**Terms of Reference (ToR)**

**To conduct a Situational Analysis, Prescriptions and Capacity Building on Inclusion and Gender in SONGO project**

1. **PROJECT BACKGROUND:**

ICCO Cooperation ([www.icco-cooperation.org](http://www.icco-cooperation.org)) is an international organization, whose mission is to end poverty and injustice in the global south, in partnership with enterprising people. We invest in the power and dreams of entrepreneurial people, stimulate their entrepreneurial spirit, and connect them with businesses, governments and social organizations.

ICCO Cooperation is playing the lead role to implement EU funded “Sustained Opportunities for Nutrition Governance (SONGO) project” aims to improve maternal and child nutrition in Kurigram and Gaibandha districts. The SONGO is 5 years long project with 4 inter-linked outcomes; (1) Local nutrition governance and decision-making mechanisms are strengthened (2) Maternal and Child Health and Nutrition Practices are improved (3) Household WASH Practices Improved (4) Household access to nutritious food is improved. RDRS Bangladesh has been ICCO's long standing partner in a variety of large poverty alleviation and development projects in Bangladesh, often with food security components. RDRS will implement the project activities such as community mobilization, capacity building, committees formation, meeting organisation, workshops, monitoring, etc at a field level.

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 Under nutrition and used in 2008 & 2013 Lancet Series):

1. HH food and nutrition security (including availability, economic access and use of food)
2. Feeding and care giving 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 counseling by health workers) to mass media (such as radio campaigns).

1. **WORKING AREA AND TARGET GROUPS:**

SONGO project is implemented in 18 unions of 6 UPZs in Kurigram and Gaibandha district under Rangpur division with direct beneficiaries of 135,000 households particularly women and children. 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.

Kurigram district:

* Char Rajibpur Upazila: Char Rajibpur and Mohanganj Unions
* Chilmari Upazila: Chilmari and Ramna Unions
* Rowmari Upazila: Bandaber, Dantbhanga and Jadur Char Unions

Gaibandha district:

* Gaibandha Shadar Upazila: Ghagoa ,Gidari and Kamarjani Unions
* Fulchari Upazila: Fulchhari,Udakhali and Kanchi Para Unions
* Sundarganj Upazila: Belka, Chandipur, Haripur, Sreepur and Tarapur Unions

1. **OBJECTIVE AND SCOPE OF THIS CONSULTANCY:**

**Objective:**

The main objective of this assignment is to mentor and support the SONGO project to improve its inclusion (vulnerable groups) and gender sensitive approaches to ensure the project’s impactful and sustainable outreach and support for improving situational nutrition, WASH and livelihoods opportunities.

* It will be required to generate information on inclusion and gender gaps (including disability and other vulnerable groups) as well as needs, constraints and opportunities of women, men, and persons with disability in the project target areas in Northern Bangladesh as evidence-based data to develop a gender and disability inclusion implementation plan for the project.
* The assignment includes adapting existing practices, prescribing new methods, and reflection for the project to be more inclusion and gender sensitive.
* Capacity building and Reflection leading.

**Scope:**

* **1. Situational Analysis** - Identify inclusion gaps, particularly, though not exclusively, for inter-household women, adolescents, female headed households and people with disabilities:
  + Livelihoods: needs, constraints, opportunities, inclusion to income generating activities and access to credit from financial institutions, level of indebtedness, access to business development services, enterprise development, language and other relevant training, social safety nets
  + Access: to health services, including family planning, UP Standing Committees, access to educational institutions and Service providing agencies, access to management positions in cooperatives and producer groups
  + Voice: ability to be heard in-household, financial and decision making processes, through community voices, their roles in governance platforms, advocacy for nutritional and health needs (e.g. SRH, equitable food distribution)
  + At a minimum, some of the tools employed should include (from the ACAP framework - see **4. Methodology**), the Barriers Assessment, Accessibility Checklist, Analysis (stakeholder analysis, gender roles and responsibilities, timeline and access and control, Gender inequality and Equality tree, Gender analysis matrix)
* **2. Prescription** - Review and Prescribing adaptive approaches for the project’s current Inclusion and Gender sensitive activities, methods and techniques:
  + For adjustment/adaptation and improvement. The consultant(s) will be expected to work with relevant process-owners from the project to successfully adapt current approaches/methods and records to practical solutions that better reach the needs of the most vulnerable. This will include but is not limited to Gender Action Plans development/review at the ward and Union Level.
  + New proposed sets of actions/interventions should be proposed based on location, specific environment, most urgent assessed challenges and resources of the project. This includes mutually agreed key actions and supply of relevant monitoring tools and approaches to ensure correct outreach
  + Provide operational recommendations for strengthening the project strategy of the SONGO project, and provide key elements of a gender and disability inclusion approach
* **3. Capacity Building and Mentoring** - the consultant will need to support the capacity building of the project team and provide follow-up support using their inclusion and gender sensitive lenses:
  + Based on situational findings, project context and key focus areas, a tailored Training of Trainers program (senior project staff members) to successfully adopt inclusion and gender sensitive lenses, to educate on current situation, gaps, ways forward and prescriptions
  + Gender/Inclusion Volunteers, Champions training to successfully implement effective participatory gender analysis, gender action plans and promote the roles and importance of improved gender equality, especially highlighting the project’s nutrition, caregiving, SRH, WASH and livelihood themes. Consultant(s) will be encouraged to include these existing stakeholders of SONGO right from the beginning of the consultancy.
* **Reflection and review sessions**, to adapt and adjust project’s inclusion and gender outreach approaches, and also strategies to sustainably improve the local inclusion.

## METHODOLOGY OF THE STUDY:

The consultant(s) will be required to design a detailed methodology to accomplish the tasks across the duration of the contract and timely implement a work plan in close consultation with the SONGO team. The Situational Analysis, and Prescription elements should be conducted using mixed methods and gather information from both primary and secondary sources including drawing on successes from similar initiatives and contexts around the country.

**It will be mandatory** for the consultant to *apply relevant sections* of ICCO’s **ACAP framework (**<https://www.icco-cooperation.org/en/wp-content/uploads/sites/2/2019/07/Towards-Inclusion-icco.pdf> **)**  and the consultant(s) will be required to incorporate tools within the ACAP toolbox where applicable. The Capacity Building and Mentoring lens should be considering these also but inclusive of best practices in inclusion strategising both in Bangladesh and Internationally. The Consultant’s lens and approach for the Prescription and Capacity Building components of this consultancy should be sensitive to the ACAP Framework, whilst having methods inspired by like-minded assignments. The consultant should outline from their experience, expertise and lens how they intend to conduct these parts of the assignment successfully.

It is our belief *for the situational analysis*, an emphasis on the following lenses will be required to provide sound and practical recommendations so the program can design interventions that respond to, accommodate, or overcome the constraints identified:

* **Accessing services provided by government institutions.** This includes identifying challenges in benefiting from government extension services and from other actors funded through government programmes. What are services available to women and men? Are women and men aware of these services and how to access them? Are there barriers to accessing these services for people with disabilities and other vulnerable groups?
* **Accessing health services.** This includes access to primary health care services through community health services, maternal and child health and communicable diseases and preventive strategies, as well as access to hospitalization and ambulatory services when needed.
* **Opportunities for household-level participation in decision making.** Concerted household food and entrepreneurship planning includes facilitated dialogue to help men and women household members understand the households’ annual projected food production, anticipated income and planned household expenditures, discuss how men or women with disabilities face further challenges in making themselves heard, or contribute to household decisions.
* **Livelihood opportunities.** This includes identifying what women and men, persons with disabilities and other vulnerable groups do to sustain their livelihood, and their needs, constraints and aspirations in accessing and utilizing resources to move out of poverty. To what extent the practical needs of women and men are addressed? (Does the project address the practical needs of women and men? If not, does the project work with other organizations that address the practical needs of women and men?) How is the situation in terms of mobility, safety as well as care responsibilities and how do they affect women and men in moving out of poverty?
* **Participating in the decision-making processes.** Do women take part in the decision-making processes that affect them at the local level? Are women represented? How does this currently impact needs of women (including adolescents) and children, especially with health and nutrition lenses?
* **Accessing financial services (credit, saving, etc.).** What are challenges faced by vulnerable groups in accessing financial services? Do they have control over finance, and a basic understanding of financial management? This includes identifying the challenges presented by low literacy and limited control over income, as well as specific challenges faced by women headed households.
* **Accessing business development services and related training to engage in enterprise development.** This includes identifying the impact of poor education and limited skills on access to services as well as identifying the gender-based production and marketing constraints related to access to extension information, markets and prices, other private sector services and other inputs for all target value chains.

1. **MAJOR DELIVERABLES:**

* The chosen consultant should submit an inception report after reviewing the project documents and communication with SONGO team;
* A detailed work plan and methodologies which can be adjusted after sharing with SONGO team;
* Study methods - including Interview schedule/questionnaire for household data collection and FGD,KIIs which will be revised by SONGO team before applying for data collection;
* Prescriptions, including working with key project personnel to adapt existing project methods and activities to have an improved inclusion lens
* Training of project staff and Stakeholders according to the previously stated needs. Facilitate/delivery ToT (Training of Trainers) at least 06 batches for SONGO staff and Volunteers. Consultants will be required to bear expense for these.
* Reflection/Mentoring Session findings, and including recommendations for future adaptation of the project’s approaches in subsequent years and with sustainability strategies.
* Strategy paper for suitable direction for the project’s inclusion and gender approaches.
* The final report of the assessment with potential recommendations both soft and hard copy;
* The copies of all resource materials used (including data, interview transcripts etc) should be submitted in Soft Copy. Furthermore, three full printed hard copies of the Situational Analysis report will be required to be submitted to ICCO upon completion of the consultancy.
* Based on gaps and prescriptions agreed, training materials will be required to be developed to build capacity of participants for adopting gender responsive and inclusiveness approaches
* Mentor/monitor phase-in application of inclusion and gender sensitive interventions for feedback and improvement
* Review and Recommendations Papers as per the timeline schedule (section 8 in the ToR)
* Final Assignment Report, for submission on successful completion of the project assignment in April 2022.

1. **RESPONSIBILITIES OF ICCO (not limited to):**

* Provide information and a basic introduction to the ACAP tool
* Provide information about the SONGO working area, community, beneficiary, stakeholders, market intermediaries, and others if needed.
* Upon request from consultant(s), facilitate meetings/interviews/discussions with key local stakeholders.
* Receive all the above-mentioned deliverables from the consultant(s) with checking quality.
* Keep close connection with consultant(s)

1. **REQUIRED QUALIFICATIONS & EXPERIENCE OF CONSULTANT (S):**

The consultant must have the following experience and skills to be able to perform the tasks of the TOR:

* Have advanced degrees in Gender, Sociology, , Anthropology, Economics or a related field.
* Minimum three years of research experience to develop gender monitoring plans or strategies for projects, with implementation experience preferred
* Demonstrated ability to write high quality, methodologically sound, analytical papers in English
* Solid communication skills and sensitivity to the target group
* Ability to liaise properly with technical and administrative staff of international organizations.
* Ability to liaise properly with senior officials of the government and social partners.
* Have a good working knowledge of the quantitative and qualitative performance evaluation methods and programming strategies commonly used in nutrition, governance, livelihoods projects.

1. **TIME FRAME:**

This is a **long term consultancy** with 4 tranches of work deliverables required, for work required until the end of May 2022. Consideration should be made by the consultant(s) **of this timeframe** when submitting their proposals. The work plan should be smart and consider the time scheduling required to complete the full assignment according to the deadlines and time periods ***given in the table below****. This table is not inclusive of all components outlined in the deliverables*:

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| --- | --- |
| **Assignment Component** | **Timeline** |
| 1. ***Situational Analysis*** | *Study and Findings:* Completed and Presented By **31st March 2021**  Report Draft: By **15th April 2021** |
| 1. ***Prescriptions*** | *Adapting:* **March-June 2021**  *New Activities:* **June-July 2021**  *Technical Support to Phase-in New Activities:* **October 2021** |
| 1. ***Capacity Building and Mentoring*** | *Training of Staff and Volunteers:* By **25 April 2021**  *Tools/Application Mentoring:* **March- June 2021** |
| 1. ***Reflection, Review and Adapting Strategy*** | Review/Reflection Session 1: **September 2021**  *Adaption/Recommendation Paper and Mentoring time:* **October 2021**  *Review/Reflection Session 2 and Final Adaption/Recommendations Paper and assignment conclusion report:* By **31 May 2022** |

1. **SELECTION PROCESS**:

The proposal evaluation team will scrutinize all the proposals and make a shortlist. Among the shortlisted proposals, the proposal evaluation team will select two/three potential consultancy firms/consultant(s) and dialogue with them to know how they will execute and for final selection. Proposals submitted without a clear workplan or financial proposal will not be considered. Consultants who have not shown *original understanding and interpretation* of the ToR will also be at a disadvantage. Finally for the successful applicant, the SONGO team and awarded consultant(s) will sit together for negotiation to finalize the implementation modalities and budget. Preference will be given to *organisations/firms* applying however we will also consider outstanding individual consultant applicants with strong proposals.

1. **SUBMISSION OF PROPOSAL**

Interested consultant(s)/consulting firms must submit the following documents for appraisal. Proposers who do not submit the below mentioned documents *will not be considered for further evaluation*.

The proposal should include:

* Updated CV of Consultant(s) with highlighting similar achievements
* Introduction letter including a brief overview of the assignment
* Technical proposal (understanding, relevant track record, methodologies, work plan, quality control etc. and plan for safe conducting of assignment during COVID-19)
* Clear Financial proposal with detailed itemized budget (honorarium, travel, enumeration cost etc.)
* Annexes: maximum of 1 relevant supporting document/previous assignment to showcase consultant’s relevant experience and competency of the consultant.
* Submit the photocopy of trade license, Income tax, VAT, organization profile (for firm only).

Prospective consultants should submit a written proposal (Technical and Financial) **soft copy** duly signed by the authority to: [procurement.bd@icco.nl](mailto:procurement.bd@icco.nl)

Any queries about the consultancy should be addressed to Md. Shariful Islam, M: +8801777743289 at [s.islam@icco.nl](mailto:s.islam@icco.nl) and Pratik Patel at [p.patel@icco.nl](mailto:p.patel@icco.nl)

***\*\*ICCO Cooperation holds the authority to cancel the order without any compensation if the deliverables do not match the contract***

**Deadline: 25 January 2021**