## Terms of Reference (ToR)

## for

## Conducting Baseline Study of Sustained Opportunities for Nutrition Governance (SONGO) Project

## 1. Project Background

ICCO Cooperation (ICCO) is an international development organization working across 26 countries globally. We have been working in Bangladesh for over 40 years. The European Union (EU) has recently awarded ICCO led consortium (ICCO, Max Foundation, BoP Innovation Center and RDRS Bangladesh) a five year project on local nutrition governance.

SONGO emphasizes the importance of sustained governance as a primary outcome and a precondition to achieve other outcomes that are based on three interlinked pillars or pathways (as per the UNICEF Conceptual Framework on Undernutrition and used in 2008 & 2013 Lancet Series):

1. HH food and nutrition security (including availability, economic access and use of food)
2. Feeding and caregiving resources and practices (including maternal, HH and community levels)
3. Access to and use of health services as well as a safe and hygienic environment (i.e. food, care and health).

While availability and accessibility of nutritious and safe food at HH level is a precondition for improved nutrition it does not automatically lead to improved nutrition among all HH members. Lack of nutrition, health and WASH related knowledge, attitudes and practices as well as intra-HH dynamics often impede nutrition improvement. Evidence has also shown that the extent to which women have access to and control over productive resources, time, knowledge and social support networks largely determine their own nutritional status and the kind of care they provide for their children and for the rest of the HHs. The nutritional status of a woman before and during pregnancy has a direct impact on the development and nutritional status of her baby. In order to address child undernutrition fully, the SONGO project will therefore employ nutrition-specific as well as nutrition-sensitive interventions through a lifecycle approach to deliver the right services and messages to the right person at the right time. The implementation will incorporate a Social and Behavior Change (SBC) strategy, using multiple approaches, ranging from interpersonal communication (such as counselling by health workers) to mass media (such as radio campaigns). SONGO will reach out to 112,000 HH final beneficiaries of which 95,000 HH are direct beneficiaries. The approach is based on proven and evolving experiences taking into account the importance of pre-conditions to address e.g. dimensions of availability and access to food as well as the required synergy between interventions and actors at various levels. Interventions will focus on mobilizing and coaching target groups as well as local public, private and development actors to collectively take the necessary actions towards improved nutrition.

## 2. Rationale/Background of Study

The nutritional status of the Bangladeshi women of reproductive age and children under-five is inadvertently affected by the state of the Nutrition Governance system. For instance, poor coordination among the key nutrition stakeholders often leads to poor implementation of nutrition programmes and this in turn negatively affects beneficiaries and vulnerable groups. As SONGO strives to support sustainable progress towards reducing malnutrition, it is important to understand the state of nutrition governance and functionality of key stakeholders both at the national and local levels (upazila and union). This information will enable the consortium to build a body of evidence aimed at strengthening the governance system, building the capacity of actors, conducting advocacies on identified gaps and promoting accountability within the system.

SONGO has clearly defined its targets and indicators in its log frame. Therefore, in order to create the benchmarks, a baseline survey is necessary to come up with baseline indicators for each of the target set. These baseline indicators will be guiding for three interlinked pillars to measure project’s achievements and outputs towards the end. This will also help devise appropriate monitoring tool for M&E of project interventions to reach the stated outputs & achievements. Furthermore, the baseline survey will generate and develop an information base comprising of the detailed relevant information of the general and targeted beneficiaries of the project’s working areas. This information will guide us to plan effectively and coherently in materializing the project goal in a systematic manner.

The baseline is designed to produce information on:

1. People’s livelihoods (income-generating activities, asset portfolios, food and nutrition security, constraining and enabling factors within the broader institutional and geographical context);
2. Their access to basic services (nutrition, health, food, water and sanitation), social protection and livelihood services; and
3. Their relationships with governance processes and practices (participation in public meetings, experience with grievance mechanisms, perceptions of major public and private actors).

## 3. Objectives of Study

The purpose of this assignment is to conduct a baseline study showing present state of nutrition governance and readiness of key stakeholders to become more functional at National and local level (upazila and union) government.

The main objective of the baseline study is ***to prepare a baseline information as per the indicators of project goal, outcomes*** specified in the project document and the project log‐frame of the target beneficiaries and stakeholders (112000 HHs, 95000 adult women of reproductive age, 90000 adult men, 80000 boys & girls (10-19), 50000 CU5, 25000 CU5, and all relevant nutrition stakeholders in selected 6 upazilas and 18 unions from Gaibandha and Kurigram). The project has selected one union as control union and the survey will cover both treatment unions and the control union.

The specific objectives of the baseline study are the following:

1. To measure the present status of multisectoral coordination (horizontal and vertical) and resource allocation & utilization at upazila and union level.
2. To assess the present situation of different actors of local nutrition governance system regarding transparency, access to and availability of information, capacities of implementing CBOs/CSOs to fulfil their roles, incentives or sanctions in place for authorities to respond, motivation and capacity of citizens to participate and relationship between authorities and citizens
3. To assess the situation of Household food and nutrition security (including availability, economic access and use of food), feeding and caregiving resources and practices
4. To explore the existing WASH and environmental hygiene situation in the project area.

## 4. Proposed approach and methodology

The study should be based on mixed method and gather information from both primary and secondary sources. The consultant will be required to design a detailed methodology and field- work schedule in close consultation with ICCO and the consortium partners. The baseline study will explicitly consider the following requirements:

1. Review and explicitly identify how various national and regional policies influence Food and Nutrition Security, WASH, and Care in terms of where there is convergence, conflict and highlight possible trade offs
2. Sampled household interviews should cover all listed unions. The sample must cover a representative number of adult male, female, Children Under 2 (CU2), CU5, adolescent group
3. Map direct and indirect stakeholders (nutrition specific and sensitive) from 6 upazilas and sampled unions to identify those active in nutrition, or present and interested, and clearly define functionality indicators
4. Implementation and performance of basic services (e.g. regularity of provision, who provides the service etc.), social protection and livelihood assistance
5. State of nutrition governance and readiness of key stakeholders to become more functional at local level
6. Social and behavior change communication (SBCC) strategy data: Data on various SBCC strategies at the consumer end to recommend on the most appropriate SBCC strategy for behavior change among Base of the Pyramid (BoP) consumers
7. Distribution channels for delivering nutritious foods to BoP consumers: Market data on various distribution channels to deliver the developed nutritious products to the BoP consumers
8. Utilize Tools for quantitative data collection can be HFIAS, HDDS, MAHFP
9. During sample selection both center and remote area households should be considered
10. Application of Governance measuring tools like-community participation, transparency of information, - Local Governance Self Assessment, Effectiveness of Multi Stakeholder Platforms
11. Mainstream and take into consideration cross cutting themes like leadership, gender, equity, disability, climate change in the whole assessment process

## 5. Project Information

## 5.1 Impact Indicators for Goal and Outcomes:

**Goal level Indicators:**

1. Prevalence of stunting among children under 5 years of age by sex
2. Strengthened coordinated multi-sectoral programming and planning among nutrition governance actors
3. Increased availability of and access to high quality nutrition sensitive services and commodities

**Outcome level Indicators:**

1. Percentage of national budget allocated and/or spent on nutrition-specific or nutrition-sensitive actions (Percentage)
2. Community (including groups at risk) satisfaction with nutrition governance
3. UPZ, UP and ward self- assessment score of nutrition governance mechanism (NGM) effectiveness
4. # of UDCC that have access and use available nutritional data
5. Minimum Dietary Diversity – Women Proportion of women of reproductive age (15-49 years) have consumed at least five good groups (based on the MDD-W methodology) (Percentage)
6. Minimum Dietary Diversity Proportion of children 6–23 months of age who receive foods from 4 or more food groups (based the MDD-C methodology) by sex (Percentage)
7. Exclusive breastfeeding proportion of infants aged 0-6 months fed exclusively with breast milk by sex (percentage)
8. Proportion of households using Oral Rehydration Therapy (ORT) & ZINC to treat diarrhoea in children
9. Proportion of people using hand washing practices (disaggregated by age and sex)
10. Proportion of households that have effective options for solid waste treatment and/or disposal
11. Proportion of HH with improved food security
12. Average # months of adequate household food provisioning
13. Proportion of households with an increase in income level (PPI)

**5.2 Geographical Location:**

SONGO will workin 18 unions with covering six upazilas (Chilmari, Rowmari and Char Rajibpur under Kurigram district) and (Gaibandha sadar, Fulchari and Sundarganj under Gaibandha district) under two districts. The detail information about the targeted households is available in ***Annex-I***

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## 5.3 Stakeholders

## 5.3.1 Direct stakeholders:

The direct target groups are selected for the project interventions which includes:

* Household members of the targeted households (male, female, CU5, CU2, Adolescent)
* Community Based Organizations (CBO)/federations/Village Development Committee (VDC)
* Ward WATSAN Committee (WWC)
* Union WATSAN Committee (UWC)
* Community Group (CG) of Community Clinic (CC)
* Community Support Group (CSG) of CC
* Union Development Coordination Committee (UDCC)
* Union Disaster Management Committee (UDMC)
* Upazila Disaster Management Committee (UzDMC)
* Upazila Development Coordination Committee (UzDCC)
* Union Parishad Standing Committee (UpSC)-relevant to project

## 5.3.2 Indirect stakeholders:

* Government line departments (Health, Agriculture, Livestock, Fisheries, Public Health & Engineering, Women and Child affairs, Social welfare, Youth development, Rural development)
* NGO representatives from relevant development projects
* Social/religious and community leaders
* Private sector representatives those are working in the project area

Both direct and indirect stakeholders will be involved and asked questions about the present situation of the project targeted beneficiaries and stakeholders .

## 6. Deliverables

The main deliverable of this baseline study process will be the “**Final report on baseline study of SONGO project**” as identified specifically in the project logframe. The individual consultant/ consulting firm will have to adhere to the requirement as highlighted in this ToR. The study products will be valuable records and evidence for any programs to be planned in the near future. Specifically, the study products should be the followings based on study stage:

***6.1 Pre- Deliverables***

* A detailed research methodology and work plan in consultation with SONGO consortium.
* A manning schedule as a part of baseline survey proposal. The manning schedule should describe the estimated duration of personnel deployment for the whole study period and the time-span for each of the specialists and support staffs including enumerators (if any). It should be presented in line with the estimated budget provision
* Final English version of baseline questionnaire (including any changes) from the provided standardized questionnaire
* Data quality control protocol which will help to maintain data quality, timely feedback to the consultants/firm for taking corrective measures.

***6.2 Post- Deliverables***

* Inception report
* The final report (both in hard & soft copies)
* The database of quantitative survey in digital platform
* The consolidated records and findings of FGD as qualitative data
* Summary primary and secondary tables/matrices in SPSS and/or MS Excel used in report (both in hard and soft formats)
* The presentations and summary of recommendations, conclusions and lessons learned used during sharing and debriefing with stakeholders.
* Evidences and records of debriefings and feedback obtained as outcome and used for incorporation and updating the final report.
* Anthropometric analysis by using WHO anthro plus software.

**7. Logistics**

All relevant logistics (accommodation, transportation, etc.) will be managed by the consulting firm. In case of ICCO staff, logistical arrangements will be borne by ICCO. Necessary services such as translators, interpreters, drivers (for firm/consultant), data processor, facilitators, computer, printer etc. associated with the baseline study will be managed by the consultant/consulting firm. The project may allow the survey firm/consultant to arrange sharing/discussion sessions in an ICCO regional/national office conference room based on availability.

**8. Authorities and Responsibility**

**8.1 Team Members and Roles**

The project management wishes to have the baseline study conducted by a renowned consulting firm having experience of similar type of studies. The Consulting firm should lead the baseline study involving staff from SONGO project, target community and local implementing partners (GOB agencies, CBOs/NGOs). The consultant chosen should ensure presence of female staff and adequate gender, nutrition, governance expertise to capture the findings and interpretation as well.

The baseline study should have two teams: the core team formed by the lead consultant and the field enumeration team. Both teams will be formed by the consulting firm. The overall process will be conducted by the core team and members of the core team will be physically present in the field during data collection. SONGO PMEL/M&E team and consortium organization’s core PMEL/M&E team will be members of the core team and will assist the consulting firm to complete the assignment in time and produce a more informative report. The field team will comprise at least 36 (18 union X 2 person) enumerators, supervisors and trainers. Both teams will work as per advice of SONGO project and guidance of the consulting firm/consultant.

The field enumeration team will be responsible for data collection from the field using various tools. The quantitative data should be collected digitally. The firm will select the field enumerators from SONGO project community in consultation with the SONGO project team. The consulting firm will also hire supervisors who will supervise the enumerators’ work. They will be trained, including on survey data collection. Survey related arrangements will be attended to by the consulting firm and related costs will be borne by it. No extra payment will be made to the firm except the contract amount.

**8.3. Tasks of Consulting Firm**

* Review the project proposal (project logical framework, and other relevant documents)
* Ensure participation of both ICCO PMEL and programming staff members in this baseline study process
* Develop survey methodology and sampling procedures required for the survey in response to project demands and in consultation with ICCO management, PMEL unit, ICCO
* Develop questionnaires and other tools incorporating appropriate questions for information items and include proxy indicators so that complex outcome indicators (e.g. socio-economic indicators) can be derived from them. Ensure having indicators disaggregated by gender, age and ethnicity and where appropriate also by religion, poverty status and other vulnerabilities, e.g. widows, orphans or people with disabilities etc
* Translation of survey tools in local language i.e. Bengali where necessary
* Conduct pre-testing of questionnaire in SONGO working area and update the same with appropriate questions
* Finalize the sample size in consultation with ICCO management and technical persons in the SONGO consortium
* Form a team for baseline study involving SONGO staff, different stakeholders at community level, project management unit (PMU) & country level
* Organize a comprehensive training session to orient the team members on tools and methodology. A practical session can be included for data collection for the enumerators for collection of quality data and minimizing ambiguities of questions. Maximize quality of data to be collected by training enumerators and supervisors, and developing/complying with procedures of data collection from the field. Detailed guidelines will be developed to make questionnaires understandable
* Develop guidelines for quantitative and qualitative survey data collection in web based data collection softwares like-Kobo, AKVO etc
* Collect data using finalized tools from planned primary and secondary sources
* Develop data entry, error-checking modules and data analysis program in MS Excel/Access/SPSS or standard format
* Store data into database using data entry program developed
* Design dummy tables and share with PMEL Experts/ICCO before finalization, and generate summary formats for report writing
* Use both quantitative data analysis using statistical techniques (SPSS) and qualitative data analysis in calculating progress at outcome and goal level indicators
* Write report using error free data, survey observations, findings and analysis obtained from other analytical computer packages
* Present study findings and send draft report for comments to SONGO consortium lead along with raw data (SPSS and/or Excel) for further checking
* Arrange report sharing sessions and present finding to SONGO staffs, Community, and ICCO country office staffs. Incorporate review feedback and present revised draft report to SONGO including community and country office
* Finalize report after incorporating feedback
* Submit the final report (a set of five copies) to ICCO management for final approval accompanied by a soft copy of report and all primary tables and databases based on which the report has been produced
* Submit final data (MS Excel/Access,/SPSS) to ICCO within 7 days just after submission of final report
* Submit all collected questionnaires and other relevant documents, which have been collected from ICCO, ICCO to SONGO project team within 60 days after submission of final report

**8.4. Responsibility of ICCO**

* Choose consulting firm/consultants
* Provide relevant project documents
* Give information about the SONGO working area, community, beneficiary etc.
* Follow up baseline study process to collect quality data as per indicators
* Review and give feedback on tools and draft reports
* Coordinate with support office, partners & other stakeholders and incorporate their feedback
* Ensure payments based on agreed terms

**9. Profile of Lead Consultant**

The Lead consultant/ agency should preferably have-

* An advanced university degree (PhD preferred) in development studies/social science/public management/Statistics/other relevant disciplines, with proven experience in the development context of Bangladesh
* Experienced in working with multi-stakeholder platforms and processes, or other complex collaboration platforms across sectors, including health, water, nutrition, and agriculture
* In-depth knowledge and understanding on nutrition (specific and sensitive) service delivery system, its challenges, national and local policies, and institutional arrangements
* Prior proven experience on leading/ conducting similar assignments (short assignment details done in the past to be shared as evidence)
* Experience in Qualitative and quantitative data collection and analysis
* Combining qualitative and quantitative study methods, following participatory monitoring approach
* Experience in interview design and implementation
* Project/program/policy planning, monitoring and management
* Excellent documentation skills

**10. Documents for Review**

The following documents might be useful for review during the various phases of baseline study process:

* SONGO project proposal
* National Action Plan for Nutrition (NPAN-2)
* Seventh five year plan of Bangladesh
* Sustainable Development Goals (SDG) with target
* Country Investment Plan (CIP) Bangladesh
* Social safety net policy of Bangladesh
* National Agriculture Extension Policy (NAEP) 2018
* National Livestock Policy
* National Health Policy
* National Youth Policy
* Union Parishad operational manual
* Community Clinic (CC) management guideline
* Union Health & Family Welfare Center (UH&FWC) operational guideline
* Early Childhood Care and Development (ECCD) guideline
* National sanitation strategy of Bangladesh

**11. Lessons Learned**

* At the end of the baseline study process, ICCO and consortium organizations will specifically discuss how the study findings will be integrated into SONGO log-frame and proceed with this task
* ICCO will organize a dissemination/lessons learnt workshop in Gaibandha, Kurigram or national level to disseminate the final findings/recommendations of the baseline study report to relevant staff and foster reflection around those
* Also, the baseline study findings will be communicated to project beneficiaries and community representatives in a way that respects their dignity and security. These will be informed of baseline study results and will be actively involved in SONGO project design

**12. Report Format**

The baseline study report will follow the below format:

* Cover page
* Acknowledgement
* Table of Content
* Executive Summary
* Acronyms
* Introduction
* Project Background
* Baseline objectives and methodology
* Observations and findings including tables/graph
* Programming opportunities
* Limitations
* Conclusions and Recommendations
* Others if any
* Annexes including table presentation of all data collected and summary of qualitative data by project
* ANNEXURES:
* Annex-1:Analysed Data Tables segregated by Project outcomes
* Annex-2:Tools applied for data collections
* Annex-3:Evaluation Matrix (Indicators and how they will be measured and baseline status established in the planned study)
* Annex-4:Draft Evaluation Tool
* Annex-5:Draft facilitator/enumerator training modules

**13. Budget**

The proposed budget will be based on outcomes of the baseline study offers by ICCO management and purchase committee, as per allocation of fund set-aside in the budget document. Required budget for baseline study is available in SONGO project plan and budget. Consulting firm should have VAT registration number and TIN number. VAT and Tax will be deducted as per Government rules.

**14. Mode of Payment**

All payment should be in account pay cheque and VAT/Tax should be deducted at source. The consulting firm will have the opportunity to take 30 percent advance after signing contract, 30 percent after submission of draft report and draft summary finding sharing, and another 40 percent to be given after ICCO receiving the Final Report with necessary documents.

**15. Time Frame**

The total durations of the assignment is approximately 60 calendar days. The work is expected to commence from mid December 2018 and final report should be submitted to ICCO by **February 20, 2019**.

**16. Selection Criteria:**

The selection committee will evaluate both the technical and financial proposal of the consultants/ firms based on set out evaluation criteria as follows. A cumulative weighted scoring method will be applied to evaluate the proposal. The award of the contract will be made to the consultant/ consulting firm whose offer has been evaluated and determined as responsive/ compliant/ acceptable with reference to this TOR.

The following areas will serve as criteria for technical proposal (100 marks) assessment:

* Methodology and design (20)
* Previous experience regarding donor, similar work (15)
* Team composition and relevance to project outcomes (20)
* Time-bound rollout plan (15)
* Financial proposal (30)

**17. Terms and Conditions:**

Interested parties with relevant and proven experience shall Submit Technical and Financial Proposal by **December 10, 2018** in separate sealed envelopes. The envelopes shall be addressed to “ **Head of HR and Admin, ICCO Cooperation, House#16, Road# 30, Gulshan-1, Dhaka 1212**”

 denoted with remark “Contact number **01777761207**-Conduct baseline study for “Sustained Opportunities for Nutrition Governance (SONGO)".

Note: Please address any commercial, technical and procedural question at an early stage to hr.bd@icco.nl . Questions/queries will be answered if they are received at least two (02) working days before the closing of the tender.

ICCO reserves the right to accept or reject the offer in part or full without assigning any reason whatsoever.

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## Annex-I: Union wise target households and population:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SL | District | Upazila | Union | # villages | # HHs | # Population |
| 1 | Kurigram | Chilmari | Chilmari | 19 | 2024 | 6902 |
| 2 | Kurigram | Chilmari | Ramna | 39 | 7188 | 28729 |
| 3 | Kurigram | Rowmari | Bandaber | 51 | 11994 | 52413 |
| 4 | Kurigram | Rowmari | Dathbhanga | 49 | 9527 | 37911 |
| 5 | Kurigram | Rowmari | Jadurchar | 41 | 8111 | 33394 |
| 6 | Kurigram | Char Rajibpur | Char Rajibpur | 47 | 3606 | 14697 |
| 7 | Kurigram | Char Rajibpur | Mohonganj | 38 | 5516 | 24147 |
| 8 | Gabandha | Gaibandha Sadar | Ghagoa | 19 | 5323 | 21239 |
| 9 | Gabandha | Gaibandha Sadar | Gidari | 6 | 7867 | 29043 |
| 10 | Gabandha | Gaibandha Sadar | Kamarjani | 11 | 3482 | 13196 |
| 11 | Gabandha | Fulchari | Fulchari | 17 | 5544 | 24930 |
| 12 | Gabandha | Fulchari | Kanchipara | 11 | 6946 | 27067 |
| 13 | Gabandha | Fulchari | Udakhali | 19 | 6377 | 25304 |
| 14 | Gabandha | Sundarganj | Sreepur | 6 | 10676 | 40357 |
| 15 | Gabandha | Sundarganj | Tarapur | 8 | 7456 | 29810 |
| 16 | Gabandha | Sundarganj | Chandipur | 12 | 8551 | 32126 |
| 17 | Gabandha | Sundarganj | Haripur | 12 | 5894 | 21846 |
| 18 | Gabandha | Sundarganj | Belka | 12 | 7608 | 27065 |
|  | Total |  |  | 405 | 116082 | 463111 |

***Annex-II: Major Interventions of the project***

Outcome-1:

* Conduct participatory multi-sectoral Food and Nutrition Security situation analysis, including stakeholder mapping
* Create awareness on the ambitions and urgency of the second NPAN 2016-2025 and activate to contribute to the development of local nutrition governance mechanisms
* Support multi-stakeholder, multi-sectoral dialogue regarding the establishment of procedures for preventing conflict of interest
* Ensure leadership and support institutional capacity development of multi-sectoral coordination mechanisms
* Support for nutrition multi-sectoral planning, budgeting, prioritization and implementation
* Support for a multi-sectoral overview of financial tracking of core nutrition actions across sectors
* Support to increase multi-sectoral financial investment for nutrition by all stakeholders
* Support for the establishment and implementation of multi-sectoral nutrition information systems

Outcome-2:

* Form/reinforce, mobilize and monitor 'women of reproductive age' and adolescents groups
* Mobilize Nutrition Sales Agents (NSA) and build their capacity on nutrition messaging, door-to-door sales
* Organizing behavioral change communication campaigns on Maternal and Child Nutrition, Health and WASH
* Provide capacity building and support for village doctors and community clinic staffs
* Strengthen 15 Adolescent Friendly Health Corners (AFHCs) at Union Health and Family Welfare Centers (UH&FWC)
* Activate Early Child Care Development (ECCD) centers at primary school level to promote proper parenting and nutrition education for children 3-6 years
* Inclusive business propositions develop with local Small Medium Enterprises (SME)s to improve Nutrition, WASH & food situation of targeted groups
* Facilitate participatory gender analysis (PGA) to support community groups with development and implementation of gender action plan
* Sensitization and capacity building of male household members and local elite on importance of gender equality
* Set up a competition mechanism to create champion that stimulate gender and nutrition sensitive behavior.

Outcome-3:

* Facilitate local WASH situation analysis and operationalization of the WASH parts in the nutrition action plans
* Stimulate disbursement of funds for WASH safety net and mobilize and train WASH government departments and CGs/CSGs
* Stimulate and support installation of WASH facilities.
* Provide training to WASH entrepreneurs on WASH products and services including scalable business model development
* Facilitate operationalization of sustainable water supply and latrine maintenance systems and engage WASH entrepreneurs
* Train targeted households on cost effective maintenance mechanisms for the sanitation and water supply systems
* Training and demonstration of improved solid & liquid waste management including fecal sludge management

Outcome-4:

* Sensitize and train producer groups of extreme poor households on enhanced homestead production
* Train in particular women, youth, and people with disabilities on skills that could improve their (self)employment
* Enhance linkage with the government and NGOs to get social protection services for extreme poor / vulnerable households
* Provide training to public agents (DAE, DLS, DoF) on the provision of incentives, technical and input support.
* Train private sector extension agents and create linkage between producers, input and output market actors.
* Build capacity of producers and community leaders on disaster coping mechanisms for disaster preparedness and management
* Introduce farmer mobile app to ensure aggregation and marketing of products through fair and transparent transactions