closing date for submission of proposals, unless WHO has issued an amendment to the RFP allowing such modifications (see section 4.14).

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal in accordance with section 4.10.

### 4.13 Receipt of Proposals from Non-invitees

WHO may, at its own discretion, if it considers this necessary and in the interest of the Organization, extend the RFP to bidders that were not included in the original invitation list.

### 4.14 Amendment of the RFP

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, inter alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.

### 4.15 Proposal Structure

The contents of the bidder’s proposal should be concisely presented and structured in the following order to include, but not necessarily be limited to, the information listed in sections 4.15.3 to 4.15.7 below.

Any information which the bidder considers confidential, if any, should be clearly marked confidential.

#### 4.15.1 Acceptance Form

The bidder’s proposal must be accompanied by a transmittal letter (in the form of Annex 5, attached) signed by a duly authorized representative of the bidder and stating:

- That the bidder undertakes on its own behalf and on behalf of its possible partners and contractors to perform the work in accordance with the terms of the RFP;
- The total cost of the proposal, indicating the United Nations convertible currency used (preferably US Dollars);
- The number of days the proposal is valid (from the date of the form) in accordance with section 4.10.

#### 4.15.2 Executive Summary

The bidder’s proposal must be accompanied by an Executive Summary/Proposed Solution.

#### 4.15.3 Information about Bidders

Bidders should include the following information in their bids. Bidders who are individuals should include in their bids the information that is relevant to individuals.
### Information about Bidders

<table>
<thead>
<tr>
<th>1 Company Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Corporate information</td>
</tr>
<tr>
<td>1.1.1 Company mission statement</td>
</tr>
<tr>
<td>1.1.2 Service commitment to customers and measurements used</td>
</tr>
<tr>
<td>1.1.3 Organization structure</td>
</tr>
<tr>
<td>1.1.4 Geographical presence</td>
</tr>
<tr>
<td>1.1.5 Relevant experience (include description of those parts of your organization that would be involved in the performance of the work)</td>
</tr>
<tr>
<td>1.2 Staffing information</td>
</tr>
<tr>
<td>1.2.1 Number and Geographical distribution of staff</td>
</tr>
<tr>
<td>1.2.2 Number of consultants employed on similar projects in each of the past three years</td>
</tr>
<tr>
<td>1.2.3 Staff turnover rate for the past three years</td>
</tr>
<tr>
<td>1.3 Audited financial statements for the past three (3) years</td>
</tr>
<tr>
<td>1.4 Legal information</td>
</tr>
<tr>
<td>1.4.1 History of Bankruptcy</td>
</tr>
<tr>
<td>1.4.2 Pending major lawsuits and litigations in excess of USD 100,000 at risk (indicate particularly those by licensees or patent infringement)</td>
</tr>
<tr>
<td>1.4.3 Pending Criminal/Civil lawsuits</td>
</tr>
<tr>
<td>1.5 Relevant Contractual relationships</td>
</tr>
<tr>
<td>1.5.1 Relevant Contractual projects (with other UN agencies or contractors)</td>
</tr>
<tr>
<td>1.6 Proposed sub-contractor arrangements including sub-contractor information (as above for each sub-contractor)</td>
</tr>
</tbody>
</table>

| 2 Experience and Reference Contact Information (list and provide five (5) detailed examples of relevant experience gained within the past five years of the issuance of this RFP that demonstrate the contractor's ability to satisfactorily perform the work in accordance with the requirements of this RFP) |
| 2.1 Project Name                                                                      |
| 2.1.1 Project Description                                                             |
| 2.1.2 Status (under development/implemented)                                           |
| 2.1.3 Reason for Relevance (provide reason why this project can be seen as relevant to this project) |
| 2.1.4 Roles and responsibilities (list and clearly identify the roles and responsibilities for each participating organization) |
| 2.1.4.1 Client Role and Responsibility                                               |
| 2.1.4.2 Contractor Role and Responsibility. Previous contractor role in project       |
| 2.1.4.3 Third party contractors Role and Responsibility. Previous specified 3rd party role in project. |
| 2.1.5 Team members (indicate relevant members of the team that will also be used for this project) |

4.15.4 Proposed Solution

The bidder should spell out in the technical proposal how it seeks to undertake to address the work stipulated in the Terms of Reference (Annex 7) attached to this RFP.

4.15.5 Approach/Methodology
The proposal should describe the approach the bidder will take in undertaking the expected work. Key milestones and deliverables at various stages should also be set out as per guidance in the Terms of Reference (Annex 7) attached to this RFP.

4.15.6 Proposed Time line

A time line for completion of various elements of work set out in the Terms of Reference (Annex 7) and submission of deliverables should be given.

4.15.7 Financial Proposal

The financial proposal should have all elements set out in Annex 5 of this RFP and the additional detailed budget form Annex 8, attached. It should be signed and dated. All unit costs indicated in the form must be set out clearly.

4.16 Conduct and Exclusion of bidders

All bidders must adhere to the UN Supplier Code of Conduct, which is available at the following link: https://www.un.org/Depts/ptd/sites/www.un.org.Depts.ptd/files/files/attachment/page/2014/February%202014/conduct_english.pdf

In addition, bidders that are companies should submit a signed Self Declaration form, attached hereto as Annex 6.

Bidders will be excluded if:

- they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

- they or persons having powers of representation, decision making or control over them have been the subject of a final judgment or of a final administrative decision for fraud, corruption, involvement in a criminal organization, money laundering, terrorist-related offences, child labour or trafficking in human beings;

- they or persons having powers of representation, decision making or control over them have been the subject of a final judgment or of a final administrative decision for financial irregularity(ies);

- it becomes apparent to WHO that they are guilty of misrepresentation in supplying, or if they fail to supply, the information required under this RFP and/or as part of the bid evaluation process; or

- they have a conflict of interest, as determined by WHO in its sole discretion.

WHO may decide to exclude bidders for other reasons.

5. OPENING AND EVALUATION OF PROPOSALS

5.1 Opening of Proposals

WHO will open the proposals in the presence of a Committee formed by WHO at its office in Geneva on 30 August 2017 at 10:00, Geneva time. Each proposal will be opened during the
session, each bidder will be announced and, in case of fixed-price offer, the total cost of each Financial Proposal will be read aloud. Bidders may attend the session (at their own cost) and should inform WHO in advance via email if they plan to attend. Non-attendance has no implication on the evaluation of the bids.

5.2 Clarification of Proposals

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

5.3 Preliminary Examination of Proposals

WHO will examine the proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO’s general principles, including economy and efficiency, WHO does not bind itself in any way to select the bidder offering the lowest price.

5.4 Evaluation of Proposals

A two-stage procedure will be utilized in evaluating the proposals, with technical evaluation of the proposal being completed prior to any focus on or comparison of price.

The Selection Panel will evaluate all proposals which have passed the Preliminary Examination of Proposals.

<table>
<thead>
<tr>
<th>Technical Weighting:</th>
<th>70 % of total evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Weighting:</td>
<td>30 % of total evaluation</td>
</tr>
</tbody>
</table>

5.4.1 Technical Evaluation

The technical evaluation of the proposals will include:

- the extent to which WHO’s requirements and expectations have been satisfactorily addressed;
- the quality of the overall proposal;
- the appropriateness of the proposed approach;
- the quality of the technical solution proposed;
- the manner in which it is proposed to manage and staff the project;
- the experience of the firm in carrying out related projects;
- the qualifications and competence of the personnel proposed for the assignment; and
- the proposed timeframe for the project.
Proposals failing to obtain a minimum of 70% of the total allocable points for the technical evaluation will not be eligible for further consideration.

5.4.2 Financial Evaluation

During the Financial Evaluation, the price proposal of all bidders who have passed the Technical Evaluation will be compared.

5.5 Bidders' Presentations

WHO may, during the evaluation period, at its discretion, invite selected bidders to supply additional information on the contents of their proposal (at such bidders' own cost). Such bidders will be asked to give a presentation of their proposal (possibly with an emphasis on a topic of WHO's choice) followed by a question and answer session. If required, the presentation will be held at WHO's office in Geneva or by tele/videoconference.

NOTE: Other presentations and any other individual contact between WHO and bidders is expressly prohibited both before and after the closing date.

6. AWARD OF CONTRACT

6.1 Award Criteria, Award of Contract

WHO reserves the right to

1. Award the contract to a bidder of its choice, even if its bid is not the lowest;
2. Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
3. Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;
4. Award the contract on the basis of the Organization's particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;
5. Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.
6.2 WHO's Right to modify Scope or Requirements during the Evaluation/Selection Process

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

6.3 WHO's Right to Extend/Revise Scope or Requirements at Time of Award

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

6.4 WHO's Right to enter into Negotiations

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this RFP.

6.5 Signing of the Contract

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

6.6 Publication by WHO of Contract awards

WHO reserves the right to publish (e.g. on the procurement page of its internet site) or otherwise make public information regarding contracts awarded, including contractors’ names and addresses, a description of the goods or services provided and their value.

7. GENERAL AND CONTRACTUAL CONDITIONS

The contract between WHO and the selected bidder (“the Contract”) will, unless otherwise explicitly agreed in writing, include the provisions as set forth in this section, and will otherwise inter alia address the following issues:

- responsibilities of the selected bidder(s) (“the Contractor(s)”) and WHO;
- clear deliverables, timelines and acceptance procedures;
- payment terms tied to the satisfactory performance and completion of the work;
- notices.

The prices payable by WHO for the work to be performed under the Contract shall be fixed for the duration of the Contract and shall be in a UN convertible currency (preferably US Dollars), based on the UN exchange rate of the date of invoice. The total amount payable by WHO under the Contract may be either a lump sum or a maximum amount. If the option for payment of a lump
sum applies, that lump sum is payable in the manner provided, subject to satisfactory performance of the work. If the option for payment of a maximum amount applies:
- the Contract shall include a detailed budget;
- the Contractor shall be held to submit a financial statement together with each invoice;
- any advance payments by WHO shall be used by the Contractor exclusively for the work in accordance with the budget and any unspent balance shall be refunded to WHO;
- payment by WHO shall be subject to satisfactory performance and the acceptance of the Contractor's financial statements; and
- all financial reports shall be subject to audit by or on behalf of WHO, including examination of supporting documentation and relevant accounting entries in the Contractor's books. In order to facilitate financial reporting and audit, the Contractor shall keep systematic and accurate accounts and records in respect of the work.

Unless otherwise specified in the Contract, WHO shall have no obligation to purchase any minimum quantities of goods or services from the Contractor, and WHO shall have no limitation on its right to obtain goods or services of the same kind, quality and quantity as described in the Contract, from any other sources at any time.

7.1 Conditions of Contract

Any and all of the Contractor's (general and/or special) conditions of contract are hereby explicitly excluded from the Contract, i.e., regardless of whether such conditions are included in the Contractor's offer, or printed or referred to on the Contractor's letterhead, invoices and/or other material, documentation or communications.

7.2 Responsibility

The Contractor will be responsible to ensure that the work performed under the Contract meets the agreed specifications and is completed within the time prescribed. The Contractor shall facilitate the operational audit related to the execution of the work and the compliance with the obligations set forth in the Contract, by persons so designated by WHO. In this regard, the Contractor shall make all relevant operational information, without restriction, available to persons so designated by WHO and provide satisfactory explanations to all queries arising in connection therewith.

7.3 Source of Instructions

The Contractor shall neither seek nor accept instructions from any authority external to WHO in connection with the performance of the work under the Contract. The Contractor shall refrain from any action which may adversely affect WHO and shall fulfil its commitments with the fullest regard to the interests of WHO.

7.4 Warranties

The Contractor warrants and represents to WHO as follows:

1) The deliverables shall meet the specifications called for in the Contract and shall be fully adequate to meet their intended purpose. The Contractor furthermore warrants that the deliverables shall be error-free. The Contractor shall correct any errors in the deliverables, free of charge, within fifteen days after their notification to the Contractor, during a period of at least one
year after completion of the work. It is agreed, however, that errors and other defects which have been caused by modifications to the deliverables made by WHO without agreement of the Contractor are not covered by this paragraph.

2) The deliverables shall, to the extent they are not original, only be derived from, or incorporate, material over which the Contractor has the full legal right and authority to use it for the proper implementation of the Contract. The Contractor shall obtain all the necessary licenses for all non-original material incorporated in the deliverables (including, but not limited to, licenses for WHO to use any underlying software, application, and operating deliverables included in the deliverables or on which it is based so as to permit WHO to fully exercise its rights in the deliverables without any obligation on WHO’s part to make any additional payments whatsoever to any party.

3) The deliverables shall not violate any copyright, patent right, or other proprietary right of any third party and shall be delivered to WHO free and clear of any and all liens, claims, charges, security interests and any other encumbrances of any nature whatsoever.

4) The Contractor, its employees and any other persons and entities used by the Contractor shall not violate any intellectual property rights, confidentiality, right of privacy or other right of any person or entity whomsoever.

5) Except as otherwise explicitly provided in the Contract, the Contractor shall at all times provide all the necessary on-site and off-site resources to meet its obligations hereunder. The Contractor shall only use highly qualified staff, acceptable to WHO, to perform its obligations hereunder.

6) The Contractor shall take full and sole responsibility for the payment of all wages, benefits and monies due to all persons and entities used by it in connection with the implementation and execution of the Contract, including, but not limited to, the Contractor’s employees, permitted subcontractors and suppliers.

Contractor furthermore warrants and represent that the information provided by it to WHO in response to the RFP and during the bid evaluation process is accurate and complete. Contractor understands that in the event Contractor has failed to disclose any relevant information which may have impacted WHO’s decision to award the Contract to Contractor, or has provided false information, WHO will be entitled to rescind the contract with immediate effect, in addition to any other remedies which WHO may have by contract or by law.

7.5 Legal Status

The Contractor shall be considered as having the legal status of an independent contractor vis-à-vis WHO, and nothing contained in or relating to the Contract shall be construed as establishing or creating an employer/employee relationship between WHO, on the one hand, and the Contractor or any person used by the Contractor in the performance of the work, on the other hand.

Thus the Contractor shall be solely responsible for the manner in which the work is carried out. WHO shall not be responsible for any loss, accident, damage or injury suffered by the Contractor or persons or entities claiming under the Contractor, arising during or as a result of the implementation or execution of the Contract, including travel, whether sustained on WHO premises or not.
The Contractor shall obtain adequate insurance to cover such loss, accident, injury and damage, before commencing work on the Contract. The Contractor shall be solely responsible in this regard and shall handle any claims for such loss, accident, damage or injury.

7.6 Relation Between the Parties

Nothing in the Contract shall be deemed to constitute a partnership between the Parties or to constitute either Party as the agent of the other.

7.7 No Waiver

The waiver by either Party of any provision or breach of the Contract shall not prevent subsequent enforcement of such provision or excuse further breaches.

7.8 Liability

The Contractor hereby indemnifies and holds WHO harmless from and against the full amount of any and all claims and liabilities, including legal fees and costs, which are or may be made, filed or assessed against WHO at any time and based on, or arising out of, breach by the Contractor of any of its representations or warranties under the Contract, regardless of whether such representations and warranties are explicitly incorporated here in or are referred to in any attached Appendices.

7.9 Assignment

The Contractor shall not assign, transfer, pledge or make any other disposition of the Contract or any part thereof, or any of the Contractor’s rights, claims or obligations under the Contract except with the prior written consent of WHO.

7.10 Officials not to Benefit

The Contractor warrants that no official of WHO has received or will be offered by the Contractor any direct or indirect benefit arising from the Contract or the award thereof. The Contractor agrees that breach of this provision is a breach of an essential term of the Contract.

7.11 Indemnification

The Contractor shall indemnify and hold WHO harmless, from and against the full amount of any and all claims and liabilities, including legal fees and costs, which are or may be made, filed or assessed against WHO at any time and based on, or arising out of, the acts or omissions of the Contractor, or the Contractor's employees, officers, agents, partners or sub-contractors, in the performance of the Contract. This provision shall extend, inter alia, to claims and liabilities in the nature of workmen's compensation, product liability and liability arising out of the use of patented inventions or devices, copyrighted material or other intellectual property by the Contractor, its employees, officers, agents, servants, partners or sub-contractors.

7.12 Contractor’s Responsibility for Employees
The Contractor shall be responsible for the professional and technical competence of its employees and will select, for work under the Contract, reliable individuals who will perform effectively in the implementation of the Contract, respect the local laws and customs, and conform to a high standard of moral and ethical conduct.

7.13 Subcontracting

Any intention to subcontract aspects of the Contract must be specified in detail in the proposal submitted. Information concerning the subcontractor, including the qualifications of the staff proposed for use must be covered with same degree of thoroughness as for the prime contractor. No subcontracting will be permitted under the Contract unless it is proposed in the initial submission or formally agreed to by WHO at a later time. In any event, the total responsibility for the Contract remains with the Contractor.

The Contractor shall be responsible for ensuring that any and all subcontracts shall be fully consistent with the Contract, and shall not in any way prejudice the implementation of any of its provisions.

7.14 Place of Performance

The place of performance of the work under the Contract shall be the contractor's own offices and may also include the following, pursuant to the terms of this RFP: (i) the location(s) of any fieldwork to be performed; and (ii) WHO headquarters in Geneva, Switzerland, for meetings.

7.15 Language

All communications relating to the Contract and/or the performance of the work thereunder shall be in English.

7.16 Confidentiality

1) Except as explicitly provided in the Contract, the Contractor shall keep confidential all information which comes to its knowledge during, or as a result of, the implementation and execution of the Contract. Accordingly, the Contractor shall not use or disclose such information for any purpose other than the performance of its obligations under the Contract. The Contractor shall ensure that each of its employees and/or other persons and entities having access to such information shall be made aware of, and be bound by, the obligations of the Contractor under this paragraph. However, there shall be no obligation of confidentiality or restriction on use, where: (i) the information is publicly available, or becomes publicly available, otherwise than by any action or omission of the Contractor, or (ii) the information was already known to the Contractor (as evidenced by its written records) prior to becoming known to the Contractor in the implementation and execution of the Contract; or (iii) the information was received by the Contractor from a third party not in breach of an obligation of confidentiality.

2) The Contractor, its employees and any other persons and entities used by the Contractor shall furthermore not copy and/or otherwise infringe on copyright of any document (whether machine-readable or not) to which the Contractor, its employees and any other persons and entities used by the Contractor have access in the performance of the Contract.
3) The Contractor may not communicate at any time to any other person, Government or authority external to WHO, any information known to it by reason of its association with WHO which has not been made public except with the authorization of WHO; nor shall the Contractor at any time use such information to private advantage.

7.17 Title Rights

1) All rights pertaining to any and all deliverables under the Contract and the original work product leading thereto, as well as the rights in any non-original material incorporated therein as referred to in section 7.4.2 above, shall be exclusively vested in WHO.

2) WHO reserves the right to revise the work, to use the work in a different way from that originally envisaged or to not use the work at all.

3) At WHO’s request, the Contractor shall take all necessary steps, execute all necessary documents and generally assist WHO in securing such rights in compliance with the requirements of applicable law.

7.18 Termination and Cancellation

WHO shall have the right to cancel the Contract (in addition to other rights, such as the right to claim damages):

1) In the event the Contractor fails to begin work on the date agreed, or to implement the work in accordance with the terms of the Contract; or

2) In the event the progress of work is such that it becomes obvious that the obligations undertaken by the Contractor and, in particular, the time for fulfilment of such obligations, will not be respected.

In addition, WHO shall be entitled to terminate the Contract (or any part thereof), in writing:

1. At will with the provision of thirty (30) days prior notice in writing; and

2. With immediate effect (in addition to other rights, such as the right to claim damages), if, other than as provided above, the Contractor is:
   a. In breach of any of its material obligations under the Contract and fails to correct such breach within a period of thirty (30) days after having received a written notification to that effect from WHO; or
   b. Adjudicated bankrupt or formally seeks relief of its financial obligations.

7.19 Force Majeure

No party to the Contract shall be responsible for a delay caused by force majeure, that is, a delay caused by reasons outside such party’s reasonable control it being agreed, however, that WHO shall be entitled to terminate the Contract (or any part of the Contract) forthwith if the implementation of the work is delayed or prevented by any such reason for an aggregate of thirty (30) days. Such termination shall be subject to payment of an equitable part of the Contract sum and/or other reasonable charges. In the event of such termination, the Contractor shall, in accordance with the ownership rights referred to in section 7.17 Title rights, deliver to WHO all work products and other materials so far produced.
In the event of and as soon as possible after the occurrence of any cause constituting force majeure, the Contractor shall give notice and full particulars in writing to WHO, of such occurrence or change if the Contractor is thereby rendered unable, wholly or in part, to perform its obligations and meet its responsibilities under the Contract. The Contractor shall also notify WHO of any other changes in conditions or the occurrence of any event which interferes or threatens to interfere with its performance of the Contract. The notice shall include steps proposed by the Contractor to be taken including any reasonable alternative means for performance that is not prevented by force majeure. On receipt of the notice required under this section, WHO shall take such action as it, in its sole discretion, considers to be appropriate or necessary in the circumstances, including the granting to the Contractor of a reasonable extension of time in which to perform its obligations under the Contract.

7.20 Surviving Provisions

Those rights and obligations of the Parties as set forth in sections 7 and 8 that are intended by their nature to survive the expiration or earlier termination of the Contract shall survive indefinitely. This includes, but is expressly not limited to, any provisions relating to WHO’s right to financial and operational audit, conditions of contract, warranties, legal status and relationship between the parties, breach, liability, indemnification, subcontracting, confidentiality, title rights, use of the WHO name and emblem, successors and assignees, insurance and liabilities to third parties, settlement of disputes, observance of laws, privileges and immunities, no terrorism or corruption, foreign nationals and compliance with WHO policies.

7.21 Use of WHO name and emblem

Without WHO’s prior written approval, the Contractor shall not, in any statement of an advertising or promotional nature, refer to the Contract or its relationship with WHO. In no case shall the Contractor use the name or emblem of the World Health Organization, or any abbreviation thereof, in relation to its business or otherwise.

7.22 Publication by WHO of Contract awards

WHO reserves the right to publish (e.g. on the procurement page of its internet site) or otherwise make public the Contractor’s name and address, information regarding the Contract, including a description of the goods or services provided under the Contract and the Contract value.

7.23 Successors and Assignees

The Contract shall be binding upon the successors and assignees of the Contractor and the Contract shall be deemed to include the Contractor’s successors and assignees, provided, however, that nothing in the Contract shall permit any assignment without the prior written approval of WHO.

7.24 Payment

Payment will be made against presentation of an invoice in a UN convertible currency (preferably US Dollars) in accordance with the payment schedule contained in the Contract, subject to satisfactory performance of the work. The price shall reflect any tax exemption to which WHO may be entitled by reason of the immunity it enjoys. WHO is, as a general rule, exempt from all direct taxes, custom duties and the like, and the Contractor will consult with WHO so as to avoid
the imposition of such charges with respect to this contract and the goods supplied and/or services rendered hereunder. As regards excise duties and other taxes imposed on the sale of goods or services (e.g., VAT), the Contractor agrees to verify in consultation with WHO whether in the country where the VAT would be payable, WHO is exempt from such VAT at the source, or entitled to claim reimbursement thereof. If WHO is exempt from VAT, this shall be indicated on the invoice, whereas if WHO can claim reimbursement thereof, the Contractor agrees to list such charges on its invoices as a separate item and, to the extent required, cooperate with WHO to enable reimbursement thereof.

7.25 Title to Equipment

Title to any equipment and supplies that may be furnished by WHO shall remain with WHO and any such equipment shall be returned to WHO at the conclusion of the Contract or when no longer needed by the Contractor. Such equipment, when returned to WHO, shall be in the same condition as when delivered to the Contractor, subject to normal wear and tear. The Contractor shall be liable to compensate WHO for equipment determined to be damaged or degraded beyond normal wear and tear.

7.26 Insurance and Liabilities to Third Parties

The Contractor shall provide and thereafter maintain:

(i) insurance against all risks in respect of its property and any equipment used for the execution of the Contract;

(ii) all appropriate workmen’s compensation insurance, or its equivalent, with respect to its employees to cover claims for personal injury or death in connection with the Contract; and

(iii) liability insurance in an adequate amount to cover third party claims for death or bodily injury, or loss of or damage to property, arising from or in connection with the performance of the work under the Contract or the operation of any vehicles, boats, airplanes or other equipment owned or leased by the Contractor or its agents, servants, employees, partners or sub-contractors performing work in connection with the Contract.

Except for the workmen’s compensation insurance, the insurance policies under this section shall:

a) Name WHO as additional insured;

b) Include a waiver of subrogation to the insurance carrier of the Contractor’s rights against WHO;

c) Provide that WHO shall receive written notice from the Contractor’s insurance carrier not less than thirty (30) days prior to any cancellation or material change of coverage.

The Contractor shall, upon request, provide WHO with satisfactory evidence of the insurance required under this section.

7.27 Settlement of Disputes

Any matter relating to the interpretation of the Contract which is not covered by its terms shall be resolved by reference to Swiss law. Any dispute relating to the interpretation or application of the Contract shall, unless amicably settled, be subject to conciliation. In the event of failure of the
latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

7.28 Observance of Laws

The Contractor shall comply with all laws, ordinances, rules, and regulations bearing upon the performance of its obligations under the terms of the Contract.

7.29 Authority to Modify

No modification or change of the Contract, no waiver of any of its provisions or any additional contractual relationship of any kind shall be valid and enforceable unless signed by a duly authorized representative of both parties.

7.30 Privileges and Immunities

Nothing in or relating to the Contract shall:
- be deemed a waiver of any of the privileges and immunities of WHO in conformity with the Convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on November 21, 1947 or otherwise under any national or international law, convention or agreement; and/or
- be construed as submitting WHO to any national court jurisdiction.

7.31 No Terrorism or Corruption

The Contractor warrants that:

(i) it is not and will not be involved in, or associated with, any person or entity involved in terrorism, that it will not make any payment to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity; and

(ii) it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices in connection with execution of the Contract.

The Contractor agrees that breach of this provision is a breach of an essential term of the Contract.

Any payments used by the Contractor for the promotion of any terrorist activity or any illegal, corrupt, fraudulent, collusive or coercive practice shall be repaid to WHO without delay.

8. PERSONNEL

8.1 Approval of Contractor Personnel

WHO reserves the right to approve any employee, subcontractor or agent furnished by the Contractor and Contractor's consortium partners for the performance of the work under the Contract (hereinafter jointly referred to as "Contractor Personnel"). All Contractor Personnel must have appropriate qualifications, skills, and levels of experience and otherwise be adequately
trained to perform the work. WHO reserves the right to undertake an interview process as part of the approval of Contractor Personnel.

The Contractor acknowledges that the qualifications, skills and experience of the Contractor Personnel proposed to be assigned to the project are material elements in WHO’s engaging the Contractor for the project. Therefore, in order to ensure timely and cohesive completion of the project, both parties intend that Personnel initially assigned to the project continue through to project completion. Once an individual has been approved and assigned to the project, such individual will not, in principle, thereafter be taken off the project by the Contractor, or reassigned by the Contractor to other duties. Circumstances may arise, however, which necessitate that Personnel be substituted in the course of the work, e.g. in the event of promotions, termination of employment, sickness, vacation or other similar circumstances, at which time a replacement with comparable qualifications, skills and experience may be assigned to the project, subject to approval of WHO.

WHO may refuse access to or require replacement of any Contractor Personnel if such individual renders, in the sole judgment of WHO, inadequate or unacceptable performance, or if for any other reason WHO finds that such individual does not meet his/her security or responsibility requirements. The Contractor shall replace such an individual within fifteen (15) business days of receipt of written notice from WHO. The replacement will have the required qualifications, skills and experience and will be billed at a rate that is equal to or less than the rate of the individual being replaced.

8.2 Project Managers

Each party shall appoint a qualified project manager (“Project Manager”) who shall serve as such party’s primary liaison throughout the course of the project. The Project Manager shall be authorized by the respective party to answer all questions posed by the other party and convey all decisions made by such party during the course of the project and the other party shall be entitled to rely on such information as conveyed by the Project Manager.

The Project Managers shall meet on a monthly basis in order to review the status of the project and provide WHO with reports. Such reports shall include detailed time distribution information in the form requested by WHO and shall cover problems, meetings, progress and status against the implementation timetable.

8.3 Foreign Nationals

The Contractor shall verify that all Contractor Personnel is legally entitled to work in the country or countries where the work is to be carried out. WHO reserves the right to request the Contractor to provide WHO with adequate documentary evidence attesting this for each Contractor Personnel.

Each party hereby represents that it does not discriminate against individuals on the basis of race, gender, creed, national origin, citizenship.

8.4 Compliance with WHO’s Policies

The Contractor shall at all times comply with and ensure that the Contractor and each of its partners, subcontractors and their employees and agents comply with any applicable laws and regulations and with all WHO policies and reasonable written directions and procedures relating to: (i) occupational health and safety, (ii) security and administrative requirements, including, but not limited to computer network security procedures, (iii) sexual harassment, (iv) privacy, (v)
general business conduct and disclosure, (vi) conflicts of interest and (vii) business working hours and official holidays.

In the event that the Contractor becomes aware of any violation or potential violation by the Contractor, its partners, subcontractors or any of their employees or agents, of any laws, regulations, WHO policies or other reasonable written directions and procedures, the Contractor shall immediately notify WHO of such violation or potential violation. WHO, in its sole discretion, shall determine the course of action to remedy such violation or prevent such potential violation, in addition to any other remedy available to WHO under the Contract or otherwise.

### 8.5 Ethical Behaviour

WHO, the Contractor and each of the Contractor’s partners, subcontractors and their employees and agents shall adhere to the highest ethical standards in the performance of the Contract. In this regard, the Contractor shall also ensure that neither Contractor nor its partners, subcontractors, agents or employees will engage in activities involving child labour, trafficking in arms, promotion of tobacco or other unhealthy behaviour, or sexual exploitation.

By entering into the Contract, the Contractor acknowledges its acceptance of the UN Supplier Code of Conduct, and expressly agrees to adhere to the principles, and meet the standards, set forth therein.

### 8.6 Engagement of Third Parties and use of In-house Resources

The Contractor acknowledges that WHO may elect to engage third parties to participate in or oversee certain aspects of the project and that WHO may elect to use its in-house resources for the performance of certain aspects of the project. The Contractor shall at all times cooperate with and ensure that the Contractor and each of its partners, subcontractors and their employees and agents cooperate, in good faith, with such third parties and with any WHO in-house resources.
### 9. LIST OF ANNEXES

<table>
<thead>
<tr>
<th>Annex</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annex 1</td>
<td>Acknowledgment Form</td>
</tr>
<tr>
<td>Annex 2</td>
<td>Confidentiality Undertaking</td>
</tr>
<tr>
<td>Annex 3</td>
<td>Proposal Completeness Form</td>
</tr>
<tr>
<td>Annex 4</td>
<td>Questions from Bidders</td>
</tr>
<tr>
<td>Annex 5</td>
<td>Acceptance Form</td>
</tr>
<tr>
<td>Annex 6</td>
<td>Bidder Self-Declaration Form</td>
</tr>
<tr>
<td>Annex 7</td>
<td>Terms of Reference of the Evaluation</td>
</tr>
<tr>
<td>Annex 8</td>
<td>Detailed budget form</td>
</tr>
</tbody>
</table>
Request for Proposals: 2017/DGO/EVL/01

Annex 1: Acknowledgement Form

Please check the appropriate box (see below) and email to evaluation@who.int this acknowledgement form immediately upon receipt to:

Office WHO Evaluation Office
Attn: Carol Drayton
(Title) Programme Officer
World Health Organization
20 Avenue Appia, CH-1211 Geneva 27
Bid Ref: 2017/DGO/EVL/01

☐ Intention To Submit A Proposal
We hereby acknowledge receipt of the RFP. We have perused the document and advise that we intend to submit a proposal on or before 28/08/2017 at 17:00 hours Geneva time.

☐ Non-Intention To Submit A Proposal
We hereby acknowledge receipt of the RFP. We have perused the document and advise that we do not intend to submit a proposal for the following reasons:
(insert reason here)

Bidder’s Contact Information is as follows:

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>........................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>........................................</td>
</tr>
<tr>
<td>Name and Title of Duly authorized representative:</td>
<td>........................................</td>
</tr>
<tr>
<td>Signature:</td>
<td>........................................</td>
</tr>
<tr>
<td>Date:</td>
<td>........................................</td>
</tr>
</tbody>
</table>
Request for Proposals: 2017/DGO/EVL/01

Annex 2: Confidentiality Undertaking

a. The World Health Organization (WHO), acting through its Department of Evaluation Office, has access to certain information relating to the Rapid Access Expansion Initiative which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as “the Information”).

b. WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for the summative evaluation of the Rapid Access Expansion Initiative Project (“the Purpose”), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.

c. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2 above, except that the Undersigned shall not be bound by any such obligations if the Undersigned is clearly able to demonstrate that the Information:

   a. was known to the Undersigned prior to any disclosure by WHO to the Undersigned; or
   b. was in the public domain at the time of disclosure by WHO; or
   c. becomes part of the public domain through no fault of the Undersigned; or
   d. becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality to WHO.

d. At WHO’s request, the Undersigned shall promptly return any and all copies of the Information to WHO.

e. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.

f. Any dispute relating to the interpretation or application of this Undertaking shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

| Entity Name: | .......................... |
| Mailing Address: | .......................... |
| Name and Title of Duly authorized representative: | .......................... |
| Signature: | .......................... |
| Date: | .......................... |
Request for Proposals: 2017/DGO/EVL/01

Annex 3: Proposal Completeness Form

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
<th>Completed in full (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The enclosed Proposal is valid for ____________ days* from the date of this form.
* minimum period of 120 calendar days after the closing date

Agreed and accepted, in four (4) original copies on ____________

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>........................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>........................</td>
</tr>
<tr>
<td>Name and Title of Duly authorized representative:</td>
<td>........................</td>
</tr>
<tr>
<td>Signature:</td>
<td>........................</td>
</tr>
<tr>
<td>Date:</td>
<td>........................</td>
</tr>
</tbody>
</table>
Request for Proposals: 2017/DGO/EVL/01

Annex 4: Questions from Bidders (see Paragraph Communications during the RFP Period)

<table>
<thead>
<tr>
<th>No.</th>
<th>RFP Section reference</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>2</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>3</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>4</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>5</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>6</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>7</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>8</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>9</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>10</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>11</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>12</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>13</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>14</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>15</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>16</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>17</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>18</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>19</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
<tr>
<td>20</td>
<td>Enter Text</td>
<td>Enter Text</td>
</tr>
</tbody>
</table>
Request for Proposals: 2017/DGO/EVL/01

Annex 5: Acceptance Form

The Undersigned, ……………………….., confirms to have read, understood and accepted the terms of the summative evaluation of the WHO Rapid Access Expansion Initiative Request for Proposals (RFP) No. 2017/DGO/EVL/01, and its accompanying documents. If selected by WHO for the work, the Undersigned undertakes, on its own behalf and on behalf of its possible partners and contractors, to perform 2017/DGO/EVL/01 in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, for the following sums:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Costs</strong></td>
<td></td>
</tr>
<tr>
<td>Total Proposed Manpower Costs by Phase (check only)</td>
<td>0.00</td>
</tr>
<tr>
<td>Inception phase</td>
<td>0.00</td>
</tr>
<tr>
<td>Data collection phase</td>
<td>0.00</td>
</tr>
<tr>
<td>Reporting phase</td>
<td>0.00</td>
</tr>
<tr>
<td>Dissemination</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total Professional Costs</strong></td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Recurring Costs</strong></td>
<td></td>
</tr>
<tr>
<td>Travel costs</td>
<td>0.00</td>
</tr>
<tr>
<td>Other costs (please specify)</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total Proposed Recurring Cost</strong></td>
<td>0.00</td>
</tr>
</tbody>
</table>

The enclosed Proposal is valid for ______________ days from the date of this form.* minimum period of 120 calendar days after the closing date.

Agreed and accepted, in four (4) original copies on _____________ Date ___________

| Entity Name:                  | .................. |
| Mailing Address:              | .................. |
| Name and Title of Duly authorized representative: | .................. |
| Signature:                    | .................. |
| Date:                         | .................. |

DocRef: RFP HV-2017-V3
Annex 6: Self Declaration Form

Applicable to private and public companies

<COMPANY> (the “Company”) hereby declares to the World Health Organization (WHO) that:

g. it is not bankrupt or being wound up, having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning the foregoing matters, and is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

h. it is solvent and in a position to continue doing business for the period stipulated in the contract after contract signature, if awarded a contract by WHO;

i. it or persons having powers of representation, decision making or control over the Company have not been convicted of an offence concerning their professional conduct by a final judgment;

j. it or persons having powers of representation, decision making or control over the Company have not been the subject of a final judgment or of a final administrative decision for fraud, corruption, involvement in a criminal organization, money laundering, terrorist-related offences, child labour, human trafficking or any other illegal activity;

k. it is in compliance with all its obligations relating to the payment of social security contributions and the payment of taxes in accordance with the national legislation or regulations of the country in which the Company is established;

l. it is not subject to an administrative penalty for misrepresenting any information required as a condition of participation in a procurement procedure or failing to supply such information;

m. it has declared to WHO any circumstances that could give rise to a conflict of interest or potential conflict of interest in relation to the current procurement action;

n. it has not granted and will not grant, has not sought and will not seek, has not attempted and will not attempt to obtain, and has not accepted and will not accept any direct or indirect benefit (financial or otherwise) arising from a procurement contract or the award thereof.

o. It adheres to the UN Supplier Code of Conduct.

The Company understands that a false statement or failure to disclose any relevant information which may impact upon WHO's decision to award a contract may result in the disqualification of the Company from the bidding exercise and/or the withdrawal of any proposal of a contract with WHO. Furthermore, in case a contract has already been awarded, WHO shall be entitled to rescind the contract with immediate effect, in addition to any other remedies which WHO may have by contract or by law.

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>...........................................................................................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>...........................................................................................................................................</td>
</tr>
<tr>
<td></td>
<td>...........................................................................................................................................</td>
</tr>
<tr>
<td>Name and Title of duly authorized representative:</td>
<td>...........................................................................................................................................</td>
</tr>
<tr>
<td>Signature:</td>
<td>...........................................................................................................................................</td>
</tr>
<tr>
<td>Date:</td>
<td>...........................................................................................................................................</td>
</tr>
</tbody>
</table>
Annex 7: Terms of Reference

TERMS OF REFERENCE

FOR THE

SUMMATIVE EVALUATION

OF THE

WHO's Rapid Access Expansion Initiative
(RAcE)

Project Number: M013621

Maternal, Newborn and Child Health Division
Global Issues and Development Branch
Global Affairs Canada (GAC)

FINAL VERSION

July 2017
**LIST OF ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>Contribution Analysis</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
</tr>
<tr>
<td>DAC</td>
<td>Development Assistance Committee</td>
</tr>
<tr>
<td>EMG</td>
<td>Evaluation Management Group</td>
</tr>
<tr>
<td>EQA</td>
<td>Evaluation Quality Assessment</td>
</tr>
<tr>
<td>ERG</td>
<td>Evaluation Reference Group</td>
</tr>
<tr>
<td>GAC</td>
<td>Global Affairs Canada</td>
</tr>
<tr>
<td>GMP</td>
<td>Global Malaria Program</td>
</tr>
<tr>
<td>HSA</td>
<td>Health surveillance assistants</td>
</tr>
<tr>
<td>iCCM</td>
<td>Integrated Community Case Management</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
</tr>
<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
</tr>
<tr>
<td>ISG</td>
<td>International Steering Group</td>
</tr>
<tr>
<td>LGA</td>
<td>Local government authority</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of health</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal newborn child health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>PMF</td>
<td>Performance Measurement Framework</td>
</tr>
<tr>
<td>PRP</td>
<td>Project Review Panel</td>
</tr>
<tr>
<td>PT</td>
<td>Process Tracing</td>
</tr>
<tr>
<td>RAcE</td>
<td>Rapid Access Expansion</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>SFH</td>
<td>Society for Family Health</td>
</tr>
<tr>
<td>UNEG</td>
<td>United Nations Evaluation Group</td>
</tr>
<tr>
<td>UN-SWAP</td>
<td>UN System wide Action Plan</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
1. RATIONALE, PURPOSE AND OBJECTIVES OF THE EVALUATION

1.1 Rationale and Purpose of the Evaluation

The purpose of the summative evaluation is to:

- Contribute to relevant and practical lessons to inform the global policy and dialogue on Integrated Community Case Management (iCCM);
- Inform WHO MNCH policy dialogue, programming design and implementation and Global Affairs Canada (GAC);
- Ensure accountability of public funds to stakeholders.

The evaluation is being undertaken at this time as programme activities terminate in March 2018.

1.2 Specific Objectives of the Evaluation

The specific evaluation objectives are:

- Assess the effectiveness, efficiency, relevance, impact\(^2\) and sustainability of results of the RAcE programme;
- Assess sub-grantees delivery model of iCCM;
- Peer-review and validate ICF International’s evaluation of the RAcE programme’s contribution to estimated impact;
- Provide relevant and practical findings, conclusions, recommendations, and lessons to inform policy dialogue, and future design and implementation of iCCM.

2. EVALUATION OBJECT AND SCOPE

The following sub-sections briefly describe the context of the initiative, the initiative being evaluated (the evaluation object), the intervention logic and stakeholders. The evaluation scope covers the entire RAcE programme described in section 2.2 below.

2.1 Development Context

The UN and other international organizations have released a number of reports on MDG progress, which illustrate that many countries have made considerable gains despite the challenges in recent years. Since 1990, the world has cut both the rate and number of child deaths by more than half. For example, since 1990 the global under-five mortality rate has dropped from 91 deaths per 1,000 live births to 43 in 2015\(^3\). In absolute figures, the number of under-five deaths worldwide has declined by 53%; the average annual rate of reduction has accelerated from 1.8% a year over the period 1990-2000 to 3.9% for 2000-2015.

Despite these gains, it was estimated that, in 2015 5.9 million children under the age of five would still die; this is an equivalent to 11 every minute from easily preventable or curable illnesses\(^4\). The large majority of these deaths are in the developing world (Africa and Asia combined account for over 90% of all child deaths), and can be prevented or treated with known interventions. Three diseases - pneumonia, diarrhoeal dehydration, and malaria are responsible for nearly half of all child deaths globally.

\(^2\) The evaluation of impact must use methodological alternatives to traditional counterfactual approaches, i.e. assessing with confidence that the RAcE programme had an impact through the use of non-counterfactual mixed methods approaches. GAC, through this evaluation, aims to contribute, to the extent possible, to the widening body of evaluations trying to broaden evaluation approaches to impact evaluations for complex interventions.


\(^4\) [https://data.unicef.org/topic/child-survival/under-five-mortality/](https://data.unicef.org/topic/child-survival/under-five-mortality/)
There is now ample evidence that by working through an iCCM approach, community health workers (CHWs) can diagnose and correctly treat children with diarrhoea, pneumonia, and malaria, assuming they are provided with adequate initial training, regular re-provisioning of supplies, and ongoing supervision.

Recent estimates suggest that the management of pneumonia at the community level could reduce pneumonia-related mortality in children under five by 70%. Similarly, there is evidence that community case management of malaria is associated with a 40% reduction in overall mortality in children under five years of age, and a 60% reduction in malaria-related deaths in this same age group. It has also been found that oral rehydration salts and zinc are effective against diarrhoea mortality in home and community settings, with oral rehydration salts estimated to prevent 93% of diarrhoea-related deaths, and zinc estimated to decrease diarrhoea mortality by 23%. The WHO-GMP and UNICEF Inter-Agency Joint Statement identified iCCM and the correct treatment of pneumonia, diarrhoea and malaria at the community level as one of the “most powerful interventions to reduce mortality”.

2.2 Description of the Initiative

GAC is providing a grant to WHO to implement the Rapid Access Expansion programme (2011/12-17/18). Through this initiative, WHO is sub-granting NGOs to support high burden countries to increase coverage of diagnostic, treatment, and referral services for the major killers of children under 5 (diarrhea, pneumonia and malaria), through iCCM scale up. WHO is also working to generate evidence to inform WHO policy recommendations and guidance on iCCM. WHO is implementing activities in the Democratic Republic of Congo, Niger, Nigeria, Mozambique and Malawi, all of which have a demonstrated capacity to implement community case management of malaria and iCCM programming.

Funds are being provided to WHO headquarters through a grant arrangement. WHO/Global Malaria Programme RAcE Geneva secretariat manages the technical and operational functions of the grant. WHO regional and country offices provide ongoing support to the sub-grantees hired to implement activities.

2.3 Logic Model

The Logic Model (results chain) of the programme (in Annex 4) clarifies the expected impact, and outcomes to be achieved over the programme period and identifies the key areas of activities expected to be undertaken to achieve them. This logic model served as a reference for the identification of the indicative areas of investigation (in section 3).

2.4 Stakeholders

2.4.1 Co-operation partners (executing agencies or implementing organizations)

Executing Agency: Established in 1948, the WHO is the specialized United Nations agency for health, made up of 194 Member States and governed by the World Health Assembly. Within WHO, the Global Malaria Programme (GMP) is the technical department charged with providing guidance to Member States on all aspects of malaria prevention, control and elimination. The GMP's key roles are: 1) Set, communicate and promote the adoption of evidence-based norms, standards, policies and guidelines; 2) Independently keep track of global progress; 3) Develop approaches for capacity-building, systems strengthening and surveillance; and 4) Identify threats to malaria control and elimination as well as new opportunities for action.

One of the strategic advantages of WHO is its presence at global, regional and country levels. WHO is also acting as the governments’ technical partner, which gives them a greater capacity to influence and provide sustainability than most NGOs. For the specific purposes of the RAcE programme, the WHO GMP, working together with the Maternal and Child Health Department, the WHO Regional Office for Africa as well as with other agencies such as UNICEF, and key development partners, had for objective to ensure that global policies and guidance documents on iCCM were to be developed. This was done by incorporating and updating elements from documents such as the Roll Back Malaria strategy for home management of malaria (WHO 2004), the Global Action Plan for Prevention...
and Control of Pneumonia (WHO and UNICEF 2009), and the Management of Sick Children by CHWs (WHO and UNICEF 2006).

WHO/GMP established two independent project advisory and oversight bodies for the RAcE program:

**International Steering Group:** The International Steering Group (ISG) was established to provide general oversight on the program’s implementation, and advise WHO/GMP regarding program and organizational development, in order to help improve the relevance, impact and sustainability of RAcE programme. The ISG was primarily responsible for providing guidance on political and strategic directions, as well as the operational procedures of the Program. The ISG consisted of seven individuals with global level experience in malaria, iCCM, child health or health systems. It met annually to review program progress and provide guidance on policy and program implementation.

**Project Review Panel:** To ensure the integrity and consistency of an open and transparent application review and selection process based on objective criteria, Project Review Panel (PRP) comprising of six members with global level experience in iCCM, health systems and child health was established. In the beginning, the PRP performed technical and financial evaluation of grant applications submitted by eligible institutions and/or organizations and made recommendations to WHO/GMP concerning the acceptance or rejection of applications for funding, in each case with brief justifications. The PRP also performed a technical and financial evaluation of ongoing projects already recommended for funding (including with regard to compliance by Grantees of the relevant terms and conditions applicable to the grant) and made recommendations to WHO/GMP concerning the continued funding of such projects, in each case with brief justifications.

### 2.4.2 Implementing Organizations

**Malawi: Save the Children** - Save the Children is implementing RAcE Malawi in collaboration with D-Tree International, Medical Care Development International and the MOH. In 2013, when the RAcE programme began, it was implemented in four districts: Ntichisi, Dedza, Ntcheu and Mzimba North Districts. An additional four districts were added midway through the programme, expanding the programme to Likoma, Lilongwe rural, Nkhata Bay and Rumpi districts. In 2014, the programme added a newborn health component to the iCCM package in Ntcheu district in which health surveillance assistants (HSA) conduct home visits to pregnant women and again 8 days after delivery to assess and counsel mothers and newborns.

**Mozambique: Save the Children** - Save the Children is the primary implementing partner collaborating with the MOH in Mozambique, and also collaborating with sub-grantee Malaria Consortium. Save the Children is leading the implementation in Manica, Zambezia and Nampula Provinces. Malaria Consortium is leading implementation in Inhambane Province.

**Niger: World Vision** - World Vision is implementing the RAcE programme in collaboration with the Niger MOH. In Niger, the RAcE programme is implemented in three districts of Dosso Region (Dogondoutchi, Dosso and Boboye) and Keita district in Tahoua Region.

**Nigeria:** There are two sites of the RAcE programme in Nigeria: **Society for Family Health (SFH)** is implementing RAcE in Abia State in collaboration with the Abia State MOH and Abia State Primary Health Care Development Agency. RAcE Abia State is being implemented in 15 of the State’s LGAs: Arochukwu, Bende, Ikwano, IsialaNgwa South, IsialaNgwa North, Isuikwato, ObiomaNgwa, Ohafia, OsisiomaNgwa, Ogwumago, Ukwa East, Ukwa West, Umunia North and Umunia South. **Malaria Consortium** is implementing RAcE in Niger State in collaboration with the Niger State MOH and Niger State Primary Health Care Development Agency. RAcE Niger State is being implemented in six of the State’s LGAs: Edati, Lapai, Mariga, Paikoro, Rafi and Rijau.

**DRC: International Rescue Committee** - In DRC, the RAcE programme is being implemented by the International Rescue Committee (IRC) in the following eleven health zones of Tanganyika Province: Kalemie, Niemba, Kansimba, Moba, Kongolo, Nzyozuru, Kambio, Manono, Kabolo, Ankoro and Mbulula.
2.4.3 Monitoring, Evaluation and Capacity Building Organization

ICF International has been contracted by WHO to provide monitoring and evaluation (M&E) support to the RAcE programme. This support includes designing standardized baseline and endline household survey protocols and tools and supporting grantees to conduct baseline and endline household surveys in each country; providing technical assistance and quality assurance of routine monitoring data; and conducting a final evaluation of the programme. It also facilitated a sustainability roadmap and transition planning workshops in countries of implementation, and supported implementing partners in building their capacity regarding data quality.

2.4.4 Primary stakeholders (direct beneficiaries)

- Children under the age of 5 receiving treatments for malaria, diarrhea and pneumonia.
- Less directly, national governments benefitting from strengthened iCCM policies, implementation guidelines, and operational research findings that can influence decision making.
- CHWs.

2.4.5 Donor organisations

GAC is the sole donor to the RAcE programme.

2.4.6 Interested parties

- Other potential donors interested in supporting iCCM.
- Governments with iCCM programs interested in lessons learned within and across countries targeted through the RAcE programme.

3. EVALUATION CRITERIA AND INDICATIVE AREAS OF INVESTIGATION

The evaluation will apply the widely accepted OECD/DAC evaluation criteria for evaluating development assistance: relevance, efficiency, effectiveness, impact and sustainability. The evaluation will also address cross-cutting issues, such as gender equality and equity.

The evaluation criteria have been translated into indicative areas for investigation, presented in Table 1. These will be used as a starting point for developing a specific set of evaluation questions during the inception phase. The indicative areas for investigation are intended to give a more precise form to the evaluation criteria and to articulate the key areas of interest that have emerged from consultation with stakeholders, thereby optimizing utility of the evaluation.

---

5 Primary stakeholders must be disaggregated by sex whenever possible and appropriate.
Table 1: Indicative areas of investigation for the End-Line Evaluation

<table>
<thead>
<tr>
<th>Indicative Areas of Investigation (DAC Criterion / Criteria covered)</th>
<th>Additional Information / Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The extent to which the original design of the RAcE programme has responded to the needs and priorities of the main stakeholders in national health systems and is in line with national health strategies. <em>(Relevance)</em></td>
<td>Under this issue, the evaluators should investigate to what extent the objectives of the RAcE programme have been in line with the priorities and needs regarding national health strategies in program countries, including relating to child and newborn mortality. Evaluators should compare and contrast programme priorities (as expressed in the original programme design) a) with the needs identified in relevant government policies and plans, and the corresponding governmental priorities in programme countries; b) with health-related needs identified in relevant third party analyses of the health situation in programme countries.</td>
</tr>
<tr>
<td>2. The extent to which the RAcE programme, through country level activities in combination with implementation research activities, was able to contribute to enhancing the utilization of essential health commodities and supplies needed to diagnose and treat the main causes of death among children under 5 in programme countries. <em>(Intermediate outcome - Effectiveness, Sustainability)</em></td>
<td>The approach of the RAcE programme assumed that the successful implementation of the programme in the 6 selected RAcE sites would contribute to catalyzing the scale-up of iCCM as an integral part of government health services aimed at reducing child mortality. Assessment of this issue should therefore examine the linkages between RAcE-financed activities of WHO and implementing partners in selected districts or regions in programme countries and the possible resulting changes in national health systems, such as: i) increased capacity of governments and health institutions to diagnose and treat diseases affecting children under 5; ii) enhanced delivery by CHWs of adequate and quality health services in underserved areas; and iii) increased access to health commodities, supplies and services <em>(3 immediate outcomes)</em>. Assessment of this issue should also examine the introduction of Community Based Maternal and Newborn Care in the iCCM package in Malawi.</td>
</tr>
<tr>
<td>Indicative Areas of Investigation (DAC Criterion / Criteria covered)</td>
<td>Additional Information / Explanations</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
</tbody>
</table>
| 3. The extent to which the RAcE programme has contributed to a supportive policy and regulatory environment in support of iCCM as a key component of health care service delivery. *(Sustainability, Value Added, Efficiency and Effectiveness)* | Without national buy-in and a national health policy which enables CHWs to provide medicines for malaria, pneumonia and diarrhea, programming will have limited impact and long-term sustainability. As a specialized UN agency for health, WHO’s mandate is to provide leadership on global health matters, including setting norms and standards, articulating evidence based policy options and providing technical support to countries. As such, they are ideally placed to oversee the roll-out of a large-scale health program. Under this issue, the evaluators should investigate:
   - The sub-grantee delivery model used by WHO and its contribution to building government capacity, by enabling greater ownership and implementing capacities of MoH.
   - How has the policy and regulatory environment specific to iCCM evolved over the course of the implementation of the RAcE programme.
   - If WHO successfully pursued its mandate by generating evidence to inform normative recommendations on policy and monitoring and evaluation requirements for iCCM.
   - To what extend WHO used the evidence generated to raise the profile of iCCM among the global community. |
| 4. The extent to which the assessed changes in iCCM treatment coverage and changes in child mortality in RAcE programme areas, as well as the plausible contributions of RAcE to any changes identified in the evaluation conducted by ICF, can be independently corroborated. | WHO contracted ICF to conduct a final impact evaluation of the RAcE programme at each of the six implementation sites. ICF was also a stakeholder of the RAcE programme as indicated in section 2.4.2. As such, this constitutes a perceived conflict of interest and could undermine the credibility of ICF’s evaluation outputs, especially if peer-reviewed guidance or contribution to the global evidence base for iCCM is to be published. Thus, to ensure that ICF’s important body of evidence can be used with confidence, evaluators must peer-review and confirm the validity of ICF’s evaluation. |
| 5. The extent to which the RAcE programme has contributed to the achievements of gender equality results. | Under this issue, the evaluators should investigate to what extent the RAcE programme has led to the advancement of gender equality, in particular for 1) CHWs, by looking at employment and leadership opportunities for female CHWs; and 2) members of targeted communities, by looking at how RAcE has addressed the barriers impacting how health services are delivered and accessed by hard-to-reach populations, especially women and girls. |
4. EVALUATION METHODOLOGY AND APPROACH

The RAcE programme was not designed to be an experimental programme and does not have a counterfactual. In consequence, this evaluation must use non-counterfactual approaches such as Contribution Analysis (CA) or Process Tracing (PT) or better, a combined approach to generative causal inference. The required methodological elements indicated below supports a CA. Evaluators are encouraged to propose a methodological model that could combine PT to increase the confidence of contribution claims. Obviously, the evaluation will also utilize mixed methods and draw on quantitative and qualitative data.

These complementary methods and collection of different sources of data will be deployed to ensure that the evaluation:

- responds to the needs of users and their intended use of the evaluation results;
- integrates gender and human rights principles\(^6\) throughout the evaluation process including participation and consultation of key stakeholders to the extent possible; and
- triangulates the data collected to provide reliable information on the extent of results and benefits for primary stakeholders.

Data will be disaggregated by relevant criteria (age, sex, etc.) wherever possible. The evaluation will also be sensitive to fair power relations amongst stakeholders.

The evaluation will follow United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

4.1 RAcE programme Intervention Logic and Theory of Change

The evaluation will utilize a theory based approach, which means that the evaluation methodology will be based on the careful analysis of the intended outcomes, outputs, activities, and the contextual factors (that may have had an effect on implementation of the RAcE programme) and their potential to achieve the desired outcomes. The analysis of the programme’s theory of change, and the validation/update of its intervention logic, as necessary, will therefore play a central role in the design of the evaluation (inception phase), in the analysis of the data collected throughout its course, in the reporting of findings, and in the development of conclusions and of relevant and practical recommendations.

Evaluators will base their assessment on the analysis and interpretation of the logical consistency of the chain of effects: linking programme activities and outputs with changes in higher level outcome areas, based on observations and data collected along the chain. This analysis should serve as the basis for a judgment by the evaluators on how well the programme under way is contributing to the achievement of the intended results foreseen in the RAcE programme programming documents.

The evaluation team will develop the evaluation methodology in line with the evaluation approach, and design corresponding tools to collect data and information as a foundation for valid, evidence-based answers to the evaluation questions and an overall assessment of the RAcE programme. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; specifically designed tools; an evaluation matrix; and a detailed work plan.

4.2 Finalization of the Evaluation Questions and Assumptions

The finalization of the evaluation questions that will guide the evaluation should clearly reflect the evaluation criteria and indicative areas of the investigation listed in the present terms of reference (ToR). They should also draw on the findings from the validation/update of the intervention logic of the RAcE programme. The evaluation questions will be included in the inception report.

The evaluation questions must be complemented by sets of assumptions that capture key aspects of the intervention logic associated with the scope of the question; this will enable evaluators to gauge if the preconditions – that allow for increase coverage of diagnostic, treatment, and referral services for the major killers of children under 5 (diarrhea, pneumonia and malaria), through iCCM scale up – are fulfilled. The data collection for each of the assumptions will be guided by clearly formulated quantitative and qualitative indicators.

4.3 Well-designed Country Case Studies

A well designed case-study approach is expected to be at the center of the evaluation methodology. Case studies will aim to maximize the breadth and depth of insights into the evaluation questions and provide a comprehensive and nuanced picture of the actions of the RAcE programme and their effects. They will, therefore, be illustrative (rather than statistically representative), exemplifying the range of contexts addressed and interventions undertaken by the RAcE programme. Case studies will investigate the design and implementation of the programme’s interventions, and the results achieved within the specific context of programme countries, mostly at national level. Local contexts will be reflected to the extent possible. Attention will be given to issues of gender equality and equity. Each case study shall rely on multiple sources and types of evidence (both quantitative and qualitative), to increase the validity of their findings and the resulting conclusions of the final evaluation of the RAcE programme. Data collected from the field-based country case studies will be analyzed and documented in a Country Case Study Brief. The structure for the Brief is presented in Annex A1.2.

Evaluators are expected to begin data collection for the field-based case studies as part of their desk study, but will, in addition, have the opportunity to collect more primary and secondary data and information during their visits to countries. It is expected that at least one member of the core evaluation team will spend about 10 working days in each of the field-based case study countries. This international team will be supported by a national evaluator from the visited country. The schedule for each country visit will be determined on the basis of the data requirements of the field-based case studies and on the basis of other data needs that have to be met to answer the overall evaluation questions.

4.4 Wide Range of Data Collection Tools (Quantitative and Qualitative)

Data collection for the evaluation will utilize a range of different data collection tools, including but not limited to:

- **Comprehensive document review and data analysis.** The evaluation team will collect secondary data related to the RAcE programme, including third party documents as well as socio-economic and health-related data (such as those from Demographic and Health Surveys) for programme countries. The evaluation team will also collect primary data by means of tools such as interviews, focus groups questionnaires/survey (see below), as well as through direct observations and field visits – e.g. logistics and supply systems, health facilities, training institutes, etc. The data collection work plan is to be finalized in the methodological design (inception report).

  NOTE: During the inception phase and data collection phases, the evaluation team will peer review and validate ICF’s data sets. If validated, the data sets should be used to inform the current evaluation. The evaluation team will not be in a position to duplicate the work done by ICF.

- **Group interviews and focus groups** will be conducted by the evaluation team with members of the RAcE programme country’s implementing organization teams, programme participants/beneficiaries, national and local government officials, service providers, and decision/policy makers as well as other actors, such as participating NGOs and Civil Society Organizations. The initial protocols for focus group discussions will be developed during the inception phase, and will be finalized when preparing the field visits. When organizing focus group discussions and interviews, attention will be given to ensure: gender balance, geographic distribution, and cultural sensitivity, representation of population groups and representation of the stakeholders/duty bearers at all levels (policy/service providers/target groups/communities). In particular, the evaluation team will reflect on the categories of stakeholders targeted by the evaluation as an important component while choosing the type of focus groups (e.g., socially homogeneous groups vs. groups of diverging point of views). Where applicable the evaluation team must detail the characteristics of each sample: the
selection method, the rationale for the selection, and the limitations of the sample for interpreting evaluation results.

- **Interviews with key informants** will be conducted by the evaluation team. Key staff from relevant country offices and headquarters/regional advisors/experts will be interviewed during the inception phase. During the field phase, interviews will be conducted with experts and staff involved in managing RAcE programme interventions. Additional interviews will be conducted with policy makers and actors in relevant countries as well as with beneficiaries. Where appropriate, the evaluation team must detail the characteristics of each sample: the selection method, the rationale for the selection, and the limitations of the sample for interpreting evaluation results.

### 4.5 A well-structured evaluation matrix to ensure the validity of evaluation findings

To ensure that the collection and recording of data and information is done systematically, evaluators are required to develop an **evaluation matrix** during the inception phase, to be annexed to the draft inception report. This matrix will help evaluators to consolidate in a structured manner all collected information corresponding to each evaluation question and to identify data gaps and collect outstanding information before the end of the field phase.

The evaluation matrix will be used through all stages of the evaluation process and therefore will require particular attention from the evaluators (see Annex 2). It will be annexed to the final evaluation report.

### 5. EVALUATION PROCESS

#### Table 2: Overview of evaluation phases, methodological stages and associated deliverables

<table>
<thead>
<tr>
<th>Evaluation Phase</th>
<th>Methodological Stages</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Preparatory</strong></td>
<td>Drafting of ToR, Setting up of evaluation management group (EMG) and evaluation reference group (ERG)</td>
<td>Final ToR</td>
</tr>
<tr>
<td><strong>2. Inception</strong></td>
<td>Structuring of the evaluation (evaluation questions, evaluation matrix and methodology), Initial peer-review of ICF’s evaluation’s methodology and data sets, Exploratory mission to one of the countries</td>
<td>Inception report (Draft, Final)</td>
</tr>
<tr>
<td><strong>3. Data collection</strong></td>
<td><strong>Desk study</strong> Document analysis; Analysis of other secondary data, formulation of hypotheses (preliminary answers to evaluation questions)</td>
<td>No official deliverable</td>
</tr>
<tr>
<td><strong>Field study</strong> Collection of secondary and primary data and information in-country; Collection of other data (surveys, etc.); verification of hypotheses / preliminary answer to evaluation questions</td>
<td>Field country case study notes (published) (Documentation of other collected data (e.g., survey))</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Further review of ICF’s evaluation data sets.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4. Reporting</strong></td>
<td>Data analysis, Formulation of evaluation findings (answers to evaluation questions, cross-</td>
<td>Final Report (Draft, Final)</td>
</tr>
</tbody>
</table>

---

7 Annex 2: Evaluation Matrix Template
5. Management response

6. Dissemination

<table>
<thead>
<tr>
<th>Cutting conclusions)</th>
<th>Development of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Management response</td>
<td>Response to recommendations</td>
</tr>
<tr>
<td>6. Dissemination</td>
<td>Dissemination seminar(s)</td>
</tr>
</tbody>
</table>

Management response (WHO, GAC)

Executive Summary (French, and English versions)

Evaluation briefs (English, and French)

PowerPoint presentation of the evaluation results

Note: Composition, roles and responsibilities of the EMG are indicated in section 6.3 and of the ERG in section 6.4 below.

5.1 Preparatory Phase

The evaluation manager at WHO Evaluation Office leads the preparatory work. This phase includes:

- The constitution of a EMG\(^8\) and the appointment of a chair of the EMG;\(^9\)
- The compilation and initial review of the available documentation on the RAcE programme, and its implementation in programme countries and at regional and global levels;
- The drafting, review and approval of the ToR by the EMG;
- The constitution of an ERG. The ERG will consist of representatives of each of the five implementing organizations that are participating in the RAcE programme, as well as other members of the International Steering Group and the global coordinator of RAcE at WHO. GAC will be represented as the donor to the RAcE programme.
- The selection and recruitment of the external evaluation team.

5.2 Inception Phase

The evaluation team will conduct the design of the evaluation in consultation with the EMG. This phase includes:

- **Inception mission to Geneva** to engage with EMG members including a representative from GAC Evaluation Division as well as the ERG (teleconf) and key members of the GMP programme in WHO Headquarters.
- The **compilation and review of all relevant documents available** at WHO headquarters, regional offices and country offices and at each of the five implementing organizations.
- A **stakeholder mapping**, prepared by the evaluation team (complementing a preliminary mapping prepared by WHO Evaluation Office in collaboration with WHO RAcE/GMP team). The stakeholder mapping will be used to facilitate and illustrate the different (sets of) stakeholders relevant to the evaluation, and their relationships to each other.
- The **review and update as necessary of the intervention logic of the RAcE programme**, i.e. the theory of change meant to lead from planned activities to the intended results of the programme.
- The **development of a list of evaluation questions** addressing the main topics/issues identified in Section 3 above), and the **identification of the assumptions to be assessed** and the respective **indicators**, sources of information and methods and tools for data collection.
- Development of the evaluation matrix
- The development of a **data collection and analysis strategy** as well as a concrete work plan for the field and reporting phases.
- Preliminary peer review of ICF’s data sets.
- Preliminary interviews of key ERG members to develop the field case studies approach

---

\(^8\) The EMG will include a representative of the Evaluation Office of WHO (Chair), a representative of GAC’s International Assistance Evaluation Division and a representative of the UNEG.

\(^9\) See section 6 for more information on the role of the EMG and the evaluation manager.
• The design of the field-based case studies, including case-study questions, theoretical propositions to be tested, and units of analysis and data/data collection strategies.

• An exploratory mission (5 working days) by the evaluation team leader with 2 members of the EMG (including representative from GAC Evaluation Division) to one of the countries. The main purpose of this pilot mission will be to test core features of the evaluation methodology, such as the evaluation questions and assumptions to be assessed, to assess the availability of data and project documentation, as well as the testing and refinement of data collection tools.

• Following the exploratory mission, the evaluation team will produce a draft inception report, displaying the results of the above-listed steps and tasks. On the basis of the comments received, the evaluation team should make appropriate amendments and submit a revised inception report to the EMG. For all comments, the evaluation team will indicate in writing how they have responded (“trail of comments”). The evaluation team will then present it to the EMG and ERG through a teleconf. The inception report will be considered final upon approval by the EMG.

• The inception report will follow the structure as set out in Annex A 1.1.

5.3 Data Collection Phase

The data collection phase involves three distinct methodological components: (a) a desk study that evaluators will use to examine the secondary data and information available at headquarters, as well as the regional and country levels for each of the RAcE implementing organizations; (b) a field study that will allow evaluators to collect additional data in-country; (c) a peer review and validation of IFC International’s evaluation of the RAcE programme’s contribution to estimated impact.

5.3.1 Desk Study

The desk study will be used to analyze all existing and available documentation, data and information on RAcE that have been compiled during the inception phase of the evaluation. Evaluators will work with the members of the ERG to solicit information, documentation and data from RAcE country teams and the WHO Secretariat.

To the extent possible, the desk study should produce information on all evaluation questions and associated indicators identified during the inception phase. Based on the available information, evaluators should form preliminary assessments of the assumptions they set out to test for each of the evaluation questions; the assessments should become the basis for the preliminary answers of the evaluation questions.

Evaluators are also expected to use the desk study as a preliminary, preparatory portion of the data collection and analysis for the in-depth, field-based country case studies, in accordance with the case study design developed during the inception phase of the evaluation. This is meant to ensure that the time the evaluators spend in-country can be used as effectively and efficiently as possible to deepen the inquiry for the case studies. For this purpose, evaluators should also use the end of the desk study as an opportunity to refine the scope of the subsequent field-based inquiry in the field-studies.

Findings of the desk study will be compiled and documented in the evaluation matrix (to be used as an internal working tool for the evaluation team). For each evaluation question, and the associated “assumptions for verification” and the respective indicators, the evaluators are expected to present the evidence they have analyzed during the desk study. Where possible, evaluators are expected to formulate preliminary findings at the level of the “assumptions for verification.” Findings are anticipated at each level: global, national and subnational.

5.3.2 Field Study

The field study will serve as the opportunity to carry out the in-depth country case studies and to collect other information in the five countries.
Each country visit will last about two weeks. At the end of each mission, the evaluation team will provide the evaluation stakeholders in country with a debriefing presentation on the preliminary data of the field-based case study.

For each field-based country case study, the evaluation team will proceed to prepare a case study note presenting findings per evaluation questions as per the evaluation matrix. The country case study notes will follow the structure as set out in Annex A1.2 of the TOR and will be annexed to the evaluation report.

EMG members would accompany selected field missions as observers.

5.4 Reporting Phase

The reporting phase will open with an internal analysis by the evaluation team of the results of the data collection phase including the case study findings. The purpose of this analysis is to generate a substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a strategy for identifying the evaluation’s findings, main conclusions and related recommendations. This preliminary analysis will be followed by a teleconf with the EMG and the ERG to present and discuss the preliminary findings of the evaluation. The evaluation team then proceeds with the drafting of the report.

This first draft final report will be submitted to the EMG for comments. Prior to submission, the Consultant must ensure that it was internally quality controlled. The EMG will control the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the report will be circulated to the members of the ERG for comments. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.

Approximately two weeks after the draft of the final report has been circulated and once comments have been shared with the evaluation team, the findings, conclusions and draft recommendations will be presented by the evaluation team during a workshop with the EMG and the ERG to discuss the main evaluation recommendations.

On the basis of the comments expressed, the evaluation team should make appropriate amendments and submit the final report. For all comments, the evaluation team will indicate in writing how they have responded (“trail of comments”). The final report should clearly account for the strength of the evidence on which findings are made so as to support the reliability and validity of the evaluation. The report should reflect a rigorous, methodical and thoughtful approach. Conclusions and recommendations need to be built upon the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions they have been derived from; recommendations need to reference the conclusions they are responding to.

The report is considered final once it is formally approved by the EMG.

The final report will follow the structure as set out in Annex A1.3.

5.5 Management Response

The GMP will coordinate and oversee the preparation of the management response to the evaluation report. The members of the ERG in turn will be responsible for presenting the findings of the evaluation to the appropriate stakeholders in their respective agencies. The GMP will compile the management responses from the different agencies into one single management response to the evaluation.

The EMG will determine the modalities for the presentation of the evaluation results to the governance bodies of the WHO as well as to GAC, the GMP will do the same for the management response.

5.6 Dissemination

The evaluation report (English) and the evaluation brief (in English and French) will be published on the WHO evaluation webpage.
The evaluation team is required to draft the “Evaluation Brief” which consists in a short paper documenting the process of the evaluation and presenting the main results. It is based upon the Final Report and is different and separate from the briefs produced for the case-studies. The Evaluation Brief must be provided in two languages: English and French. The professional translation in French as well as copy-editing of the French version of the brief is the responsibility of the evaluation team.

The evaluation team will be required to assist the WHO Evaluation Office evaluation manager during the dissemination phase. The results, conclusions and recommendations of the evaluation will be shared extensively with internal and external stakeholders. The report and its management response will be available on the WHO evaluation internet site immediately after their finalization. Among others, the evaluation team leader will present the evaluation results during:

- An information session for the WHO Member State missions in Geneva during which the team leader is expected to present the evaluation results.
- An informal briefing (video conference) for WHO internal stakeholders, the international Steering Committee of the RACE Programme and the EMG and ERG members.

Among others, the WHO Evaluation Office will present a summary of the evaluation results in its annual report to the Executive Board and share them with all WHO stakeholders through its newsletter “Evaluation Matters”. It will also organize a webinar with the global network on evaluation\(^\text{10}\) to discuss the evaluation results.

6. ROLES AND RESPONSIBILITIES

The evaluation is managed jointly by an interagency EMG comprised of representatives from the Evaluation Office/Division of WHO, a member of the UNEG (from the UNICEF evaluation office) and GAC. The roles and responsibilities of the EMG are outlined in section 6.3.

WHO Evaluation Office will act as the main interlocutor between the Consultant, represented by the team leader, and, with the support of the EMG, will facilitate interactions with other counterparts to ensure a smooth implementation process.

6.1 The Consultant

The Consultant must

- Carry out the evaluation in conformity with the UNEG Norms and Standards for Evaluation in the UN system, evaluation quality assessment criteria as spelt out in the Annex 3, and best practices in evaluation;
- Abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes;
- Follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance.

Note: please refer to section 8 on Quality Assurance.

The Consultant will have the overall responsibility for:

- Dedicating specific resources to quality assurance efforts;
- Ensuring that all products adhere to the UNEG Norms and Standards for Evaluation in the UN system;
- Conducting quality control of all deliverables/outputs prior to submission to WHO (reference Annex 3);
- Reporting regularly on progress to WHO;
- Preparing ToR for the hiring of local consultant(s);
- Assembling a team with the requisite skills, subject to WHO approval;

\(^\text{10}\) This network includes WHO colleagues from HQ divisions, regional and country offices involved in evaluation related issues.
• Fulfilling the responsibilities including but not limited to section 6.1 of this ToR in order to insure full compliance with the ToR and Deliverables of RFP 2017/DG0/EVL/01.

Stakeholder consultation is fundamental to WHO evaluations of development interventions, thus the Consultant must ensure that stakeholders are consulted throughout the evaluation process. Note: the Consultant shall not however, share draft deliverables with stakeholders without WHO approval. This is required to ensure a robust quality assurance throughout the evaluation process.

6.2 WHO

The WHO Evaluation Office will chair and provide the secretariat function for the EMG, and will thus lead the management of the process. The WHO Evaluation Office will be supported in the management of the evaluation by the members of EMG. The WHO evaluation office will assign an evaluation manager for the day to day management of the evaluation process.

The WHO Evaluation Office will be responsible for the following:
• Leading the recruitment of a Consultant (Company) using its established procedures;
• Review of consultants proposals, made jointly with the other EMG members;
• Managing the Consultant’s contract;
• Acting as the main contact person for the Consultant;
• Providing guidance to the Consultant throughout all phases of execution and formally approving all deliverables;
• Ensuring the quality control of all deliverables with the members of EMG and in consultation with the ERG;
• Sharing approved deliverables with EMG and ERG, key stakeholders and those who may benefit from the evaluation;
• Collecting EMG and ERG members’ comments on the deliverables;
• Assessing the overall performance of the Consultant for the present mandate, in consultation with the members of the EMG;
• Fulfilling the responsibilities including but not limited to section 6.2 of this ToR in order to insure full compliance with the ToR and Deliverables of RFP 2017/DG0/EVL/01.

6.3 Evaluation Management Group

As the evaluation will be managed jointly by the WHO Evaluation Office and GAC’s International Assistance Evaluation Division, a joint EMG has been established as the main decision-making body for the evaluation. It will also include a senior evaluation expert member of the UNEG (from the UNICEF evaluation office). The main responsibilities are to support and oversee the evaluation management and act as a liaison for the evaluation with the appropriate technical units within their own organizations. Using a pragmatic approach that works within the given budget and time, the EMG will manage the entire evaluation process, from the selection of the Consultant (Company) for the evaluation, through to the dissemination and follow-up of the final evaluation report. WHO will lead the management of the process, but all milestone decisions will be made jointly by the EMG on the basis of inputs from implementing organizations. The EMG is responsible for ensuring the quality and independence of the evaluation and to guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines.

Key roles and responsibilities of the EMG include:
• To lead the hiring of the team of external consultants with inputs from the ERG, reviewing proposals and approving the selection of the evaluation team;
• To supervise and guide the evaluation team at each step of the evaluation process and facilitate access to the documentation and people deemed of importance to the evaluation process;
• To review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, the design and dissemination of the survey;
• To act as a source of knowledge for the evaluation and coordinate feedback from the five participating implementing organizations as well as Canada from headquarters, the regions and from the field, in particular to facilitate access to information and documentation;
• To review and provide substantive feedback on the country notes (annexed to the report) and the draft and final evaluation reports, for quality assurance purposes;
• To approve the final evaluation report after having received comments (factual checks) from the ERG;
• To contribute to learning, knowledge sharing, the dissemination of the evaluation findings and follow-up on the management response;
• To liaise with the ERG and convene review meetings with the evaluation team;
• To identify and ensure the participation of relevant stakeholders in coordination with the ERG throughout the evaluation process;
• To design a dissemination plan for the evaluation results in consultation with the ERG;
• To fulfill the responsibilities including but not limited to section 6.3 of this ToR in order to insure full compliance with the ToR and Deliverables of RFP 2017/DG0/EVL/01.

6.4 Evaluation Reference Group

An ERG has been established to support the evaluation at key moments and to ensure broad participation in the conceptualization of the exercise, access to information, high technical quality of the evaluation products as well as learning and knowledge generation. The ERG will be consulted by the EMG on key aspects of the evaluation process. One senior staff from each of the five implementing organizations is represented in the ERG and will provide substantive technical inputs during the evaluation process as well as feedback on the evaluation draft report.

Key roles and responsibilities of ERG members include:
• To contribute to the conceptualization, preparation, and design of the evaluation, and provide feedback and comments on the inception report;
• To provide comments and fact-checking and feedback to ensure the quality – from a technical point of view - of the country notes as well as of the draft and final evaluation reports;
• To act as a source of knowledge for the evaluation and in particular to facilitate access to information and documentation;
• To assist in identifying external stakeholders to be consulted during the evaluation process;
• To participate in review meetings of the EMG and with the evaluation team as required;
• To fulfill the responsibilities under section 6.4 of this ToR including but not limiting it to insuring full compliance with the ToR and Deliverables of RFP 2017/DG0/EVL/01.

One last important role of the members of the ERG will also be to facilitate learning and knowledge sharing on the basis of the evaluation results. Each member of the ERG will be responsible for contributing to disseminating the findings of the evaluation, and for follow-up on the implementation of the management response.

With the support and guidance from WHO, the implementing organizations in each respective country will serve as focal points to the evaluation and will be responsible to identify relevant stakeholders from the Government at national and sub-national levels and the partners’ donors. Broad representation of the relevant parties shall be sought. They will participate to the briefing and debriefing to be organized at the start of each mission.

7 CONSULTANT PROFILE

This evaluation is to be carried out by a multi-disciplinary team that will be externally recruited, and whose team members (or the company that they work for) will not have been involved in the design, implementation or monitoring of RAcE programme interventions during the period under review, nor will they have other conflicts of interest or bias on the subject.
The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

The core team is expected to be composed of three to four internationally recruited members, including the team leader. The core team should draw upon specialized technical expertise, research and editorial assistance as necessary. It will be complemented by national expertise for the country case studies and should include women and men of mixed cultural backgrounds. The team members must be able to communicate clearly in English and must have excellent analytical and drafting skills. In addition, at least one member of the evaluation team should have excellent knowledge of French. Some knowledge of Portuguese is an asset.

The team leader must have at least 10 years of extensive experience in leading evaluations of a similar size, complexity and character as well as technical expertise in the areas related to child health (preferably iCCM) experience in assessing health systems of developing countries and work experience in Sub-Saharan Africa. The team leader should also have experience in gender equality and equity issues, in particular, assessing programmes that target populations living in hard-to-reach areas. His/her primary responsibilities will be:

- Guiding and managing the team throughout the evaluation phases;
- Setting out the methodological approach;
- Leading the first (pilot) field mission;
- Reviewing and consolidating the team members’ inputs to ensure quality and timeliness of the evaluation deliverables;
- Liaising with the WHO Evaluation Office and representing the evaluation team in meetings with stakeholders;
- Delivering the inception reports and evaluation report (including the country case study narratives) in line with the requested outlines and quality standards.
- Fulfilling tasks and assuming responsibilities included but not limited to section 7 of this ToR in order to insure full compliance with the ToR and Deliverables of RFP 2017/DGO/EVL/01.

The core team members will bring together a complementary and balanced combination of the necessary technical expertise in the thematic areas directly relevant to the evaluation, such as experience in child health, public health, communicable diseases, health systems of developing countries, Integrated Management of Childhood Illness (IMCI), and if possible, iCCM. One team member must have experience with quantitative data analysis. The team members should also have expertise in gender equality and equity issues. The team members should have at least 10 years of individual experience in their respective areas of technical expertise and experience in Sub-Saharan Africa. They must also have experience in applying evaluation methods in their respective areas of expertise. Team members will:

- Contribute to the design of the evaluation methodology;
- Undertake in-depth documentary review;
- Conduct quantitative data analysis
- Conduct field work to generate additional evidence from field visits and consultations of a wide range of stakeholders;
- Participate in team meetings, including with stakeholders;
- Prepare inputs and make contributions to the evaluation deliverables;
- Fulfil tasks and assume responsibilities included but not limited to section 7 of this ToR in order to insure full compliance with the ToR and Deliverables of RFP 2017/DGO/EVL/01.

The core team must ensure that the national expertise (support to the core team members in preparation of, during, and following the country field work) present all necessary qualifications and experience to plan and organize the field work as well as to actively participate in the data collection.

The core evaluation team may be supported by junior experts and other research, editorial, administrative and logistical assistance as necessary.
8. QUALITY ASSURANCE

WHO Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation. A key element is the evaluation quality assessment (EQA) grid, which sets out processes with built-in steps for quality assurance and outlines for the evaluation report and the review thereof. The EQA will be systematically applied to this evaluation.

The first level of quality assurance of all evaluation deliverables will be conducted by the evaluation team prior to submitting the deliverables to the review of the WHO Evaluation Office evaluation manager. The evaluation team is expected to dedicate specific resources to quality assurance efforts, and must consider all time, resources, and costs related to this function in their technical and financial bid. The bidder must set out the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer. The WHO Evaluation Office recommends that the EQA checklist (see below) is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report. The main purpose of this checklist is to ensure that the evaluation report complies with evaluation professional standards.

EQA checklist:

<table>
<thead>
<tr>
<th>1. Structure and Clarity of the Report</th>
<th>To ensure the report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Executive Summary</td>
<td>To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology, conclusions and recommendations.</td>
</tr>
<tr>
<td>3. Design and Methodology</td>
<td>To provide a clear explanation of the methods and tools used including the rationale for the methodological choice justified. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.).</td>
</tr>
<tr>
<td>4. Reliability of Data</td>
<td>To ensure sources of data are clearly stated for both primary and secondary data. To provide explanations on the credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.</td>
</tr>
<tr>
<td>5. Findings and Analysis</td>
<td>To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.</td>
</tr>
<tr>
<td>6. Validity of conclusions</td>
<td>To ensure conclusions are based on credible findings and convey evaluators’ unbiased judgment of the intervention. Ensure conclusions are prioritised and clustered and include: summary; origin (which evaluation question(s) the conclusion is based on); and a detailed conclusion.</td>
</tr>
<tr>
<td>7. Usefulness and clarity of recommendations</td>
<td>To ensure recommendations flow logically from conclusions; are targeted, realistic and operationally-feasible; and are presented in order of priorities. Recommendations include: Summary; Priority level (very high/high/medium); Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications.</td>
</tr>
<tr>
<td>8. SWAP - Gender</td>
<td>To ensure the evaluation approach is aligned with SWAP.</td>
</tr>
</tbody>
</table>

The second level of quality assurance of the evaluation deliverables will be conducted by the EMG. To further enhance the quality and credibility of this evaluation, the ERG will also comment on the reports (factual checks).

---

11 Annex 3 presents the Evaluation Quality Assessment Grid.
The **Director of the WHO Evaluation Office** maintains an oversight and quality assurance role for the final evaluation report.

## 9 INDICATIVE TIME SCHEDULE AND DELIVERABLES

<table>
<thead>
<tr>
<th>Evaluation Phases and Stages</th>
<th>Outputs or Deliverables</th>
<th>Dates</th>
<th>Meetings/key stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREPARATORY PHASE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultations and documentary research with a view to drafting the ToR</td>
<td>ToR</td>
<td>July 2017</td>
<td>Meeting / e-discussions on areas of investigation</td>
</tr>
<tr>
<td>Tendering Process</td>
<td>ToR for evaluation team</td>
<td>Deadline August 28, 2017</td>
<td></td>
</tr>
<tr>
<td>Review of technical and financial proposals</td>
<td></td>
<td>6 Sept 2017</td>
<td>EMG proposal review Meeting</td>
</tr>
<tr>
<td>Contracts Review Committee</td>
<td></td>
<td>22 Sept 2017</td>
<td></td>
</tr>
<tr>
<td>Contract award</td>
<td></td>
<td>3 Oct 2017</td>
<td></td>
</tr>
<tr>
<td><strong>INCEPTION PHASE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Launch of inception phase meeting, documents review, preliminary data sets analysis and key interviews</td>
<td>3-20 Oct 2017</td>
<td>Teleconf Evaluation team</td>
<td></td>
</tr>
<tr>
<td>Inception mission to Geneva</td>
<td></td>
<td>11-13 Oct 2017</td>
<td>Briefing with EMG, GMP, ERG members and other key stakeholders</td>
</tr>
<tr>
<td>Pilot mission</td>
<td></td>
<td>16-20 Oct 2017</td>
<td>TL and members of the EMG</td>
</tr>
<tr>
<td>Reporting stage</td>
<td>Draft Inception report</td>
<td>3 Nov 2017</td>
<td></td>
</tr>
<tr>
<td>Presentation of the Inception report to EMG and ERG (PowerPoint)</td>
<td>17 Nov 2017</td>
<td>EMG, ERG meeting with evaluation team (teleconf)</td>
<td></td>
</tr>
<tr>
<td>Final Inception report</td>
<td></td>
<td>20 Nov 2017</td>
<td>EMG Approval</td>
</tr>
<tr>
<td><strong>DATA COLLECTION PHASE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field missions</td>
<td>All field mission to start with a briefing and to conclude with a debriefing presenting to key stakeholders preliminary findings at country level. EMG members would accompany selected field missions as observers.</td>
<td>21 Nov-20 Dec 2017</td>
<td>Evaluation team and national stakeholders</td>
</tr>
<tr>
<td>Documents and data sets review</td>
<td>Continuation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REPORTING PHASE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debriefing</td>
<td>Preliminary findings from the 5 field missions</td>
<td>15 Jan 2018</td>
<td>EMG, ERG evaluation team Teleconf</td>
</tr>
<tr>
<td>Synthesis and drafting stage</td>
<td>Draft final report</td>
<td>2 Feb</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comments EMG</td>
<td>16 Feb</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Revised draft report shared with ERG</td>
<td>28 Feb</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workshop - Presentation of the Draft final report to EMG and ERG (PowerPoint)</td>
<td>5/6 March</td>
<td>EMG, ERG meeting with evaluation team</td>
</tr>
<tr>
<td></td>
<td>Final report</td>
<td>12 March</td>
<td>EMG approval</td>
</tr>
<tr>
<td>Management response (TD and PD)</td>
<td></td>
<td>12 April</td>
<td></td>
</tr>
<tr>
<td>Evaluation briefs (English, French )</td>
<td></td>
<td>19 March</td>
<td></td>
</tr>
<tr>
<td>Presentation of the evaluation results in a number of fora which may include: (i) WHO/GMP International Steering Committee; (ii) stakeholders workshop; (iii) information session for WHO Member States in Geneva</td>
<td>26-27 March</td>
<td>Presentation by team leader and WHO Evaluation Office evaluation manager</td>
<td></td>
</tr>
<tr>
<td>Reporting to the WHO Executive Board as part of the Evaluation Office Annual Report</td>
<td>End May 2018</td>
<td>Director of the WHO Evaluation Office</td>
<td></td>
</tr>
</tbody>
</table>
ANNEX 1: STRUCTURE FOR: INCEPTION REPORT; COUNTRY CASE STUDY BRIEF AND EVALUATION REPORT

A1.1. Inception Report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

1 Introduction

*Should include*: objectives of the evaluation; scope of the evaluation; geographical scope; overview of the evaluation process; purpose of the inception report.

2 The Global Context iCCM

*Should include*: global progress in iCCM.

3 RAcE Intervention Logic

*Should include*: an analysis of the RAcE programme theory of change to identify the causal pathways (from activities to results) for each area of investigation. This should also include an overview of other relevant strategic frameworks.

4 Methodology

*Should include*: methodology for data and information collection from WHO headquarters and decentralized units, international bodies, experts and other actors working in the field of family planning. This proposal will include: (i) a sample of countries to be surveyed; (ii) case studies identified as relevant with a view to respond to the evaluation questions (including criteria and rationale for each country case study); (iii) suitable methods of data collection within the case studies -- incl. data collection plan; preparation of interview and issues guides for interviews and focus groups; harmonization of approaches across country case studies; limitations; preparation process and logistics; recruitment of field teams.

5 Proposed Evaluation Questions

*Should include*: a set of evaluation questions with the explanatory comments associated with each question; overall approach for answering the evaluation questions; detailed proposed evaluation questions (including: rationale; method/chain of reasoning; assumptions to be assessed and corresponding qualitative and/or quantitative indicators; feasibility); coverage of theme/issues stated in the ToR by each evaluation questions. The aim is to adequately focus the evaluation, taking into consideration the usefulness of the questions, available information, limitations and constraints.

6 Next Steps

*Should include*: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for countries selected for field visits, including the list of interventions for in-depth analysis in the field (explanation of the value added for the visits); team composition and distribution of tasks; the contractor’s approach to ensure quality assurance of all evaluation deliverables.

7 Annexes

*Should include*: portfolio of RAcE programme interventions; evaluation matrix; stakeholder map; template for survey; bibliography; list of persons met; ToR

(*) Tables, graphs and diagrams should be numbered and have a title.
A1.2. Country Case Study Brief

Table of Contents
List of Acronyms

1  Context (2-3 pages)
   Should include: country background; country health sector; health indicators; RacE programming in the country

2  Main Findings (3-5 pages)
   Should include: Brief answers to the case study questions (Note: the purpose is to answer the more specific case-study questions; not to answer the broader evaluation questions).

3  Conclusions (2-3 pages)

A1.3. Final Report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

Executive Summary

1  Introduction
   Should include: purpose of the evaluation; mandate and strategy of RacE programme

2  Methodology
   Should include: overview of the evaluation process; methods and tools used in evaluation design; analysis of RacE programme results framework; evaluation questions and assumptions to be assessed; the typology of RacE programme activities; staged sampling to define the geographical scope of the evaluation; methods and tools used for data collection; desk review; survey; country case studies; limitations to data collection; methods and tools used for data analysis; methods of judgment; the approach to triangulation

3  Main findings and analysis
   Should include for each response to evaluation question: assumptions to be assessed; evaluation criteria covered; summary of the response; detailed response

4  Conclusions
   Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); evaluation criteria covered; related recommendations(s); detailed conclusion

5  Recommendations
   Should include for each recommendation: summary; priority level (very high/high/medium); target (administrative unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized and targeted at specific business units; accompanied by timing for implementation; useful and operational; if possible, presented as options associated with benefits and risks.

The final version of the evaluation report will be presented in a way that enables publication without need for any further editing (see section e below).

Annexes will be confined to a separate volume
Should include: Evaluation matrix duly completed; Country Case Study Briefs; Desk Country Case Review; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; ToR.

(*) Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).
ANNEX 2: STRUCTURE OF THE EVALUATION MATRIX

The table below represents the structure for the evaluation matrix in which each evaluation question must be included.

This matrix (see above) will become the starting point for subsequent versions of the evaluation matrix that evaluators will use to compile and organize data and information throughout the evaluation process.

The evaluation matrix will serve as a working tool throughout the evaluation process and will specifically be useful during:

- the **design of the evaluation** (i.e., the inception phase), the evaluation matrix will be used to capture core aspects of the evaluation design: (a) what will be evaluated (i.e. evaluation criteria, evaluation questions and related issues to be examined); (b) how to evaluate (sources of information and methods and tools for data collection). In this way, the matrix will also help evaluators and the WHO Evaluation Office evaluation manager to check the feasibility of evaluation questions and the associated data collection strategies.

- the **data collection phase of the evaluation**, the evaluation matrix will help evaluators to: (a) approach the collection of information in a systematic, structured way; (b) identify possible gaps in the evidence base of the evaluation; and (c) compile and organize the data to prepare and facilitate the systematic analysis of all collected information.

- the **analysis and reporting phase**, the evaluation matrix will help evaluators to conduct the analysis in a systematic and transparent way, by showing clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence.

- the **dissemination phase**, and the actual use of the evaluation, the evaluation matrix plays a key role for making sure that users of the report can understand how evaluators interpreted the available evidence to arrive at their findings on the performance of Supplies, so that the findings are considered credible and valid.
**Table 1: Outline for evaluation matrix for inception phase.**

<table>
<thead>
<tr>
<th>Evaluation Question 1</th>
<th>[Text of Evaluation Question]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation Criteria</strong></td>
<td>[DAC evaluation criteria covered by EQ, e.g. ‘Relevance’, ‘Effectiveness’]</td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>[Short justification of why the question is important and how it is related to the RacE programme as the evaluated intervention]</td>
</tr>
<tr>
<td><strong>Chain of Reasoning</strong></td>
<td>[Summary of how the ‘Assumptions for verification’ will be used to construct the answer to the evaluation question]</td>
</tr>
<tr>
<td><strong>Assumptions for verification</strong></td>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>Assumption 1.1</td>
<td>Indicator 1.1.1</td>
</tr>
<tr>
<td>[Assumption for verification narrow the evaluation question by further specifying what aspects of the intervention logic or theory of change the evaluators will investigate]</td>
<td>Indicator 1.1.2</td>
</tr>
<tr>
<td></td>
<td>Etc.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Country case studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Assumption 1.2</td>
<td>Indicator 1.2.1</td>
</tr>
<tr>
<td></td>
<td>Indicator 1.2.2</td>
</tr>
<tr>
<td></td>
<td>Etc.</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
</tr>
</tbody>
</table>
# ANNEX 3: QUALITY ASSURANCE OF THE EVALUATION REPORT

The following is a template of the EQA criteria for evaluation reports that this final evaluation will be subject to.

**Assessment Levels** (use ‘shading’ function to give cells corresponding colour)

<table>
<thead>
<tr>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>strong, above average, best practice</td>
<td>satisfactory, respectable</td>
<td>with some weaknesses, still acceptable</td>
<td>weak, does not meet minimal quality standards</td>
</tr>
</tbody>
</table>

## Quality Assessment Criteria

<table>
<thead>
<tr>
<th>1. Structure and Clarity of Reporting</th>
<th>Assessment Level:</th>
<th>Comment:</th>
</tr>
</thead>
</table>

To ensure the report is comprehensive and user-friendly

- Is the report easy to read and understand (i.e. written in an accessible non-technical language appropriate for the intended audience)?
- Is the report focused and to the point (e.g. not too lengthy)?
- Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)?
- Do the annexes contain – at a minimum – the ToR; a bibliography, a list of interviewees, the evaluation matrix and methodological tools used (e.g. interview guides; focus group notes, outline of surveys)?

**Executive summary**

- Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation?
- Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)?
- Is the executive summary reasonably concise (e.g. with a maximum length of 5-10 pages)?
<table>
<thead>
<tr>
<th>Quality Assessment Criteria</th>
<th>Assessment Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. Design and Methodology</strong></td>
<td></td>
</tr>
<tr>
<td><em>To ensure that the evaluation is put within its context</em></td>
<td></td>
</tr>
<tr>
<td>• Does the evaluation describe whether the evaluation is for accountability and/or learning purposes?</td>
<td></td>
</tr>
<tr>
<td>• Does the evaluation describe the target audience for the evaluation?</td>
<td></td>
</tr>
<tr>
<td>• Is the development and institutional context of the evaluation clearly described?</td>
<td></td>
</tr>
<tr>
<td>• Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change?</td>
<td></td>
</tr>
<tr>
<td>• Does the evaluation explain any constraints and/or general limitations?</td>
<td></td>
</tr>
<tr>
<td><em>To ensure a rigorous design and methodology</em></td>
<td></td>
</tr>
<tr>
<td>• Is the evaluation approach and framework clearly described? Does it establish the evaluation questions, assumptions, indicators, data sources and methods for data collection?</td>
<td></td>
</tr>
<tr>
<td>• Were the methods chosen appropriate for addressing the evaluation questions? Are the tools for data collection described and justified?</td>
<td></td>
</tr>
<tr>
<td>• Is the method for analysis clearly described?</td>
<td></td>
</tr>
<tr>
<td>• Are methodological limitations acknowledged and their impact on the evaluation described? (Does it discuss how any bias has been overcome?)</td>
<td></td>
</tr>
<tr>
<td>• Is the sampling strategy described? Does the design include validation techniques?</td>
<td></td>
</tr>
<tr>
<td>• Is there evidence of involvement of stakeholders in the evaluation design? (Is there a comprehensive/credible stakeholder map?)</td>
<td></td>
</tr>
<tr>
<td>• Does the methodology enable the collection and analysis of disaggregated data?</td>
<td></td>
</tr>
<tr>
<td>• Is the design and methodology appropriate for assessing the cross-cutting issues (gender equality and equity)?</td>
<td></td>
</tr>
</tbody>
</table>
### Quality Assessment Criteria

#### 3. Reliability of Data

To ensure quality of data and robust data collection processes

- Did the evaluation triangulate all data collected?
- Did the evaluation clearly identify and make use of qualitative and quantitative data sources?
- Did the evaluation make explicit any possible issues (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues? I.e. did the evaluation make explicit possible limitations of the data collected?
- Is there evidence that data has been collected with sensitivity to issues of discrimination and other ethical considerations?
- Is there adequate gender disaggregation of data? And if this has not been possible, is it explained?
- Does the evaluation make explicit the level of involvement of different stakeholders in the different phases of the evaluation process?

#### 4. Analysis and Findings

To ensure sound analysis

- Is information analysed and interpreted systematically and logically?
- Are the interpretations based on carefully described assumptions?
- Is the analysis presented against the evaluation questions?
- Is the analysis transparent about the sources and quality of data?
- Are possible cause and effect links between an intervention and its end results explained?
- Where possible, is the analysis disaggregated to show different outcomes between different target groups?
- Are unintended results identified?
- Is the analysis presented against contextual factors?
- Does the analysis include reflection of the views of different stakeholders (reflecting diverse interests)? E.g. how were possible divergent opinions treated in the analysis?
- Does the analysis elaborate on cross-cutting issues such as gender equality and equity?

To ensure credible findings

- Can evidence be trace through the analysis into findings? E.g. are the findings substantiated by evidence?
- Do findings follow logically from the analysis?
- Is the analysis of cross-cutting issues integrated in the findings?

#### 5. Conclusions

To assess the validity of conclusions

- Are conclusions credible and clearly related to the findings?
- Are the conclusions demonstrating an appropriate level of analytical abstraction?
- Are conclusions conveying the evaluators’ unbiased judgement of the intervention?

#### 6. Recommendations

To ensure the usefulness and clarity of recommendations

- Do recommendations flow logically from conclusions?
- Are the recommendations sufficiently clear, targeted at the intended users and operationally-feasible?
- Do recommendations reflect stakeholders’ consultations whilst remaining
### Quality Assessment Criteria

<table>
<thead>
<tr>
<th>balanced and impartial?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is the number of recommendations manageable?</td>
</tr>
<tr>
<td>• Are the recommendations prioritised and clearly presented to facilitate appropriate management response and follow up on each specific recommendation?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To assess the integration of Gender Equality</strong></td>
</tr>
<tr>
<td>• Is gender equality integrated in the evaluation scope of analysis and indicators designed in a way that ensures gender equality-related data to be collected?</td>
</tr>
<tr>
<td>• Do evaluation criteria and evaluation questions specifically address how gender equality has been integrated into design, planning, implementation of the intervention and the results achieved?</td>
</tr>
<tr>
<td>• Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected?</td>
</tr>
<tr>
<td>• Do the evaluation findings, conclusions and recommendations reflect a gender analysis?</td>
</tr>
</tbody>
</table>

Assessment Level:
## ANNEX 4: LOGIC MODEL

<table>
<thead>
<tr>
<th>M013621</th>
<th>Rapid Access Expansion 2015 (RAcE 2015)</th>
<th>Duration 2011/2012-2016/2017 (5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ultimate Outcome</strong></td>
<td>1000 Increased survival and well-being of children.</td>
<td></td>
</tr>
<tr>
<td><strong>Intermediate Outcomes</strong></td>
<td>1100 Enhanced utilization of essential health commodities and supplies needed to diagnose and treat the main causes of death among children under five</td>
<td></td>
</tr>
<tr>
<td><strong>Immediate Outcomes</strong></td>
<td>1110 Increased capacity of governments and health institutions to diagnose and treat diseases affecting children under five</td>
<td>1120 Enhanced delivery by health workers of adequate and quality health services for leading maternal, newborn and child diseases including in underserved areas</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td>1111 Norms, standards and guidance developed, including those related to Gender Equality, in the diagnosis and treatment of leading diseases affecting children under five</td>
<td>1121 Health workers trained and deployed to provide quality diagnosis and treatment of leading child diseases including coverage of underserved areas</td>
</tr>
</tbody>
</table>
| **Activities** | 1112 Improve capacity in beneficiary countries at all levels of the health system for: disease case management (including diagnostic procedures), supply chain management, reporting and information transfer (including mobile technology) and monitoring and evaluation. | 1121 Train community-based workers in the diagnosis and treatment of diarrhea, pneumonia and malaria. | 1131 Essential child health commodities and supplies procured and distributed to health service providers | 1132 Procure and distribute antibiotic treatments for pneumonia | 1133 Procure and distribute doses of oral rehydration salts and zinc for diarrhea | 1135 Procure and distribute rapid diagnostic testing for malaria for 360,000 children
Annex 8: Detailed Budget form

The Undersigned, ……………………….., confirms to have read, understood and accepted the terms of the summative evaluation of the WHO Rapid Access Expansion Initiative, Request for Proposals (RFP) No. 2017/DGO/EVL/01, and its accompanying documents. If selected by WHO for the work, the Undersigned undertakes, on its own behalf and on behalf of its possible partners and contractors, to perform the summative evaluation of the WHO Rapid Access Expansion Initiative, in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, for the sums indicated in Annex 5 to this RFP and further broken down by team member and phase as below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Team leader (insert name)</th>
<th>Team member (insert name)</th>
<th>Team member (insert name)</th>
<th>Team member (insert name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily rate (US$)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase</th>
<th>N° of days</th>
<th>N° of days</th>
<th>N° of days</th>
<th>N° of days</th>
<th>Total N° of days</th>
<th>Total cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inception phase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection phase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting phase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissemination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total N° of days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total professional costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total travel costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total other costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total evaluation cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name and Title of Authorizing official:___________________________________________
Signature:_________________________________________________________________
Date:____________________________

12 Extra columns can be added according to number of team members.