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Terms of Reference

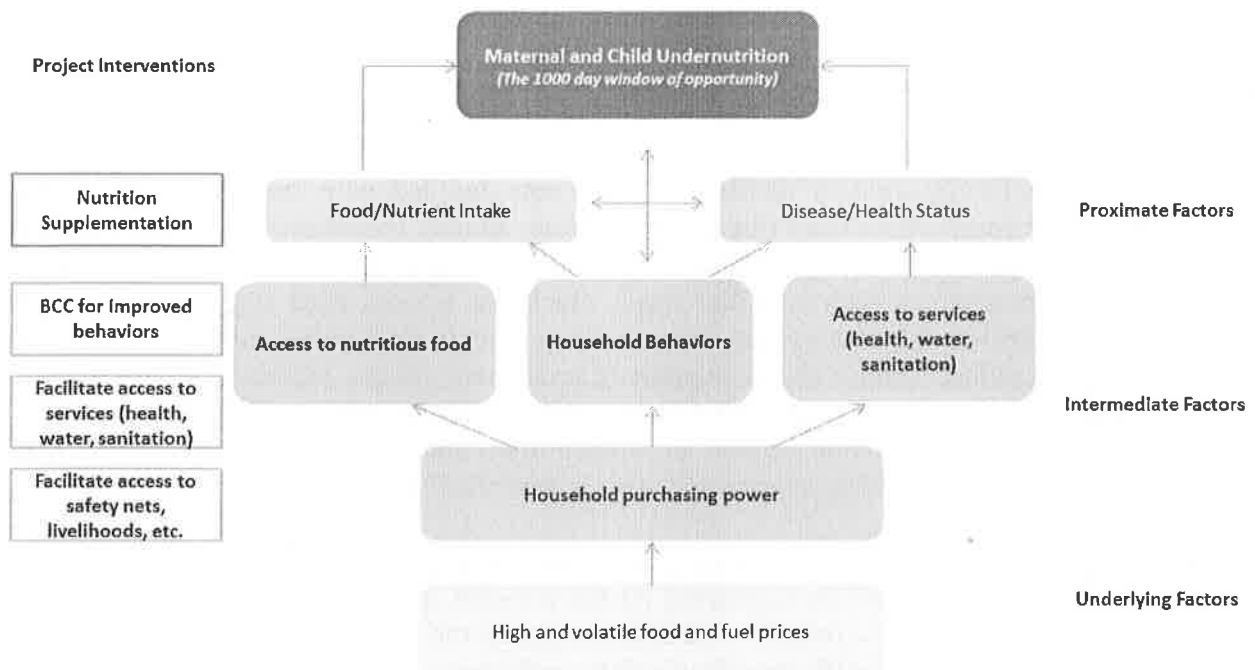
KARNATAKA MULTI-SECTORAL NUTRITION PILOT PROJECT

I. BACKGROUND

The Karnataka State Rural Livelihoods Promotion Society (KSRLPS), under the aegis of the Karnataka Nutrition Mission, with support from the World Bank and the Japan Social Development Fund (JSDF) is initiating a Multi-Sectoral Nutrition Pilot Project in two backward taluks of Karnataka, namely Devadurga in Raichur District and Chincholi in Gulbarga District. The pilot are designed based on previous pilots being implemented in Gubbi, Shikaripura and Bellary Rural taluks of Tumkur, Shimoga and Bellary Districts by the Karnataka Nutrition Mission.

The pilot aims at improving nutrition outcomes in children 0-3 years of age, adopting a life cycle approach, focusing on adolescent girls, pregnant and lactating women and children 0-3 years of age (Fig 1). It focuses on the proximate determinants of nutrition by providing daily nutrition food supplements to under-nourished children, adolescent girls and pregnant and lactating women on the one hand; and places an equally strong focus on intermediate determinants of nutrition by implementing an intensive behaviour change communication strategy to improve household behaviours and access to services on the other hand.

Fig 1: Project Interventions targeted at different levels of the nutrition causal chain



Adapted from World Bank (2011) "South Asia Regional Assistance Strategy for Nutrition"

KSRLPS has engaged an NGO to support the implementation of this pilot in Devadurga and Chincholi blocks of Raichur and Gulbarga Districts respectively. As the interventions to be implemented under the pilot are innovative and process intensive it is imperative to have a strong process monitoring system in place to help the NGO and project team identify operational bottlenecks and areas for learning and adaptation, in order to improve implementation and subsequent outcomes. Towards this end, KSRLPS seeks to engage a consultant/firm to support concurrent (process) monitoring of interventions, drawing upon field observations and beneficiary feedback to enable the project management team to respond effectively through timely decisions and required course correction.

II. BRIEF DESCRIPTION OF THE PROJECT:

The *overall goal* of the pilot is: To reduce malnutrition in the pilot blocks in the shortest possible time by introducing the inter-sectoral, inter-generational approach and bringing about behavioural change. Special emphasis will be placed on 0-3 years children keeping in view the special significance of this period in their process of development. Adolescent girls between the ages 11-18 as well as Pregnant and Lactating mothers would also be targeted.

The *primary objective* of the pilot is to increase utilization of nutrition-improving services by children under-three years of age, adolescent girls and pregnant and nursing women from poor households in the target areas, increase awareness about appropriate health and nutrition behaviours.

The *key project interventions* to achieve these objectives are as classified below under the following 3 components:

Component 1: Increase consumption of nutritious foods and improve household nutrition-related knowledge and behaviours. This component will deliver direct support to under-three children, adolescent girls and pregnant/lactating women from poor and vulnerable households in the form of locally-sourced nutrition supplements coupled with support to encourage household behaviours with a large impact on nutrition, notably breastfeeding, complementary feeding and hygiene practices. The high-energy nutrition supplement will be locally produced using local farm produce such as millet (ragi), chickpeas (gram), cane sugar (jaggery) and groundnuts. Nutrition volunteers engaged under the project in each village will implement the program at the village level with the support of grassroots groups, including women's self-help groups and village health and sanitation committees. These groups will help the nutrition volunteers identify and provide support to women and children facing food insecurity and malnutrition. Capacity building support will also be provided to women's self-help groups.

The implementation of this component will be the responsibility of a non-governmental organization (NGO) that will be contracted for the purpose. The contracted NGO will set up production units and train women's self-help groups in the production of the high-energy supplements in accordance with state food safety regulations. The contracted NGO will then distribute the food supplements through the Village Nutrition Workers and SHGs to targeted beneficiaries. It will also be responsible for identifying, engaging and providing capacity building and ongoing supervision support to nutrition volunteers and SHGs under the project.

Component 2: Improve access to multi-sectoral interventions with an impact on nutrition. This component will aim to leverage interventions and services in several sectors

that have an impact on the nutritional status of poor families in the target areas. At the policy and administrative levels, coordination will be strengthened between key programs. On the ground, contracted NGOs, community-based organizations, and village nutrition workers will facilitate access by poor families to programs in various sectors, so that integrated support is offered to the targeted poor families. In addition, demand generation activities will empower vulnerable households and communities to demand services and benefits to which they are entitled. This will include programs and services with an impact on nutrition, such as ICDS, health services (including treatment of severe acute malnutrition, immunization, diarrhea treatment, de-worming, micro-nutrient supplementation, antenatal care), social safety nets such as the national rural employment guarantee scheme, agricultural and livelihoods programs, and water and sanitation schemes. Innovative ways of engaging other sectors will also be explored under this component, such as ways of preventing wastage of horticultural produce at the primary level and marketing this to the community.

Component 3: Project management and Monitoring and Evaluation. This component will finance management capacity for implementation of the project, including the management costs of the implementing NGOs and the development of an effective information, education and communication (IEC) strategy which will be monitored for assessing behaviour change. Rigorous monitoring and evaluation will be supported, including baseline and follow-up household surveys to measure nutritional status, household knowledge and behaviours, and access to services. This will provide the necessary evidence on program effectiveness to inform decisions on potential scale-up. Routine reporting and monitoring will also be ensured under this component. This component will also promote knowledge dissemination with a variety of stakeholders through briefing notes and knowledge sharing workshops.

It is also important to point out that there will be no duplication of programmes at field level. The pilot will through awareness generation and handholding support facilitate access of ongoing programs that have impact on malnutrition, such as Immunization and Vitamin A Supplementation, Anaemia Control, Water and Sanitation, etc., and achieve convergence between the ongoing programmes so that they operate simultaneously, and to fill programmatic gaps.

The following **Key Results** will be expected from the project:

- a) Increase in targeted under-three children, adolescent girls and pregnant and nursing mothers who receive nutritious supplementary foods produced and supplied by the project;
- b) Increase in targeted pregnant and lactating women who practice core child nutrition and health care behaviors (specifically initiation of breastfeeding within an hour of birth, exclusive breastfeeding, immunization, timely and adequate complementary feeding after 6 months which includes breastfeeding and feeding with 3+ food groups a minimum number of times per day, diarrhea management and hand-washing); and
- c) Increase in targeted households who utilize other social sector programs with a potential impact on nutrition (specifically ICDS, health services, and water and sanitation services)

A rigorous independent evaluation will also measure **key nutrition outcomes** of underweight and anaemia in the target groups

III. OBJECTIVE AND SCOPE OF WORK:

The primary purpose of the consultancy is to support the Karnataka Rural Livelihoods Promotion Society (KSRLPS) and the Karnataka Nutrition Mission therein, undertake rigorous and high quality concurrent monitoring of the Multi-Sectoral Nutrition Pilot Project being implemented in two Blocks, 437 villages of Karnataka. The two pilot blocks are Devadurga in Raichur District and Chincholi in Gulbarga District.

By providing both technical and monitoring/supervisory services, the consultant is expected to strengthen the project team's ability to:

- monitor the training and performance of the Village Nutrition Volunteers
- monitor the training of the SHGs and their involvement in the production and distribution of Energy Dense Food (EDF)
- monitor monthly weighing and distribution of EDF to beneficiaries by the NGO
- monitor the production and storage of EDF by the NGO, ensuring compliance with environmental and social guidelines spelt out in the project's Integrated Environment and Social Assessment and Management Plan (IESAMP)
- monitor the Inter-sectoral and IEC activities carried out by the NGO
- give timely feedback to KSRLPS and KNM on NGO performance, operational bottlenecks, learnings and best practices in the implementation of the pilot

IV. TASKS TO BE CARRIED OUT BY THE CONSULTANTS:

The Consultant is required to perform concurrent monitoring of activities carried out by the NGO implementing the Multi-Sectoral Nutrition Pilot Projects at Chincholi Block, Gulbarga District and Devadurga Block, Raichur District for the entire project period ending June, 2017 subject to satisfactory performance during the first year, and each year thereafter.

Concurrent monitoring is expected to support the project management team in assessing if the processes are being implemented as intended, identifying the challenges and barriers in implementation, exploring what needs to be done to achieve the intended process, evaluating if the processes are translating into required outputs and outcomes, identifying areas for learning, adaptation or modification, thereby enabling the project management to improve project implementation.

The consultant is expected to work in close association with the project management team and systematically document and communicate their findings to enable informed decision making. To carry out concurrent current monitoring in an ongoing manner through the duration of the project period, the consultant will have to put in a place a concurrent monitoring team in each block.

As the project will be implemented in 437 villages, it may not be feasible for the concurrent monitoring team to visit and assess progress in each village. Therefore, the consultant has to propose a sampling plan in the technical proposal that it submits. Care has to be taken while designing the sampling frame that (a) an equal percentage of villages are covered in each block; and (b) a sample of the villages are covered throughout the project period to measure the changes over time (i.e. a 'panel' of villages that will be continuously monitored, year on year). A set of villages may be a fixed sample throughout the project period to measure

longitudinal changes while another set of villages may be purposively selected more flexibly depending on the identified field needs or management requests.

The sample design and methodology for concurrent monitoring should be explained in detail in the technical proposal. It should be statistically rigorous and should cover the entire Block. An indicative sample size is provided for reference. The consultant is expected to cover all the villages of two blocks.

Table-1
Concurrent Monitoring of KMNP/KSRLPS: Sample Size and Distribution

S. No.	Target	Units	Sample Per Months	Repeat samples*
1	Blocks	2	2	2
2.	GPs	69	69	69
3.	Villages	437	100	50
4.	Households	38873	1000	500
5	Village Nutrition Volunteers	437	100	50
6	SHGs	2645	100	50

Note * : Coverage of blocks , GP, Villages, VNV,SHGs, every month through the project period .

The Consultant is required to establish Block level offices in both Blocks for real time monitoring of the activities carried out by the NGO implementing the Multi-Sectoral Nutrition Pilot Projects at Chincholi Block, Gulbarga District and Devadurga Block, Raichur District. The consultant will also monitor the functional contributions of all other stakeholders working for the project at different levels so as to assess their contribution to the overall implementation of the program.

Each Block office should have at least 1 block manager and 4 field staff with requisite qualifications and necessary skills, experience and knowledge to carry out concurrent monitoring activities in the entire project area.

The Consultant will prepare periodic monitoring reports and share the same with the Client from time to time as agreed by both the parties.

The following are the key tasks/core areas to be monitored by the consultant:

Core areas of the project

- Performance of Village Nutrition Volunteers (VNVs)
- Correct recording of beneficiaries data in the nutrition cards and computer
- Activities of SHGs

- Production, distribution and consumption of EDF
- IEC activities being conducted by the Media Agency
- Behaviour Change at the household level
- Convergence of inter-sectoral activities

Specific tasks to be undertaken by the consultant are further elaborated below

- a. Monitor the target group identification criteria and methodology and ensure that all eligible family/group of beneficiaries are included.
- b. Monitor the existence of Village Nutrition Volunteers (whether they have been hired and their retention through the duration of the project)
- c. Monitor the performance and coverage of Village Nutrition Volunteers and the NGO supervisors in the following areas:
 - the frequency of home visits
 - growth/weight monitoring
 - health and nutrition counselling, especially, on immunisation, anaemia prevention, deworming, Vitamin A Supplementation and Diarrhoea Prevention etc.
 - the promotion of water and sanitation programmes
 - maintenance of records etc.
- d. Monitor the frequency and quality of trainings provided to the Village Nutrition Volunteers and NGO supervisors
- e. Monitor activities undertaken to engage SHGs in the implementation of the pilot. This includes, *inter alia*, the listing of SHGs in the village, the training/orientation of SHGs on project activities, the engagement of SHGs in the production and distribution of Energy Dense Food (EDF) etc.
- f. Monitor the production process of Energy Dense Food at the production points, its hygienic production, storage, packing, distribution and the involvement of SHGs in this process
- g. Monitor the NGO's compliance with environmental and social guidelines in the production of EDF, as spelt out in the project's Integrated Environment and Social Assessment and Management Plan (IESAMP)
- h. Monitor the efficient distribution of EDF to the distribution points in the villages
- i. Monitor the collection, storage and in turn distribution of EDF by the Village Nutrition Volunteers (VNVs) to the beneficiaries in the villages.
- j. Monitor the consumption of EDF by the beneficiaries which has to be ensured by the VNVs
- k. Collect samples of EDF for random quality checks as determined by KSRLPS.
- l. Monitor the implementation, quality and effectiveness of the IEC activities carried out by the NGOs
- m. Monitor behaviour change at the household level associated with behaviour change activities (SBCC/IEC) undertaken by the NGOs
- n. Monitor the Inter-Sectoral activities carried out by the NGOs
- o. Elicit feedback from the beneficiaries regarding the EDF supplied, its quality, its consumption, support provided by the VNV, primarily counselling and weight monitoring done by the NGOs.

- p. Provide feedback on NGO performance, operational bottlenecks and process level issues, areas for learning, adaptation or modification and best practices in pilot implementation to KSRLPS and KNM through periodic reports, as agreed with KSRLPS
- q. Send bi-monthly reports (or as agreed) to KSRLPS and its representatives at the Taluk and District levels. The format of the report will be finalised in consultation with the project team and should include a summary of key findings, outline progress along key activities and process indicators, point out challenges in implementation, learnings and recommended supportive actions.
- r. Attend Progress review meeting called by KSRLPS or its representatives at the Taluk, District and State levels.
- s. Send the mandatory reports to KSRLPS or its representatives through the modes as specified in the contract.
- t. Promptly report to KSRLPS or its representatives if there are any gross deviations from the approved activities, to enable KSRLPS take corrective action
- u. Maintain all the necessary records of concurrent monitoring, its manpower and all financial transactions carried out during the contract period and send the stipulated Statement of expenditure and Utilization Certificates as agreed in the contract.
- v. Carry out any additional monitoring activities that may be requested by the Client from time to time.
- w. Document the best practices and develop case studies highlighting both the success of the intervention and the challenges faced in implementing the program.
- x. The Consultant is required to submit four thematic study reports during the project period with an interval of six months. The themes for thematic reports will be finalized by the consultant in consultation with the KSRLPS.

V. LIST OF KEY PROFESSIONAL POSITIONS:

The key technical and operational skills required for the consultancy include the following:

- Programme Management and Capacity building of monitors
- Monitoring and Documentation
- Block Concurrent Monitoring Project Managers, one for each Block

Therefore, the key professional positions that will be expected and evaluated include:

(a) Concurrent Monitoring Project Manager: A professional with previous experience in management/ monitoring/ implementation of community based development projects, preferably in the field of public health and nutrition.

Essential/Desired qualifications:

- Post Graduate in Social Sciences/Rural Development/Public Health/Nutrition from a recognized University in India or abroad.
- 8-10 years of experience, of which at least 3 years should be working in a mid to senior management position in a public health/nutrition program/rural/social development sector.
- Experience of working closely with the government at the state and district levels; and experience of working with international organizations/NGOs and community-based organizations is desirable.

- Experience of managing process monitoring and evaluation studies in public health/nutrition/ social development sectors
- Demonstrated drive for results and management for the delivery of results.
- Experience in planning, monitoring, evaluation and documentation
- Excellent communication skills in English and Kannada – verbal as well as written

(b) Block Concurrent Monitoring Project Manager (2 Nos., 1per Block): professionals with expertise in community based programmes, especially nutrition, health or rural/social development, who also have excellent documentation skills.

Essential/Desired qualifications:

- Post Graduate Degree/Post Graduate Diploma in Public Health/Nutrition/Social Science/Rural Development, with at least 3 years of work experience in the health, nutrition, social/rural development sector.
- Good understanding of social sector, community programmes related to health, nutrition, water and sanitation etc.
- Knowledge of food and safety guidelines and an understanding social and environmental safeguards
- Experience of working with Government/NGOs/international organizations
- Good computer skills and excellent written communication skills in English and Kannada
- Ability to work in a team, and willingness to travel extensively.

(c) Field staff required for concurrent monitoring at two Blocks: Each Block office should have at least 4 field staff with experience.

Essential/Desired qualifications:

- Graduate in Social Science/Rural Development, with at least 2 years of work experience in field work in the Health/Social Science /Rural development sectors
- Good understanding of social sector, community programmes related to health, water and sanitation.
- Experience of working with Government/NGOs in the field of development.
- Good communication skills, conversant with Kannada language.
- Ability to work in a team.

VI. REPORTING ARRANGEMENTS:

S. No	Type of report	Description	Periodic	Total numbers	payment
1.	Inception Report:	a) Develop a frame work of concurrent monitoring. b) Final sampling plan , coverage and Methodology	Within a month of signing the contract	1	5%
2.	Development of concurrent monitoring tools,	Concurrent monitoring tools for consultant and for the community	Within two months of signing the	1	5%

			contract.		
3.	Quarterly observation report	Report on major findings, gaps/issues and reasons and suggested corrective measures	quarterly	8	30%
4.	Success stories/case studies	One success story/case study from each block	Quarterly	8	10%
5.	Thematic studies	Detailed analytical study on a theme	Once in six months	4	30%
6.	Block level feedback presentations	Sharing quarterly observations in each block on a fixed date for replicating the success stories and taking corrective measures on observed deviations	Quarterly	8	5%
7.	State level feedback presentations	Sharing compiled quarterly observations, case studies along with a thematic study findings,	Quarterly	8	5%
8.	Annual reports	Consolidated annual reports at the end of each year	End of each year	2	10%

The consultant will report to the Mission Director, Karnataka State Rural Livelihood Promotion Society, Department of Rural Development, Government of Karnataka and will work in close collaboration with the Advisor, Karnataka Nutrition Mission in the implementation of its tasks.

Period of Assignment: Two years from the date of contract.

Review Committee to Monitor Consultant's Work

State Mission Director or a Committee appointed by him or his nominees shall be responsible for reviewing and monitoring the work of consultants. S/he may constitute a review/steering committee to monitor the progress and interact with the consultant.

Payment to the agency will be made upon submission and acceptance of satisfactory reports/Deliverables by the project and as per conditions laid down in the contract.

