Terms of Reference

Collective Responsibility, Action and Accountability for Improved Nutrition (CRAAIN) Consortium

Baseline & Knowledge, Practice, and Coverage Study Consultancy

Project Background:

The Collective Responsibility, Action and Accountability for Improved Nutrition (CRAAIN**)** three year project (Jan 2020- Dec 2022) directly addresses the overall objective of the EU funded “Food and Nutrition Security Programme for Bangladesh 2015” which contributes to the reduction of food insecurity and malnutrition under the global objective to improve maternal and child nutrition. The CRAAIN project is aligned to the Government of Bangladesh’s (GoB) policies specifically the 7th Five Year Plan (2016-2020), the national Food Security Plan 2008-2015 and its related Country Investment Plan 2 (CIP2) 2016-2020 and the second National Plan of Action for Nutrition (NPAN2). The project will establish an innovative, resilient and scalable local level pro-poor Nutrition Governance model by adopting an integrated, comprehensive and multi-sectoral approach to improve nutrition in four Upazilas (Mongla, Sharonkhola, Kachua and Mollahat) in Bagerhat District, in Bangladesh’s Coastal Region. The CRAAIN project will be implemented by a ‘**Coastal Consortium’** led by Concern Worldwide with WaterAid and two local NGO partners, Rupantar and Jagrata Juba Shangha (JJS). Water Aid will provide technical expertise on WASH sector and market development of WASH products and services. The project work in collaboration with the Bangladesh National Nutrition Council (BNNC) and the National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN) for technical assistance and ensure complementarity between the action and implementation of NPAN2.

Organizational Background:

Under the Country Strategic Plan (CSP 2017–2021), Concern Bangladesh had prioritized four programming contexts (Char, Urban, Haor, and Coastal areas), for addressing the underlying causes of extreme poverty through implementation of different programmes in Livelihoods, Health, Nutrition, WASH, Education, Climate Change and Adaptation, and Disaster Risk Reduction and other interventions. Concern Worldwide use a results based management (RBM) approach in delivering on its strategic objective to improve programme quality and impact.  Currently, for M&E, Concern Worldwide uses Digital Data Gathering (DDG) powered by iFormBuilder software. All quantitative data collection are carried out using this DDG system. Included in this system is standardised output and outcome indicators and tool for data collection and automated analysis.

Project Objectives:

The **Overall Objective** of the CRAAIN project is ‘To improve maternal and child nutrition in selected Upazilas of Bagerhat district of the Coastal Region in Bangladesh’*.*

Under this the project’s **Specific Objective** is ‘To enhance capacity, coordination, responsiveness and accountability of Government, private sector, civil society and communities to access and deliver quality nutrition services and support for children within the first 1000 days among the extreme poor in Bagerhat district of Southwest Coastal Region’.

Finally, under the overarching objectives there are four project **Outputs**:

* **Output 1:** Improved nutritional knowledge and practice among all households with a particular focus on the poor and extreme poor in the target Upazilas
* **Output 2:** Effective Public and Private sector relationships for pro-poor market based solutions to increase access to affordable, nutritious and diverse foods and WASH for the poor and extreme poor in target Upazilas.
* **Output 3:** Strengthened capacity, multi-sectoral coordination, responsiveness and accountability of selected government departments and local government institutions at District and Upazila level to align services and enhance access to nutrition sensitive and nutrition specific services
* **Output 4:** Mobilised and strengthened civil society organisations engaging communities with government, private sector and local media to increase demand and monitor efforts addressing nutrition issues, including reduction of stunting of U5 children in the targeted district.

Purpose of the Consultancy:

The purpose of the consultancy is to conduct a baseline study for the CRAAIN project. There are two objectives of this study:

**Objective 1: To capture baseline information against each outcome and output indicator from different sources as outlined in the agreed logframe (Annex 1).**

This will help understand the starting point of the key elements of the project against which progress will be measured. The indicators range from micro, to meso, to macro level (e.g. child, household, community, facility and policy level). Many will be captured through a quantitative household survey; however, others will require more complex and tailored data collection tools and analysis. Under this objective there are four specific objectives:

1. To provide a brief overview of the current context which the CRAAIN project will be implemented in with particular attention given to the external environment risks (e.g. COVID19, climate change, and natural disasters).
2. To provide essential information on the key CRAAIN logframe indicators for the population in the target area, results to be disaggregated by gender, age and location as needed.
3. To examine the current allocation of government resources for nutrition services, social safety nets, and nutrition sensitive agriculture, education and health services.
4. To assess the current functionality, responsiveness and capacity of targeted government departments, and the targeted populations perception of these.

**Objective 2: To understand the current knowledge, practice, and coverage (KPC) among mothers/caretakers of children 0-59 months, household heads, school teacher/SMC members, adolescents and male groups.**

This objective will inform the behaviour change components of the project. The KPC needs to identify drivers, bottlenecks, key influencers and communication channels on key maternal, infant and young child nutrition (MIYCN), WASH and food security related behaviours in the rural areas at four Upazillas of Bagerhat district. This will then inform the CRAAIN Social Behavioural Change Communication (SBCC) strategy. Under this objective there are five specific objectives:

1. To provide essential baseline information on the knowledge, practice and coverage related to key MIYNC, WASH and food security related behaviours.
2. Assess cultural beliefs or behavioural patterns and practices that create barriers to infant and young child feeding and care practises.
3. To explore the status and condition of women’s access to resources, time use and control over decision-making, productive resources and opportunities and how these relate to MIYNC, WASH and food security.
4. Map and quantify the strength the drivers and bottlenecks in adopting the improved behaviours and access services specific to nutrition, water, sanitation, hygiene and food security
5. To formulate and provide practical and sustainable recommendations for both short and long term SBCC programmes of Concern Worldwide in the coastal region.
6. To assess and identify communications processes and sources important for programme implementation and effectiveness. Including mapping and quantifying the strength of information channels available to households in the rural areas.

From this, two reports will be provided (1) Baseline Report and (2) KPC Report. The CRAAIN consortium will be share the reports with the European Union and relevant stakeholders for evidence-based advocacy**.**

Methodology

The consultant is expected to propose and design a suitable methodology and develop tools for gathering information, analysing the data, interpreting and presenting the results in a clear and consistent way. To avoid duplication, development of all data collection tools and sampling will require alignment with the project logframe indicators and the KPC indicators (see Annexes).

Using the ToR, the consultant will prepare a draft proposal outlining the mixed methodology and triangulation that will be carried out using both quantitative and qualitative tools. The methodology should include, but not limited to a desk review of the existing literature, a comprehensive quantitative survey and different types of qualitative tools as appropriate (FGD, KII, case studies, observation method etc.). It is also expected that the respondents for the qualitative assessment will include women of childbearing age, grandmothers, traditional birth attendant's and men's group, among others. The consultant is expected to work closely with the CRAAIN Project Steering Committee.

Specific Tasks of Consultancy:

The consultant(s) will be fully responsible for the following tasks.

Planning and Preparation:

* **Desk Review:** To read the current CSP 2017-2021 of Concern Worldwide, Coastal Contextual Analysis and project proposal, including annexes and evidences documents, the project logframe and other key project documents for understanding to deal with this task. The consultant is also expected to undertake secondary data analysis to inform the protocol design and to understand the context.
* **Inception report:** Elaborate and finalise the survey protocol especially sample size and sampling method, survey methodology and tools, quality control measures, COVID-19 safety measures, and detailed timeline of activities in consultation with Consortium Project Steering Committee. More details on this are provided below. Review and approval of the inception report by the second week of assignment
* **Define the Methodology for the baseline assessments:** The consultant is responsible for designing the household survey sample in consultation with Concern. Concern will provide the necessary lists of households participating in the CRAAIN programme.Participants should be identified, including but not limited to local Govt. personnel, religious leaders, traditional healers, and community leaders, influential persons in the community, local NGOs, INGOs and relevant UN agencies. Identification of the respondents/ groups for FGD such as sex, age groups, marital status, etc.
* **Development of contextually appropriate data collection tools (e.g. household survey, FGDs and KIIS):** Guides and questionnaires should be developed in consultation with the CRAAIN project steering committee and field-tested. Some tools will already be developed by Concern and will be shared. A clear description of the quality control mechanism that will ensure a quality assessment should also be developed.

Training and Pre-Testing:

* To recruit and train the enumerators covering all details in the data collection tools, data protection, and Concerns CCoC and Associated policies.
* To organise and supervise a field test to validate the questionnaire, the workflow, recording and data entry in a non-project site.
* Logistical planning with their team, which will include; team make-ups, transport plans with daily schedules and daily feedback with team leaders/supervisors.

Implementation of Baseline Study:

* Ensure adequate supervision of each survey team during the entire data collection period. Concern Worldwide and the field partner team will also be engaged in supporting supervision to survey team.
* Make periodic supervision visits to the survey teams in the field to provide technical assistance and ensure high data quality at the point of collection.
* Document limitations, difficulties and potential biases identified during the survey process
* Help field coordination as needed during the data collection period.

Data Analysis and Reporting:

* Conduct regular plausibility checks (daily basis) during the data collection period and feedback to teams.
* Conduct data analysis, calculating key indicators (list of indicators is provided in the annexe) and interpret the results of the survey with CRAAIN Project Steering Committee.
* Ensure that baseline data is captured disaggregated to the necessary levels as outlined in the CRAAIN M&E plan (e.g. by gender, age in years/months, disability, location, socio-economic categories, gender of the head of household). Additional disaggregation of the results should be provided in tables in the Annexes of the reports to ensure that each reports is kept within the page limit of 30 pages.
* Share the key findings of the draft baseline report and KPC report with the CRAAIN Consortium PM who will then circulate within Concern for review and feedback in accordance with the agreed timeline.
* Review and incorporate, where feasible, feedback given by Concern in accordance with the agreed timeline.
* Finalise the reports and submit to Concern in accordance with the agreed timeline.

Outputs/deliverables:

* **Inception Report:** The consultant is expected to submit an inception report. This will provide a detailed plan of how the assignment will be carried out. The required structure of the inception report is outlined in Annexe 4.
* **Questionnaire, KII and FGD guides:** Concern will share the already developed data collection tools, mainly the household survey. The consultant will review these, and supplement them to ensure all data needs are meet. All draft tools will be shared with CRAAIN Project Steering Committee for technical review, inputs, and comments. The consultant will incorporate Concern comments into the final version and field test tools before carrying out the assessment.
* **Training:** The consultant will facilitate the training of the assessment team on the assessment tools and guides.
* **Feedback session:** At the end of the fieldwork, initial feedback and debrief sessions with the project team and Concern management team.
* **Final Reports:**
* **Baseline Report:** A high quality, analytical baseline report of maximum 30 pages (excluding annexes and datasets), showing disaggregated findings against each of the indicators of the project result framework both in tabular and descriptive formats. (Please refer to the tentative report template attached in Annexe 3).
* **KPC Report:** (max 30 pages without annexes) including survey results and findings disaggregated against each of the agreed indicators both in tabular and descriptive formats. (Please refer to the tentative report template attached in Annexe 3)
* Soft copies of final reports (in Word and PDF formats) with complete data set (in Excel format, raw and cleaned) used for the analysis.

Experience & Qualifications:

**Essential Experience & Qualifications (The consulting firm/lead consultant(s) should have the following):**

* The lead consultant should have a Masters in Nutrition, MPH, or higher degree in nutrition or public health or Social Science.
* The consultant(s) should have in-depth understanding and hands-on experience in nutrition service delivery system and multi-sectoral nutrition programme and the measurement of these.
* At least 5 years’ of proven experience in conducting surveys, including baseline, mid-term and final assessments of complex multisector nutrition programs, including KPCs.
* Proven ability to apply a gender sensitive lens to all work
* Excellent analytical and communication skills (Bangla and English)
* Excellent English Report writing skills
* Consultant(s) have the capacity to engage enumerators with at least three years relevant hands-on experience.
* The Consultant should have excellent facilitation skills (Bangla & English)
* Experience on digital data gathering management system on tablet /digital device
* Willingness to travel and work in tough field environments.

**Desirable Experience & Qualifications (In addition to the above it would be beneficial if the consultant(s) had the following):**

* Successfully completed similar work during the COVID-19 pandemic
* Experience of conducting a similar piece of work that requires a combined approach to meet numerous objectives (i.e. baseline report, plus KPC report)
* The lead consultant should have a PhD in Nutrition, MPH, or higher degree in nutrition or public health or Social Science.
* The consultant(s) have in-depth understanding and hands-on experience of nutrition governance programming
* At least 10 years’ of proven experience in conducting surveys, including baseline, mid-term and final assessments of complex multisector nutrition programs, including EU funded projects.
* Previous experience with Concern DDG system or iForm Builder.
* Knowledge of the project area and knowledge of the local language(s)

Documents to be Submitted:

For Individual Consultant

* Technical proposal and financial proposal outlining how the consultant will meet the requirements outlined in this Terms of Reference.
* The above should include a short profile of the consultant, highlighting experiences on related assignment with details of client.
* Short CV (max. 2 pages) highlighting experiences (work as lead investigator) on related assignment completed with detail client name, address, contact persons & communication detail.
* TIN certificate (soft version).
* Evidence of recently completed reports of similar work.
* List of references for recent work of a similar nature.

For Consultancy Firm/Team

* Technical proposal and financial proposal outlining how the firm/team will meet the requirements outlined in this Terms of Reference.
* The above should include a short profile of the firm/team, highlighting experiences on related assignment with details of client.
* Lead Consultant’s (team leader) CV (max 2 pages) highlighting related work experiences and assignment completed.
* Other Team members’ (Engage in this assignment) CV (max 1 page each) highlighting related task and assignment completed.
* Consultancy Firm legal documents (Certificate, TIN and VAT registration).
* Evidence of recently completed reports of similar work.
* List of references for recent work of a similar nature.

Lines of Communication

The Consultant directly communicate with the CRAAIN Consortium Programme Manager, and the Project Steering Committee as directed, and consult with the Nutrition Adviser and M&E coordinator to carrying this task and will report to Programme Director on progress bi-weekly (and Country Director if required).

Duration:

The consultancy should not be more than eight (08) weeks in duration. The table below outlines a tentative schedule.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tasks | Who | W1 | W2 | W3 | W4 | W5 | W6 | W7 | W8 |
| 1. Review relevant programme documents and submission of inception report | Consultant | X |  |  |  |  |  |  |  |
| 1. Review and approval of the inception report | Concern |  | X |  |  |  |  |  |  |
| 1. Concern DDG training and testing of household survey | Concern & Consultant |  | X |  |  |  |  |  |  |
| 1. Review of existing & development of new data collection tools, field testing and finalization of tools | Consultant | X | X |  |  |  |  |  |  |
| 1. Data collection and cleaning | Consultant |  |  | X | X |  |  |  |  |
| 1. Feedback session after completion of fieldwork | Concern & Consultant |  |  |  |  | x |  |  |  |
| 1. Data analysis and preparation of draft reports (x2) | Consultant |  |  |  |  | X | X |  |  |
| 1. Sharing & review of the key findings and initial datasets from the draft reports (x2) | Concern & Consultant |  |  |  |  |  | X |  |  |
| 1. Finalize the reports (x2) incorporating the feedback from the management of Concern Worldwide | Consultant |  |  |  |  |  |  | X |  |
| 1. Submission of the final reports (x2) and accompanying materials | Consultant |  |  |  |  |  |  |  | X |

Standard Terms

Duration and Location:

This consultancy is required for a period of **maximum eight (08) weeks** with Concern Worldwide, Bangladesh, starting from September to October, 2020 in Bagerhat district.

Remuneration/Fee:

Interested bidders are requested to submit their financial proposal along with the technical proposal including cost of the survey; field travel, Data Quality Assurance Protocol and other relevant cost for the assignment for a period of maximum **08 (eight)** weeks’ consultancy. Inclusive all VAT and Taxes as per policy of the government of Bangladesh, which shall be deducted at source prior to the payment.

Payment:

The consultant will be paid an agreed amount including tax & vat for the total assigned service. Full payment will be made upon completion of the assignment. The payment mode would be in **three (03)** instalments for the entire assignment against invoices issued by the Consultant:

* First instalment of 20% after signing of the agreement;
* Second instalment of 30% of the payment will be made after submission of a draft baseline and KPC reports.
* In addition, remaining 50% will be paid upon satisfactory submission and acceptance of the final baseline and KPC reports along with all raw data of the baseline survey as specified in the agreement.
* Concern will not be liable for any bank charges arising from incorrect bank details being provided to Concern.

Accommodation & Food Allowance:

No accommodation and per diem will be paid in addition to agreed consultancy fees.

Copyright and Confidentiality:

Concern Worldwide will have the copyright for all the documents prepared by the consultant(s) including questionnaires, survey formats, case studies if any, and the final reports with due acknowledgement. No part of the document should be reproduced or published any manner without prior written approval of Concern Worldwide. The consultant will maintain the confidentiality of the stated assignment.

Concern Worldwide’s Policies and Guidelines:

Concern has an organisational Code of Conduct (CCoC) with three Associated Policies (Programme Participant Protection Policy (P4), the Child Safeguarding Policy and the Anti-Trafficking in Persons Policy). These have been developed to ensure the maximum protection of programme participants from exploitation, and to clarify the responsibilities of Concern staff, consultants (individual/agency) to the programme and partner organisation, and the standards of behaviour expected of them. In this context, consultant (individual/agency) has a responsibility to the organisation to strive for, and maintain, the highest standards in the day-to-day conduct in their workplace in accordance with Concern’s core values and mission. Any consultants (individual/agency) offered a task with Concern Worldwide, and those recruited by the consultant, will be expected to sign the Concern Staff Code of Conduct and Associated Policies as an appendix to their contract of employment. By signing the Concern Code of Conduct, consultants (individual/agency) acknowledge that they have understood the content of both the Concern Code of Conduct and the Associated Policies and agree to conduct themselves in accordance with the provisions of these policies.

Responsibility:

The CRAAIN Consortium Programme Manager in Concern Worldwide, Bangladesh will supervise the day-to-day work of the consultancy, with the support of the CRAAIN Project Steering Committee. Advise will be sought by the Consortium Programme Manager from Concerns’ headquarter level technical advisors (M&E, nutrition and health). Data collection tool development and logistical support will be provided by M&E team and the Nutrition Advisor of Concern Worldwide Bangladesh. The inception report, detailed timeline and final reports will be shared with Concerns’ technical advisors, the CRAAIN Nutrition Advisor, CRAAIN Programme Manager and Programme Director, to obtain their technical input and clearance before finalization. All feedback will be collated, summarised and shared by the CRAAIN Consortium Programme Manager, in accordance with the agreed timeline. Finally, the Programme Director, Concern Worldwide, Bangladesh will provide oversight, technical support, and approval of work prior to each payment instalment.

Safety & Security:

It is a requirement that the Consultant will comply with Bangladesh security policy and in-country security procedures. Failing to comply will result in immediate termination of contract. Considering COVID -19 risks, where feasible remote trainings and meetings will be the first priority. However, in instances where community visits or face-to-face meetings are required, must ensure that all necessary COVID-19 safety measures are undertaken, including adequate physical distancing, the wearing of face masks and material to ensure high levels of hand hygiene. Considering COVID-19, the work plan will need to be flexible and have built in contingency plans that can be activated through mutual discussion with Concern and the CRAAIN partners on the ground. This will be especially important for activities that require fieldwork and face-to-face interactions.

Annexe 1: Summary of the CRAAIN Logframe

|  |  |  |
| --- | --- | --- |
| **Results chain** | **Indicators** | **Means of verification** |
| **Overall objective:**  To improve maternal and child nutrition in selected Upzaillas of Bagerhat district of the Coastal Region in Bangladesh | * O1.1. [% of children 6-59 months who are chronically malnourished (stunted)](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Child%20Chronic%20Malnutrition%20Prevalence%20-%20Stunting.aspx) in targeted upazilas * [O1.2. % of children aged 6-59 months who are](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Child%20Underweight%20Prevalence.aspx)  wasted in targeted upazilas | MICS, BDHS |
| **Specific Objective (Outcome):**  To enhance capacity, coordination, responsiveness and accountability of Government, private sector, civil society and communities to access and deliver quality nutrition services and support for children within the first 1000 days among the extreme poor in Bagerhat district of Southwest Coastal Region | * Oc 1.1 Number of nutrition activities incorporated into targeted government department (Agriculture including Fisheries, Livestock, Social Welfare, DPHE & Health) * Oc 1.2 Average score on assessment of the functionality, responsiveness and capacity of targeted government departments * Oc 1.3 Number of projects implemented by CSOs and NGOs including nutrition activities in their plans * Oc 1.4 Perception of beneficiaries on nutrition services provided by government | Base line, & end line  Annual outcome monitoring |
| **Output 1:**  Improved nutritional knowledge and practice among all households with a particular focus on the poor and extreme poor in the target Upazilas | * Op.1.1: [% of last born children 0-5 months who were exclusively breastfed during the last 24 hours](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Exclusive%20Breastfeeding.aspx) * Op 1.2: [% of last born children 6-23 months who receive a minimum acceptable diet](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Child%20Minimum%20Acceptable%20Diet%20%28Summary%20Indicator%29.aspx). * [Op 1.3: % of respondent who know at least five critical moments for hand washing.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Knowledge%20of%20critical%20moments%20for%20hand%20washing.aspx) * Op 1.4: % of Women who consumed food with minimum dietary diversity (min. 5 out of 10 food groups) within last 24 hours | Base line, end line,  BDHS, MICS  Annual output monitoring |
| **Output 2:**  Effective Public and Private sector relationships for pro-poor market based solutions to increase access to affordable, nutritious and diverse foods and WASH for the poor and extreme poor in target Upazilas. | * Op 2.1. Number of public and private sector staff oriented on nutrition, agriculture and WASH * OP 2.2: Number of agro & WASH entrepreneurs developed * Op 2.3: Number of households that use safe and adequate drinking water source all year round * OP 2.4: Percentage of extreme poor households with a functional home garden | Event record  Base line, & end line  Annual output monitoring |
| **Output 3:**  Strengthened capacity, multi-sectoral coordination, responsiveness and accountability of selected government departments and local government institutions at District and Upazila level to align services and enhance access to nutrition sensitive and nutrition specific services | * Op 3.1: Number of nutrition activities incorporated in joint plans developed by the coordination committee at UNCC and UP level. * Op 3.2 % of nutrition activities where implementation started in targeted upazilas * OP 3.3: Number of Upazilas who have budget allocated for WASH, agriculture & Nutrition * OP 3.4: % of poor and extreme poor and disadvantaged people (including disabled and ethnic minority groups) who are accessing social safety nets | Meeting record  Base line, & end line  Annual output monitoring |
| **Output 4:**  Mobilised and strengthened civil society organisations engaging communities with government, private sector and local media to increase demand and monitor efforts addressing nutrition issues, including reduction of stunting of U5 children in the targeted district. | * Op 4.1 Average score assessing level of CSO platform functionality * Op 4.2 Average score assessing level of implementation of nutrition activities included in CSO action plans * Op 4.3 Number of lobby meetings organised with government and private sector by CSO to sensitize on maternal and child nutrition issues * Op 4.4: Number of performance monitoring conducted by CSO on govt. joint action plan on nutrition | Base line, & end line  Annual output monitoring |

Annexe 2: Knowledge, Practice and Coverage Key Indicators

1. **Knowledge, practice and coverage related to women's nutrition:**
   1. % of mothers of children 0-23 months who know at least two danger signs during pregnancy
   2. % women who have adequate knowledge on care practices during lactation
   3. % of mothers of children 0-23 months who know at least two danger signs for the mother after birth
   4. ​ % last born children 0-23 months who were born at an appropriate healthcare facility
   5. % mothers of children 0-23 months ​who had four or more antenatal visits provided by skilled health personnel during pregnancy with their youngest child
   6. % women consumed additional food during pregnancy and lactation period
   7. % mothers of children 0-23 months who received a post-partum visit from skilled health personnel within two days after the birth of their youngest child
   8. % women who had at least 4 comprehensive antenatal visits when they were pregnant with their youngest child (Coverage)
   9. Perceived barriers to attend four or more ANC visits
   10. Perceived barriers to attend PNC visits
   11. % of mothers of children under two years of age who received at least 3 post-partum visits within 40 days after delivery (Coverage)
   12. Perceived challenges of having extra meal during pregnancy
2. **Knowledge, practice and coverage related to child nutrition:**
   1. % mothers/caregivers who mention the four key recommended practices of IYCF
   2. % mothers/caregivers who have adequate knowledge on exclusive breastfeeding
   3. Perceived barriers of breastfeeding a child exclusively for six months (%)
   4. % mothers/caregivers who have adequate knowledge on age appropriate complementary feeding
   5. % last born children 6-23 who received solid, semisolid or soft foods (including milk feeds for non-breast fed) the minimum # times or more
   6. Perceived barriers of feeding a child several times a day (%)
   7. % last born children ​6-23 months of a​ge who received foods from 4 or more food groups within the last 24 hours
   8. Perceived barriers of giving diversified foods (%)
   9. % of clast born children 6-8 months who received solid, semi solid, or soft foods the previous day
   10. % of last born children 0-23 months who were put to the breast within one hour of delivery
   11. % of last born children 0-23 months who were fed colostrum after birth
3. **Knowledge, practice and coverage related to WASH:**
   1. % of respondents who know 3 of the main causes of diarrhoea and 3 ways to prevent diarrhoea
   2. Perceived barriers to wash hand at 5 critical time
   3. % of respondents who mention handwashing with soap when asked about what they use the soap for
   4. % of respondents who demonstrate correct hand washing behaviour with soap
   5. % of women of reproductive age with improved MHM practices
   6. % of respondents with a handwashing station in use (receptacle filled with water, non-intact soap)
   7. % of schools with basic sanitation (improved sanitation facilities at the school, which are single-sex and usable)
   8. % of schools with basic hygiene services (with handwashing facilities, which have soap and water available)
4. **Knowledge, practice and coverage related to gender/decision-making behaviours:**
   1. % of households in which women are at least consulted in key areas of household decision-making
   2. % of households with young children (aged 0-5 years) where men at least sometimes participate in the care giving of young children.
5. **Knowledge & practice of COVID-19 measures:**
   1. ​​average # correct COVID19 transmission patterns known by respondents
   2. average # COVID-19 symptoms known by respondents
   3. average # COVID-19 preventive measures known by respondents​
   4. average # of preventive measures taken at household level

Annexe 3: Structure of Baseline Report(s)

Report cannot exceed 30 pages.

* Executive summary (max 3 pages)
* Introduction
  + Background
  + CRAAIN project overview
  + Study objectives and indicators
* Methodology
  + Survey design and sampling procedure
  + Study populations
  + Sample size determination
  + Training of survey teams
  + Field work
  + Data management and analysis
  + Limitations
* Results
* Discussion
* Recommendations
* References
* Annexes
  + Agreed ToR
  + Agreed Inception Report
  + Final Qualitative Data Collection Tools
  + Final Quantitative Data Collection Tools
  + Detailed Breakdown of Sample Size & Population by Community Level
  + List of KIIs and FGDs conducted
  + Results tables with detailed disaggregation (as required)

Annexe 4: Structure of inception Report

* Introduction
* Understanding of Concern and programme
  + Activities, log frame, intended beneficiaries, partners, monitoring plan, etc.
  + Note: this should not be a direct replication of documents provided by Concern. A brief description of the consultants understanding of the programme is expected. Any areas of Concern or confusion should be highlighted.
* Study Design and Methodology
* The objective of the study
* Methods (mixed qualitative and quantitative method)
* Sampling methodology and sampling frame
* Data collection plan
* Analysis Plan
* Limitations
* Detailed Work Plan (including any support needs from Concern for each activity)
* Staffing Plan
* Risk Assessment (including how COVID-19 risks will be managed)
* Budget