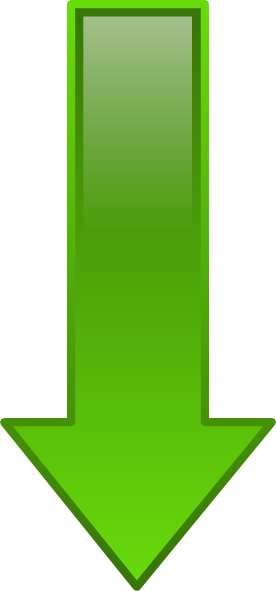
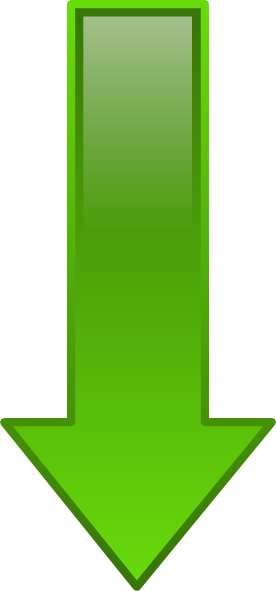
**Annex 1: Evaluation criteria and questions**

|  |  |
| --- | --- |
| **Evaluation Criteria** | **Evaluation Questions** |
| **Relevance** | 1. To what extent is the Swabhimaan programme relevant to the needs of adolescent girls, pregnant women and mothers of children under two years in Bihar, Chhattisgarh, and Odisha? |
| 2. To assess the extent to which the programme objectives and the programme ToC are aligned? |
| **Effectiveness** | 1. To what extent is the Swabhimaan programme being implemented according to plan? |
| 2. Are the changes predicted by the programme’s ToC taking place in reality (focus should be on activities, outputs and outcomes)? Where is the programme performing as expected and where are the major gaps? |
| 3. Can the changes or lack of changes in women and children’s outcomes be conceptually or provisionally linked to the actions of the programme? |
| 4.Are there any unexpected findings in the control areas? What may be the reason for these? |
| 5. Are there instances where the programme is not working well for particular groups of adolescent girls, pregnant women and mothers, and if so, what are the reasons? |
| 6.What are the issues, areas of concern (if any) that hinder the effective implementation of system strengthening interventions as well as VO led community interventions? |
| **Efficiency** | 1. Is the utilisation of available human resources efficient? Is the program implemented in a timely manner? |
|  | 2. What are key inefficiencies/bottlenecks in the implementation of the scheme, at each level (e.g. District, Block, VO)  3. What mechanisms are in place to identify and address inefficiencies or leakages in the receipt of benefits?  4. How well are the converge committees functioning at the state, district and block level?  5. What needs to improve to achieve the progamme objectives by 2020? |
| **Sustainability** | 1. To what extent there is government ownership in continuing the interventions?  2. Are there any positive results which are likely to be sustained, based on the available data?  3. To what extent is the intervention modality scalable to other blocks and districts? |
| **Other** | 1. Is the design of the impact evaluation maintaining its fidelity and integrity? For example, is there any spillover or contamination from the intervention areas to the control areas? Are there issues of attrition that are affecting the reliability of the findings? Are there confounding factors affecting the comparison of results?  2. Is the current design and data collection effort sufficient to evaluate the programme’s impact at the 2020 endline? |

**Annex 2: Theory of Change**

**Impact**

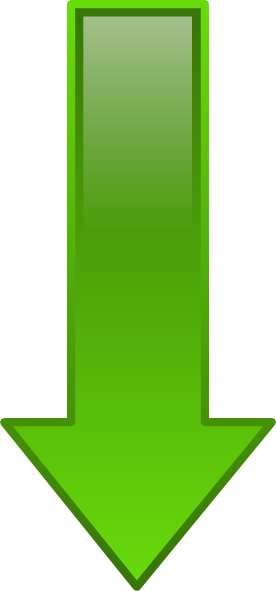




15% reduction in proportion of adolescent girls (10-19 years) with BMI <18.5 kg/m2between 2016 and 2020

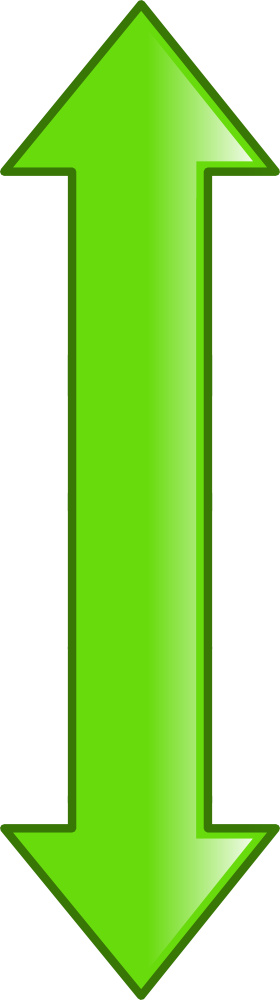
0.4cm improvement in mean MUAC of pregnant women between 2016 and 2020

15% reduction in proportion of mothers of children under two with BMI <18.5 kg/m2 between 2016 and 2020



Improved nutritional status of adolescent girls (10-19 years) and women in defined poverty pockets of three states

**Annex 2: Theory of Change |Swabhimaan (Bihar, Chhattisgarh, Odisha)**

** Strategies**

Adolescent girls and women in government defined poverty pockets have increased access to and uptake of 18 essential nutrition interventions through:

**1.** Community led planning, implementation and management of women’s nutrition interventions (5 Blocks in 3 States)

**2.** Systems strengthening for equitable and timely reach of women’s nutrition interventions (6 Blocks in 3 States)

**3.** Co-strategising and co-implementing health, nutrition, food security, agriculture and WASH interventions across sectors (4 Districts in 3 States)

**5.** By 2020 VOs are capacitated to design, implement and manage integrated, context-responsive, multi-sector nutrition programmes

**4.** By 2020 there is increased know-how on nutrition sensitive agricultural practices at district and sub-district levels and their application at village level

**3.** By 2020 household access to drinking water and sanitation products/ services and practice of personal hygiene behaviours by adolescent girls and women increases

**1.** By 2020 there is equitable reach of food security safety-nets and services for adolescent girls and women with focus on at nutritional risk

**2.** By 2020 high impact nutrition and health (including reproductive health and family planning) services for adolescent girls and women are available concomitantly and consistently

**Outcomes**











1. Availability (per norms) and diversification of food grains and availability of iodized salt through PDS dealers.

2. At nutritional risk adolescent girls and women screened and linked to ICDS, PDS and SRLM’s programmes

3. Farmer Producer Groups identify new cultivable lands and develop kitchen gardens.

1. IMP developed, implemented and reviewed biannually by service providers- ASHAs, ANMs, Anganwadi workers

2. Adolescent girls, newlywed women and at nutritional risk women (new target groups) brought under the ambit of VHSND and biannual health camps (Maitri haats).

3. Activation of quarterly adolescent health days

1. IMPs developed, implemented and reviewed biannually by VOs to address gaps in reach of essential nutrition interventions for adolescent girls and women

2. Target group coverage in SHG membership increases

3. VO representation in block convergence committee

1. VO managed nutri-farm demonstration site available for quarterly hands-on training of Farmer Producer Groups

2. Nutri-agriculture, promoting traditional foods and food adulteration discussed in monthly maitri baithaks

3. Department of agriculture platforms used for annual trainings on nutri-sensitive agriculture

1. PHED and SRLM partner to meet ODF targets, water availability and quality in 4 districts

2. Environmental and personal hygiene discussed in monthly maître baithaks and fortnightly adolescent girls meetings

3. Expanded markets for SHGs producing low cost sanitary products

**Outputs**

Cross-cutting output: Multi-sector departmental convergence mechanisms for women’s nutrition at block, district and state levels

1. Module for microplanning with Krishi Resource Persons in VOs developed and used to develop IMP with self-driven targets for nutri-agriculture farming

2. 24 cycle PLA module for use by Krishi Resource Persons for meetings with Farmer Producer Groups

3. Nutri-sensitive agriculture included as one of the 24 sessions in PLA modules for women and adolescent girls

4. Training modules on nutri-sensitive agriculture developed for Krishi resource persons and they trained on nutri-sensitive agriculture themes.

1. Modules for microplanning with PDS dealers developed and used to develop IMP with self-driven targets for improving reach of PDS

2. Guidelines for at nutritional risk adolescent girls and women developed and rolled out at district level

2.1 Anganwadi workers, ASHAs and CRPs trained on anthropometry and provided MUAC tapes, height and weight scales.

2.2 CRPs trained in nutrition counselling and food demonstration activities

3. ICDS food norms revised to include extra hot cooked meal to at nutrition risk women

4. Training modules on nutri-sensitive agriculture developed for Krishi Resource Persons and they trained on kitchen gardening.



1. Module for microplanning with VOs and 12 day IMP development and validation undertaken

2. Module for microplanning with Kishori samoohs and 12 day IMP development and validation undertaken

3. 24 cycle PLA modules for maitre baithaks and kishori samooh meetings

4. IMP based loan disbursed to at nutrition risk, to adolescent girls for education and to SHGs for improving last mile delivery of nutrition interventions



1. Villages mapped on the basis of water scarcity, contamination and toxicity and access to sanitation facilities

2. PHED and SRLM joint prioritization and follow-up on identified villages/ areas on ODF and water quality indicators

3. WASH included as one of the 24 sessions in PLA modules for women and adolescent girls





1. Modules for microplanning with health service providers developed and IMP development and validation undertaken

2. VHSND guidelines revised to include new target groups and package of services.

2.1. District, block and village level staff/service providers trained on revised VHSND and at nutritional risk guidelines

2.2 VHSND organised as per revised guidelines

3. Plans and budgets for adolescent health days mobilised through advocacy with Department of Health.



Cross-cutting input: Annual planning and review of selected nutrition indicators by a multi-sector nutrition committee at block, district and state levels

**Inputs and processes**

**ANNEX 3:** **Sample Table of Contents for an Inception Report** (no more than 30 pages, plus annexes)

**CONTENTS**

* Title page
* Table of contents
* Acronyms
* List of tables and figures
* Executive summary

**1. INTRODUCTION\***

1.1. Objective of the evaluation

1.2. Background and context

1.3. Scope of the evaluation

**2. METHODOLOGY\***

2.1. Evaluation criteria and questions

2.2. Conceptual framework

2.3. Evaluability

2.4 Sampling

2.5. Data collection methods

2.6. Analytical approaches

2.7. Risks and potential limitations

2.8. Ethics and UNEG Standards

**3. PROGRAMME OF WORK\***

3.1. Phases of work

3.2. Team composition and responsibilities

3.3. Management and logistic support

3.4. Calendar of work

**ANNEXES**

1. Terms of reference of the evaluation\*

2. Evaluation matrix\*

3. Stakeholder map\*

4. Tentative outline of the main report\*

5. Interview checklists/protocols\*

6. Draft Study Tools\*

7. Theory of change / outcome model\*

8. Detailed work plan\*

9. Detailed responsibilities of evaluation team members

10. Reference documents

11. Document map

12. Project list

13. Project mapping

\*The structure of inception reports may be adjusted depending on the scope of the evaluation. Chapters and sections with an asterisk should be included by default.

**ANNEX 4: Sample Table of Contents for an Evaluation Report** (not more than 60 pages, plus annexes)

**CONTENTS**

* Title page
* Table of contents
* Acronyms
* List of tables and figures
* Executive summary (with the purpose of the evaluation, brief methodology, key findings, conclusions and recommendations in priority order)

**1. INTRODUCTION\***

1.1. Background and context of intervention

1.2. Literature review

1.3. Objective of the evaluation

1.4. Scope of the evaluation

**2. METHODOLOGY\***

2.1. Evaluation criteria and questions

2.2. Conceptual framework: Theory of change

2.3. Evaluation design

2.4. Sampling design

2.5. Data collection methods

2.6. Analytical approaches

2.7. Risks and potential limitations

2.8. Ethics and UNEG Standards

**3. FINDINGS\***

3.1. Findings by criteria

3.2. Mixed method analysis (quantitative & qualitative)

**4. POLICY IMPLICATIONS & RECOMMENDATIONS\***

4.1. Recommendations, it will be explicitly linked to the findings and with the target audience identified

4.2. Lessons learned

**ANNEXES**

1. Terms of reference of the evaluation\*

2. List of meetings attended\*

3. List of persons interviewed\*

4. List of documents reviewed\*

5. Interview checklists/protocols

6. Study Tools

7. Any other relevant materials

\*The structure of evaluation reports may be adjusted depending on the scope of the evaluation. Chapters and sections with an asterisk should be included by default.