

## **Terms of Reference**

### **External consultant/organisation to conduct End of Project Evaluation**

#### **Multi-country Technical Assistance to Middle-Income Countries in the Asia Pacific Region (2024-2026)**

##### **1. Background/Project information**

The Australian National Centre for Immunisation Research and Surveillance (NCIRS), in partnership with national ministries of health, WHO, UNICEF, Sydney Vietnam Institute, the Pacific Community and in-country partners, is implementing a multi-country technical assistance initiative. The project is funded by Gavi under the MICs strategy (5.0) to build capacity of the National Immunisation Technical Advisory Groups (NITAGs) and strengthen systems of learning and performance development for Immunisation providers in project countries in the Asia Pacific region. The original project period was 2024-2025, with a no cost extension granted until end of June 2026.

##### **2. Objectives of the project**

The project has two distinct but complementary workstreams aimed to achieve the following objectives:

- To strengthen the independent functioning of NITAGs (or related immunisation technical advisory bodies) to provide locally relevant, evidence-based vaccine policy advice that underpins key MIC outcomes
- To strengthen national systems to maintain the competency of immunisation providers through the ongoing and flexible delivery of locally tailored, regularly updated training linked to accreditation

##### **3. Countries**

- The NITAG component is implemented in four countries: Vietnam, Timor-Leste, Fiji and the Philippines.
- The learning and performance development component was to be implemented in three countries: Vietnam, Timor-Leste and Fiji. However, resources allocated to Timor-Leste were diverted to other countries for this component.

##### **4. Project Core Activities**

###### Component 1: NITAG strengthening

The following key activities were conducted in collaboration with in-country NITAG and implementation partners, include:

- Scoping visit and needs assessment, including structured survey and NITAG maturity assessment using the standard WHO-endorsed NITAG Maturity Assessment Tool (NMAT), to co-design the activities
- Workshops on various topics to upskill NITAG members and related stakeholders in developing evidence-based recommendations. Topics including evidence-based decision-making (EBDM) applied to locally relevant policy considerations, such as HPV and PCV introduction, Hexavalent vaccine introduction/switch etc.

- Administrative and secretariat support for NITAG processes and procedures to enhance the functionality (e.g. developing an operational manual)
- In-country visit to Australia by NITAG members
- Peer to peer support through bilateral/sub-regional/global networks to support sustainability
- A transition plan and exit process

### Component 2: Learning and Performance Development

The key activities of this component conducted in the project countries via working with relevant health training/education providers and local implementation partners, include:

- In-country consultations to identify needs and plan the assessment phase
- Literature review and review of secondary data to develop a preliminary needs assessment report
- Development of training needs assessment study protocol and assessment tools (provider survey at health facility and higher levels based on WHO-recommended competencies for immunisation providers; focus group discussion guides for community level health workforce and health providers; semi structured interview guide for key informants (senior ministry of health staff, nursing councils, nursing training colleges, technical partners (WHO and UNICEF)
- Training needs assessment of immunisation providers conducted
- In country consultations and co-design of implementation plan
- Development of a Framework on strengthening learning and performance development for immunisation provider in middle-income countries which provides a menu of evidence-based options for country adaptation and inclusion in future planning and strategies
- Addressing identified priorities in each country e.g. development of an updated expanded immunisation training package for Fiji and an updated Immunisation Handbook for frontline health workers in Vietnam
- Supporting the capacity to deliver these through flexible modes, and the embedding of learning and performance development into routine practice through accreditation requirements.
- Supporting local education providers in completing the cycle of piloting, refinement, implementation and evaluation to support the ongoing improvement and expansion of learning options
- A transition plan and exit process

## **5. Project Expected Outputs**

### NITAG Component

- i. Scoping visits to countries and co-design workshops conducted
- ii. Tailored basic vaccinology training material and guidelines for NITAG members in targeted countries
- iii. NITAG strengthening workshops and reports
- iv. NITAG strengthening manual (Operational manual -A learning product) developed for adaptation at country level
- v. Strategic plans for evidence-based decision making
- vi. Linkage with regional and Global NITAG network and peer-to-peer support

- vii. A feasible and well-progressed publication plan and peer-reviewed articles to disseminate the results

#### Learning and performance development

- i. Preliminary needs assessment report based on literature review and scoping visits
- ii. Consultation workshop reports
- iii. Master study protocol and tools for in-country training needs assessment of immunisation providers
- iv. Adapted country level study protocols and tools for Fiji and Vietnam
- v. Country specific training needs assessment report with main findings and recommendations
- vi. Master Framework for Strengthening Learning and Performance Development in Immunisation Providers in Middle-Income countries in the Asia Pacific
- vii. Frameworks for Strengthening Learning and Performance Development in Immunisation Providers in Fiji and Vietnam (2)
- viii. Country specific products (Immunisation Training Package for Fiji, National Immunisation Guideline; Vietnam Immunisation Handbook for Frontline Health Care Providers; recommendations on updating the immunisation curriculum in medical and nursing training colleges
- ix. Peer reviewed articles; How-To Guide on Conducting A training Needs Assessment for Immunisation Providers

#### Communications

- i. NCIRS Gavi Middle-Income Country Support project communication and dissemination plan

### **6. Purpose and objectives of the evaluation**

This end-of-project evaluation forms a key deliverable of this project. The evaluation will assess and evaluate the project's achievements, overall performance and strategic relevance and impact across both components (*NITAG strengthening and learning and performance development*). The evaluation will also lessons learned and areas for future improvement.

### **7. Scope of the evaluation**

Timeframe: November 2023- June 2026 (Project duration)

Geographic scope: The Philippines, Fiji, Vietnam and Timor-Leste

### **8. Evaluation criteria**

The evaluation will examine the rationale for the intervention guided by the theory of change, and assess it against a set of defined evaluation criteria, including:

- *Relevance*: Alignment with country priorities, Gavi MICs Strategy, and regional immunisation needs
- *Coherence*: Consistency with national and global strategies, and partner efforts (WHO, UNICEF, DFAT)
- *Effectiveness*: Achievement of intended outputs and outcomes across both components (NITAG and learning and performance development)
- *Efficiency*: Use of resources and timeliness in delivering activities across contexts

- *Impact*: Improvements in policy quality, vaccine rollout readiness, workforce competency
- *Sustainability*: Likelihood of lasting benefits through institutionalisation and systemic integration
- *Equity*: Reach and responsiveness to the needs and priorities of all genders and underserved populations, including zero-dose children
- *Acceptability*: Stakeholder satisfaction, cultural appropriateness, adaptability of tools and methods
- *Timeliness*: Responsiveness to evolving country needs and vaccine program priorities

### **Gender, disability, social inclusion, and other issues to be addressed**

The evaluation should also consider whether the project has addressed the cross-cutting issues including:

- Gender responsiveness in training and policy uptake
- Disability and inclusion in training development and policy target
- Social equity in immunisation provider training, community-level outcomes and policy target
- Other issues that might affect equitable access to the intended outcomes of the intervention, such as new vaccines etc.

### **Target audience/s and intended uses**

The evaluation results will be disseminated to the following audiences, including but not limit to:

- Gavi and global partners including WHO, UNICEF etc.
- Ministries of health, NITAGs, national immunisation program managers of the project countries
- National and regional relevant technical working groups in immunisation
- National level implementing partners such as Sydney Vietnam Institute (SVI) and the Pacific Community
- Other national partners and stakeholders such as DFAT

## **9. Key evaluation questions**

The evaluation will be guided by specific, measurable questions that reflect the project's objectives, outcomes and outputs. These questions will be designed to yield both qualitative and quantitative insights and to assess change over time. The questions will help focus the evaluation and reflect not only the purpose of the evaluation but also the priorities and needs of the stakeholders involved in the project. They also allow for comparisons between pre- and post-intervention data where feasible.

Below are an initial set of key questions. The evaluation team/individuals will be asked to finalise the key questions in collaboration with the NCIRS team to guide the development of the evaluation plan.

- How well does the project align with country's immunisation priorities, the Gavi MICs approach and regional immunisation needs?
- How effectively has the technical assistance improved NITAG capacity for evidence-based vaccine policy in each country?

- What changes have occurred in the systems for learning and performance development, and how have they expanded the range and acceptability of learning options?
- To what extent have learning products, guidelines/handbooks and operational manuals been used, institutionalized, or adapted by country stakeholders?
- What are the differences in implementation experience and outcome between the different project countries, and what contextual and other factors explain these variations?
- To what extent does NCIRS multi-country operational model support former Gavi and never-Gavi eligible countries in a line with Gavi MICs priorities in a sustainable and cost-effective way.
- Have the interventions supported more equitable immunisation coverage, particularly among zero-dose and underserved populations including those facing including those facing gender-based, disability-related, or social exclusion barriers?
- What elements of the project are likely to be sustained beyond the funding period, and what factors support or challenge that sustainability?

## **10. Methodology**

The evaluation is expected to adopt a theory-based approach, drawing on the project's theory of change and monitoring indicators. A mixed-methods design could be applied combining review of background technical, strategy or policy documents, project documents, stakeholder interviews and/or short surveys via online channels. Country-level comparative analysis might also be used to examine similarities and differences in implementation and outcomes.

Data sources available for the evaluation include project reports, training workshop materials, coverage data, and evaluations of activities conducted. Existing resources available include access to implementing staff, documentation, and in-country facilitation from local partners such as the Sydney Vietnam Institute, INSP Timor-Leste, Philippine Department of Health, and Ministry of Health and Medical Services-Fiji. Field visits will not be required, and all the data collection will be conducted online.

Ethical considerations must be addressed at the outset, including whether ethics approval is needed in each country. All data collection must conform to ethical standards in informed consent, confidentiality, and integrity.

## **11. Logistics and procedures**

The evaluation will be coordinated by NCIRS, with support from in-country partners. Applicants must indicate their approach to logistics, stakeholder coordination, and planning.

Procedural expectations:

- Introductory and closing briefings with NCIRS and key stakeholders
- Travel is not required for in-country data collection.
- Translation and interpretation should be factored into the methodology and budget if applicable
- NCIRS will facilitate access to documentation
- The evaluators will be expected to arrange interviews with key stakeholders

## 12. Milestones, deliverables and timelines

The evaluation is expected to follow a structured timeline, with phased deliverables reviewed and approved by NCIRS.

Expected deliverables:

- Final evaluation plan outlining the methodology, workplan, and ethical safeguards and schedule
- Summary of stakeholder engagement and preliminary findings
- Final report incorporating NCIRS and partner feedback
- Final PowerPoint deck on the evaluation, including background, methods, results and recommendations
- Archive of anonymized raw data, coding framework, and instruments used

The evaluation is expected to start in 2025 Q4 and be completed within 14 weeks.

Milestones and indicative timeline are listed below:

- Week 1-2: Kick-off and evaluation plan development
- Week 3-4: Desk review and stakeholder mapping
- Week 5-8: Data collection and synthesis
- Week 9: Presentation of the preliminary findings for NCIRS team feedback
- Week 10-13: Revision and draft final report and PowerPoint deck
- Week 14: Submission of final report and PowerPoint deck, and a final presentation of the results (if required)

Flexibility will be maintained to accommodate country timelines and review needs.

## 13. Skills and qualifications

NCIRS seeks individuals or teams with proven expertise in public health program evaluation, specifically in immunisation systems, health or immunisation policy, capacity development and health workforce support.

Essential qualifications:

- Minimum 10 years of experience in evaluation of health and/or immunisation programmes in low- or middle-income countries
- Familiarity in immunisation/vaccine policy and institutional capacity-building
- Strong track record in delivering high quality reports

Desirable qualifications:

- Regional experience in Southeast Asia and/or the Pacific
- Familiarity with NITAG functioning and processes
- Familiarity with health worker capacity building and health workforce support and challenges
- Familiarity with Gavi strategies
- Language capability (*Vietnamese, Tetum*) or experience and demonstrated capability of working with countries whose official language is not English
- Experience with multi-country projects is an advantage.
- Understanding of ethical approval processes in evaluation

Roles and responsibilities:

- The evaluation team or individuals:

- Team lead/individual: overall design and delivery of the evaluation
  - Supporting members/individual: data collection, transcription, and analysis
  - NCIRS: coordination, facilitate access, and final review
  - In-country partners: facilitation and contextual feedback
- Applicants must specify roles and include CVs for all team members.

#### 14. Technical criteria for assessment of applications

All proposals will be assessed on technical merit, value for money, and feasibility.

Assessment criteria:

- Technical expertise and relevant experience (30%)
- Proposed methodology and approach (30%)
- Cost realism and efficiency (20%)
- Feasibility of workplan and timelines (10%)

Applicants should address each criterion clearly and support with examples from similar work.

#### 15. Application procedure

- Invitation to bid is due by **5 PM AEST, 15 September 2025**.
- All submissions must be sent by email to [SCHN-NCIRSGlobal@health.nsw.gov.au](mailto:SCHN-NCIRSGlobal@health.nsw.gov.au).
- Please submit technical and financial proposals separately, using the following subject lines:
  - *Technical proposal – Multi-country evaluation*
  - *Financial proposal (budget)– Multi-country evaluation*
- Any questions should be submitted to [SCHN-NCIRSGlobal@health.nsw.gov.au](mailto:SCHN-NCIRSGlobal@health.nsw.gov.au) with the subject line *Multi-country evaluation* by **3 September, 5 PM AEST**

**Technical proposal** must include

1. Technical expertise and relevant experience
2. Proposed methodology and approach
3. Feasibility of workplan and timelines
4. The CVs for all proposed personnel

#### **Financial proposal/ Budget**

Applicants must submit a detailed and transparent budget for delivering the evaluation. The budget should provide:

1. Breakdown of daily rates and number of days by team member/s
2. Disaggregation of costs by activity and deliverable
3. Anticipated expenses for translation, transcription, and ethics review (if needed)
4. Clear payment schedule aligned to deliverables
5. Demonstrate cost-effectiveness and alignment with the scale and complexity of the evaluation. Currency should be specified in AUD and justified.