Terms of Reference

Final Evaluation

For the Collective Responsibility, Action and Accountability for Improved Nutrition (CRAAIN) Programme

Final Evaluation

Concern Worldwide began its work as an INGO in Bangladesh in 1972 and has responded to all major emergencies and implemented numerous programmes for the socio-economic empowerment of extremely poor people across the country. Under our Country Strategic Plan 2022- 2026 we aim to contribute to bringing sustainable, positive changes in the lives of people living in extreme poverty in Bangladesh. We will achieve this through working on five particular pillars – ensuring sustained change from our programmes (predominantly in the health, nutrition and livelihoods sectors); climate change; humanitarian action; working through partnership; and equality, diversity and inclusion.

**Country Context**

Bangladesh is one of the most densely populated countries in the world, with about 163 million people living in a land mass of 147, 570 square kilometers. While Bangladesh has made considerable improvement in human development including nutrition, considerable challenges remain. Despite the Government of Bangladesh (GoB)’s strong commitment to addressing undernutrition, persistent undernutrition represents a significant and complex barrier to building a thriving, prosperous country. Undernutrition results in losses of an estimated $1 billion US dollars of revenue per year in Bangladesh[[1]](#footnote-1),[[2]](#footnote-2),[[3]](#footnote-3).It is estimated that more that 36% of children less than five years old are stunted (low height for age), about 6.4 million children are affected[[4]](#footnote-4). Twelve percent of children suffer from acute malnutrition and are at increased risks of mortality. Rates of undernutrition in adolescent girls and women are also high, perpetuating an intergenerational cycle of undernutrition[[5]](#footnote-5).Many social determinants affect access, use, and demand for nutrition and health services. The country is also prone to frequent natural disasters.

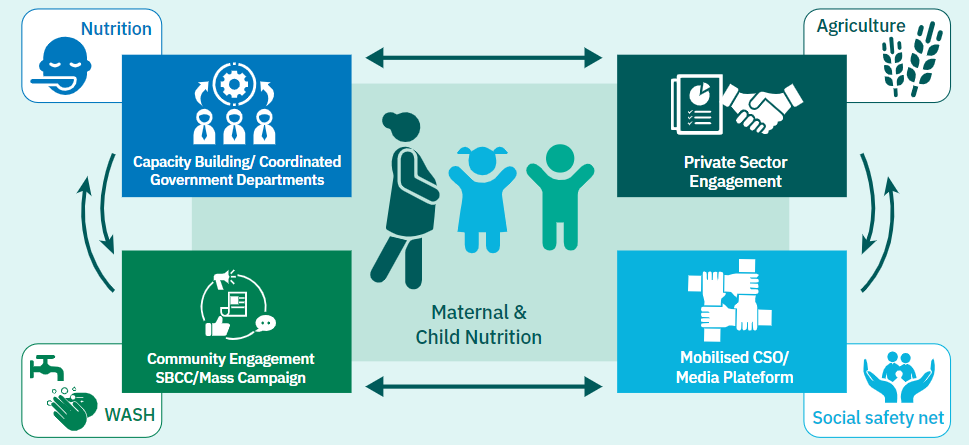
CRAAIN Project Background

Collective Responsibility, Action and Accountability for Improved Nutrition (CRAAIN**)** is a three year (2020-2022) project that directly addresses the overall objective of the EU funded *“Food and Nutrition Security Programme for Bangladesh 2015”* which is to improve maternal and child nutrition. CRAAIN is aligned to the Government of Bangladesh’s (GoB) policies specifically the 8th Five Year Plan, 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 is establishing innovative, resilient and scalable local level pro-poor Nutrition Governance model by adopting a multi-sectoral approach to improve nutrition in 4 Upazilas (Kachua, Mollahat, Mongla, Sharanklhola) in Bagerhat District.

CRAAIN is implemented by a **Coastal Consortium** led by Concern Worldwide with WaterAid and two local NGO partners, Rupantar and Jagrata Juba Shangha (JJS). The project collaborates with Bangladesh National Nutrition Council (BNNC) and the National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN) for technical assistance and to ensure complementarity between the action and implementation of NPAN2. The table below outlines the overall objective, outcome and outputs of CRAAIN.

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| **Overall Objective:**  To improve maternal and child nutrition in selected Upazilas of Bagerhat district in the Coastal Region in Bangladesh | | | |
| **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 | | | |
| Output 1:  Improved nutritional and WASH 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. |

The CRAAIN consortium will work to enhance the capacity, coordination, responsiveness and accountability of Government, Private Sector, Civil Society and Communities to deliver quality nutrition services, the key stakeholders and their area of interest is outline in the diagram below.



**Purpose of the Terms of Reference**

This Terms of Reference (TOR) outlines the minimum expectations from the selected consultants. Those wishing to apply are requested to carefully review the TOR.

The objectives of the final evaluation are outlined in the table below.

Based on the findings and conclusions from Endline, the final evaluation will provide recommendations, lessons learned and best practices. The findings, recommendations, lesson learned will be part of Concerns reporting to the EU and inform future project development and advocacy, along with supporting donors and implementing partners in the design and implementation and of similar development initiatives in Bangladesh or any other country.

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| **CRAAIN Final Evaluation** |
| The purpose of the consultancy is to conduct the project Final Evaluation. The main aim of the final evaluation is to assess the extent to which the project has achieved its expected outputs and outcomes, identify contextual challenges and areas where there have been gaps and the degree of success in addressing them. This evaluation will inform the results of the project based on six criteria (relevance, coherence, effectiveness, efficiency, impact, sustainability and cross-cutting issues) recommended by OECD-DAC.  Under this objective there are five specific objectives:  **Final Evaluation Objectives:**   1. To capture **best practices** and document the **lesson learnt** that would be used to guide the implementation of new projects and interventions, including key **evidence based advocacy points** for the context. 2. Whether the activities carried out and ways of working led to the **changes the project aimed** for. If not, whether the teams effectively **identified barriers** to those changes and how the team **addressed these barriers**. 3. **Success of changes achieved** (outcomes and impact both positive and negative when compared to baseline values of CRAAIN in relation to objectives because of the Action), how significant this is and for whom. 4. To assess the **relevance, coherence, effectiveness, efficiency and sustainability** of the interventions of the project, including the strategy and implementation process. 5. To assess how **key cross-cutting issues,** relevant to the context were considered during the project design and implementation.   The review process will follow DAC criteria and will include review, verification and analysis of existing program documents (see Annex 3 for the detailed evaluation questions expected). The process will analyse baseline study, 2021 annual outcome monitoring, 2022 end line data, and other existing data from project monitoring. In addition to analysing the above, the review process will explore perceptions of programme staff, programme participants and relevant stakeholders through FGDs and/or KIIs, which will be used to triangulate the data, and give evidence for advocacy, capture lessons learnt, and the impact of changes achieved. |

**Specific Tasks to be carried out by the Consultant(s):**

**Deliverables:**

The consultant should deliver the following product/deliverables:

**CRAAIN Final Evaluation:**

* **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 1. Including FGD/KII tools.
* **Questionnaire, KII and FGD guides:** Concern will share the baseline, endline, mid-term review reports, alongside any other relevant data and reports. 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 KII, FGD can be designed/planned as per necessary for a better understanding of the result/impacts. The consultant will incorporate concern comments into the final version and field test tools before carrying out the assessment.
* **Logistics:** The consultant(s) will be fully responsible for organising transport, accommodation and any other logistical requirements. Where support from Concern or Partners are required, this needs to be clearly outlined in the Inception Report and will be discussed and agreed upon by all parties.
* **Verification Workshop:** Following data analysis and submission of the first draft, a verification workshop will be organized involving partners and Concern staff to examine & validate findings against DAC, identify deviation and capture learning and initial advocacy recommendations.
* **Final Report:** A report on the findings of the analysis of the programme will produce with no more than 40 pages in length without annexes. It is important that the report will contain clear, specific and prioritised findings and recommendations.
* Soft copies of the final report (in Word and PDF formats).
* Presentation (Power point) slides.
* All cleaned datasets in agreed format/KII findings/FGD findings
* All tools used in data collection

The Final Evaluation should also include an appraisal of how well the programme/project has fared against each of the DAC criteria using the following grading scale, where:

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| --- | --- |
| **5** | **Outstanding Performance** |
| **4** | **Very good overall performance with few shortcoming** |
| **3** | **Good overall performance but with some minor shortcomings** |
| **2** | **Generally acceptable performance but with some major shortcomings** |
| **1** | **Barely acceptable performance with many major shortcomings** |
| **0** | **Totally unacceptable performance or insufficient data to make an assessment** |

It is a Concern’s organisational requirement that all development projects are scored against this scale at final evaluation stage.

**Qualifications required for the Lead Researcher:**

* The lead researcher should hold a Masters or PhD degree and have evidence of similar assessments and studies.
* At least ten years of proven experience in public health, nutrition, related governance implementation and development programme monitoring and evaluation.
* **Applicants must share evidence of similar work completed.**
* International experience will be an added advantage.

**Below lists the document to be submitted to** [**recruitment.bgd@concern.net**](mailto:recruitment.bgd@concern.net)**:**

**For Individual Consultant**

* A short CV maximum three pages highlighting experiences on related assignment completed with detail client name, address, contact persons & communication details (above criteria listed under “Qualifications required for the Lead Researcher” relevant here).
* For other members of team include short CV highlighting relevant tasks or assignment.
* TIN certificate
* A brief technical and financial proposal based on the information provided above.

**For Consultancy Firm**

* Short profile of the firm highlighting experiences on related assignment with client detail as mention for Individual Consultant.
* Lead Consultant’s (team leader) with 2 pages of CV highlighting related work experiences and assignment completed (above criteria listed under “Qualifications required for the Lead Consultantr” relevant here).
* Other Team members’ (Engage in this assignment) with very short CV highlighting related task and assignment completed.
* Consultancy Firm’s legal documents (Certificate, TIN and VAT registration).e) technical proposal (research proposal following section E.), f) financial proposal is required to submit. Technical and Financial proposals should be in separate file or separate envelop (in case of hard copy)

**Duration of the consultancy work:**

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* **Final Evaluation:** Maximum of 04 weeks .

**Standard Terms**

1. **Duration:** The total period of providing the consultative services will be over a period of 04 weeks starting from the date of contract signing.
2. **Remuneration/Fee:** Interested bidders are requested to submit their financial proposal along with the technical proposal including Data Quality Assurance Protocol for the assignment, inclusive all VAT and Taxes as per policy of the government of Bangladesh which shall be deducted at source prior to the payment. Expenses not specified in the financial proposal or not mentioned in any section of the agreement are the sole responsibility of the Consultant.
3. **Payment:** As per policy of Concern Worldwide, Bangladesh the fees will be paid in three (03) instalments against invoices issued by the Consultant with a copy of work contract and ToR. The payments will be made through account payee cheque as per Concern’s policy in three instalments, as follows:

* **First instalment:** 20% of the total cost of the assignment will be paid upon receipt of a written invoice from the consultant after signing the contract to commence the task.
* **Second instalment:** 20% of the total amount will be paid upon received of the inception report.
* **Third instalment:** 60% will be paid after receiving the final report, which is subject to the review and endorsement of the report review committee.

Concern Worldwide will not be liable for any bank charges arising from incorrect bank details being provided to Concern Worldwide Bangladesh.

1. **Accommodation, per diem and other allowance:** No accommodation, per diem or other allowances will be paid in addition to the cost mentioned in the agreement.
2. **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 report with due acknowledgement. No part of the document should be reproduced or published in any manner without prior written approval of Concern Worldwide. The consultant will maintain the confidentiality of the stated assignment.
3. **Concern Worldwide’s policies and guidelines:** Concern has an organisational Code of Conduct (CoC) with three Associated Policies; the 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 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.
4. **Responsibility:** The Consultant will report to the Programme Director, Concern Worldwide and liaise with the CRAAIN Consortium Programme Manager to receive technical guidance, feedback and support to organizing local level consultations and data collection. Concern Worldwide’s MEAL unit will provide support on providing existing data, report and analysis as required

**Annexe 1:**

**Structure of Inception Report**

* Introduction
* Understanding of Concern and programme
* Evaluation Design and Methodology
* The objective of the study
* Methods
* Qualitative Sampling methodology and sampling frame
* Qualitative 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

**Final Report Structure:**

* Executive Summary
* Introduction
* Methodology
* Findings
  + Problems and needs (Relevance)
  + Achievement of purpose (Effectiveness)
  + Sound management and value for money (Efficiency)
  + Achievement of wider effects (Impact)
  + Likely continuation of achieved results (Sustainability)
* Overall assessments
* Conclusions, Recommendations and Management Responses
  + Conclusions
  + Recommendations
  + Management Responses
* Annexes to the report
  + The Terms of Reference of the evaluation
  + The names of the evaluators and their companies (CVs should be shown, but summarised and limited to one page per person)
  + Detailed evaluation method including: options taken, difficulties encountered and limitations. Detail of tools and analyses.
  + Logical Framework matrices (original and improved/updated
  + Map of project area, if relevant
  + List of persons/organisations consulted
  + Literature and documentation consulted
  + Other technical annexes (e.g. statistical analyses, tables of contents and figures

**Annex 2: Project Log frame**

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| **Results chain** | **Indicators** | **Means of verification** |
| 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 |
| 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: Percentages 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 |

**Annex 3: Final Evaluation DAC Criteria**

The below evaluation questions ***Final Evaluation.***

## Relevance:

* Have the programme activities undertaken to date addressed the needs identified in the proposal?
* How appropriate were the chosen interventions and programme design to the situation and needs of different stakeholders at different levels (micro meso and macro, and considering the needs of men, women and others identified as vulnerable to hazards in the programme area)?
* Has the context changed significantly since programme design, how has that affected the programme? Have we adapted activities and strategies in response to this?
* To what extent have programme beneficiaries and non-beneficiaries participated in the programme, and how has that affected programme quality / results? Does the Complaints Response Mechanism at programme level show an awareness and active use of Concern’s CRM guidance?

## Efficiency:

* Were resources (both human and financial) used well? Could things have been done differently and how?
* Was the programme M&E system fit for purpose?
* How well is the programme connected with other projects and programmes, both development and emergency?

## Effectiveness:

## Were the outputs and outcomes achieved and to what degree (assessed through a baseline/end line indicator data comparison against results framework/logical framework targets, monitoring data, and data collected in the evaluation)?

## Was the programme logic well thought through and did the activities lead to the desired outcomes?

## What steps were taken to address issues of inequality and ensure the interests of the most marginalised were taken on board during programme planning, implementation and monitoring? How effective was this?

## Did the programme have any unintended and unexpected consequences, and if so have these been addressed in the programme and how?

## Impact:

* What indications are there of significant changes taking place beyond the programme - both positive and negative?
* How have the programme interventions impacted differently on men and women, boys and girls, people with disabilities (and other vulnerable groups as identified) in the programme area?
* How impactful have we been at meso and macro level and how well have we been working with other stakeholders, such as, NGOs and government to achieve results at this level?
* Have we tried to influence policy change or to improve implementation of government policies? How successful has that been?

## Sustainability:

* Are the results sustainable? Will the outputs and outcomes lead to benefits beyond the life of the existing programme?
* How might we do things better in the future? Which findings may have relevance for future programming or for other similar initiatives elsewhere?
* Where interventions are coming to a conclusion, the evaluation should review any exit strategy and the appropriateness of this.

**Additional Information**:

* **One Pre-bid meeting** will be organised on 26thApril 2023 at 10:00 am to 11:00 am for clarifying any related queries. Please join if you are interested. Follow the link/passcode
* Join Zoom Meeting   
  <https://us02web.zoom.us/j/89122006437?pwd=L2tibHdIQUZhUk1ndFdQQnl2dzZTQT09>
* Meeting ID: 891 2200 6437   
  Passcode: 725412
* Deadline for submission of proposal: **03 May 2023. COB 11:59PM**
* **Please note that, who have applied in earlier call, no need to apply again**

1. Howlader S et al., 2012. Investing in nutrition now: a smart start for our children, our future. Estimates of benefits and costs of a comprehensive program for nutrition in Bangladesh 2011‐2021. PROFILES/Nutrition Costing echnical Report, Washington DC. Food & Nutrition Technical Assistance III Project (FANTA), FHI360 [↑](#footnote-ref-1)
2. Hoddinott J. et al., 2013. The economic rationale for investing in stunting reduction. Maternal & Child Nutrition 9 (Suppl. 2), 69–82. [↑](#footnote-ref-2)
3. Save the Children Fund and Civil Society Alliance for Scaling Up Nutrition Bangladesh, 2015. Malnutrition in Bangladesh: Harnessing Social Protection for the Most Vulnerable. Save the Children Fund 2015 [↑](#footnote-ref-3)
4. Bangladesh Bureau of Statistics (BBS) and UNICEF Bangladesh. 2019 Progotir Pathey, Bangladesh Multiple Indicator Cluster Survey 2019, Survey Findings Report. Dhaka, Bangladesh: Bangladesh Bureau of Statistics (BBS) [↑](#footnote-ref-4)
5. Ibid [↑](#footnote-ref-5)