1. **BACKGROUND / RATIONALE**

Poor nutrition of women before and during pregnancy is a major cause of low birth weight in Indian children. Latest data [1] show that Indian women enter pregnancy too young, thin and with poor nutrition – 23 per cent of women in reproductive age are too thin for their height, 58 per cent among pregnant women are anaemic and eight per cent of pregnant women (~4.5 million) are adolescents. There are five interventions for women, which can collectively impact on their nutrition and include: i) improving the quantity of diet/food consumed and its nutrient quality; ii) preventing and managing micronutrient deficiencies and anaemia; iii) increasing access to basic health services; iv) improving access to safe drinking water and sanitation education/commodities; and (v) gender empowerment focusing on preventing too early, too many and too close pregnancies, livelihood and community support mechanisms for women.

To deliver these five interventions at scale, India has in place policies and programmes, including two service delivery flagship programmes: the Integrated Child Development Services (ICDS) and the National Health Mission (NHM). However, many challenges remain, including ensuring that first trimester registration and four antenatal care check-ups (ANC) take place, and ensuring high at scale effective coverage of and compliance to nutrition interventions in ANC. Latest (2016) data [1] show that coverage of first trimester and four ANC visits is 59% and 51%, respectively and within them receipt of IFA supplements and deworming is 70% and 18%, respectively. The outreach village health and nutrition day platforms for ANC are not optimally tapped to reach out to newlywed women. There is also an overall low focus on and monitoring of nutrition services dealing with outreach health and nutrition day focusing on preconception and pregnant women. Coverage figures generally reduce to 5-25% in districts with weak governance, socio-backward dominance and basic systems-related challenges (infrastructure, supply, budget and human resource) and within district blocks which are locomotor-weaker, have sensitive climatic geographies, with economically deprived populations and those farthest from the state headquarters. Challenges in these districts also include frontline workers’ vacancies, poor mentoring/motivation, increased work catchment load on existing health workers and locomotor constraints in reaching distinct populations, which reduces time and quality of outreach service delivery and increases effort to generate community demand for services. Women in these areas are also vulnerable to climate change shocks, and work outside the home for additional income. Attached is the complete Terms of Reference.

**2. PURPOSE OF ASSIGNMENT**

The implementation of Swabhimaan programme started in the year 2017 and is expected to be completed by the end of 2020. While the programme has a built-in impact evaluation component, which measures its impact on the well-being of women, a formative midline evaluation is needed to assess the how well the programme is progressing and conduct a midline course-correction if necessary. This includes examining progress on activities, outcomes and outputs and assessing to which extent the programme is reaching its target populations, whether some groups are benefitting less than others and what could be done to maximize its effectiveness in the remaining year. The proposed evaluation will be formative in nature, because its main purpose is to examine whether the strategies and processes adopted are able to achieve the programme objectives and what is working well and what is not working well.

These Terms of Reference (ToR) are for hiring an experienced individual consultant evaluator to undertake a formative midline evaluation of the Swabhimaan programme in the states of Bihar, Chhattisgarh and Odisha. The formative evaluation will use existing evidence collected through the monitoring and impact evaluation components of the programme and also collect additional qualitative data. The consultant will be responsible for conducting his/her own analysis of the qualitative data and programme reports, and where appropriate, analysing and/or spot checking the accuracy of the relevant (in terms of relevance to the KEQs of this formative evaluation) quantitative analyses conducted by UNICEF’s partners. The research partner leading the impact evaluation in Bihar, Chhattisgarh and Odisha is the International Institute of Population Sciences (IIPS), and this partner conducted both the baseline and midline survey across the three states with the support of Lady Irwin College. It is essential that the formative midline evaluation augments or adds to the existing data and information, to ensure that its findings are independent, new learnings are identified, and actionable recommendations to further strengthen the programme are provided.

**3. OBJECTIVE**

The specific objectives of the evaluation are to:

1. Evaluate the relevance of the programme for adolescent girls, pregnant women and mothers of children under two years.
2. Critically examine whether the programme is proceeding as predicted in the programme ToC. (Are the activities, outputs and outcomes as would be expected?)
3. Examine expected and unexpected changes in women and children’s outcome indicators (as per the ToC) in the control and intervention areas. (Are some changes unexplained? What needs programmatic and evaluation attention in the coming year?)
4. Evaluate the efficiency of the programme’s convergent programming of services. (Is it managed in a coordinated and comprehensive manner?)
5. Assess the sustainability of the programme in terms of ownership of the government
6. Assess the integrity of the impact evaluation underway.

As this is a formative evaluation, the criterion of impact has not been included in the evaluation objectives and questions. However, where possible, the evaluator should make observations whether the programme is progressing according to the ToC and is on track to achieve the predicted impact. The evaluation will use available (Baseline, Midline) data on certain outcome indicators to see examine that whether the programme is on the right track and what course-corrections may be necessary to achieve the desired impact by 2020.

**4. USE OF FINDINGS**

The findings of the formative evaluation will be used to inform UNICEF and its partners working in the three states about the effectiveness and efficiency of the programme’s implementation, providing recommendations for any necessary course correction to assist the programme to achieve its desired impact by 2020. The evaluation findings will also provide learning to various state departments who support the state government’s effort in the effective implementation of the programme. Findings will be disseminated internally in UNICEF in webinars/seminars and workshops and to external partners via email and in meetings. The evaluation recommendations will be responded to using UNICEF’s management response system, which requires consideration of all recommendations by senior management. Finally, the findings will also feed into ongoing research and the endline evaluation to answer overarching questions about the role of community-led nutrition interventions in improving adolescent girls’ and women’s nutrition. The findings will be discussed and shared with Government counterparts, institutional partners and provide actionable points for strengthening in the remaining one year of implementation to achieve expected outcomes. It will help assess whether activities are taking place as per plan, changes taking place and indicators which are not changing to realistically to inform government scale-up strategy in other blocks/districts. As previously done, government counterparts have been informed and their consent has been taken on such an evaluation so that actions can be scaled-up across the nested evaluation blocks and beyond.

**5. METHODOLOGY**

1. **Evaluation criteria and questions**

The evaluation will evaluate the programme against the [OECD/DAC evaluation criteria](https://www.oecd.org/dac/evaluation/49756382.pdf) of relevance, effectiveness, efficiency, and sustainability. The final impact of the programme does not need to be evaluated as part of this formative evaluation – however the evaluator will need to assess whether progress against the ToC (Annex-2) is as expected and whether the emergent results are in line with expectations for achieving the desired programme impact in the future. Please see Annexure 1 for the draft evaluation questions. The evaluator can include additional questions and sub-questions, in consultation with UNICEF, during the inception phase.

1. **Coverage, time period and scope**

The evaluation will cover all the activities (under strategy 1 and strategy 2) that are being implemented in the three states of Bihar, Chhattisgarh and Odisha. As mentioned above, system strengthening activities are being implemented in both the intervention and control area while community-led interventions are being implemented in intervention areas only. The formative evaluation should cover the period of implementation from the year 2016 till the start of this evaluation.

1. **Evaluation Questions**

See Annex 1 for the evaluation criteria and key evaluation questions. The consultant will have the opportunity to revise these questions during the inception phase.

1. **Approach and design**

The overall approach of the evaluation is forward looking since the nature of evaluation is formative and its design in non-experimental. The main focus is to generate learnings on the basis of the evaluation criteria and questions outlined in Annex 1, so that course corrections can be made to improve the programme before the endline evaluation takes place in 2020.

The evaluation will utilize mixed methods, drawing substantially on both baseline and midline surveys as well as programme reports[[1]](#footnote-1) During the midline, qualitative data has been collected through IDIs with various stakeholders of the programme and FGDs with beneficiaries. In addition, programme monitoring data are available in Monthly Progress Reports. Programme reports provide information on activities and whether they took place as per plan, quality of those activities as well as participation of target groups in those activities. This information is available across sites. The methodology will comprise of 1) Analysis and synthesis of existing quantitative and qualitative data; 2) Collection and analysis of additional primary qualitative data to ensure all the evaluation questions are adequately answered.

1. **Methodology**

*Document review and analysis of existing secondary data*

The first phase of data analysis will require a review of existing programme documents, the impact evaluation protocol, ToC, Result Based Management (RBM) matrix, in order to understand the objectives, implementation status and achievements and challenges to date. This will help the evaluator to familiarize with the programme and understand the pathways of change envisaged. This will be followed by a careful review of existing quantitative and qualitative analyses of the baseline and midline data (mostly published as fact sheets) and also programme monitoring. The quantitative data/information obtained during baseline included socio-demographic and household characteristics, educational attainment, diet diversity, availability of a homestead kitchen garden, access to health, ICDS and SRLM services and decision-making practices. Nutritional status was assessed using anthropometry (weight, height and MUAC). During the midline cross-sectional survey were conducted to assess the system strengthening process and coverage of VO led interventions among beneficiaries. The quantitative data sets from midline included extent of coverage of food security, health, nutrition and water and sanitation services in both intervention and control areas; coverage of VO led interventions among beneficiary in intervention areas; nutritional status of women as well as their children under two years etc. The qualitative information gathered included areas such as strengthening the coverage and quality of VHSND (by service providers) and community-based activities (by community cadres- Poshan Sakhi and Kishori Sakhi); roles and responsibilities; services being provided to the beneficiaries; major challenges; and suggestions for the improvement of Swabhimaan programme. In addition, programme monitoring data are available on various output indicators. The evaluator’s main task at this stage will be to assess where the results are showing emergent changes predicted by the ToC and where something else seems to be happening. Attention will need to be paid to how the outcomes of different groups, requiring disaggregation by sex, caste, age, and other soci-demographic characteristics available in the dataset. This will require reviewing existing analyses conducted by the research partner (AIIMS), but also conducting independent analyses (in STATA or SPSS or another suitable program), as required.

Once the evaluator has a sense of where the ToC is being confirmed and where diversions are occurring, the task will be to relate these results to the programme implementation data to draw hypotheses about where the unexpected changes are occurring as a result of the programme and where the cause is external. Given the limited scope of this evaluation, the evaluator may only be able to come up with hypotheses as to why some of the unexpected changes are occurring, but s/he can explore some of these new questions in the second phase of this evaluation methodology (i.e. during the primary data collection), and also make recommendations for more intensive monitoring and/or other data gathering over the remainder of the programme. The selected evaluator will be given access to all of the baseline and midline fact sheets, qualitative data and monitoring reports during the inception phase. Two years annual progress reports across all three sites are available which have compiled information on process and how they took place across two years. A complete repository of the programme and its processes is available at: <http://roshni-cwcsa.in> and <http://www.roshni-cwcsa.in/ResourcesFNHWReports.aspx?flag=1>

***Primary data collection***

Once the evaluator has a sense of how the programme is performing against its ToC and has constructed hypotheses about what might be happening, primary qualitative data can be collected in key informant interviews (KIIs) to test the hypotheses. The evaluator will need to scrutinize the secondary data very carefully and ensure that the new data collected goes towards answering unanswered questions about divergence from the ToC. As an example, if the expected change in anaemia levels did not occur in some districts and monitoring data showed low programme implementation in those areas, then the primary data collection will need to design questions that seek to identify the reasons behind the observed underperformance. Primary data collection will entail field visits to the three states as well as phone interviews where appropriate. It is pertinent to mention here that since the evaluation needs to be completed in a short period, it may not be possible to collect enough data to answer the evaluation questions in detail, but the evaluator should indicate what additional data need to be collected to fill the identified knowledge gaps. Questions about the fidelity and integrity of the evaluation design should also be addressed during this phase, particularly to address issues that may arise during the first phase.

The method suggested for primary data collection is to conduct a few KIIs (approximately 10 in each state) with service providers at the block level and with SRLM/ICDS/Health department officials at the district level. The IDIs with service providers should capture the perspectives of system strengthening interventions as well as community led interventions. Since the sample for primary data collection is not meant to be representative, for each state one intervention area and one control area could be chosen. In each state the evaluator can spend a maximum of 3 days to undertake the KIIs with service providers at the block level and SRLM/ICDS/Health department officials at the district level. It is expected that the primary data collection can be completed in 12 working days including the travel time required to reach the block and district head quarter. In the inception report the evaluator will need to specify the service providers and district level officials with which the KIIs will be conducted. Within this broad time limit for primary data collection the evaluator can suggest any other effective data collection methods in the Technical Proposal.

1. **Limitations and Risks**

This rapid midline evaluation will not seek to evaluate the final impact of the programme, but will assess whether interim outcomes are materializing as expected according to the ToC and whether the programme is on the right tract to achieving the predicted impact. The evaluation is to act as a course correction and does not seek to evaluate the overall success of the programme. It will use existing quantitative monitoring data and collect a small amount of qualitative data in interviews to provide some insight into how well the programme is being implemented. It is not expected that a comprehensive evaluation of the programme’s implementation takes place, but the evaluator should generate questions about the programme’s implementation that should be answered during the endline evaluation. Because primary data collection will be of a limited scale and most answers will need to be based on existing secondary data, it may not be possible to answer some of the key evaluation questions as directly or in as much detail as would be possible if data collection was designed specifically for the purposes of this evaluation. It is suggested that the evaluator should identify the critical gaps in the existing secondary data and make efforts to collect the information during the in-depth interviews to the extent possible.

**7. ETHICAL CONSIDERATIONS**

In compliance with the human rights-based approach, it is imperative that the evaluator outlines her/his plan to ensure the ethics of conducting research with human participants is maintained during the course of the evaluation. The evaluator will follow the UNEG ethical norms and standards and [*UNICEF’s Ethical Guidelines*](https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF)*.*The evaluator must outline the ethical protocols for the evaluation in the inception report and ensure that adequate measures for ethical oversight throughout the study period. During primary data collection, the evaluator must ensure informed consent, respecting people’s right to provide information in confidence and making evaluation participants aware of the scope and limits of confidentiality. Furthermore, the evaluator will be responsible for ensuring that sensitive information cannot be traced to its source so that the relevant individuals are protected from reprisals. Data storage and security must be ensured at all stages of the evaluation and only anonymised data should be shared externally, and with UNICEF (unless stated otherwise). Since the proposed data collection is not with a group considered sensitive under [*UNICEF’s Ethical Guidelines*](https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF)*,* IRB clearance will not be required for this evaluation.

It is the responsibility of the independent evaluator to ensure there is no conflict of interest when carrying out this activity.

**8. TASKS AND TIMELINE**

Below is the expected schedule of tasks and timeline:

**A. Kick-off**

Kick-off meeting with UNICEF Nutrition team and Research & Evaluation Specialist

1 day W1

 **B. Inception**

-Review of Programme documents

-Review of analysed baseline and midline data and monitoring data against the ToC.

-Develop methodology & list of respondents for primary data collection

-Design draft data collection tools

-Prepare and submit inception report

9 days W1-W2

**C. Finalize Inception Report**

 -Incorporate comments from UNICEF and finalize inception report

- Submit draft tools for data collection in consultation with UNICEF

2 days W3

**D. Secondary data analysis**

* In-depth review of secondary data to identify diversions from ToC
* Analysis of secondary data to come up with hypotheses
* Quality spot checks

- Update data collection tools to test newly identified hypotheses

10 days W4-W5

**E. Preparation for field visit**

- Develop and share field visit schedule with UNICEF

-Communication with UNICEF state team for facilitation to fix interviews

2 days W6

**F. Primary data collection**

-Visit to 3 states for primary data collection

-Prepare detailed notes of interviews undertaken

12 days W7-W9

 **G. Debriefing**

-Debriefing with UNICEF Nutrition team and Research & Evaluation Specialist

-Finalize the chapterisation plan

1 day W10

 **H. Draft Report**

 -Develop draft report based on the secondary and primary data analysis

-Submission of draft report with UNICEF

15 days W11-W13

**I. Final Report**

 -Incorporate comments from UNICEF and other experts

-Submission of Final report with UNICEF

 3 days W14

**Total** **55 days\***

\*The total no. of working days for payment to the evaluator will not be exceeded

**8. ESTIMATED DURATION OF CONTRACT**

3.5 months from start date of the contract

**9. DELIVERABLES**

The formative evaluation will include the following deliverables:

1. Inception report\* with evaluation design, detailed methodology and data collection plan (5 pages, excluding data collection tools) –3 weeks after the signing the contract
2. Travel report on three state visits – 9 weeks after signing of contract
3. Draft report – 11 weeks after the signing the contract
4. Accepted Final report\* – approx. 30-40 pages (including executive summary, excluding annexes) – 14 weeks after the signing the contract

\*Theexpected content and structure of the inception and final reports is outlined in Annex 3 and Annex 4 respectively.The evaluator will follow the reporting standardsoutlined in the [UNICEF-Adapted UNEG Evaluation Reports Standards](https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017.pdf) document. The quality of the final evaluation report will be rated in the [Global Evaluation Reports Oversight System](https://www.unicef.org/evaldatabase/index_GEROS.html) (GEROS). The evaluator is required to review the [GEROS Handbook](https://www.unicef.org/evaldatabase/files/GEROS_Handbook_FINAL_full_document.pdf)  to understand how the report will be assessed and ensure that the assessment criteria are assesses to a highly satisfactory standard.

**10. QUALIFICATION AND EXPERIENCE REQUIRED**

This assignment will be undertaken by an individual evaluator with a minimum 10 years’ experience in the conduct of evaluation and research studies in the area of nutrition and/or public health and children. S/he must have at least a Master’s degree in nutrition/public health/ social sciences with demonstrated experience in **evaluating complex, multi-faceted development programmes** in India and the use of **OECD-DAC evaluation** criteria. The evaluator must also have proven knowledge and understanding of **Maternal and Child Nutrition schemes** targeted at pregnant women and mothers, and the **work of women’s collectives, SHG federations** at various levels in India. S/he should possess good data analytic skills with enough expertise in the analysis of large sets of quantitative data, monitoring data and qualitative data. Alternatively, should the evaluator not possess strong quantitative data analysis skills, s/he may partner with data analysis specialists and sub-contract them for this component of the evaluation. It is possible for the evaluator to sub-contract other areas of the ToR s/he may not have strong expertise in. Where this is the proposed case, it needs to be clearly stated in the bidding technical proposal and the profile of the analyst needs to be included. The evaluator will be responsible for completion of all activities and submission of satisfactory deliverables including those dependent on the analyst.

It is for the evaluator’s responsibility to pre-empt and explicitly mention any possible or potential conflicts of interest while submitting her/his proposal. This may include details on their involvement with the government and UNICEF, past or ongoing work, individual team member involvement etc.

The individual evaluator should:

* Hold a post-graduate degree in nutrition/public health/ social sciences.
* Have clear understanding of implementation of government schemes especially nutrition specific and sensitive interventions targeted at pregnant women and mothers and their children
* Be familiar with working of women’s collectives, SHG federations at various levels in India
* Have experience working on child rights issues
* Have a minimum of 10 years’ relevant experience in independently managing evaluations of development programmes in the area of nutrition, public health, livelihood
* Experience conducting research and evaluations, including process monitoring
* Extensive experience of analysis of large sets of quantitative data, and qualitative data or have a partner to whom this aspect of the evaluation can be sub-contracted to.
* Sufficient experience of undertaking qualitative data collection through KIIs and FGDs at state, district and block level respondent groups
* Possess excellent verbal and written communication skills (English and Hindi)
* Possess excellent report writing and presentation skills

**11. DUTY STATION**

The consultant will work from their own workplace, with regular phone/Skype meetings with UNICEF. The Consultant will be required to attend meetings at the UNICEF office in Delhi on two occasions during this evaluation and will also need to travel to the states of Bihar, Chhattisgarh and Odisha to collect data.

**12. MANAGEMENT AND SUPERVISION**

In accordance with UNICEF’s evaluation policy, this evaluation will be managed by the Research & Evaluation Specialist at UNICEF India (Evaluation Manager), with close technical support from Nutrition Specialist at UNICEF India. As part of the quality assurance mechanism, all key deliverables of the evaluation –inception report, and final report – are required to be accepted by the Research & Evaluation Specialist before the payment is made to the evaluator. The quality of the evaluation will be overseen by an Evaluation Review Group, who will review the two deliverables. An external quality assurance agency will also be engaged to quality assure the key deliverables.

**13. OFFICIAL TRAVEL INVOLVED**

The consultant is expected to travel to New Delhi (if not Delhi-based), for the kick-off meeting with UNICEF, and also for the debriefing meeting at the end of the consultancy. The evaluator has to conduct field visits to Bihar, Odisha and Chhattisgarh for primary data collection. It is the responsibility of the evaluator to make all travel arrangements. The lumpsum travel costs are to be included in the financial proposal.

**Note: The Annexures to this Consultancy advertisement can be found at the link below:**

**14. TECHNICAL EVALUATION CRITERIA**

The evaluator is requested to submit the following documents along with their application:

1. **A technical proposal covering the points stipulated under ‘Methodology’ below**
2. **A relevant sample evaluation report**
3. **A financial proposal in the template provided**

The technical proposal is assigned 80 marks and will be assessed against the following criteria:

**1. SPECIFIC EXPERIENCE OF THE EVALUATOR RELEVANT TO THE ASSIGNMENT (30 Marks)**

* Relevant educational qualification (10)
* Professional expertise, knowledge and experience with similar contracts, and consulting assignments (10)
* Demonstrated experience (or the experience of a subcontractor) in analysis of quantitative and qualitative data (secondary) and undertaking qualitative data collection (10)

**2. METHODOLOGY (35 Marks)**

* The scope of work and activities to be performed is adequately understood by the evaluator (5)
* The proposed methodology is sufficiently detailed/elaborated to meet the objectives of the ToR (10)
* The work plan, analysis plan, and quality assurance mechanisms during primary data collection, and time-schedules for implementation has been clearly described (10);
* Risk assessment and mitigation measures has been identified
* (5) Strategy for assessing the fidelity and integrity of the evaluation is adequately outlined (5)

**3. SAMPLE REPORT (15 Marks)**

* One sample evaluation report relevant to the area (15)

The candidates who score overall 64 out of 80 marks will be technically qualified and their financials opened.

**FINANCIAL PROPOSAL – PRICE**

20 points is allocated to the lowest priced proposal. The financial scores of the other proposals will be in inverse proportion to the lowest price.

**15. PAYMENT SCHEDULE: Payment is linked to receipt and satisfactory**

**acceptance of deliverables and will be made as per the schedule shared in the financial proposal template.**

**16. HOW TO APPLY: Please submit your online application at the following link:**

Your online application should contain **five** separate attachments:

* + 1. A Cover letter explaining the motivation for applying and explaining how the qualifications and skill-set of the candidate are suitable for this position ***(to be uploaded online)***
		2. Curriculum Vitae (CV) ***(to be uploaded online)***
		3. A financial proposal indicating deliverable-based lumpsum fee as per template attached below. Please do not forget to specify your name in the file and include your signature, while saving. ***(to be uploaded under financial proposal section).***
		4. **SAMPLE REPORT** One sample evaluation report relevant to the area (**To be uploaded under Work Sample. The work sample can be uploaded using Google drive or Drop box. However, please note that the system accepts only one document upload.)**
		5. **Technical proposal** covering Methodology, workplan and timelines ***(To be uploaded under Transcripts. Do not upload your educational certificates, just upload your technical proposal under this section)***

***Please Note: It is mandatory to submit the financial proposal template duly filled in, the sample report and the technical proposal. Your application will be considered incomplete and invalidated in case any of these documents are missing in your online application.***

 Any attempt to unduly influence UNICEF’s selection process will lead to automatic disqualification of the applicant.

* Joint applications of two or more individuals are not accepted.

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| * Please note, UNICEF does not charge any fee during any stage of the process.
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|  |

For any clarifications, please contact:

UNICEF

Supply & Procurement Section

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**indconsultants@unicef.org**

1. Baseline and Midline data has been collected in both the intervention and control areas in three states by AIIMS with technical support from IIPS and University College London [↑](#footnote-ref-1)