TERMS OF REFERENCE (ToR) for Independent Final Evaluation of Integrated Health Infrastructure and Capacity Building Projects for AHRI:

- Establishment of Laboratory Facility for Armauer Hansen Research Institute (AHRI),
- Operational Support for Vaccine Manufacturing, and
- Procurement of Medical Equipment

Project Code: 24803-001, 24865-001, and 24280-001
Executing Agency: United Nations Office for Project Services (UNOPS)
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List of Acronyms

AHRI	Armauer Hansen Research Institute
BSL-2	Biosafety Level 2
DNP	Defect Notification Period
E&S	Environmental and Social
EPA	Environmental Protection Authority
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan
FFS	Final Financial Statement
FGDs	Focus Group Discussions
GESI	Gender Equality and Social Inclusion
GRM	Grievance Redress Mechanism
HSSE	Health, Safety, Social, and Environmental
HSTP II	Health Sector Transformation Plan II
IVI	International Vaccine Institute
KIIs	Key Informant Interviews
LMIS	Laboratory Information Management System
LTI	Loss Time Injury
M&E	Monitoring and Evaluation
MoH	Ministry of Health
OECD/DAC	Organisation for Economic Co-operation and Development / Development Assistance Committee
PM	Project Manager
PMM	Project Management Manual
PSA	Project Support Assistant / Project Assurance
PSEA	Protection from Sexual Exploitation and Abuse
QMP	Quality Management Plan
SEP	Stakeholder Engagement Plan
ToC	Theory of Change
ToR	Terms of Reference
UNEG	United Nations Evaluation Group

UNOPS	United Nations Office for Project Services
VfM	Value for Money
WB	World Bank

Executive Summary

This document outlines the Terms of Reference for an independent final evaluation of three interlinked projects implemented by the United Nations Office for Project Services (UNOPS) and financed by the World Bank: the establishment of the AHRI Laboratory Facility (24803-001), Operational Support for Vaccine Manufacturing (24865-001), and the Procurement of Medical Equipment for COVID-19 Emergency Response (24280-001). These initiatives are designed to strategically enhance Ethiopia's national biomedical research capacity and vaccine manufacturing readiness through critical infrastructure upgrades and specialized workforce development.

The primary purpose of this evaluation is to ensure accountability to stakeholders and to extract vital lessons learned to inform future complex health infrastructure interventions. Utilizing the six internationally recognized OECD/DAC criteria: relevance, coherence, effectiveness, efficiency, impact, and sustainability, the evaluation will assess the portfolio's performance from inception through operational completion and the 12-month post-project Defect Notification Period (DNP).

Executed over an eight-week timeframe, the evaluation will utilize a robust mixed-methods approach to validate achievements in infrastructure delivery, global benchmarking, and capacity transfer. Ultimately, the assessment aims to determine the institutional readiness of the Armauer Hansen Research Institute (AHRI) and the Ministry of Health (MoH) to maintain these assets and sustain the technical gains achieved, ensuring long-term impact on Ethiopia's public health landscape.

1. Introduction and Project Context

1.1. Project Background

The Armauer Hansen Research Institute (AHRI) is a premier biomedical research institute in Ethiopia founded in 1970. AHRI's mission is to improve medical care by advancing public health and wellbeing through scientific evidence, biomedical research, and serving as a hub for technology transfer and capacity building. To enhance its national and continental research capacity, the Government of Ethiopia, through the Ministry of Health (MoH) and with financing from the World Bank under the COVID-19 Emergency Response Project, engaged UNOPS to implement three interlinked projects:

1. Establishment of Laboratory Facility for Armauer Hansen Research Institute (AHRI) (24803-001).
2. Operational Support for the establishment of sustainable vaccine research, development, and manufacturing capabilities in Ethiopia (24865-001).
3. Third Additional Financing for Ethiopia COVID-19 Emergency Response Project - Procurement of Medical Equipment" (24280-001).

The total funding ceiling for the combined portfolio is $27,884,432, broken down as follows: $7,300,000.00 for the AHRI Laboratory Facility (including $13,000 for the post-project Defect Notification Period), $3,290,000 for the Vaccine Manufacturing Capacity project, and $17,281,432 for the massive procurement of COVID-19 emergency medical equipment.

1.2. Project Scope and Components

The project was structured into two primary components to upgrade critical infrastructure and technical capacities:

I. Component 1: Procurement, Installation, Commissioning, and Testing of Equipment and Supplies for Biorepository Facility, Diagnostic Incubation Center, and Animal House (24803-001):

   - Procurement and deployment of medical and research equipment for the

permanent and temporary storage of highly pathogenic biological specimens, human cells, and live microorganisms.

- Establishment of a Biotechnology Incubation Laboratory equipped for pharmaceutical and traditional medicine production, quality control, filling, labeling, and packaging. This includes specialized machinery such as Lateral Flow Assay manufacturing equipment, enabling AHRI to manufacture rapid test kits locally.
- Deployment of a customizable, highly secure Laboratory Information Management System (LMIS) across 13 AHRI laboratories.

II. Component 2: Construction, Installation, Commissioning, and Testing of Laboratory Liquid Waste Treatment Plant (24803-001):

- Design, construction of equipment foundation/shed, and installation of a compacted and containerized Laboratory Liquid Waste Treatment Plant to safely treat hazardous biological and chemical effluent.

III. Component 3: Operational Support for Vaccine Research, Development, and Manufacturing (24865-001):

- Execution of global experience-sharing and benchmarking visits to establish best practices in local vaccine manufacturing.
- Comprehensive capacity building and workforce development for MoH and affiliated staff in vaccine R&D, clinical trials, GMP compliance, and biosafety.

IV. Component 4: Procurement of Medical Equipment for COVID-19 Emergency Response (24280-001):

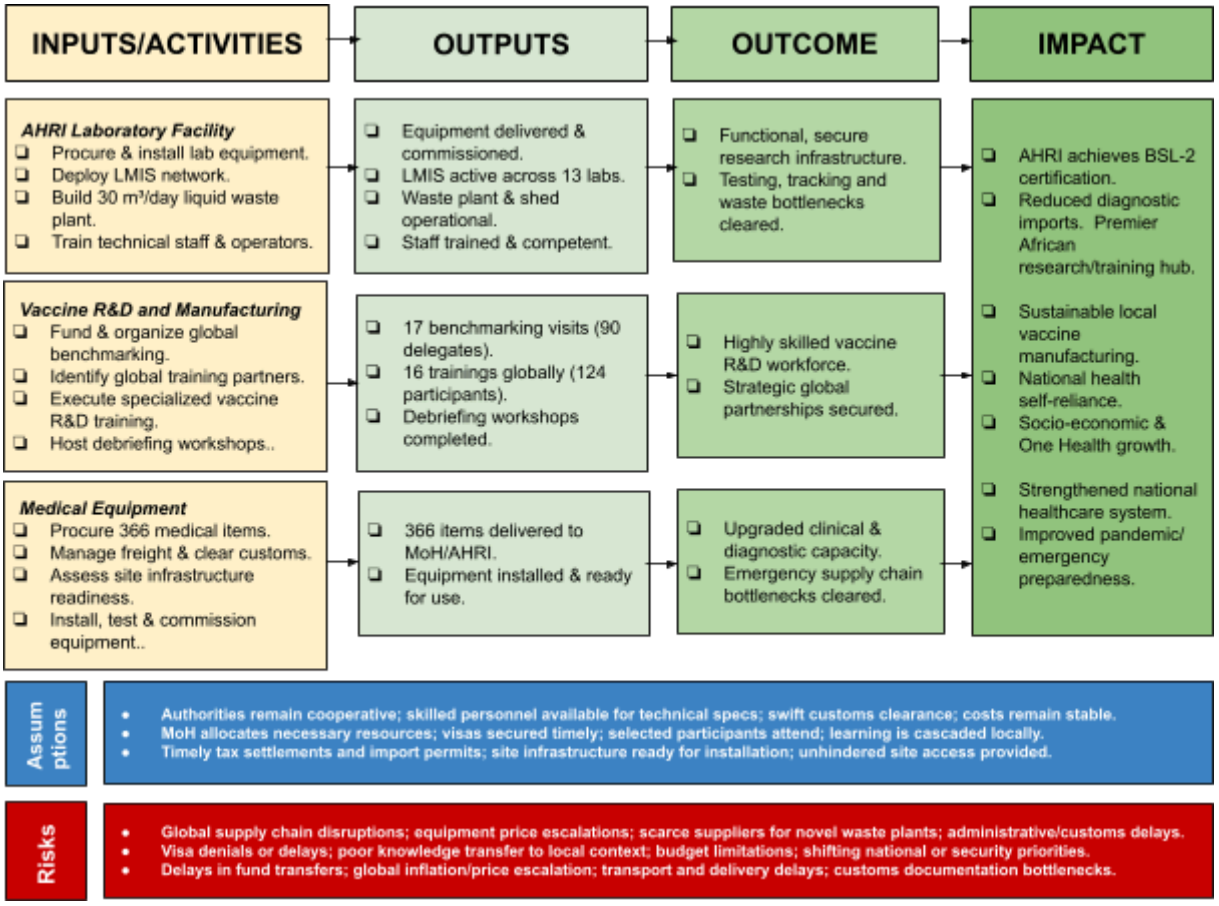
- Procurement, inland transportation, customs clearance facilitation, installation, and commissioning of 366 specialized medical equipment items for MoH/AHRI facilities.

1.3. Theory of Change (ToC) Summary

IF the Government of Ethiopia and UNOPS procure and install specialized biomedical equipment for the biorepository, incubation center, and animal house, deploy a secure Laboratory Information Management System across 13 laboratories, construct a 30 m^3/day liquid waste treatment plant, execute large-scale procurement of emergency medical equipment, and deliver intensive global capacity-building and benchmarking

programs in vaccine R&D, THEN AHRI and the MoH will possess a fully functional, secure, and sustainable research infrastructure and a highly skilled vaccine manufacturing workforce, BECAUSE these integrated systems eliminate critical bottlenecks in rapid test kit manufacturing, secure sample tracking, and safe hazardous waste management and local vaccine production dependency, THEREBY ENSURING THE ULTIMATE IMPACT of enabling AHRI to achieve Biosafety Level 2 (BSL-2) certification, reduce import dependency for medical diagnostics and vaccines, and operate as a leading medical research and training hub in Africa.

This is underpinned by critical assumptions, including that AHRI authorities remain highly cooperative, skilled personnel are available to define complex technical specifications, MoH/AHRI actively expedite customs clearances, visas for international training are secured timely, and project costs remain within original estimates. Simultaneously, the ToC recognizes major project risks that must be proactively mitigated to achieve this impact, including global supply chain interruptions, escalation in equipment prices, delays in site readiness for non-plug-and-play medical equipment, limited availability of qualified suppliers for novel waste plants, and administrative delays in customs systems or decision-making



2. Evaluation Purpose

The independent final evaluation serves a dual purpose:

- **Accountability**: To provide an impartial, evidence-based assessment of the performance of the UNOPS-MoH-World Bank partnership in delivering the laboratory infrastructure vaccine R&D training, and massive medical equipment procurement in terms of efficiency, effectiveness, quality compliance, budget utilization, and strict alignment with the UNOPS Project Management Manual (PMM) standards.
- **Learning and Improvement**: To extract critical lessons learned regarding procurement bottlenecks, management of novel infrastructure technologies, international training coordination, and institutional sustainability planning to inform future complex health infrastructure interventions in Ethiopia.

3. Objectives

Framed around the six internationally recognized OECD/DAC Criteria, the evaluation aims to assess:

- ***Relevance***: Determine the extent to which the project's strategy and technical specifications were appropriate to national health priorities, AHRI's strategic plan, the national vaccine production initiative, and the specific research needs of the Institute.
- ***Coherence***: Evaluate the compatibility of the project design and partnership model (UNOPS-MoH-World Bank) with national health sector policies and other related development initiatives.
- ***Effectiveness***: Measure the degree to which planned physical outputs (Component 1 equipment lots, 13 LMIS lab deployments, Component 2 liquid waste treatment plant, Component 3 benchmarking/training programs, and Component 4 medical equipment deliveries) were successfully achieved, commissioned, and translated into active operational capacity.
- ***Efficiency***: Analyze the efficiency of resource utilization, procurement timeliness, visa coordination for international travel, and the efficacy of risk mitigation strategies.
- ***Impact***: Identify early evidence of positive institutional changes, including enhanced diagnostic and manufacturing readiness, skilled workforce improvements in vaccine R&D, emergency preparedness, and strict adherence to the Environmental and Social Management Plans (ESMPs).
- ***Sustainability***: Assess the technical, institutional, and financial readiness of MoH and AHRI to ensure long-term asset maintenance, recurrent cost budgeting, spare parts supply chains, cascading of training knowledge, and management of the 12-month Defect Notification Period (DNP).

4. Evaluation Scope

4.1. Thematic Scope

The evaluation will comprehensively cover the following functional areas across all three projects:

- Infrastructure and Equipment Delivery (Projects 24803-001 and 24280-001)
  - Procurement, delivery, and installation of specialized research laboratory equipment, office furniture, and 366 emergency medical equipment items.
  - Procurement and installation of IT infrastructure to support the LMIS.
  - Construction, installation, and commissioning of the Laboratory Liquid Waste Treatment Plant.
- Capacity-Building and Global Benchmarking (Project 24865-001)
  - Assessment of international experience-sharing and workforce training focused on vaccine manufacturing. This includes the outcomes of benchmarking visits for delegates and specialized training sessions for participants executed globally across 15 countries (including South Korea, India, China, Switzerland, UAE, UK, and Japan).
  - The evaluation of these international activities will be conducted locally in Addis Ababa by interviewing returning Ethiopian delegates, consulting with trained staff, and rigorously reviewing post-training assessments and visit reports.
- Cross-Cutting Project Administration and Safeguards
  - Management of the defects notification period and tracking of insurance claims for missing equipment (e.g., cold room shelves).
  - Compliance with Environmental and Social Management Plans (ESMPs), Environmental and Social Impact Assessments (ESIAs), Health, Safety, Social, and Environmental (HSSE) plans, Gender Equality and Social Inclusion (GESI) action plans, the Stakeholder Engagement Plan (SEP), the operational effectiveness of the Grievance Redress Mechanism (GRM), and adherence to the UN Supplier Code of Conduct.

4.2. Geographic Scope

The evaluation covers the primary implementation sites: the AHRI compound in Addis Ababa.

4.3. Evaluation Period

The evaluation encompasses project activities from the agreement signature date through the project operational completion date (31 December 2025). Furthermore, the evaluation period explicitly extends to include the 12-month post-project Defect Notification Period (DNP), managed through 31 December 2026, to assess long-term infrastructure performance and defect rectification.

5. Evaluation Methodology

5.1. Design, and Data collection Methods

The evaluation will employ a robust mixed-methods approach integrating qualitative and quantitative methods in strict alignment with the global evaluation principles and standards. All findings will be triangulated across four core data streams (Documentary Review, Key Informant Interviews, Focus Group Discussions, and Technical Site Verification) to ensure validity and reliability.

5.2. Key Indicators

The following section outlines the quantitative key performance indicators for this evaluation. These indicators serve as the primary data points for the comprehensive Evaluation Matrix (Annex I), which maps these metrics to the OECD-DAC criteria, key evaluation questions, and data collection methods. The evaluator is expected to review, refine, and, as necessary, propose additional sub-questions and indicators during the inception phase to ensure full alignment with this framework.

A. Effectiveness (Outputs and Outcomes):

- **Laboratory Infrastructure and Environmental Facilities (Project 24803-001):**
    - Number/percentage of research laboratory equipment lots procured, delivered, and installed (disaggregated by Biorepository Facility, Diagnostic Incubation Center, and Animal House).
    - Number of non-research/auxiliary equipment items procured and delivered (by equipment category).
    - Number of live laboratory animals delivered (disaggregated by species/type).
    - Status and functionality of LMIS software deployment across 13 AHRI laboratories.
    - Completion and operational readiness of the Laboratory Liquid Waste Treatment Plant and shelter structure.
    - Number of AHRI staff trained on the operation, routine maintenance, and safety protocols of the liquid waste treatment plant.
- **Emergency Medical Equipment Procurement (Project 24280-001)**

- Number and proportion of medical equipment items delivered, installed, and commissioned against target
- Resolution and delivery status of missing equipment items under insurance claims (e.g., cold room shelving units).

- **Vaccine Research, Development & Manufacturing Capacity (Project 24865-001)**
  - Number of global experience-sharing and benchmarking visits successfully executed
  - Number of MoH and institutional delegates participating in international benchmarking visits.
  - Number of specialized vaccine R&D and manufacturing training courses completed.
  - Number of technical staff and researchers trained across vaccine value chain domains.
- **Institutional Capability and Service Delivery Reach (Portfolio-Wide)**
  - Number/proportion of laboratory facilities fully operational and in active use (disaggregated by newly established vs. upgraded facilities).
  - Number of new diagnostic testing capacities introduced (disaggregated by diagnostic test type).
  - Annual volume of patients receiving diagnostic and clinical services (compared against pre-project baseline).
  - Number of person-days of employment generated during physical civil works.

B. Initial Impact

- Percentage increase in AHRI research publications and technological innovations relative to baseline.
- Number of active research projects conducted or initiated utilizing the newly established biorepository, incubation center, and laboratory facilities.
- Number of postgraduate research attachments supported (MSc and PhD student attachments utilizing AHRI infrastructure).

- Number of new candidate vaccines, biologicals, or pharmaceutical products under active development.
- Percentage of international training participants demonstrating measurable skill acquisition and practical work application (measured via pre/post-assessments and post-training workplace surveys).

C. Efficiency

- Percentage of the approved budget utilized compared to planned direct and indirect expenditures (assessing whether the total $27,884,432 portfolio stayed within the approved ceiling and acceptable variance thresholds).
- Comparative unit-cost benchmarking of specialized laboratory equipment, emergency medical equipment, and civil works against regional market benchmarks.
- Delivery Timeliness (Schedule Variance): Percentage of major physical outputs (equipment delivery, waste plant construction, international training sessions) completed within the agreed-upon project timelines.
- Logistical Cost-Efficiency: Financial impact of travel and logistical planning for international training, specifically measuring the minimization of unrecoverable costs (e.g., ticket cancellations, rebooking fees, or no-shows).
- Reporting Compliance: Compliance with financial reporting deadlines, specifically the submission of the Final Financial Statement (FFS) within the agreed 3-month post-closure window.

D. HSSE and GESI Safeguard

- Number of recorded Loss Time Injuries (LTI) and occupational safety incidents during civil works and installation (Target: 0 LTI).
- Percentage of identified physical and occupational hazards recorded and resolved.
- Gender disaggregation of the workforce engaged in physical works.
- Female participation rate in international capacity building and benchmarking programs (assessed against the achieved baseline of 25.23% female participation).

- Environmental compliance rate, including documented Environmental Protection Authority (EPA) clearance for liquid waste effluent discharge.
- Grievance Redress Mechanism (GRM) performance, including the percentage of logged complaints successfully resolved within established timeframes

5.3. Data Collection Methods and Sources

Documentary Review: Comprehensive desk review of the Signed Agreement, project amendments, Final Narrative Report, Results Framework, Quality Management Plan (QMPs), Project Health and Safety Management Plan, Environmental and Social Impact Assessment (ESIA) clearance, insurance claim logs (e.g., missing shelving units), and financial reports.

Key Informant Interviews (KIIs): Semi-structured interviews with strategic stakeholders, including the UNOPS Project Manager, Project Executive, MoH Directors, AHRI Executive Leadership, World Bank Team Leads (TTLs), international training partners (e.g., IVI, TechInvention), and major equipment/works contractors.

Focus Group Discussions (FGDs): Consultations with AHRI laboratory technicians, biomedical engineers, liquid waste plant operators, vaccine R&D training participants, and site workers to evaluate training quality, operational independence, and workplace safety.

Technical Site Verification: Physical verification of the installed liquid waste treatment plant, equipment foundations, biorepository storage units, medical equipment deliveries, and LMIS software deployment across AHRI laboratories in Addis Ababa.

5.4. Data Analysis

The evaluation will utilize a structured, mixed-methods approach to synthesize and analyze data against the established key indicators:

Quantitative Analysis (Performance Measurement): Descriptive statistics will be utilized to measure absolute achievements and percentage changes against project targets. Specifically, the analysis will calculate:

- **Effectiveness Metrics:** The exact count of equipment lots delivered and commissioned across the biorepository, incubation lab, and animal house; the percentage of facilities actively in use; the completion count of the liquid waste plant; the total number of staff trained on plant O&M; the number of participants

engaged in international benchmarking and training; and the percentage of staff demonstrating independent competency.

- **Impact Metrics:** A baseline-to-endline comparative analysis to quantify the exact percentage increase in AHRI research publications and innovations, as well as pre- and post-training assessment score improvements.
- **Efficiency Metrics (Value for Money):** Financial variance analysis detailing the budget burn rate (planned vs. actual direct/indirect costs) and a comparative unit-cost benchmarking of specialized laboratory equipment and civil works against regional market averages.

Qualitative Analysis (Context & Causality): Qualitative data gathered from KIIs and FGDs will undergo rigorous thematic coding. This analysis is critical for answering the 'how' and 'why' behind the quantitative numbers. For example, it will explore the root causes of any procurement efficiency bottlenecks, evaluate the practical quality of the liquid waste plant O&M training, and capture narrative evidence on exactly how the new incubation and biorepository equipment directly spurred new research innovations, and assess the efficacy of knowledge-cascading strategies following international training.

Data Triangulation (Validation): All findings will be systematically cross-referenced to ensure validity. For instance, the quantitative metric for the "percentage of new facilities operational" (Documentary Review of handover certificates) will be directly validated against physical functionality checks (Technical Site Verification) and the qualitative experiences of the facility managers (FGDs). Similarly, claims of increased research publications will be triangulated against institutional database records and researcher interviews.

6. Security, Ethics, and Quality Assurance

Security Compliance: All field activities must strictly adhere to United Nations Department of Safety and Security (UNDSS) advisories and local security protocols. The consultant must submit a security risk mitigation plan in the Inception Report.

Ethical Standards and Data Privacy: The evaluation will uphold ethical principles, ensuring voluntary participation, informed consent, strict confidentiality of sensitive data, and complete anonymity for respondents regarding grievance redress or PSEA matters. All data collection and storage must adhere to the World Bank's Directive on Personal Data Privacy.

Quality Assurance and Triangulation: The evaluation team must apply rigorous

triangulation across data streams. All deliverables will undergo a formal review process by UNOPS to ensure factual accuracy and neutrality.

7. Stakeholder Engagement Plan

The evaluation team is expected to maintain transparent and inclusive communication with all parties involved. The table below outlines the primary stakeholder groups, their respective roles in the project, and the anticipated methods of engagement required throughout the evaluation process.

Stakeholder Group	Role in Project / Evaluation	Engagement Method
Primary Users (MoH / UNOPS)	Project management, oversight, and governance	KIIs, project briefing, formal review of draft deliverables
Funding Partner (World Bank)	Strategic guidance	KIIs, review of inception and final evaluation reports
AHRI Leadership and Staff	End-users, facility operators, and institutional owners	KIIs (Management), FGDs (Technicians and Operators), site verification
Contractors and Suppliers	Execution of equipment supply and waste plant construction	KIIs, review of handover and technical acceptance documents
Training Partners (e.g., IVI, Sathguru)	Delivery of specialized global training programs	KIIs, review of training modules and assessment scores
Workers and Local Community	Safeguards compliance and labor welfare assessment	FGDs, review of HSSE logs and Grievance Redress Mechanism (GRM) records

8. Work Plan and Deliverables

This independent evaluation will be executed over a strict 8-week timeframe, structured into four distinct phases: Inception, Data Collection, Drafting, and Finalization. The

evaluation team must adhere to this schedule, ensuring that all outputs meet the rigorous quality standards established by UNOPS prior to submission. Payment for this consultancy is deliverable-based and directly tied to the successful submission, stakeholder validation, and formal acceptance of the milestones outlined in the schedule below.

Phase	Timeline	Key Deliverables & Milestones	Payment Allocation
Phase I: Inception	Weeks 1–2	Deliverable A: Inception Report featuring finalized evaluation matrix, detailed work plan, data collection tools, and security plan.	10%
Phase II: Data Collection	Weeks 3–4	Execution of desk review, KIIs, FGDs, technical site verification at AHRI facilities, and submission of fieldwork summary.	30%[1]
Phase III: Analysis & Synthesis; Reporting and Finalization	Week 5 - 8	Deliverable B: Draft Evaluation Report presenting comprehensive analysis, scored RF indicators, and lessons learned.	20%
		Deliverable C: Final Evaluation Report incorporating formal	40%

[1] Please note that all logistics, security arrangements, insurance, and transportation costs for field data collection must be included in the financial proposal and managed by the vendor.

		stakeholder feedback Deliverable D: Dissemination workshop.	

9. Evaluation Team Structure

The evaluation will be conducted by an independent consulting firm or research organization with at least 10 years of proven institutional experience in conducting complex infrastructure and health project evaluations for international development agencies. The selected firm must be legally registered, demonstrate institutional capacity, and maintain valid professional liability insurance. The firm is responsible for the overall management of the evaluation, including the recruitment, security, and training of all evaluation personnel.

Position	Role in Evaluation	Core Expertise Required
Team Leader/ Lead Evaluator	Overall technical and management; lead report writer	• Master's degree or Ph.D. in Public Health, Project Management, or Monitoring & Evaluation • Minimum 10 years of professional experience leading complex infrastructure and health project evaluations for international donors. • Proven expertise in designing and leading mixed-methods evaluations and applying the OECD/DAC evaluation criteria. • Strong knowledge of international development partners (World Bank, UN agencies, UNOPS) procedures and evaluation standards. • Excellent command of English and proven report writing skills. • Deep knowledge of WB/UNOPS procedures.
M&E Specialist	Data quality assurance and analysis of quantitative/qualitative data.	• Master's degree in Statistics, Economics, Epidemiology or Monitoring & Evaluation. • Minimum 7 years of experience in data management, quantitative analysis (descriptive statistics, comparative analysis, unit cost benchmarking), and/or qualitative analysis (thematic coding) for large datasets. • Proven ability to conduct rigorous triangulation of

Position	Role in Evaluation	Core Expertise Required
		findings from multiple sources
Biomedical/Infrastructure Specialist/Lab Specialist	Providing the specialized support that the core team (Lead Evaluator and M&E Specialist) cannot perform alone	• Degree in Biomedical Engineering or /Environmental Engineering or Medical Laboratory Technology; • Proven expertise in diagnostic equipment quality assurance, LMIS deployment, and medical manufacturing systems.
Wastewater/Environmental Engineer	Providing the specialized support	• Degree in Water/Environmental Engineering or related fields. • Specialized expertise in medical/laboratory liquid waste treatment systems, ESMP compliance, and environmental safety regulations.

The consulting firm must also ensure that the team collectively possesses:

- Fluency in relevant local languages (e.g., Amharic, Tigrinya) for conducting Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with local communities and authorities in the Tigray region.
- Deep understanding and experience with Environmental and Social (E&S) safeguard compliance, particularly in relation to infrastructure projects in the Ethiopian context, and a proven ability to handle sensitive information related to GESI/SEA-SH in a confidential manner.

10. Bid Evaluation Criteria

The following criteria will be used to evaluate and score the technical and financial proposals submitted by prospective vendors. These criteria are designed to ensure the selection of a qualified, experienced, and capable organization that meets the specific requirements of this evaluation.

Item No	UNOPS Eligibility and Formal Requirements
STAGE I: ELIGIBILITY AND FORMAL CRITERIA	
1	Bidder is eligible as defined in the document **Section I: Instructions to Bidders, Article 3** **1.1** A Bidder shall not have ***a conflict of interest*** (refer the detail under Article 3).

	1.2 A Bidder is not included in any UNOPS, UNGM, World Bank, and/or UNOPS Partner ***Ineligibility List*** (refer the detail under Article 3) — Pass or Fail
2	Completeness of the Quotation. Returnable Bidding Forms and other documentation requested under the Document Checklist section have been provided and are complete — To be checked by UNOPS and clarified if necessary
3	Bidder accepts UNOPS General Conditions of Contract as specified in Section IV: Contract Forms — Pass or Fail
STAGE II: QUALIFICATION CRITERIA	
1	A bidder submitted renewed Business Licence and Tax Registration Certificate(s)
2	Bidder has been in continuous business for a minimum of 10 years with a proven institutional experience in conducting complex, multi-site project evaluations for international development agencies and international organizations.
3	Submission of at least three (3) previous work certificates confirming successful delivery of similar services, at least one should be on infrastructure or health/resilience evaluation service conducted in more than one region.
4	Bidder Confirmed the Quotation is Valid for the period of 90 days from the date fixed for the submission deadline as set out in this RFQ
STAGE III: MINIMUM TECHNICAL REQUIREMENTS	
1	**Technical Proposal:** Includes detailed methodology, robust work plan, risk mitigation strategy, and clear data collection tools as per ToR
2	**Key Personnel Qualifications:** • Team Leader: Master's/PhD in Public Health, Project Management, or Monitoring & Evaluation plus 10 years experience in complex evaluations. • M&E Specialist: Master's in Statistics, Economics, Epidemiology or Monitoring & Evaluation plus 7 years experience in data/analysis. • Biomedical/Lab Specialist: Degree in Biomedical Engineering or /Environmental Engineering or Medical Laboratory Technology plus proven expertise in diagnostic equipment quality assurance, LMIS deployment, and medical manufacturing systems. • Wastewater/Environmental Engineer: Degree in Water/Environmental Engineering or related fields plus specialized expertise in medical/laboratory liquid waste treatment systems, ESMP compliance, and environmental safety regulations.

3	**Work Plan & Schedule:** Demonstrates ability to execute within the strict 8-week timeline.

ANNEX I: Evaluation Matrix

The below evaluation matrix serves as a preliminary draft. The evaluator is expected to review, refine, and, as necessary, propose additional sub-questions and indicators during the inception phase.

OECD-DAC Criteria	Key Evaluation Questions (KEQs)	Specific Indicators / Sub-Questions	Primary Data Sources	Data Collection Methods
A. Relevance	**Strategic Alignment:** How well did the project design align with Ethiopia's national public health priorities, World Bank COVID-19 response objectives, and AHRI's strategic mandate?	• Documented alignment with MoH policies, AHRI Strategic Plan, and WB Financing Agreement goals. • Project development process and consultation of relevant stakeholders (need assessment, prioritization, targeting…)	• AHRI Strategic Plan • Project Agreement & Board Minutes • World Bank Financing Agreement • HSTP II	• Desk Review • KIIs: MoH Directors, AHRI Leadership, World Bank TLs
	Technical Fit: Were the technical specifications for specialized laboratory equipment, LMIS, and liquid waste treatment	• Degree of user involvement in identifying the right equipment needs and validating technical specifications. • Compatibility of LMIS software with AHRI's targeted laboratories. • Materials compatibility with existing	• Technical specification validation reports • User requirement	• FGDs: Lab Technicians, Biomedical Engineers, Training Participants

	fit-for-purpose?	machines. • Materials nature: user friendliness, availability of guidelines for use. • Lab waste management: the adequacy of shelter space for the machine to operate. • Relevance of international training curricula to Ethiopia's vaccine manufacturing goals.	documents • Training agendas/curricula	• KIIs: Technical Working Group
B. Coherence	**Policy & Sector Synergy**: How compatible was the project design and UNOPS-MoH partnership model with national health sector strategies and other donor interventions?	• Evidence of synergy with national health technology and environmental regulation frameworks. • Complementarity with parallel donor-funded research initiatives. • How well did the vaccine project complement the investment in equipment, infrastructure, and systems provided by the project?	• National Health Sector Transformation Plan • UN/Donor coordination matrix	• Desk Review: Sector policy comparison • KIIs: MoH Strategic Planning Directorate, Partner Organizations
C. Effectiveness	**Output Delivery:** To what extent were all planned physical outputs achieved	• Number/percentage of research laboratory equipment lots procured, delivered, and installed (disaggregated by Biorepository Facility, Diagnostic Incubation Center, and Animal House).	• Goods Receipt Notes (GRNs) • Final Acceptance Certificates • Asset Registry	• Desk Review: Delivery tracking • Technical Site Audits: Physical inspection of

	according to agreed technical specifications and quality standards?	• Number of non-research/auxiliary equipment items procured and delivered. • Number of live laboratory animals delivered (disaggregated by species/type). • Status and functionality of LMIS software deployment across 13 AHRI laboratories. • Functional completion of liquid waste plant and shed, and number of AHRI staff trained on operation, maintenance, and safety. • Number and proportion of medical equipment items delivered, installed, and commissioned against target; resolution of missing equipment (e.g., cold room shelving). • Number of global experience-sharing visits executed and delegates participating; specialized vaccine R&D training courses completed and staff trained. • Number/proportion of laboratory	• Training and Visit reports	equipment, waste plant, and LMIS functionality in Addis Ababa

		facilities fully operational and new diagnostic testing capacities introduced. • Annual volume of patients receiving diagnostic services (compared to baseline). • Number of person-days of employment generated during physical civil works. • # of LMIS deployments completed across target labs • Functional completion of liquid waste plant and shed • Successful execution of benchmarking visits and training programs.		
	Capacity Transfer: To what extent did the training and benchmarking interventions strengthen partnerships, knowledge and competencies, and to what extent are	• Extent to which lessons from benchmarking and training directly fostered knowledge application, skill transfer, and initiation of new research or technical partnerships. • % of trained personnel demonstrating competency in equipment operation and basic troubleshooting. • Pre- and post-assessment score improvements from vaccine R&D	• Training attendance logs • Post-training evaluation forms • Operational logs	• FGDs: Biomedical Engineers, Lab Technicians, Waste Plant Operators • Direct Observation: Live demonstration of equipment use

	acquired competencies being applied and transferred within AHRI?	training.		
D. Efficiency	**Cost-Effectiveness:** How does the project's cost-effectiveness compare to planned budgets, schedules, and market benchmarks?	• Budget utilization rate and unit cost comparison for procurement and civil works against regional benchmarks. • Percentage of project outputs delivered on schedule. • Logistical Cost-Efficiency: Financial impact of travel/logistical planning for international training (e.g., minimized cancellation costs). • Compliance with financial reporting deadlines (FFS submission). • Percentage of project outputs delivered on schedule. • Unit cost comparison for procurement and civil works against regional benchmarks.	• UNOPS ERP financial ledgers • Procurement files & commercial bids • Market benchmark studies	• Quantitative Analysis: Unit-cost benchmarking and financial variance analysis; Financial variance and schedule variance analysis. • Desk Review: Procurement and delivery records
	Budget Management: How cost-sensitive and	• Timeliness and justification of budget adjustments and DNP funding allocation	• Financial progress reports	• Desk Review (Financial records)

	efficient was the budget preparation, utilization, and amendment process?	• Comparative unit cost benchmarking against regional standards. • Timeliness of Final Financial Statement (FFS) submission	• Project Amendments & Letters of Exchange	• KIIs: UNOPS Project Manager, MoF/UNOPS Financial Officers
	Risk Mitigation and Timelines: How successfully did the risk mitigation strategy minimize negative impacts on project timelines and resources?	• Effectiveness of measures taken to address customs clearance, pre-import permits, tax settlements, supplier scarcity, and international visa acquisitions. • Financial impact of minimized cancellation/ rebooking fees for international travel.	• Project Risk Register • Customs clearance logs • Progress Reports • Travel logs and financial penalty records	• KIIs: UNOPS Procurement Lead, Logistics/Freight Contractors, PM
E. Initial Impact	**Institutional Readiness:** What early evidence exists that the intervention expanded AHRI's research, diagnostic, and manufacturing capabilities?	• Percentage increase in AHRI research publications and technological innovations relative to baseline. • Number of active research projects conducted utilizing the newly established facilities. • Number of postgraduate research attachments supported (MSc and PhD). • Number of new candidate vaccines, biologicals, or pharmaceutical products under active development.	• AHRI research/production outputs • BSL-2 audit readiness reports • Sample tracking logs	• KIIs: AHRI Research Directors, Quality Assurance Unit • Desk Review: Production & lab reports

		• Percentage of international training participants demonstrating measurable skill acquisition. • Progress toward obtaining Biosafety Level 2 (BSL-2) certification. • Secure digital tracking of biological samples via LMIS. • Application of skills acquired from global vaccine R&D training		
F. Sustainability	**Operational and Financial Readiness:** What mechanisms are in place to secure recurrent funding, consumables, and maintenance post-handover?	• AHRI budget line allocations for equipment maintenance, reagents, and spare parts. • Functional service-level agreements (SLAs) with local supplier agents. • Effectiveness of knowledge retention strategies, including the extent to which trained staff are performing relevant functions and the implementation status of the knowledge cascading plan. • Extent to which the partnerships, lessons, and operational improvements resulting from the training and benchmarking visits have been	• AHRI Annual Budget Plan • Maintenance contracts & warranties • Institutional O&M plans	• KIIs: AHRI Finance Directorate, Equipment Vendors, MoH • Desk Review: Budget allocations

		institutionalized to ensure long-term sustainability.		
	DNP Execution: How effective is the framework established to manage defects and operational performance during the 12-month Defect Notification Period?	• Clear protocols for defect identification, reporting, and contractor rectification through 31 Dec 2026. • Management structure for post-project DNP funds. • Effective execution of insurance claims for missing items (e.g., cold room shelving).	• DNP Exchange of Letters • Defect tracking register • Insurance Claim logs	• KIIs: UNOPS PM, AHRI Facilities Management
G. HSSE & GESI	**Safeguards and Inclusion:** To what extent did the project comply with environmental/waste protocols and achieve safety and social inclusion targets under the ESF and UNOPS PMM?	• Number of recorded Loss Time Injuries (LTI) (Target: 0) and resolution rate of identified physical/occupational hazards. • Gender disaggregation of the workforce engaged in physical works and female participation rate in training programs. • Environmental compliance rate, including EPA clearance for liquid waste effluent discharge. • Resolution rate of complaints logged in the Grievance Redress Mechanism (GRM).	• HS01 Health & Safety Plan logs • Weekly HSE inspection reports • EPA clearance certificates • GRM logbooks • GESI Action Plan	• Desk Review: Incident & grievance records • KIIs: UNOPS HSSE Analyst, Site Safety Officers • FGDs: Construction workers, Lab Technicians

		• Adherence to EPA environmental clearance protocols for waste effluent. • Resolution rate of complaints logged in the Grievance Redress Mechanism (GRM). • Enforcement of PSEA awareness and worker Codes of Conduct. • Percentage of female participation in training and benchmarking		

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