



REQUEST FOR QUOTATION

Request for Quotation

Abt Global is seeking Quotations for the following project:

Request issue date	12 June 2026
Project title	Mid-term Evaluation of the Accelerated Immunisation and Health Systems Strengthening Program, Phase 2 (AIHSS2)
Project reference number	PATH-2026-RFQ-11
Question closing date	26 June 2026
RFQ closing date and time	5:00 pm (Port Moresby Time), Friday, 3 July 2026

The following sets out the requirements for this procurement activity.

Background

The PNG Australia Transition to Health (PATH) is a 6-year (2020–2026) health sector program funded by the Australian Government under the Papua New Guinea – Australia Partnership for Development. PATH works with the PNG Government to improve coverage and quality of health services for the people of PNG through effective, equitable, efficient, and inclusive interventions.

PATH provides operational support to AIHSS2, a 4-year program (2024–2027) funded by the Governments of Australia and New Zealand and Gavi, the Vaccine Alliance.

AIHSS2 End of Program Outcomes (EPOs) aim to increase capacity of PHAs/BDoH and improve delivery of essential health services and include:

1. PHAs/BDoH increase vaccination coverage through integrated service delivery in selected provinces and decrease the number of children receiving no vaccines.
2. PHAs/BDoH planning and public financial management (PFM) capabilities and practices are strengthened.
3. PHAs/BDoH embed gender equality, disability and social inclusion principles in routine immunisation to increase equity and reach of routine immunisation in service delivery direction.

Immunisation coverage in Papua New Guinea (PNG) has declined sharply over the past two decades, falling from approximately 70% in the early 2000s to less than 40% by 2020, the lowest rate in East Asia and the Pacific. Coverage of key childhood vaccines (Penta1, Penta3, and MCV1) stood at 53%, 38%, and 36% respectively in recent years, with Gavi-led research identifying a high proportion of 'zero-dose' children across 51 districts. The Government of PNG has described the state of its immunisation program as catastrophic.

To address this, the Governments of PNG, Australia, and New Zealand (MFAT), together with Gavi, the Vaccine Alliance, partnered to deliver the Accelerated Immunisation and Health Systems Strengthening (AIHSS) Program. Phase 1 (2019–2023) supported Provincial Health Authorities (PHAs) and the Bougainville Department of Health (BDoH) across 11 provinces and the



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Autonomous Region of Bougainville (ARoB) to increase vaccination coverage and strengthen health system capacity, including public financial management (PFM). An independent evaluation of Phase 1 found that the program increased coverage and service delivery in most target provinces, but identified limitations in strategic oversight, MEL, gender equality, disability and social inclusion (GEDSI) mainstreaming, and the depth of PHA ownership. These were areas directly addressed in the Phase 2 design.

AIHSS Phase 2 (2024–2027) represents a continuation and evolution of Phase 1, with a stronger emphasis on PHA-led delivery, government systems integration, and long-term sustainability. The program has expanded to 14 provinces and ARoB, adding Enga, West New Britain, and Oro based on high concentrations of zero-dose children.

The purpose of the evaluation is to assess the progress of the program against the EOPOs and to provide recommendations to the Senior Management Group (SMG) on the remaining program period and possible future investments. In particular, the evaluation will assess the programme in terms of effectiveness, efficiency, sustainability, coherence and partnerships. The evaluation process will also identify and emphasise key lessons learned to inform future program investments. The evaluation will integrate GEDSI as crosscutting themes throughout its deliverables and process.

The evaluation has 5 KEQs that need to be addressed and include:

KEQ 1 Effectiveness (service delivery and equity): To what extent have PHAs/BDoH been effective in increasing vaccination services, integrating health services and improving vaccination coverage in selected provinces/ARoB, including in effectively reaching disadvantaged and vulnerable groups through routine immunisation?

KEQ 2 Effectiveness (systems & PFM): To what extent have PHA/BDoH PFM capabilities effectively managed and implemented AIHSS2 grants (refers to PHA direct recipients only), or worked towards doing so through strengthened PFM capabilities (refers to all other PHAs)?

KEQ 3 Efficiency: To what extent has AIHSS2 been managed and implemented efficiently to achieve its intended outcomes, including through leveraging the support and networks of other programs or organisations?

KEQ 4 Sustainability: To what extent will AIHSS2 promote long term PFM and routine immunisation capacity that leads to sustained benefits and scalable impacts?

KEQ 5 Coherence and partnerships: To what extent are donors (DFAT, MFAT, Gavi) recognised as best practice partners committed to working collaboratively with the Government of PNG and other donors on PNG's priority areas?

Cross-cutting requirement: All KEQs should integrate GEDSI considerations, including differential access, participation and outcomes for women, people with disabilities and other vulnerable groups and the extent to which GEDSI interventions have achieved positive outcomes.



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Services/ goods required

We are seeking a service provider to deliver an Evaluation Team to conduct the AIHSS2 Mid-term evaluation.

The service provider will deliver a team comprised of:

- **Evaluation Team Lead;**
- **Health Technical Specialist; and,**
- **Public Financial Management Specialist.**

The evaluation team is strongly encouraged to include local evaluators with relevant expertise and knowledge of the PNG health sector context. The composition of the evaluation team, including roles and responsibilities are described in the table (Table 1) below.

Role	Responsibility	Input days
Evaluation Team Leader	<ul style="list-style-type: none"> • Develop and finalise the Evaluation Plan, based on the Terms of Reference and Senior Management Group feedback. • Develop data collation approaches and key evaluation sub-questions. • Lead analysis, discussions, interviews, drafting and presentation of findings to the AIHSS2 Senior Management Group. • Lead briefings and preliminary findings sessions. • Draft and finalise the report. 	Up to 30 days
Health Technical Specialist	Provide health technical expertise across the planning, implementation and finalisation of deliverables, specifically: support the drafting and finalisation of the Evaluation Plan; participate in data collection and analysis; support presentation of findings and the drafting of briefings and finalisation of the report.	Up to 20 days
PFM Specialist	Provide PFM expertise across the planning, implementation and finalisation of deliverables, specifically: support the drafting and finalisation of the Evaluation Plan; participate in data collection and analysis; support presentation of findings and the drafting of briefings and finalisation of the report.	Up to 20 days

All members of the evaluation team are expected to have at least awareness level knowledge of GEDSI in relation to health programming. Given that GEDSI is a cross-cutting requirement across all KEQs, at least one team member should have demonstrated experience applying GEDSI frameworks in evaluation or health program contexts. This should be reflected in team member CVs submitted as part of the expression of interest.



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Key Locations

The evaluation team will conduct site visits to 4 provinces participating in AIHSS2. As part of developing the evaluation plan, the evaluation team will seek advice from the Evaluation Logistical Committee on the selection of provinces. The Evaluation Logistical Committee comprises the AIHSS2 Program Lead, the PATH PAL Lead, AIHSS2 MERL Specialist and Senior Grants Coordinator. The selection of provinces will seek to capture a mix of provinces with varying levels of health system capacity for immunisation. Selection criteria may include vaccine coverage (including high-performing and underperforming provinces); grant management readiness (including a mix of transitioned and ISP-managed); diversity in terms of geography and logistics; prevalence of zero dose and hard to reach communities.

Senior Management Group

The Senior Management Group (SMG) comprises NDoH, Department of National Planning and Monitoring, Gavi, DFAT and MFAT.

See attached the three ToRs for further details on the three team member roles.

The supplier is required to provide the following deliverables:

No.	Deliverable	Due Date
1	Contract Execution, Inception Meeting, Document Review, Evaluation Plan submitted to Senior Management Group (including sub-questions, interview guides, detailed evaluation timeline)	31 July 2026
2	Field trip and interviews, and Preliminary findings presentation with Senior Management Group	28 August 2026
3	Draft report submitted to Senior Management Group	30 September 2026
4	Evaluation team submit final report	31 October 2026

Payment schedule

The following payment schedule is proposed for this engagement:

Fees/ Reimbursables	Date	Fee Percentage
Evaluation Team Leader (30 days)	Contract Execution- End of 30-day Input	40%
Health Specialist (20 days)	Contract Execution- End of 20-day Input	20%
PFM Specialist (20 days)	Contract Execution- End of 20-day Input	20%
Reimbursables <ul style="list-style-type: none"> Flights Accommodation 	Upon Invoice provided with receipts/ supporting documentation	20%



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Fees/ Reimbursables	Date	Fee Percentage
TOTAL:		100%

RFQ response requirements

Respondents wishing to participate in this RFQ process should submit their response by the closing date specified above by email to png.tenders@amspng.org.

RFQ responses should include the following:

1. Proposal detailing how the goods/ services will be required and the supplier's experience relevant to the requirements;
2. Cost proposal in Papua New Guinea for the provision of the requested goods/ services including any and all associated costs;
3. Respondent details including:
 - Company/ organisation registration documentation (must be for the entity the organisation will contract with if successful)
 - Nominated representative for the RFQ
 - CVs of personnel nominated to deliver the services
 - Certificates of currency for public liability, professional indemnity and workers compensation insurance
 - Details of any conflicts of interest that exist or could be perceived to exist in relation to this RFQ and/ or any contract. If there are no conflicts or perceived conflicts, please state that no conflict exists.

RFQ evaluation

Responses will be assessed in accordance with the evaluation criteria below to determine which respondent provides the best value for money.

No.	Criterion	Weighting %
1	Organisation experience providing similar services/ goods	40%
2	Approach taken by the organisation to provide the services or quality of the goods being proposed <ul style="list-style-type: none">• 1 international team lead and 2 local evaluators with relevant expertise and knowledge of the PNG health sector context is strongly encouraged	40%
3	Price	20%



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Standard terms and conditions

1. This Request for Quotation (RFQ) is an invitation to treat and shall not be construed, interpreted, or relied upon, whether expressly or implied, as an offer capable of acceptance by any professional, firm or organisation or as creating any form of contractual, quasi-contractual, restitution or other relationship.
2. No binding legal relationship will arise out of this process until execution of a contract with the preferred respondent.
3. Each respondent to the RFQ is expected to be fully informed of all aspects of the work required to be performed.
4. The respondent agrees that participation in any stage of the RFQ process is at the respondent's sole risk and cost.
5. Abt Global, at its discretion, may discontinue this RFQ, decline to accept any quotation, decline to issue any contract or satisfy its requirement separately from this RFQ process.
6. All potential respondents must have appropriate insurance cover as a condition of submitting a quotation.
7. In evaluating each response, Abt Global will have regard to:
 - a. the evaluation criteria; and
 - b. the overall value for money proposition presented in the bid submission.
8. As part of, and in addition to the evaluation process, Abt Global may:
 - a. require clarifications and/or presentations from respondents at any time during the evaluation process; and
 - b. conduct reference checks (including site visits, if relevant) on respondents.
9. The respondent, if appointed, must at all times, identify, comply with and exercise all necessary, duties and precautions for the health, safety and security of all persons including the respondent's employees, subcontractors, subcontractor's employees, employees of Abt Global and other persons who may be affected by the delivery of the contract work.
10. The respondent will inform itself of all workplace health, safety and safety duties, codes of practice, policies, procedures or measures applicable to the services. The respondent must comply with any and all directions by or on behalf of Abt Global relating to safety and security.
11. The successful respondent must have appropriate child protection policies in place and/or be willing to comply with Abt Global and DFAT's latest Child Protection Policy. The successful respondent should be aware of the DFAT Preventing Sexual Exploitation, Abuse and Harassment Policy. The successful respondent may be required to submit additional documents in relation to these policies.



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Attachments

Program Title:	Accelerated Immunisation and Health System Strengthening Program, Phase 2 (AIHSS2)
Position Title:	Evaluation Team Lead
Position Type:	Short Term Adviser Up to 30 days between 1 July 2026 - 15 October 2026
Level:	Daily Consultant Rate PGK 3500
Reporting To:	Evaluation Logistical Committee
Location:	Desk-based with inputs in Papua New Guinea
Program Overview:	<p>The PNG Australia Transition to Health (PATH) is a 6-year (2020–2026) health sector program funded by the Australian Government under the Papua New Guinea – Australia Partnership for Development. PATH works with the PNG Government to improve coverage and quality of health services for the people of PNG through effective, equitable, efficient, and inclusive interventions.</p> <p>PATH provides operational support to AIHSS2, a 4-year program (2024–2027) funded by the Governments of Australia and New Zealand and Gavi, the Vaccine Alliance.</p> <p>AIHSS2 End of Program Outcomes (EPOs) aim to increase capacity of PHAs/BDoH and improve delivery of essential health services and include:</p> <ol style="list-style-type: none"> 4. PHAs/BDoH increase vaccination coverage through integrated service delivery in selected provinces and decrease the number of children receiving no vaccines. 5. PHAs/BDoH planning and public financial management (PFM) capabilities and practices are strengthened. 6. PHAs/BDoH embed gender equality, disability and social inclusion principles in routine immunisation to increase equity and reach of routine immunisation in service delivery. direction.
Context:	<p>Immunisation coverage in Papua New Guinea (PNG) has declined sharply over the past two decades, falling from approximately 70% in the early 2000s to less than 40% by 2020, the lowest rate in East Asia and the Pacific. Coverage of key childhood vaccines (Penta1, Penta3, and MCV1) stood at 53%, 38%, and 36% respectively in recent years, with Gavi-led research identifying a high proportion of 'zero-dose' children across 51 districts. The Government of PNG has itself described the state of its immunisation program as catastrophic. To address this, the Governments of PNG, Australia, and New Zealand (MFAT), together with Gavi, the Vaccine Alliance, partnered to deliver the Accelerated Immunisation and Health Systems Strengthening (AIHSS) Program. Phase 1 (2019–2023) supported Provincial Health Authorities (PHAs) and the Bougainville Department of Health (BDoH) across 11 provinces and the Autonomous Region of Bougainville (ARoB) to increase vaccination coverage and strengthen health system capacity, including public financial management (PFM). An independent evaluation of Phase 1 found that the program increased coverage and service delivery in most target</p>

	<p>provinces, but identified limitations in strategic oversight, MEL, gender equality, disability and social inclusion (GEDSI) mainstreaming, and the depth of PHA ownership. These were areas directly addressed in the Phase 2 design.</p> <p>AIHSS Phase 2 (2024–2027) represents a continuation and evolution of Phase 1, with a stronger emphasis on PHA-led delivery, government systems integration, and long-term sustainability. The program has expanded to 14 provinces and ARoB, adding Enga, West New Britain, and Oro based on high concentrations of zero-dose children. It is jointly funded by Australia (DFAT, through PATH), New Zealand (MFAT), and Gavi, and is implemented through PHAs and BDoH, with Implementing Service Partners (ISPs) continuing to support provinces not yet ready to manage grants directly.</p> <p>The purpose of the evaluation is to assess the progress of the program against the EOPOs and to provide recommendations to the Senior Management Group (SMG) on the remaining program period and possible future investments. In particular, the evaluation will assess the programme in terms of effectiveness, efficiency, sustainability, coherence and partnerships. The evaluation process will also identify and emphasise key lessons learned to inform future program investments. The evaluation will integrate GEDSI as crosscutting themes throughout its deliverables and process.</p> <p>The evaluation has 5 KEQs that need to be addressed and include:</p> <p><u>KEQ 1 Effectiveness (service delivery and equity):</u> To what extent have PHAs/BDoH been effective in increasing vaccination services, integrating health services and improving vaccination coverage in selected provinces/ARoB, including in effectively reaching disadvantaged and vulnerable groups through routine immunisation?</p> <p><u>KEQ 2 Effectiveness (systems & PFM):</u> To what extent have PHA/BDoH PFM capabilities effectively managed and implemented AIHSS2 grants (refers to PHA direct recipients only), or worked towards doing so through strengthened PFM capabilities (refers to all other PHAs)?</p> <p><u>KEQ 3 Efficiency:</u> To what extent has AIHSS2 been managed and implemented efficiently to achieve its intended outcomes, including through leveraging the support and networks of other programs or organisations?</p> <p><u>KEQ 4 Sustainability:</u> To what extent will AIHSS2 promote long term PFM and routine immunisation capacity that leads to sustained benefits and scalable impacts?</p> <p><u>KEQ 5 Coherence and partnerships:</u> To what extent are donors (DFAT, MFAT, Gavi) recognised as best practice partners committed to working collaboratively with the Government of PNG and other donors on PNG's priority areas?</p> <p><u>Cross-cutting requirement:</u> All KEQs should integrate GEDSI considerations, including differential access, participation and outcomes for women, people with disabilities and other vulnerable groups and the extent to which GEDSI interventions have achieved positive outcomes.</p>
<p>Position Overview:</p>	<p>The Evaluation Team Lead will manage a team of consultants (locally engaged Health and Public Financial Management Specialists) and lead engagement with key stakeholders to complete the AIHSS2 Evaluation. The Team Lead will report to the Evaluation Logistical Committee who will provide secretarial and logistics support.</p>



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	<p>The Evaluation Team Lead will ensure that evaluation considers the KEQs mentioned above but focuses efforts on the key questions contained in the ToR. The Team Lead will supervise and coordinate the inputs of other technical specialists and ensure that all deliverables and products align with the evaluation plan and that robust methodologies are applied, and the evaluation is completed in a transparent and accountable manner. The Evaluation Team Lead will ensure all evaluation questions in the TOR are covered as part of the analysis.</p> <p>The Evaluation Team Lead will have exceptional skills in monitoring and evaluation, an in-depth understanding of Papua New Guinea (with a focus on the health sector), strong gender, disability and social inclusion knowledge and experience; and strong leadership and management skills and an ability to deliver high-quality deliverables in a short timeframe.</p> <p>The Evaluation Team Lead will assess all elements of the program from a technical, capacity and governance perspective. The Evaluation Team Lead will also be cognisant of Department of Foreign Affairs and Trade (DFAT) Monitoring and Evaluation (M&E) standards and requirements for final evaluations. The Evaluation Team Lead will have exceptional ability to effectively collaborate and build strong working relationships and trust with clients, team members and partners to achieve agreed deliverables and performance objectives. The Evaluation Team Lead will have sound judgement, sensitivity, and flexibility, and an ability to exercise initiative in adapting preferred approaches when and where required.</p>
<p>Specific Responsibilities:</p>	<p>The Team Leader has overall responsibility for delivering the evaluation in line with the agreed evaluation plan. The Team Leader is responsible for management of the evaluation team throughout the evaluation process.</p> <ul style="list-style-type: none"> • Responsible for ensuring Evaluation Logistical Committee is duly informed throughout evaluation process. • Lead the inception meeting. • Lead the drafting and finalisation of the evaluation plan, including developing the evaluation schedule and applying DFAT M&E principles. • Review relevant documentation and background information. • Lead consultations and interviews, both remote and in-country. • Lead the preliminary analysis and the presentation of findings to the Evaluation Working Group. • Lead the drafting and finalisation of the evaluation report. • Responsible for management of the evaluation team and the inputs of each team member.
<p>Specific Deliverables</p>	<p>The Team Lead will ensure:</p> <ul style="list-style-type: none"> • Effective management of the Evaluation Team • Strong application of knowledge and skills relevant to M&E, PNG and health system strengthening • Strong application of GEDSI principles and experience. • Design and application of context specific evaluation methodologies that maintain a high degree of robustness and transparency. • Compliance with Australian Government, Monitoring & Evaluation Standards <p>The below deliverables are completed as per the agreed timeline 1/7/2026 – 15/10/2026:</p> <ul style="list-style-type: none"> • A draft evaluation plan (31/7/26) • An aid memoire (in the form of a slide pack) after the in-country data collection component (28/8/2026) • A draft report for consideration by the Senior Management Group (15/9/26)



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	<ul style="list-style-type: none"> Final report (15/10/26)
Key Working Relationships:	<ul style="list-style-type: none"> Evaluation Logistical Committee AIHSS2 program Team National Department of Health Public Health Authorities and Bougainville Department of Health AIHSS2 Senior Management Group (NDoH, DNPM, DFAT, MFAT, Gavi)
Requirements:	<ul style="list-style-type: none"> Outstanding experience in successfully designing and completing independent reviews and evaluations of complex development programs in cross-cultural contexts. High level experience in leading participatory review and evaluation processes, preferably within a partnership modality. Senior leadership experience in leading cross-cultural, multi-sectoral teams, with high level team management, facilitation, and coordination skills Strong GEDSI experience and in assessing and evaluating GEDSI considerations on development investments. Experience in PNG and in health systems strengthening and understanding of decentralised support services preferred. Exceptional written and verbal communication skills and a demonstrated ability to provide timely analysis, reports and knowledge products. Tertiary or post graduate qualifications in international development, global or public health, monitoring and evaluation or similar relevant discipline. <p>Desirable:</p> <ul style="list-style-type: none"> Ability to work successfully across cultures, preferably within the PNG.

Program Title:	Accelerated Immunisation and Health System Strengthening Program, Phase 2 (AIHSS2)
Position Title:	Evaluation Health Specialist
Position Type:	Short Term Adviser Up to 20 days between 1 July 2026 – 15 October 2026
Level:	Daily Consultant Rate PGK 2,340
Reporting To:	Evaluation Team Lead and Logistical Committee
Location:	Papua New Guinea
Program Overview:	<p>The PNG Australia Transition to Health (PATH) is a 6-year (2020–2026) health sector program funded by the Australian Government under the Papua New Guinea – Australia Partnership for Development. PATH works with the PNG Government to improve coverage and quality of health services for the people of PNG through effective, equitable, efficient, and inclusive interventions.</p> <p>PATH provides operational support to AIHSS2, a 4-year program (2024–2027) funded by the Governments of Australia and New Zealand and Gavi, the Vaccine Alliance.</p> <p>AIHSS2 End of Program Outcomes (EPOs) aim to increase capacity of PHAs/BDoH and improve delivery of essential health services and include:</p> <ol style="list-style-type: none"> PHAs/BDoH increase vaccination coverage through integrated service delivery in selected provinces and decrease the number of children receiving no vaccines.

	<ol style="list-style-type: none"> 8. PHAs/BDoH planning and public financial management (PFM) capabilities and practices are strengthened. 9. PHAs/BDoH embed gender equality, disability and social inclusion principles in routine immunisation to increase equity and reach of routine immunisation in service delivery. direction.
<p>Context:</p>	<p>Immunisation coverage in Papua New Guinea (PNG) has declined sharply over the past two decades, falling from approximately 70% in the early 2000s to less than 40% by 2020, the lowest rate in East Asia and the Pacific. Coverage of key childhood vaccines (Penta1, Penta3, and MCV1) stood at 53%, 38%, and 36% respectively in recent years, with Gavi-led research identifying a high proportion of 'zero dose' children across 51 districts. The Government of PNG has itself described the state of its immunisation program as catastrophic. To address this, the Governments of PNG, Australia, and New Zealand (MFAT), together with Gavi, the Vaccine Alliance, partnered to deliver the Accelerated Immunisation and Health Systems Strengthening (AIHSS) Program. Phase 1 (2019–2023) supported Provincial Health Authorities (PHAs) and the Bougainville Department of Health (BDoH) across 11 provinces and the Autonomous Region of Bougainville (ARoB) to increase vaccination coverage and strengthen health system capacity, including public financial management (PFM). An independent evaluation of Phase 1 found that the program increased coverage and service delivery in most target provinces, but identified limitations in strategic oversight, MEL, gender equality, disability and social inclusion (GEDSI) mainstreaming, and the depth of PHA ownership. These were areas directly addressed in the Phase 2 design.</p> <p>AIHSS Phase 2 (2024–2027) represents a continuation and evolution of Phase 1, with a stronger emphasis on PHA-led delivery, government systems integration, and long-term sustainability. The program has expanded to 14 provinces and ARoB, adding Enga, West New Britain, and Oro based on high concentrations of zero-dose children. It is jointly funded by Australia (DFAT, through PATH), New Zealand (MFAT), and Gavi, and is implemented through PHAs and BDoH, with Implementing Service Partners (ISPs) continuing to support provinces not yet ready to manage grants directly.</p> <p>The purpose of the evaluation is to assess the progress of the program against the EOPOs and to provide recommendations to the Senior Management Group (SMG) on the remaining program period and possible future investments. In particular, the evaluation will assess the programme in terms of effectiveness, efficiency, sustainability, coherence and partnerships. The evaluation process will also identify and emphasise key lessons learned to inform future program investments. The evaluation will integrate GEDSI as crosscutting themes throughout its deliverables and process.</p> <p>The evaluation has 5 KEQs that need to be addressed and include:</p> <p><u>KEQ 1 Effectiveness (service delivery and equity):</u> To what extent have PHAs/BDoH been effective in increasing vaccination services, integrating health services and improving vaccination coverage in selected provinces/ARoB, including in effectively reaching disadvantaged and vulnerable groups through routine immunisation?</p> <p><u>KEQ 2 Effectiveness (systems & PFM):</u> To what extent have PHA/BDoH PFM capabilities effectively managed and implemented AIHSS2 grants (refers to PHA direct recipients only), or worked towards doing so through strengthened PFM capabilities (refers to all other PHAs)?</p>

	<p>KEQ 3 Efficiency: To what extent has AIHSS2 been managed and implemented efficiently to achieve its intended outcomes, including through leveraging the support and networks of other programs or organisations?</p> <p>KEQ 4 Sustainability: To what extent will AIHSS2 promote long term PFM and routine immunisation capacity that leads to sustained benefits and scalable impacts?</p> <p>KEQ 5 Coherence and partnerships: To what extent are donors (DFAT, MFAT, Gavi) recognised as best practice partners committed to working collaboratively with the Government of PNG and other donors on PNG's priority areas?</p> <p>Cross-cutting requirement: All KEQs should integrate GEDSI considerations, including differential access, participation and outcomes for women, people with disabilities and other vulnerable groups and the extent to which GEDSI interventions have achieved positive outcomes.</p>
<p>Position Overview:</p>	<p>The Evaluation Health Specialist will be part of a team of consultants (Team Lead and Public Financial Management Specialist) to engage with key stakeholders to complete the AIHSS2 Evaluation. The Health Specialist will report to the Team Lead with oversight from the Evaluation Logistical Committee.</p> <p>The Health Specialist will provide technical input into the development and implementation of the questionnaires, ensuring that the evaluation considers the KEQs mentioned above but focuses efforts on the key questions contained in the ToR. The Team Lead will supervise and coordinate the inputs of other technical specialists and ensure that all deliverables and products align with the evaluation plan and that robust methodologies are applied, and the evaluation is completed in a transparent and accountable manner.</p> <p>The Evaluation Health Specialist will have experience in monitoring and evaluation, an in-depth understanding of Papua New Guinea (with a focus on the health sector) and gender, disability and social inclusion knowledge and experience.</p>
<p>Specific Responsibilities:</p>	<p>Reporting to the Team Lead the Specialist will:</p> <ul style="list-style-type: none"> • Support the evaluation team leader and participate in relevant inception and progress meetings. • Contribute to the drafting and finalisation of the evaluation plan. • Review relevant documentation. • Facilitate consultations, both remote and in-country. • Support preliminary analysis and the presentation of findings to the Evaluation Working Group • Support the drafting and finalisation of the evaluation report. • Complete additional tasks as required by the team leader.
<p>Specific Deliverables</p>	<p>Contribution towards the deliverables below as per the agreed timeline 1/7/2026 -15/10/2026:</p> <ul style="list-style-type: none"> • A draft evaluation plan (31/7/26) • An aid memoire (in the form of a slide pack) after the in-country data collection component (28/8/2026) • A draft report for consideration by the Senior Management Group (15/9/26) • Final report (15/10/26)
<p>Key Working Relationships:</p>	<ul style="list-style-type: none"> • Evaluation Logistical Committee • AIHSS2 program Team • National Department of Health • Public Health Authorities and Bougainville Department of Health



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Requirements:	<ul style="list-style-type: none"> • AIHSS2 Senior Management Group (NDoH, DNPM, DFAT, MFAT, Gavi) • Strong English written and verbal communication skills and a demonstrated ability to provide timely analysis, reports, and knowledge products. • Tertiary or post graduate qualifications in public or primary health care, immunisation, epidemiology. <p>Desirable</p> <ul style="list-style-type: none"> • Outstanding experience in health, particularly immunisation and public health. • Experience with the PNG health system, including PNG’s decentralised health system. • Experience in health systems strengthening. • Understanding of complex multilateral partnerships and regional cooperation. • Previous experience on evaluations in PNG. • GEDSI experience and in assessing and evaluating GEDSI considerations on development investments. • Ability to work successfully across cultures, preferably within PNG. • Experience with monitoring and evaluation frameworks
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Program Title:	Accelerated Immunisation and Health System Strengthening Program, Phase 2 (AIHSS2)
Position Title:	Evaluation Public Financial Management Specialist
Position Type:	Short Term Adviser Up to 20 days between 1 July 2026 – 15 October 2026
Level:	Daily Consultant Rate PGK 2,340
Reporting To:	Evaluation Team Lead and Logistical Committee
Location:	Papua New Guinea
Program Overview:	<p>The PNG Australia Transition to Health (PATH) is a 6-year (2020–2026) health sector program funded by the Australian Government under the Papua New Guinea – Australia Partnership for Development. PATH works with the PNG Government to improve coverage and quality of health services for the people of PNG through effective, equitable, efficient, and inclusive interventions.</p> <p>PATH provides operational support to AIHSS2, a 4-year program (2024–2027) funded by the Governments of Australia and New Zealand and Gavi, the Vaccine Alliance.</p> <p>AIHSS2 End of Program Outcomes (EPOOs) aim to increase capacity of PHAs/BDoH and improve delivery of essential health services and include:</p> <ol style="list-style-type: none"> 10. PHAs/BDoH increase vaccination coverage through integrated service delivery in selected provinces and decrease the number of children receiving no vaccines. 11. PHAs/BDoH planning and public financial management (PFM) capabilities and practices are strengthened. 12. PHAs/BDoH embed gender equality, disability and social inclusion principles in routine immunisation to increase equity and reach of routine immunisation in service delivery. direction.

<p>Context:</p>	<p>Immunisation coverage in Papua New Guinea (PNG) has declined sharply over the past two decades, falling from approximately 70% in the early 2000s to less than 40% by 2020, the lowest rate in East Asia and the Pacific. Coverage of key childhood vaccines (Penta1, Penta3, and MCV1) stood at 53%, 38%, and 36% respectively in recent years, with Gavi-led research identifying a high proportion of 'zero dose' children across 51 districts. The Government of PNG has itself described the state of its immunisation program as catastrophic. To address this, the Governments of PNG, Australia, and New Zealand (MFAT), together with Gavi, the Vaccine Alliance, partnered to deliver the Accelerated Immunisation and Health Systems Strengthening (AIHSS) Program. Phase 1 (2019–2023) supported Provincial Health Authorities (PHAs) and the Bougainville Department of Health (BDoH) across 11 provinces and the Autonomous Region of Bougainville (ARoB) to increase vaccination coverage and strengthen health system capacity, including public financial management (PFM). An independent evaluation of Phase 1 found that the program increased coverage and service delivery in most target provinces, but identified limitations in strategic oversight, MEL, gender equality, disability and social inclusion (GEDSI) mainstreaming, and the depth of PHA ownership. These were areas directly addressed in the Phase 2 design.</p> <p>AIHSS Phase 2 (2024–2027) represents a continuation and evolution of Phase 1, with a stronger emphasis on PHA-led delivery, government systems integration, and long-term sustainability. The program has expanded to 14 provinces and ARoB, adding Enga, West New Britain, and Oro based on high concentrations of zero-dose children. It is jointly funded by Australia (DFAT, through PATH), New Zealand (MFAT), and Gavi, and is implemented through PHAs and BDoH, with Implementing Service Partners (ISPs) continuing to support provinces not yet ready to manage grants directly.</p> <p>The purpose of the evaluation is to assess the progress of the program against the EOPOs and to provide recommendations to the Senior Management Group (SMG) on the remaining program period and possible future investments. In particular, the evaluation will assess the programme in terms of effectiveness, efficiency, sustainability, coherence and partnerships. The evaluation process will also identify and emphasise key lessons learned to inform future program investments. The evaluation will integrate GEDSI as crosscutting themes throughout its deliverables and process.</p> <p>The evaluation has 5 KEQs that need to be addressed and include:</p> <p><u>KEQ 1 Effectiveness (service delivery and equity):</u> To what extent have PHAs/BDoH been effective in increasing vaccination services, integrating health services and improving vaccination coverage in selected provinces/ARoB, including in effectively reaching disadvantaged and vulnerable groups through routine immunisation?</p> <p><u>KEQ 2 Effectiveness (systems & PFM):</u> To what extent have PHA/BDoH PFM capabilities effectively managed and implemented AIHSS2 grants (refers to PHA direct recipients only), or worked towards doing so through strengthened PFM capabilities (refers to all other PHAs)?</p> <p><u>KEQ 3 Efficiency:</u> To what extent has AIHSS2 been managed and implemented efficiently to achieve its intended outcomes, including through leveraging the support and networks of other programs or organisations?</p>
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	<p>KEQ 4 Sustainability: To what extent will AIHSS2 promote long term PFM and routine immunisation capacity that leads to sustained benefits and scalable impacts?</p> <p>KEQ 5 Coherence and partnerships: To what extent are donors (DFAT, MFAT, Gavi) recognised as best practice partners committed to working collaboratively with the Government of PNG and other donors on PNG's priority areas?</p> <p>Cross-cutting requirement: All KEQs should integrate GEDSI considerations, including differential access, participation and outcomes for women, people with disabilities and other vulnerable groups and the extent to which GEDSI interventions have achieved positive outcomes.</p>
Position Overview:	<p>The Evaluation Public Financial Management Specialist will be part of a team of consultants (Team Lead and Health Specialist) to engage with key stakeholders to complete the AIHSS2 Evaluation. The Public Financial Management Specialist will report to the Team Lead with oversight from the Evaluation Logistical Committee.</p> <p>The Public Financial Management Specialist will provide technical input into the development and implementation of the questionnaires ensuring that the evaluation considers the KEQs mentioned above but focuses efforts on the key questions contained in the ToR. The Team Lead will supervise and coordinate the inputs of other technical specialists and ensure that all deliverables and products align with the evaluation plan and that robust methodologies are applied, and the evaluation is completed in a transparent and accountable manner.</p> <p>The Evaluation Public Financial Management Specialist will have experience in monitoring and evaluation, an in-depth understanding of Papua New Guinea (with a focus on the health sector) and gender, disability and social inclusion knowledge and experience.</p>
Specific Responsibilities:	<p>Reporting to the Team Lead the Specialist will:</p> <ul style="list-style-type: none"> • Support the evaluation team leader and participate in relevant inception and progress meetings. • Contribute to the drafting and finalisation of the evaluation plan. • Review relevant documentation. • Facilitate consultations, both remote and in-country. • Support preliminary analysis and the presentation of findings to the Evaluation Working Group • Support the drafting and finalisation of the evaluation report. • Complete additional tasks as required by the team leader.
Specific Deliverables	<p>Contribution towards the deliverables below as per the agreed timeline 1/7/2026 -15/10/2026:</p> <ul style="list-style-type: none"> • A draft evaluation plan (31/7/26) • An aid memoire (in the form of a slide pack) after the in-country data collection component (28/8/2026) • A draft report for consideration by the Senior Management Group (15/9/26) • Final report (15/10/26)
Key Working Relationships:	<ul style="list-style-type: none"> • Evaluation Logistical Committee • AIHSS2 program Team • National Department of Health • Public Health Authorities and Bougainville Department of Health • AIHSS2 Senior Management Group (NDoH, DNPM, DFAT, MFAT, Gavi)
Requirements:	<ul style="list-style-type: none"> • Strong English written and verbal communication skills and a demonstrated ability to provide timely analysis, reports, and knowledge products. • Tertiary or post graduate qualifications in Public Financial Management.



REQUEST FOR QUOTATION

	<p>Desirable</p> <ul style="list-style-type: none">• Outstanding experience in public financial management in PNG for government organisations.• Experience with the PNG health system, including PNG’s decentralised health system.• Experience in health systems strengthening.• Understanding of the Public Financial Management and Provincial Health Authority Act.• Previous experience on evaluations in PNG.• GEDSI experience and in assessing and evaluating GEDSI considerations on development investments.• Ability to work successfully across cultures, preferably within PNG.• Experience with monitoring and evaluation frameworks
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