

Terms of Reference for Final Evaluation

Suchana: Ending the Cycle of Undernutrition in Bangladesh

05 August 2022

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2. PROJECT SUMMARY

‘Suchana – Ending the Cycle of Undernutrition in Bangladesh’ is a multi-sectoral nutrition programme which aims to achieve significant reduction in stunting (additional 6% in 3 years period) amongst children under two years of age in Sylhet and Moulvibazar districts under Sylhet division in Bangladesh. Suchana catalyses support across government and other stakeholders to replicate and scale-up Suchana model as a multi-sectoral nutrition programme in Bangladesh and beyond to prevent malnutrition. The Suchana programme adopts an integrated approach combining the nutrition specific and nutrition sensitive interventions to prevent chronic malnutrition within the critical 1,000 days from conception until a child reaches its second birthday. There are five pillars in the Suchana programme and generation of evidence (through impact survey, annual surveys, and other assessments) is one of the five pillars, which prioritize the quality, and timely generation of evidence showing Suchana performance is crucial and essential for planning and redesigning strategies and implementation modalities of Suchana.

Type of evaluation	Final Evaluation
Name of the project	Suchana
Project Start and End dates	January 2017 – December 2022
Project duration	Six (06) years
Project locations	Sylhet and Moulvibazar Districts under Sylhet Division, Bangladesh
Thematic areas	Child Poverty
Sub themes	Food Security and Livelihoods
Donor	Foreign, Commonwealth & Development Office (FCDO), European Union (EU)
Estimated beneficiaries	Women of reproductive age and adolescent girls; 235,500 BHHs
Overall objective of the project	Significant reduction in the incidence of stunting amongst children under two years of age in two districts of Sylhet. The coalition aims for at least 2 percentage point additional reduction per year (total 6 percentage points additional reduction in 3 years of interventions) against a current annual decline of 1.4percentage points /year in the rate of stunting among children under two.

3. INTRODUCTION

Despite remarkable economic growth and impressive human development gain, undernutrition represents a fundamental development challenge for Bangladesh. It is even more complex due to Covid-19. Bangladesh faces a growing triple burden of malnutrition, with decreasing, but still high stunting and wasting rates, high prevalence of micronutrient deficiencies, and steeply increasing rates of adult overweight and obesity. Putting some figures to this: 31% of children under five are stunted; 22% of children under five are underweight; 8% of children under five are acutely malnourished (wasting); and 31.5% of the population experience moderate or severe food insecurity. Bangladesh loses 2-3% of GDP per year as a result of undernutrition; and individuals can lose up to 10% of earnings per year. Sylhet Division consistently performs poorly on key nutrition indicators compared to the national average. It has the highest rates of stunting amongst children in Bangladesh at 43% (26 % in Dhaka and Khulna Division). COVID-19 does not treat people equally. Undernourished people have weaker immune systems and may be at greater risk of severe illness due to the virus. COVID-19 has pushed an estimated 24.5 million people into poverty. About one in eight Bangladeshi households could not afford a healthy, nutritious diet before the COVID-19 pandemic.

Suchana – “Ending the Cycle of Undernutrition in Bangladesh” is a multi-sectoral nutrition programme, which aims to achieve significant reduction in stunting (additional 6% in 3 years period) amongst children under two years of age in Sylhet and Moulvibazar districts under Sylhet division in Bangladesh. A central focus of the programme is delivering and demonstrating a sustainable multi-sectoral approach to tackling undernutrition at scale at district level and, in parallel, catalysing support across government and other stakeholders for a coordinated, multi-sectoral approach to undernutrition at the national level. The programme therefore aims not just to develop a scalable model but actually contribute to replication of good practices throughout the life of the programme.

4. BACKGROUND AND CONTEXT

The Suchana programme adopts an integrated approach combining the nutrition specific and nutrition sensitive interventions to prevent chronic malnutrition within the critical 1,000 days from conception until a child reaches its second birthday. The programme’s multi-sectoral approach includes interventions to improve poor people’s access to essential health and nutrition services, to raise poor people’s incomes so they can afford a nutritious diet and empower women and girls, so they are able to implement optimal nutrition practices at home. There are five pillars in the Suchana programme and generation of evidence (through impact survey, annual surveys, and other assessments) is one of the five pillars, which prioritize the quality, and timely generation of evidence showing Suchana performance is crucial to inform advocacy and scale-up.

The Programme is jointly funded by the FCDO and EU from August 2015-June 2023. It is implemented by a consortium of international and national NGOs led by Save the Children Bangladesh (SCiBD). The other partners are World Fish (WF), International Development Enterprises (iDE), Helen Keller International (HKI), Centre for Natural Resource Studies (CNRS), Friends in Village Development Bangladesh (FIVDB) and Rangpur Dinajpur Rural Services (RDRS).

The final evaluation will assess the performance of the programme considering the approach, theory of change (Annex-7), results and activities agreed between FCDO, EU and Save the Children. It will also document the quantitative and qualitative achievements and lessons and reflect/recommend on how it could have been more effective to guide replication by government and other actors.

The subsequent sections of this Terms of Reference (ToR) highlight different information pertaining the upcoming Final evaluation and provide information to support interested firms to develop and submit a proposal for this important assignment.

Save the Children, FCDO and EU form a panel of technical experts which is termed as Technical Advisory Group (TAG) to provide technical advisory support for the evaluation process by reviewing the technical proposal of the bidders, evaluating presentations, reviewing the tools, inception report and the draft evaluation report and approving the final report.

The Recipients of this assessment are the FCDO, EU Save the Children, relevant ministries, other interested donors, and knowledge platforms. Wider stakeholders e.g. private sector, NGOs will also be informed by this evaluation, lesson learned and recommendations.

5. SCOPE OF EVALUATION

Purpose, Objectives and Scope

This study is being conducted at the end of the programme - Suchana. It will build upon the baseline and end-line studies previously conducted by icddr'b in 2017 and 2020 respectively. The final evaluation of Suchana will follow Randomized Control Trial (RCT) approach that makes the overall evaluation as a unique one.

The overall purpose of this evaluation is to provide an assessment of the development contribution of Suchana programme in line with its key objectives over the course of its life and inform replication of best practices by government and other relevant stakeholders.

The final evaluation will generate robust evidence on the relevance, efficiency, sustainability, coherence, impact, and effectiveness of the programme in contributing to achieving nutrition impacts amongst targeted households where Suchana works.

The primary purpose/objectives of the study are: *What mechanisms worked and can explain the achievement or not achievement of the programme results? Which did not work and why?*

The study team will not be required to undertake consultation with the SC Study Project Manager and the Study Working Group at the commencement of the project in order to further refine the study questions.

Scope: Taking into account the implementation status of the Suchana programme to date, the scope of the final evaluation will include both quantitative and qualitative findings at beneficiary household, community (e.g. union parishad, community clinics, etc.) and systems level (e.g. UNCC, DNCC, government offices, private sector, etc.) across all 4 implementation cohorts

as detailed below.

Timeframe: From Programme inception to June 2023

Geography: 157 Unions in Sylhet and Moulvibazar districts

Beneficiaries: All 4 intervention cohorts will be considered under this evaluation

Levels of investigation: Households Suchana worked with and wider communities in targeted unions including

- Systems providers:* Union Parishads, UP standing committee and Community Clinics, local market actors, business advisors, etc.
- Sub-National Level – Upazila:* Department of Agricultural Extension (DAE), Department of Livestock Service (DLS), Department of Fisheries (DoF), Upazila Nutrition Coordination Committee (UNCC) members, Lead Firms, etc.

- *Sub-National Level – District:* Department of Agricultural Extension (DAE), Department of Livestock Service (DLS), Department of Fisheries (DoF), District Nutrition Coordination Committee (DNCC) members, Department of Women Affairs (DWA), Department of Social Service (DSS), etc.
- *National Level:* Bangladesh National Nutrition Council (BNNC) Institute of Public Health Nutrition (IPHN), Food Planning and Monitoring Unit (FPMU) under Ministry of Food (MoF), Ministry of Fisheries and Livestock (MoF&L), Department of Agriculture Extension (DAE), Department of Social Welfare (DSW), Department of Women Affairs (DWA), Government Focal Person Platform, Private Sectors (Lead Firms with whom Suchana has signed MoUs) and other relevant stakeholders.

Intended Audience and Use of the Study

This assessment will be primarily used by FCDO, EU and Save the Children as a key source document for lessons learned and the Programme Completion Report. Findings will feed into an end of programme workshop.

Stakeholder	Further information
Project donor	Foreign, Commonwealth & Development Office (FCDO), European Union (EU)
Primary implementing organisation	Suchana Programme Team at Save the Children [Programme Implementation, Nutrition team, MEAL & KM, Advocacy and Communications team] World Fish, Helen Keller International, and iDE as technical partners
Implementing partners	Center For Natural Resource Studies (CNRS), Friends In Village Development Bangladesh (FIVDB), Rangpur Dinajpur Rural Service (RDRS)
Government stakeholders	Ministry of Fisheries and Livestock (MoF&L), Food Planning and Monitoring Unit (FPMU) under Ministry of Food (MoF), Institute of Public Health Nutrition (IPHN), Bangladesh National Nutrition Council (BNNC), Department of Agricultural Extension (DAE), Department of Fisheries (DoF), Department of Livestock Service (DLS), Department of Women Affairs (DWA), Department of Social Service (DSS), District Nutrition Coordination Committee (DNCC) members, Upazila Nutrition Coordination Committee (UNCC) members
Community groups	Union Parishads, UP standing committee and Community Clinics, local market actors, lead firms, business advisors
Beneficiaries	Children and adults involved in the programme and the evaluation
International development/ humanitarian research community	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

Moreover, the study will be shared with the relevant stakeholders and government agencies. The study findings will be used for service improvement, adaptive programming, accountability, evidence generation and lessons learning.

Location & Study Areas

Suchana programme has been structured into 4 different cohorts (phases) and reach to a total of **235,500 poor and very poor BHHs** with a set of nutrition specific and nutrition sensitive interventions. Suchana programme interventions were implemented in each of the cohort for 36 months. A full set of interventions was delivered equally to all four cohorts.

The Suchana cohorts with target BHH and timeline are shown below graphically:

Suchana BHH Distribution							
Cohorts Unions	Learning Phase	Year 1 (2017)	Year 2 (2018)	Year 3 (2019)	Year 4 (2020)	Year 5 (2021)	Year 6 (2022)
LP-----> (12 unions)	14,714						
Cohort 1-----> (40 unions)		63,145					
Cohort 2-----> (36 unions)			58,238				
Cohort 3-----> (29 unions)				36,845			
Cohort 4-----> (40 unions)					62,637		
157 unions	14,714	77,859	136,097	158,228	157,141	98,903	62,637

Key Study Questions

The final evaluation will be guided by a set of research questions as follows. The key objectives of this assessment are to document:

OECD DAC Criteria	Key Study Questions
Effectiveness	<ul style="list-style-type: none"> ▪ What change has been achieved against project targets for outputs, outcomes, and impact? This includes changes in livelihoods, food security, gender norms, nutrition behaviours, access to services, resilience to shocks, etc, among Suchana beneficiary households as well as changes in nutrition specific and sensitive services (both public and private) and governance across local, sub-national and national levels. <ul style="list-style-type: none"> – What are the indications that the Government is likely to adopt/replicate the Suchana best practices and other elements of the programme in relevant department’s annual performance agreement (APA)? – Are there any indications of negative effects in this regard? – To what extent has Suchana had an impact on resilience and reductions of vulnerability of people on the ground? – To what extent have the approaches and interventions used been accessible to poor people in response to crisis e.g. COVID-19, floods, droughts? – The extent to which the intervention has generated significant positive or negative, intended, or unintended, higher-level effects. Impact addresses the ultimate significance and potentially transformative effects of the intervention. It seeks to identify social, environmental, and

OECD DAC Criteria	Key Study Questions
	economic effects of the intervention that are longer term or broader in scope than those already captured under the effectiveness criterion
Sustainability	<ul style="list-style-type: none"> ▪ How sustainable have these changes been after the end of each cohort of the project? <ul style="list-style-type: none"> – How likely are they to persist beyond the life of the project as a whole? – Did certain interventions show greater sustainability than others? Why? – Are planned exit/handover strategies appropriate and timely? – Is there an added value role for donors to play beyond programme completion? – Did the programme effectively capitalize on lessons learnt from replication of best practice models to influence policy and practice?
Relevance	<ul style="list-style-type: none"> ▪ How accurate was the programme's theory of change? <ul style="list-style-type: none"> – Where the strategies employed by the project successful? Did the assumptions hold true? – How effectively did the project adapt over the implementation period? – Did the intervention objectives and design respond to beneficiaries, country, and partner/institution needs, policies, and priorities, and has continued to do so if circumstances changed. – Did the intervention promote synergies and interlinkages with other interventions carried out by the same institution and/or government? – Did the intervention show consistency and complementarity with other actors' interventions in the same context (in other words, has the intervention added value, while avoiding duplication of efforts?)
Impact	<ul style="list-style-type: none"> ▪ What lessons can be drawn from Suchana to inform Save the Children and NGO partners, Government, and donors in the future on multisectoral nutrition programming? <ul style="list-style-type: none"> – What are the intended or unintended effects of the programme, either positive or negative, direct, or indirect?
Efficiency	<ul style="list-style-type: none"> ▪ To what extent the programme has achieved a return on investment, using the 4E's framework – equity, economy, efficiency, and effectiveness of Value for Money, following a light touch approach. The extent to which the intervention has delivered results in an economic and timely way.
Coherence	<ul style="list-style-type: none"> ▪ How well did the intervention fit? It refers to internal and external coherence Scope of the Evaluation. <ul style="list-style-type: none"> – Is the intervention consistent with the interventions of other actors in the same context, such as supporting complementarity, harmonization, and co-ordination with government and other relevant service providers?

To address the research questions outlined above the evaluation should consider both outcome and process evaluation including external and programme-level factors that enable successful achievement or proved a barrier to it and programme management approaches as detailed below.

Factors affecting successful implementation and results achievement

- **External factors:**

- To what extent did the broader policy environment remain conducive to achieving intended results, including policy impact and replication of the lessons being learnt from programme implementation? To what extent the coordination within and between ministries and sectors at national and sub-national level enhanced the activity implementation of the programme?
- Are there any other external factors to the programme that have been affecting successful implementation and results achievement?
- Impact of environment, climate change and disasters on planned implementation

- **Programme-related factors:**

- Were the programme preparation process (lessons learned phase) and its products (Results Framework and Logframe Indicators (RFLI), programme operations plan, annual implementation plans (AIPs), detailed implementation plans (DIPs) etc.) of good quality?
- Did the programme documents include adequate guidelines for implementation of the programme? Do the programme's objectives remain valid and relevant? Will they result in strategic value added if they are achieved?
- What initiative / component went well and why? What did not perform as per expectation and why?

- **Institutional and implementation arrangements**

- Capacity of the implementing agencies with respect to annual work planning (AIPs/DIPs), effectiveness and efficiency regarding implementation of planned activities, timeliness, financial management and reporting, and M&E
- Adequacy of technical and advisory support staffing
- Workload distribution among staff across different tiers

- **Programme management:**

- Were the management arrangements for the programme adequate and appropriate? Were staff capacity and resources appropriate and sufficient for successful implementation of the programme?
- How effectively was the programme managed at all levels? Was programme management results-based and innovative?
- Did management systems, including MEAL, reporting and financial systems function as effective management tools, facilitate effective implementation of the programme, and provide a sufficient basis for evaluating performance of the programme?
- Technical backstopping: Did technical assistance and back-stopping from SCI, technical partners and donors provide appropriate, adequate, and timely to support the programme in achieving its objectives?
- Are there any other programme-related factors that affected successful implementation and results achievement?
- How effective was the programme management in coordinating with both the other consortium partners and the two co-funding partners (FCDO and EU)?

In addition to assessing the evaluation questions above, the team should analyse any other pertinent issues that need addressing or which may or should influence future programme direction and donor engagement in the country.

6. FINAL EVALUATION DESIGN AND STUDY METHODOLOGY

This ToR defines an evaluation in line with the guidance provided by the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD/DAC). Bidders are free to propose the most appropriate designs for responding to the scope and suggested evaluation questions indicated above. This section provides some initial thinking on the proposed approach and methodology which will need to be further developed in the technical proposal and during the evaluation process. The methodology can include:

- A desk review of information provided by Save the Children, including annual reviews, quarterly reports, and studies and communications materials developed by Suchana.
- Consultation with Senior Management - Save the Children and Consortium Partners
- Consultation with FCDO and EU
- Interviews with the Suchana programme team, GoB personnel and Line Ministries
- Quantitative survey of beneficiary households and qualitative data collection from beneficiaries and other relevant local stakeholders
- Development of case studies as part of the desk review and through field visits and interviews.

The proposal should contain a detailed approach to qualitative data collection methods, the tools that will be used and ensure this adheres to best practice. The technical proposal should outline sampling methodology, data collection techniques and activities to be undertaken by the evaluation team. It will be important to show how Suchana beneficiaries and stakeholders will be selected and how objectivity will be ensured in this selection. The evaluation team will be expected to develop at least two case studies around: 1) multi-sector nutrition approach, theory of change and return on investment (value for money); and 2) climate resilient and nutrition sensitive livelihoods.

Survey Design

It is expected that this study will involve:

- A quasi-experimental design
- Mixed method, including both qualitative and quantitative components
- random sampling.

The final evaluation design will be developed jointly with the successful application but is expected at minimum to include both quantitative and qualitative data collection from across all 4 cohorts of Suchana's intervention area and across the different levels of stakeholder outlined in the scope section above.

To measure key outcome indicators (See Annex-2 for results framework) derived from Suchana Results and Logframe Indicators (RFLI). It is expected that the evaluation will include a cross sectional survey of households Suchana worked with stratified across all 4 cohorts. Cohort 1 and 4 will include anthropometric measurement for young children to allow comparison back to the previous impact evaluation while food security, behavioural and livelihood variables will be measured across all 4 cohorts.

Suchana worked with two main beneficiary types: Households with married women of reproductive age and households with unmarried adolescent girls between 15 and 19 years from poor and very poor wealth groups. Within the first group there were also households that had a child under the age of 2 that received a key focus on behavioural change. Therefore, within each cohort the household level survey will be further sub-sampled as follows:

- Mother and child pairs: Households with women (15-45 years) as Suchana beneficiary who have a child less than 2 years' children. This sample will be spread across three different age ranges/sub-groups of children: 0 to 5 months, 6 to 11 months, and 12 to 23 months of age.

- Adolescent girls as BHHs in Suchana BHHs (15-19 years) and household with married women (15 to 45yrs).

Sampling

Quantitative Component:

Assuming a multi-stage cluster sampling approach, provisional minimum sample sizes were calculated for each cohort and beneficiary group based on a minimum detectable difference in key indicators and are presented in the table below. The final sample sizes and sampling approach will be designed jointly with the selected firm, but the below estimates are provided to guide EoI preparation in terms of expected scale of the household survey.

Cohort	All BHH (Including Adolescent and HH without a child under 2)	BHH with Child under 2	Total
1	400	1,860	2,260
2	400	475	875
3	400	475	875
4	400	1,860	2,260
Total	1,600	4,670	6,270

Qualitative Component:

To address the evaluation objectives the quantitative component must be complimented by a robust qualitative component collected from beneficiaries, communities, government departments (DAE, DOF, DLS, DWA, DSS, DRR, LGI), private service providers¹, Union Parishads, UNCC, DNCC and other key stakeholders.

The specific qualitative approaches should be proposed by the consultant but may include:

- **FGD and in-depth interviews with different groups** (Household with young children, current pregnant women, community leaders, Husbands, adolescent girls and boys, for example) for broader understanding and contextualization of quantitative findings and to address evaluation objectives not appropriate for quantitative measurement (Gender dynamics, knowledge and attitude change, empowerment issues, barriers to access, etc.).
- **Interview with GoB department officials** (e.g., UNO, Union Parishad, DD Agriculture, UH&FPO, officials from DLS, DoF etc.) and private sector actors how Suchana has influenced changes in practice, policies and behaviours, sustainability of that change, etc.

Data Sources and Data Collection Methods/Tools

All primary data collected during the study must facilitate disaggregation by gender, age, disability, vulnerability status. Save the Children will provide guidance on tools and classification schemes for this minimum dataset.

Existing Save the Children data sources that can be drawn on in the evaluation include:

- Programme MIS
- Monthly performance data sheet (MPDS), Monthly activity performance data sheet (MAPDS), Annual implementation plan (AIP), detailed implementation plan (DIP)
- Other information relevant to survey, etc.

¹ List of merge private companies will be provided

Major Indicators for Quantitative Survey

The quantitative survey will present a scenario among the Suchana Beneficiary Households (BHHs) and will cover some major logical framework indicators. The list of indicators (quantitative survey) is shown below table, not limited to, however will includes related sub-indicators. An outline of the major broad areas in quantitative survey are shown as Annex-3.

Anthropometric Data Collection Instruments

High precision weighing machine with Mother+Child function to weigh toddlers and suitable for tropical regions is required. Infantometer with tray-shaped lying surface for measuring lengths of babies and toddlers with millimetre precision is also essential for the assignment. Total list of logistics/equipment required in the assignment should be included in the proposal (data collection instruments, anthropometric measurement/infant-metre, etc.). The firm will arrange equipment for anthropometric measurement, management, and transport as well.

Major Indicators/Issues for Qualitative Survey (GoB Level Interview and private sectors)

Research Instruments:

Standard tools will be used to conduct the qualitative component of the evaluation. These tools will be developed in Bengali language and will be back translated into English for reporting, Ethical Review Board submission etc.

Save the Children will not provide enumerators to assist with primary data collection. It will be a requirement of the Evaluation team to source additional external data sources to add value to the evaluation, such as government administrative data. The team should also indicate how data triangulation will be realised.

The study will explore any personal and professional influence or potential bias among those collecting or analysing data been recorded and addressed or mitigated ethically.

A range of project documentation will be made available to the Evaluation team that provides information about the design, implementation, and operation of the Program.

The study team is required to adhere to the Save the Children Child Safeguarding: Protection from Sexual Exploitation and Abuse; Anti-Harassment, Intimidation and Bullying; and Data Protection and Privacy policies throughout all project activities.

Ethical considerations

It is expected that this evaluation will be:

- **Child participatory.** Where appropriate and safe, children should be supported to participate in the evaluation process beyond simply being respondents. Opportunities for collaborative participation could include involving children in determining success criteria against which the project could be evaluated, supporting children to collect some of the data required for the evaluation themselves, or involving children in the validation of findings. Any child participation, whether consultative, collaborative or child-led, must abide by the 9 Basic Requirements for meaningful and ethical child participation.
- **Inclusive.** Ensure that children from different ethnic, social and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.
- **Ethical:** The evaluation must be guided by the following ethical considerations:
 - Safeguarding – demonstrating the highest standards of behaviour towards children

- Sensitive – to child rights, gender, inclusion, and cultural contexts
- Openness – of information given to the highest possible degree to all involved parties
- Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.²
- Public access - to the results when there are not special considerations against this
- Broad participation - the relevant parties should be involved where possible
- Reliability and independence - the study should be conducted so that findings and conclusions are correct and trustworthy

It is expected that:

- Data collection methods will be age and gender appropriate.
- Study activities will provide a safe, creative space where children feel that their thoughts and ideas are important.
- A risk assessment will be conducted that includes any risks related to children’s, young people’s, or adult’s participation.
- A referral mechanism will be in place in case any child safeguarding or protection issues arise.
- Informed consent will be used where possible.

The study team will be required to obtain approval from a Human Research Ethics Committee. Save the Children will not provide assistance with this process.

7. EXPECTED DELIVERABLES

The study deliverables and tentative timeline (subject to the commencement date of the study) are outlined below. The Study Team Lead and SC Focal Person will agree on final milestones and deadlines at the inception phase.

Deliverables and Tentative Timeline

Deliverable/Milestones	Timeline
The Study Team is contracted and commences work	01 Sep 2022
Kick off meeting with research agency	04 Sep 2022
The study Team will facilitate a workshop with the relevant stakeholders at the commencement of the project to develop the inception report.	07 Sep 2022
The study Team will submit an inception report* in line with the <u>provided template</u> , including: <ul style="list-style-type: none"> ▪ Study objectives, scope, and key study questions ▪ description of the methodology, including design, data collection methods, sampling strategy, data sources, and study matrix against the key study questions ▪ data analysis and reporting plan ▪ caveats and limitations of study ▪ risks and mitigation plan ▪ ethical considerations including details on consent ▪ stakeholder and children communication and engagement plan 	15 Sep 2022

² If any Consultancy Service Provider, Freelancer or Contingent worker will have direct contact with children and/or vulnerable adults and/or beneficiaries and/or have access to any sensitive data on safeguarding and/or children and/or beneficiaries, it is the responsibility of the person receiving the consulting service to contact the local HR team and child safeguarding focal point to ensure vetting checks and on-boarding are conducted in line with statutory requirements, local policies and best practices guidance.

Deliverable/Milestones	Timeline
<ul style="list-style-type: none"> ▪ consultation protocols for consulting with children and other vulnerable groups (if applicable) ▪ key deliverables, responsibilities, and timelines ▪ logistical or other support required from Save the Children ▪ Indicative data collection tools (in line with the study matrix) <p>Once the report is finalised and accepted, the study team must submit a request for any change in strategy or approach to the SC Focal Person or the steering committee.</p>	
Tools submission by research agency	22 Sep 2022
Feedback on survey design, methods, and all tools by Suchana	29 Sep 2022
<p>Ethics submission</p> <p>Should approval from a Human Research Ethics Committee be required, an ethics submission should include:</p> <ul style="list-style-type: none"> ▪ study protocols (participant recruitment, data security and storage, consent, and confidentiality etc.) ▪ considerations for consulting with children and other vulnerable groups (if applicable) ▪ participant information statement and consent forms 	01 Oct 2022
<p>Final data collection tools (in the report language):</p> <ul style="list-style-type: none"> ▪ Survey Tools, including quantitative and qualitative questionnaire ▪ Data collection mechanism 	04 Oct 2022
Enumerator training and field test of tools (Enumerator Training 10 working days + 2~3 days field testing)	10 Oct~31 Oct 2022
Conduction of survey – Data Collection	01 Nov~15 Dec 2022
<p>A Power Point presentation on summary findings from the collected data during the 1st week of data collection. The focus will be on:</p> <ul style="list-style-type: none"> ▪ Summary of initial findings ▪ Any emerging programme issues or risks (if applicable) ▪ Any changes that has to be made in the study design (if applicable) ▪ Key tasks for the next stage of the study and any proposed refinements or changes to methodology (if applicable) ▪ Any changes in the data collection plan (if applicable) 	07 Nov 2022
<p>A concise 1-page Progress Report is to be submitted every month documenting progress against the evaluation plan including:</p> <ul style="list-style-type: none"> ▪ progress over the last period ▪ risks and issues management report ▪ key scheduled activities and deliverables for the next period 	Every month
Data and analyses including all raw data, databases, and analysis outputs	15 Jan 2023
Report Writing	31 Jan 2023
<p>A Study Report* (Draft Version) including the following elements:</p> <ul style="list-style-type: none"> ▪ Executive summary ▪ Background description of the Programme and context relevant to the Study ▪ Scope and focus of the study ▪ Overview of the study methodology and data collection methods, including a Study matrix ▪ Findings aligned to each of the key Study questions ▪ Specific caveats or methodological limitations of the evaluation ▪ Conclusions outlining implications of the findings or learnings ▪ Recommendations ▪ Annexes (Project log-frame, study ToR, Inception Report, Study schedule, List of people involved) <p>A consolidated set of feedback from key stakeholders will be provided by Save The Children within 2 weeks of the submission of the draft report.</p>	08 Feb 2023

Deliverable/Milestones	Timeline
Final Study Report* incorporating feedback from consultation on the Draft Study Report	15 Mar 2023
Knowledge translation materials: <ul style="list-style-type: none"> ▪ PowerPoint presentation of study findings ▪ Evidence to Action Brief** 	31 Mar 2023

*All reports are preferred to use the Save the Children Final Study Report template. Save the Children technical writing guide are to be followed.

** The Evidence to Action Brief is a 2-4 pages summary of the full report and will be created using the Save the Children Management Response template.

All documents are to be produced in MS Word format and provided electronically by email to the SC Evaluation focal person. Copies of all PowerPoint presentations used to facilitate briefings for the project should also be provided to Save the Children in editable digital format.

Analysis & Report

A standard report will be submitted showing related indicators by components following the chronological orders as appeared in the questionnaire. The report will be supported with illustrations, tables, graphics, and pictures as necessary to present overall findings of the report. The report will include comparative scenario with previous rounds. The analysis also covers findings by cohort, by BHHs types, by districts. Internationally accepted indicator measurements and Suchana defined (e.g. as mentioned in the RFLI) will be followed for analysis.

Assigning Weights

All aggregated quantitative data should be weighted appropriately to account for probability of selection and any oversampling of sub-groups done to measure specific indicators. A clear weighting approached should be included in the analysis plan section of the inception report.

8. GOVERNANCE

The selected survey firm/research organization will complete the assignment under the leadership of the Technical Director- MEAL & KM, Suchana and guidance from the CoP, Suchana, and the TAG. The Deputy Director (MEAL) of Suchana, under the guidance of Technical Director – MEAL & KM, Suchana, will be responsible for necessary coordination and management of operational issues with active involvement of the Suchana MEAL group members, members from PDQ in Save the Children and the TAG. The Technical Director – MEAL & KM, Suchana will contact the TAG (*or other departments as required*) and other concerned as and when required for related issues/support. The field level support will be coordinated by Suchana MEAL Team in Sylhet Consortium office.

In additions, Suchana is a multi-party consortium with high-level engagement of Head Quarters/Home Office-based technical staff for majority of the technical partners and expected to undergo several rounds of review process before finalizing any products (*reports, instruments, presentations, etc.*). FCDO and EU will review and provide quality assurance and expert opinion and comments on reports and presentations at different stages of the evaluation. These are essential to meet requirements (*at points agreed*) relating deliverables.

9. TASKS FOR THE SURVEY FIRM/RESEARCH ORGANIZATION

Major Activities and Deliverables

- I. Thorough review of existing documents and data from the Suchana programming including baseline, Impact evaluation, Annual and Semi-annual surveys, graduation, System Strengthening Index (SSI)

reports, gender analysis, Formative Research report, Cost of Diet analysis, Market System Resilience (MSR) Study, social protection access study, nutrition governance study, round monitoring reports etc. to inform final design of the evaluation;

2. Employ the service of data collectors with sound knowledge and adequate experience (at least 3 years in relevant large-scale surveys and 5 years overall data collection) in the methods of data collection (nutrition, food security related and exposure to different local language dialect);
3. Utilize experts/writers with strong English writing skills who can produce a high-quality report that effectively communicates to both programme staff and other national and international stakeholders. It is expected that the survey firm will work closely with Suchana consortium MEAL colleagues, central MEAL team of SCiBD, MEAL group and other technical staff of Suchana. A panel of technical experts from Save the Children, FCDO and EU will provide oversight for the evaluation, and review and approve draft and final reports, case studies, presentations for the final dissemination workshop.
4. **Produce the Bengali and English version for certain documents (e.g. research instruments, guidelines, training curriculum, checklists, supervision plan, field data collection plan issues, etc.). The English version for the final report, inception report, presentations, findings brief/summary findings will be fine.**
5. In additions, separate team should be deployed simultaneously to collect qualitative data/conduct interview with GoB officials, to undertake the focus group discussion (FGDs), key Informant interviews (KII) with private sector, where require. Both quantitative and qualitative data collection will be run simultaneously. A separate team will be responsible for collecting anthropometric data. **However, survey organization can plan and suggest other combinations or whichever best suit to meet deadline mentioned in the ToR.**

Data Collection Strategy

Data collection to be supported through electronically using Tablet computers (TAB) running on android operating system. A software for data collection, shall be using the electronic version of the questionnaire. Each enumerator to conduct maximum three (03) household interview per day.

Overall, the assignment will be coordinated and supervised by the Technical Director – MEAL & KM, Suchana with guidance and support from the Chief of Party (CoP), Senior Impact Advisor- SC UK, and the TAG and the field implementation, management, coordination process will be assisted by the Suchana MEAL team members as assigned during data collection period in collaboration with the relevant officials of Suchana consortium partners.

The survey firm will be responsible for the following:

- Share tool design including process, methods, and all tools (e.g. questionnaires/ checklists) with Suchana, collect feedback and finalize the survey design;
- Develop/finalize required data collection tools (both for quantitative and qualitative);
- **Field testing, piloting, and validation of data collection tools in Suchana areas (at least for 2~3 working days); standardization test for anthropometric data collection**
- Develop and update application/database for the survey using suitable platform (modern ICT technologies using mobile/tablet-based platform like ODK, ATLAS.ti, NVivo, SurveyCTO etc. or pen and paper)
- Maintain data (which might include converting hard raw data files into soft copy) for sampling and survey purposes.
- **Develop plans for real-time and geo-referenced data collection, supervision, and quality**

control mechanism. Quality control plan should include 15% back-check³ including re-interview, 15% spot-check⁴ and 100% post-check⁵ is required. Relevant findings/statistics should be presented showing the interview/re-interview results and related improvement plan

- Ensure engagement/recruitment of skilled and experienced personnel for data collection, supervision, database management, data analysis and report preparation. Minimum qualification of data collector/enumerator includes –

Quantitative data collection:

- ✓ Minimum graduate in any discipline, preferably social science
- ✓ Preferably female
- ✓ Respectful to local culture and societal norms & values
- ✓ Data collection experience of large-scale surveys
- ✓ Ability to follow critical data collection instructions to ensure data accuracy and integrity
- ✓ Ability to understand local dialect (Sylheti language)

Qualitative data collection:

- ✓ Minimum graduate in any discipline, preferably social science
- ✓ Prefer to have effective facilitation skills
- ✓ Experience of conducting in-depth interviews (IDIs), Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs)
- ✓ Ability to understand local dialect (Sylheti language) and to communicate effectively with government officials, local government representatives, beneficiaries in the communities, etc.

Anthropometric data collection:

- ✓ Technically competent to operate standard anthropometric instruments
- ✓ Extensive hands-on experience of collecting anthropometric data using high-precision anthropometric instruments
- ✓ Have patience, be responsive to beneficiaries and compassionate towards children
- Provide training to the concerned staffs/enumerators before starting of survey each time and ensure their clear understanding on the particularities of the assignment.
- The staff of the survey firm will provide training for enumerators where Suchana MEAL team and implementing partners will provide basic introduction. **The training will include group work, role plays, discussions and various interactive processes will be used during the training to ensure that learning had taken place.**

The training will cover the following:

- ✓ Objectives and purpose of the annual survey.
- ✓ Survey design and methodology.
- ✓ Sampling procedure;

³ Back-check includes on-spot verification of collected data (that are critical in nature) with the respondent after completion of the survey by the supervisor

⁴ Spot-check includes on-spot observation of the enumerator, with particular focus on data collection and data entry process, including response/feedback from respondent by the supervisor

⁵ Post-check includes off-site review, correction, and validation of collected data in consultation among the enumerators and supervisors

- ✓ Understanding and meaning of each question, asking, and recording of responses accurately and update the training manual accordingly;
 - ✓ Household selection, data collection procedures, accurate completion of questionnaires and FGD questionnaires/interview checklists;
 - ✓ **Anthropometric measurements using standardized procedures. Standardization test for the measurements need to be conducted as part of enumerator training.**
 - ✓ Development of a calendar of events and age calculation chart; and
 - ✓ Pre-testing of the questionnaires and the data collection procedure need to be undertaken before the actual survey followed by the review of the questionnaires based on the feedback from pre-testing.
 - ✓ **Prepare complete training package for the training of enumerators and should be approved by Suchana before the training**
- Conduct quantitative sample survey using structured/semi-structured questionnaire(s);
 - Conduct qualitative surveys (interview with GoB officials, private service providers/market actors) using checklists/guidelines
 - Collect additional qualitative data on specific qualitative indicators using suitable sampling method, if in-depth data collection is required,
 - Ensure collection of high-quality accurate data with high level of reliability and validity;
 - Analyse quantitative data using appropriate software, i.e. SPSS/Stata/etc. and qualitative data with suitable software (ATLAS.ti/NVivo if necessary);
 - Maintain close communications with MEAL Director/CoP (in Suchana), and MEAL working group in Suchana on survey related issues; and other personnel as set later by the CoP/TL for conducting the assignment (DPD in Sylhet, Deputy Director/Sr Manager of MEAL/Research in Sylhet, assigned IP or TP persons, etc.)
 - Provide update on a regular basis so that deliverables ensured by the deadline or related planning done to meet the deadline.
 - Attend management and technical meeting as per requirement for a successful completion of the assignment.

10. DISSEMINATION PLAN INCLUDING DELIVERABLES

The timeframe is very crucial. **The survey firm/research organization needs to submit the final report (including intermediate review and adjustments of feedback meeting quality and the end of programme workshop) to the Suchana, Save the Children by March 15, 2023 without fail.** The research firm needs to deliver, however not limited to, the below listed items within set timeframe over the period of the assignment as a part of quality control measures:

- Final version of the complete survey instruments/data collection tool with guidelines, explanation (both Bangla and English).
- **Brief initial write-up** showing list of sampled unions detailing the process/software adopted.
- **Detail training plan for 10 working days** and comprehensive guideline for data collectors, detail-training curriculum (showing skills and related breakdown for proper understanding, anthropometric measurement, etc.), and **Field-Testing Plan for 2~3 days.**
- **Complete data collection plan** (day-wise, location, team movement, etc.)
- **Quality control plan - Detail quality control plan during field level data collection at least 15% re-interview/back-check by supervisors, 15% spot checks, and 100% post-checks**

mechanisms for monitoring, supervision, role of supervisors, documenting improvement plan for quality collection

- **Pretesting and documents showing changes** in the pretesting, related adjustments in survey instruments and final questionnaires (Bangla & English).
- **Satisfactory Standardization test results for data collectors on anthropometric measurements (note if standardization test is not satisfactory on first round consultants will be expected to retrain and retest all data collectors until quality is assured).**
- **Supervision and data quality control plan** during data collection (quality checking, related steps back checks, spot checks, post check, etc. be used etc.).
- **Analysis plan and outline of the report (dummy tables, statistical tests, assign weights, etc.) with sufficient segregation. Comparison with previous annual findings**
- Preliminary presentations (before the SSMT, TAG and MEAL team member).
- Soft and hard copy (where necessary) of fully annotated database (raw data and clean data), and variable code manual. Also, submit SPSS/Stata data set and analysis syntax.

Final deliverables will include the following:

- **Inception Report:** The evaluation team will submit an inception report that includes the elaboration of the methodology and tools included in the technical proposal, a work plan and detailed scheduled of timelines and deliverables, within two weeks of contract signature.
- **Presentation to Save the Children, FCDO and EU:** at the end of field work and data collection, the consultants will make a presentation for Save the Children, FCDO and EU on the primary results obtained from analysis of data.
- **Draft evaluation report:** the evaluation team will submit a draft report for review and comments by Save the Children, FCDO and EU.
- **Final evaluation report:** the evaluation team will submit a professionally written final report (proof checked in English) incorporating feedback from Save the Children, FCDO and EU. The report should **not be more than 40 pages** divided into four main areas, plus appendices:
 - Executive summary of not more than five pages highlighting major findings and recommendations.
 - Evaluation context focusing on purpose and scope of the final evaluation, key evaluation issues and questions, and summary of the evaluation methodology.
 - Detailed findings, challenges, lessons, and best practices.
 - Conclusions and recommendations.
 - All relevant annexes
- **Case studies:** The evaluation team will submit two case studies (approximately 5 pages each).
- **Presentation and participation at the end of programme workshop.**
- All deliverables must be quality assured prior to submission. This includes a technical review, ensuring that the objectives of the evaluation have been met, and full proofread.

A penalty will be introduced (by deducting a certain percentage (e.g. 15%) in case where the agency fails to submit the report on time and address feedback (meeting expectations with quality) shared by Suchana consortium colleagues (national, and HQ based international staff and SCUUK team).

II. STUDY TEAM AND SELECTION CRITERIA

The survey firm/research organization will be selected through bidding/interview process undertaken by Save the Children International Procurement Department. The proposal should include the total of team/team members will be deployed which includes team leader, subject matter experts (Agriculture, health and nutrition, social protection, climate resilience and market system), statisticians/analysts, survey supervisors and enumerators. **Adequate allocation of time for each technical expert must be reflected in the workplan, as well as in the budget.** Details about deploying the staff into various survey sites, each comprising number of persons should be mentioned in the proposal. To achieve the desired objectives, at least one of the subject matter experts should be Bangladeshi.

All subject matter experts will have the following qualifications:

- Advanced degree in a relevant field.
- Minimum seven- ten years of experience in programme evaluations, preferably evaluation of complex donor funded programmes.
- Good understanding of multi-sectoral food security and nutrition programme in Bangladesh context will be an added advantage.

Understanding of Requirements and Experience

To be considered, the study team members together must have demonstrated skills, expertise, and experience in:

- Designing and conducting impact evaluations using quasi-experimental RCT design
- Conducting studies in the field of food security and livelihood, particularly in relation to nutrition-specific and nutrition-sensitive interventions
- Leading socio-economic research, evaluations or consultancy work in Bangladesh that is sensitive to the local context and culture, particularly child rights, gender equality, ethnicity, religion, and local context
- Conducting ethical and inclusive studies involving children and child participatory techniques
- Conducting ethical and inclusive studies involving marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways
- Managing and coordinating a range of government, non-government, community groups and academic stakeholders
- Experience conducting study in humanitarian contexts
- Sound and proven experience in conducting evaluations based on OECD-DAC evaluation criteria, particularly utilisation and learning focused evaluations
- Extensive experience of theories of change and how they can be used to carry out evaluations
- Strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences (especially report writing and presentation skills)
- A track record of open, collaborative working with clients

There is a high expectation that:

- Members (or a proportion) of the evaluation team have a track record of working together.
- A team leader will be appointed who has the seniority and experience in leading complex study projects, and who has the ability and standing to lead a team toward a common goal.
- The team has the ability to commit to the terms of the project and have adequate and available skilled resources to dedicate to this study over the period.

- The team has a strong track record of working flexibly to accommodate changes as the project is implemented.

Financial Proposal

A summary and detailed budget needs to be submitted with a separate file (excel) showing necessary breakdowns and justifications to ensure the value for money. Timely delivery is the topmost priority and need; the firm must plan to ensure timely conduction of the assignment. The deadline for final submission of report will be March 10, 2023. The report must undergo several rounds of review by relevant technical and programme colleagues (including the HQ-based staff of SCUK).

12. SCHEDULE OF PAYMENT

The payment process will be done following Save the Children International policy and will be included in the contract. **Save the Children has the right to penalise proportion of the payment due to failure of not meeting the timeline and/or the quality of the deliverables (addressing feedback during review process).**

The following practice will be followed for payment:

- **First instalment:** 40% after submission of the inception report, data collection tools (English and Bangla, field plan and supervision support plan for quality data collection or the data quality control plan meeting requirements, field testing report, etc.), anthropometric standardization report.
- **Final instalment:** 60% after submission of the final report with all final annexes (data file, syntax, final training package, etc.)

13. HOW TO APPLY

If interested in applying for this study, please refer to the [Consultant EOI Form](#).

14. EVALUATION CRITERIA & SELECTION PROCESS

The technical aspects of the proposal carry approximately 60% and the financial aspects carry approximately 40% of the evaluation marking. The research proposal will be evaluated as highlighted below:

Main Area/Sub-Areas	Score
Technical part – 40%	
<p><u>Organizational capacity</u></p> <p>Sound and proven experience of conducting nutrition, food security related large-scale research/evaluations, particularly utilisation and learning focused evaluations. Track record of previously completed assignments with International NGO /UN Organization/ Development partners / Government/MNC, publication of research/evaluation/study in international journals</p> <p>Minimum 2 Work orders of BDT 20 million/equivalent each within last 08 years (Additional supporting documents need to submit proving the experience in similar field; i.e. SoW/ToR/Report) Currency conversion rate will be considered 1 USD= 87.74 BDT.</p>	10
<p><u>Understanding of the assignment</u></p> <p>Overall methodology, sample size, sampling design and distribution, overall work management, timeliness, field plan, data collection steps, quality control and supervision process, standardization of measurement tools, addressing qualitative & quantitative aspects of the survey</p>	10

<u>Experience of team leader & team composition</u>	10
Background, qualification of TL & other members, analysis team, statistical background, nutritional background, experience of analysing anthropometric data, large scale datasets	
<u>Report outline, analytical approach, presentation</u>	5
Overall outline of report, statistical tests, articulation of the proposal, approach to present implications, comparison with previous survey results, inferential statistics/logistic models on outcome variable	
<u>Use of innovative and advanced techniques</u>	5
Capacity of offering innovative technology, advanced techniques in areas of data collection, analysis, presentations, quality control, performance observations	
Oral part – 10% (Participating agencies securing 60% scores (24 out of 40) in the review of technical proposal, will be considered as qualified to participate in the oral part)	
Oral Presentation (conduct with only technically qualified firm/agency)	10
Present the overall study approach, sampling, field planning and related aspects by the proposed team leader, and responding to technical queries from the Presentation Board Members	
Sustainability Criteria – 10%	
a) Use of local resources	10
b) The bidder has their own Sustainability Policy (or Policies).	
Financial part – 40%	
Financial proposal (Reference section 12. Schedule of Payment and 15. Selection Criteria Guidance)	40
Total	100

The procurement will be done following SC policies e.g. formation of independent committee, evaluation, scoring based on merits etc. Selected survey firm might be requested to submit updated proposal (related revisions/adjustments) where necessary. On the basis of the updated proposal final negotiation will be done. Once the agreement reached, the contract will be signed between Save the Children International and the survey organization /research firm.

Selected survey firm(s) will/may be contracted to provide presentation on the proposal by the team leader and related discussion detailing methodology, operation issues, and other issues (budget, flexibility, addressing different operational issues, etc.). After the presentation, selected survey firm will be requested to submit updated proposal (related revisions/ adjustments). On the basis of the updated proposal final negotiation will be done. Once the agreement reached the contract will be signed between Save the Children and the survey firm.

The selected survey firm will bear in mind that Suchana is a multi-party consortium programme where a number of stakeholders are involved. A dynamic team with flexibility and ready to accommodate different needs/advice of the concerned party should be accommodated in the course of the assignment (Final Evaluation).

Benchmark scoring point:

Step I: To be potential candidate to conduct the assessment, the bidder must score at least 60% in technical proposal **(24 out of 40)**.

Step 2: Following the evaluation of technical proposal for 40% of total score, at least top three eligible bidders will be invited for further screening through oral presentation that will carry 10% score.

Step 3: Financial proposal will be reviewed and scored separately out of 40%, along with 10% score on sustainability criteria.

The overall scoring should consider the technical proposal, the financial proposal, sustainability proposal and oral presentation. Based on all these scores, Save the Children will select the most competent consulting firm for carrying out the evaluation.

15. SELECTION CRITERIA GUIDANCE

Essential criteria

Understanding of requirements and proposal

- 1) Demonstrate your understanding of the study requirements and provide your proposal for how you would approach the research/evaluation. Your proposal will be assessed on whether the approach and methodology are robust, appropriate (actionable, sensitive, responsible) and indicates that it will achieve the study requirements.
- 2) Demonstrate your understanding of the deliverables and activities to be implemented, by:
 - a) Describing your proposed approach to project management and track record of delivering on time and on budget.
 - b) Providing a project plan with indicative timeline and defined roles and responsibilities of team members.

Capability criteria

Demonstrated Experience

- 3) Demonstrate your experience and track record in conducting large scale impact/outcome evaluation using quasi-experimental design and mixed methods (qualitative and quantitative data collection and analysis)
- 4) Demonstrate your experience and track record in conducting research and/or evaluation in the field of food security and livelihood, particularly in relation to nutrition
- 5) Demonstrate your experience and track record of leading socio-economic research, evaluations or consultancy work in Bangladesh that is sensitive to the local context and culture, particularly child rights, gender equality, ethnicity, religion, and local context
- 6) Demonstrate your experience and track record in conducting ethical, inclusive, and participatory research and/or evaluations involving a) children and b) marginalised, deprived and/or vulnerable groups

Bidder capacity

- 7) Describe the Project lead's coordination experience in leading consultancy work, research and/or evaluations of similar scale, and managing a team of diverse team of specialists.
- 8) Nominate the key personnel and resource pool who will perform the work in relation to this contract. Your response will be assessed on whether the skills and experience of key personnel adequately covers all areas of expertise and experience required, and your combined team resources (number of members) as required to implement the activities within the set timeframe. Please indicate the 'personnel type' for each key personnel using the types outlined in the table below for the next question.

Financial criteria

This personnel profile, schedule of rates and cost elements will be used for the purposes of assessing cost effectiveness, as well as managing and negotiating the agreed cost of deliverables, or agreed scope variations if required.

Personnel allocations

- 9) Use and adapt the table below to outline how much time has been allocated for the proposed team members to complete the required activities and deliverables. Indicate the type and number of personnel allocated, for example 1x5 days (one individual for 12 days = 12 days) or 3x10 days (three individuals for 10 days each = 30 days).

Activity/ Deliverable	[Project personnel]	[Project personnel]	[Project personnel]	[Project personnel]	[Add columns as needed]
Stage 1					
Sub Total					
Stage 2					
Sub Total					
Stage 3					
Sub Total					
TOTAL (All Stages)					

Personnel Rates

10) Please detail the daily rates for key categories of project personnel in the schedule below.

	Expected number of days	Daily Rate	Taxes	TOTAL
[Project personnel]				
[Project personnel]				
[Project personnel]				
[Project personnel]				
[Add rows as needed]				
TOTAL				

Cost elements

11) Please specify all non-personnel related cost-elements that are budgeted for in this proposal.

Element	Budget allocated	Taxes	TOTAL
Inputs (please specify)			
Outputs (please specify)			
Travel (please specify)			
Support costs (please specify)			
Other disbursements (please specify)			

*****Note: Please clearly mentioned whether your offer includes VAT & TAX of Bangladesh**

Estimated Budget - This is an estimate budget, subject to Change based on the competitive selection process and the project's budget and needs, with no spending commitment on SCI. financial bids will be strictly assessed on a value for money basis

Personnel Rates - Technical Experts				
Element	Expected no. of days	No of Staff	Daily Rate	Total
Project Personnel 01 - International/Local				
Project Personnel 02 - International/Local				
Project Personnel 03 - International/Local				
Project Personnel 04 - International/Local				
Project Personnel 01 - National/Local				
Project Personnel 02 - National/Local				
Project Personnel 03 - National/Local				
Project Personnel 04 - National/Local				
Estimated Budget				USD 125,030.00
Personnel Salary/Remuneration - Data Collection				
Element	Expected no. of days	No of Staff	Rate	Total
Quantitative Survey: Field Supervisor				
Quantitative Survey: Quality Control Officer				
Quantitative Survey: Enumerators				
Anthropometric Data Collection: Field Supervisor				
Anthropometric Data Collection: Data Collectors				
Qualitative Data Collection: Research Associate				
Qualitative Data Collection: Field Researchers				
Estimated Budget				USD 91,000
Travel & Per Diem Cost				
Element	Expected no. of days	No of Staff	Rate	Total
International Travel				
Domestic Travel				
Local Travel - Quantitative Survey				
Local Travel - Anthropometric Data Collection				
Local Travel - Qualitative Data Collection				
Local Travel - Technical Persons				
Local Travel - Undefined				
Per Diem - International				
Per Diem - National				
[Add rows as needed]				
[Add rows as needed]				

Estimated Budget				USD 47,000
Training Cost				
Element	Expected no. of days	No of Staff	Rate	Total
Venue - Quantitative Survey				
Food & Lodging				
Venue - Qualitative Survey				
Food & Lodging				
Venue - Anthropometric				
Food & Lodging				
Field Test of survey tools				
[Add rows as needed]				
[Add rows as needed]				
Estimated Budget				USD 21,000
Other Costs				
Element	Expected no. of days	No of Staff	Rate	Total
Lodging for Enumerators				
Lodging for Supervisors				
Lodging for Technical Professionals				
Questionnaire/ Tools development in CAPI, translation etc.				
Stationaries & Logistics				
Hiring of equipment's, tabs, anthropometric instruments				
Communication Cost				
[Add rows as needed]				
[Add rows as needed]				
[Add rows as needed]				
[Add rows as needed]				
Estimated Budget				USD 79,000

**Estimated Budget includes VAT & TAX of Bangladesh (Flexible)

16. ANNEXES

Annex-I: Brief on Suchana Programme

SUCHANA: ENDING THE CYCLE OF UNDERNUTRITION IN BANGLADESH

INTRODUCTION

SUCHANA: Ending the cycle of undernutrition in Bangladesh” is a multi-sectoral nutrition programme aims to achieve a significant reduction in stunting amongst children under two years of age in Bangladesh by catalysing support across government and other stakeholders. The programme adopts an integrated approach to nutrition specific and nutrition sensitive intervention to prevent chronic malnutrition within the critical 1,000 days from conception until a child reaches its second birthday.

Suchana Context & Rationale

Within Bangladesh, although the prevalence of stunting (shortness in stature compared to child’s age) has declined from 51% in 2004 to 36% of children under five in 2014, levels of stunting remain well above WHO and government thresholds. Some six million children are estimated to be chronically malnourished, and uptake of key infant and young child feeding (IYCF) practices remains poor. Chronic malnutrition has long-lasting, irreversible effects on the child’s development, including mental development, health, school performance and later on, work productivity.

The human and economic cost of malnutrition is huge. Left unchecked, it can result in a 2-3% loss in national income due to its long-term impact on productivity; chronic malnutrition during childhood may lead to late enrolment in school, and the missed education means that such children may earn 20% less than children with complete education². Malnutrition in Bangladesh is estimated to cost approximately US\$1 billion a year in lost economic productivity³.

Although we now know why we need to tackle undernutrition and when we need to intervene, strong evidence is still lacking on exactly what can be done to sustainably reduce undernutrition, particularly stunting, and how the necessary interventions can be delivered. A recent analysis indicated that nutrition specific interventions might prevent 15% of deaths and about 20% of the current burden of stunting and 60% of wasting (Bhutta et al. 2013). However, this leaves a substantial burden of deaths and chronic undernutrition that is not preventable by nutrition-specific interventions, highlighting the substantial role of other nutrition sensitive interventions.

SUCHANA PROGRAMME DESCRIPTION

With a purpose to accelerate a reduction in the incidence of stunting among children under two years of age in two districts of Sylhet division in Bangladesh, Save the Children International (SCI) has mobilized a catalytic coalition of 8 organizations to design and implement the unique and ambitious Suchana programme. The programme is trying to capitalize the expertise and experience of the coalition to catalyse efforts by government and other Bangladeshi stakeholders (such as the private sector, civil society, and diaspora) to identify and scale up sustainable, context specific programmes that can break the intergenerational cycle of malnutrition, by applying a life cycle approach that intensifies during the critical 1000 days from conception. Recognizing the nutritional needs of women even before pregnancy, and the connection between adolescents’ nutrition, early marriage, early pregnancy and child undernutrition, the

programme gives specific emphasis to the empowerment of adolescents and young unmarried women.

GOAL:

Significant reduction in the incidence of stunting amongst children under two years of age in two districts of Sylhet. The coalition aims for at least 2 percentage point additional reduction per year (total 6 percentage points additional reduction in 3 years of interventions) against a current annual decline of 1.4percentage points /year in the rate of stunting among children under two.

PURPOSE:

Catalyse support across government and other stakeholders for a coordinated, multi-sectoral approach to undernutrition at the national level.

PROGRAMME COMPONENTS (PILLARS):

1. Improved nutrition governance at sub-national and national level demonstrated by enhanced coordination within and between ministries and sectors at national and local level, increased resource allocation to nutrition and effective implementation of nutrition related policies and programmes on the ground
2. Enhanced capacity of government frontline service providers to deliver nutrition related (both specific and sensitive) services in an effective and inclusive manner and increased uptake of services by nutritionally vulnerable groups (PLW, children under two years of age, adolescent girls, and newlywed couples from extreme poor and moderate poor households)
3. Extreme poor and moderate poor households with pregnant women, lactating mothers with children under 2 and adolescent girls are empowered to overcome economic barriers to nutrition and become more resilient to social, economic, and climatic shock
4. Increased knowledge, skills, and power of extreme poor and moderate poor households, particularly women and adolescent girls, to practice and support appropriate IYCF and MCHN behaviour and challenge harmful gender norms (early marriage, early pregnancy and GBV)
5. Deliver a solid and rigorous knowledge and evidence base to galvanize momentum for change to support scalable interventions that address chronic malnutrition throughout Bangladesh.

DURATION:

2015-2022

PARTNERS:

SCI, HKI, iDE, WorldFish, icddr,b (till 2021), CNRS, RDRS, and FIVDB

FUNDED BY:

FCDO and EU

Significant focus has also been given to improving nutrition governance that translates political commitments into practice. This is crucial for wide-scale impact and sustainability, as changes in increased access to and utilization of health and nutrition-related services, the economic empowerment of women and adolescent girls and improved knowledge, skills, and power to adopt appropriate nutrition behaviour and practices will only be temporary; unless supported by the realization of a strong vision of improved nutrition governance at all levels and sectors. Similarly, the programme has a heavy focus on the generation of evidence to directly attribute the reduction in stunting to the programme. This will contribute to global debates on undernutrition and influence the design and implementation of policies and practices, lead to scale up, adaption and replication of the Suchana model by government and others. To maximise the impact of the gathered evidence, the coalition has developed a dynamic advocacy strategy. This draws upon the support of key national and international advocacy partners and mobilises the urban elite and growing

middle class of Bangladesh, diaspora, and child advocacy groups to boost accountability which in turn will strengthen the provision of services, and their sustainability, at the community, district, and national levels.

The impacts of this programme will be lasting changes from the household to national government level that challenge the drivers of chronic malnutrition that have passed down

Coalition Partners: The coalition brings together partners, each of whom have renowned experience and expertise working in the fields of nutrition, health governance, livelihoods, and food security in Bangladesh. The coalition includes SCI, HKI, iDE, WorldFish, icddr,b, CNRS, RDRS, and FIVDB.

Strategic Partners: The programme will also work with a range of strategic partners such as International Food Policy Research Institute (IFPRI), Civil Society Alliance for Scaling Up Nutrition, National Nutrition Working Group, the National Child Task Force, Meeting the Undernutrition Challenge (MUCH) which is being implemented by FAO, Bangladesh National Nutrition Council (BNNC) etc.

GoB Partners: the programme will focus on collaboration with the Government of Bangladesh and engage closely with eight-line ministries: The Ministry of Health and Family Welfare, Ministry of Agriculture, Ministry of Food, Ministry of Disaster Management and Relief, Ministry of Women and Child Affairs, Ministry of Social Welfare, Ministry of Fisheries and Livestock and the Ministry of Local Government, Rural Development and Cooperatives.

generations to perpetuate unacceptably high levels of stunting in Bangladesh. This will translate into improved development and economic outcomes for children and the country, as healthy well-nourished children become healthy and productive adults, who go on to raise healthy well-nourished children of their own.

Target Area and Target Population

The programme is rolling out in Moulvibazar and Sylhet Districts of Sylhet Division. Out of a population of 9,910,219 in Sylhet Division, 20.7% live below the lower poverty line (HIES 2010). Sylhet division is characterised by deep-seated inequality with the highest regional Gini coefficient of 0.319 (IFPRI, 2013) while the Division as a whole performs poorly on key health and nutrition indicators. It displays the highest national rates of stunting at 49.6% (BDHS-2014), the highest U5 mortality at 67 among 1,000 livebirths (BDHS 2014), the high fertility rate of 3.6 (BMMS, 2010) and the lowest rates of immunisation (DGHS, 2014). Recent figures from HKI Surveillance confirm high levels of food insecurity characterise Sylhet Division at 79% (HKI, 2011). Sylhet Division is also prone to severe flash flooding. The Suchana Programme targets households most vulnerable to malnutrition, namely those with adolescent girls, newly-weds, pregnant women, and lactating mothers with children under the age of two years from a mixture of rural extreme poor and moderate households, directly reaching approximately 235,000 households and 1.4 million people in different cohorts.

Information	Total coverage
Beneficiary Households (BHHs)	235,500
- Women (15-45 years)	188,400
- Adolescents (15-19 years)	47,100
Upazilla	20
Unions	157

Cohorts in Suchana and Timeline

Suchana reached 235,500 poor households by cohorts following a stepped wedged intervention approach. The regular implementation has begun in year-1 and gradually included different cohorts. Households enrolled under year-1 cohort, and year-4 cohort treated as intervention and control arm respectively to evaluate the impact of the programme on stunting and household level nutrition and food security indicators. Suchana cohorts are listed below:

Inception Phase:	August 2015 to April, 2016 (9 months)
Learning Phase:	March, 2016 to December, 2016 (2-month overlap)
Cohort-1:	January, 2017 to December, 2019 (three years with cohort-1)
Cohort-2:	January, 2018 to December, 2020 (three years with cohort-2)
Cohort-3:	January, 2019 to December, 2021 (three years with cohort-3)
Cohort-4:	January, 2020 to December, 2022 (three years with cohort-4)

SUCHANA INTERVENTION DESCRIPTION

To achieve Suchana goal and objectives, Suchana interventions are organised under five significant pillars.

Pillar one addresses the governance of nutrition including promotion of nutrition governance at sub-national level through the capacity building of local government institutions to understand the causes and scale of undernutrition in their constituencies. It is also trying to develop accountability amongst service providers and local governance institutions through incorporate appropriate actions into their planning and budgeting to address those issues. This will be complemented by the generation of evidence at subnational level to promote governance at the national level through platforms linked to FAO-MUCH, CSA-SUN, REACH, National Nutrition Working Group. Children will be empowered to promote nutrition governance at national and local levels. The Coalition will work with adolescents (both boys and girls) and empower them to become advocates/champions for nutrition in their communities using various tools, and guidelines that have already been developed, tested, and used in various save the children programmes nationally and internationally.

Pillar two is focused on strengthening the delivery of key nutrition interventions. These include catalysing both delivery and uptake of nutrition-promoting services from early pregnancy and even before conception to the child's second birthday, to ensure that women enter pregnancy in a state of optimum nutrition. In addition to capacity building of existing health and family welfare initiatives and implementers of nutrition-specific interventions, the programme is keen to build the awareness of nutrition-sensitive initiatives amongst other line ministries including Ministry of Food, Ministry of Agriculture, Ministry of Fisheries and Livestock, Local Government Division under Ministry of LGRD, Ministry of Disaster Management & Relief, Ministry of Women and Child Affairs. Simultaneously, communities will be supported to access their existing facilities and identify gaps to community leaders and local government representatives and will, therefore, be closely aligned with accountability mechanisms.

Pillar three tackles the economic barriers that prevent the household from adopting optimal nutrition practices. This includes nutrition-sensitive interventions designed to improve household income and subsequent food and nutrition security, as well as contribute to the economic empowerment of women and adolescent girls and build household resilience to shocks and hazards. This is being implemented through three key strategies income generation and diversification of livelihood strategies linked to the market; promoting household and community production and consumption of nutritious food; and strengthening the nutrition impact of government social protection schemes.

Pillar four addresses the intergenerational cycle of malnutrition, by ensuring that women and adolescent girls, their household members and the entire community have adequate nutrition knowledge and power that are required to translate that knowledge into practice. A major focus is to ensure that women and adolescent girls are empowered enough both socially and economically so that they can translate their knowledge into practice, challenge unequal power relations, harmful social and cultural practices, and gender norms including GBV, early marriage and early pregnancy. To ensure that protecting children from undernutrition becomes a shared responsibility, all members of the community, especially husbands and mothers in law who are traditionally significant decision makers, are targeted with evidence-based Behaviour Change Communication (BCC) messages on nutrition, health and WASH embedded in empowerment framework. Specific emphasis is given to empowering adolescent girls through specific BCC on pre-pregnancy nutrition, adolescent health and to challenge harmful cultural practices that perpetuate malnutrition across generations will be delivered. Adolescent forums are being used for young girls and boys to discuss together where possible and separately where culturally appropriate, their aspirations and concerns and how to raise these collectively within communities.

Pillar five provides the necessary evidence base to influence the programme as it develops and will provide critical input into shaping national food security and nutrition policy and international dialogue, the provision of evidence on how to deliver at scale in Sylhet and beyond. Evidence alone is not sufficient to push the nutrition agenda forward; how this evidence is used and disseminated is equally essential to leverage long-lasting change. Building on the combined strength of the coalition members, Suchana engages and mobilises a wide range of stakeholders to change nutrition practice and policy. It is being done so through three fundamental approaches: stepped-wedge evaluation, complimentary mixed methods approach, and dissemination of evidence and Advocacy.

The Stepped Wedge Evaluation will be used to estimate the attributable impact and is a cornerstone of the

Suchana cross cutting all five pillars is a focus on building resilience. Suchana takes an integrated life-cycle approach, which incorporates nutrition specific and nutrition sensitive interventions that build households resilience to an array of health, economic, social and climate/disaster related shocks and hazards. Resilience is being achieved by increasing the households' access and utilization of strengthened health and nutrition related services, providing a range of climate-resilient livelihood options to increase income and improve skills to grow nutrition foods.

programme delivery and evaluation. To assess the attributable benefit of any intervention on nutritional status, it is necessary to know what would have happened without the intervention. Therefore, a control group will be included in programme activities through a cohort-based phased approach as the last cohort. The baseline survey is being carried out in the first and last cohort of unions. The programme is then delivered in each successive cohort, and the final survey is carried out just before the programme is delivered in the final cohort of unions where the last cohort counts as the control group. The effect of the programme can be estimated by subtracting the change in outcome variables in the first cohort of unions from the change in the last cohort. This cohort-based phased implementation allows the effect of the programme to be estimated above and beyond what would have happened in reality. It also avoids ethical issues that result from excluding subjects from a beneficial programme, as all participants in the evaluation will be included in the programme at some point. This approach also allows scale-up to take place as funding and capacity increase.

Nutrition Specific Interventions

- Formulation and orientation for *Pustidol* at village level
- Conduct courtyard sessions in the communities and Counselling at household level
- Ensure Maternal, new-born and child health (MNCH) practices
- Ensure Infant and Young Child Feeding (IYCF) practices
- Organize cooking and feeding demonstration sessions with mothers/in-laws
- Mobilize community for Growth Monitoring & Promotion (GMP) sessions in the outreach
- Support Growth Monitoring and Promotion (GMP) services at community clinic
- Screening, referral, and support treatment of Severe Acute Malnutrition (SAM) in the GoB health facilities
- Improve capacity for service providers of Ministry of Health and Family Welfare (MoH&FW)
- Support GoB to plan and organize National Vitamin 'A' campaign twice in a year.
- Observe and celebrate National Nutrition Week, World Breastfeeding Week, National Livestock, National Fisheries, Safe Motherhood day, days/weeks/event related to nutrition
- Raising awareness on health nutrition and personal hygiene among communities, and target groups
- Sessions for adolescents on nutrition, reproductive health
- Orient Union Parishad (Local government) and community leaders about nutrition
- Orient religious leaders and community leaders and influential people about nutrition

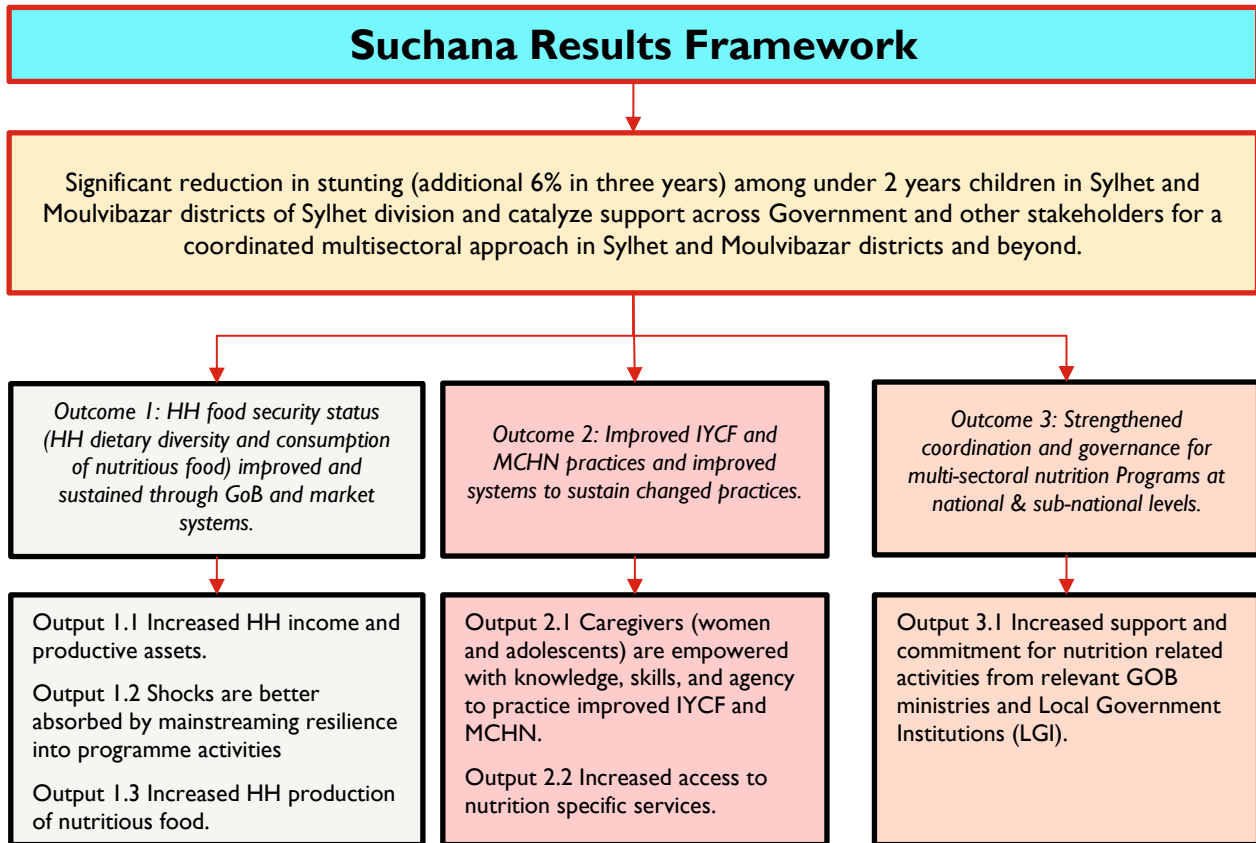
Nutrition Sensitive Interventions

- Beneficiary Households capacity building on homestead food production and livelihood
- Vegetable production and consumption
- Poultry and livestock rearing
- Beneficiary household capacity on aquaculture for production, consumption, and sales
- On-farm and off-farm income generating activities, business planning and connecting with market actors
- Promotion of climate smart agriculture and fisheries technologies and practices among programme beneficiaries
- Rapid market assessment and linkage
- Beneficiary households' engagement with GoB social safety net program
- Beneficiary households' engagement with Village Savings and Loan Group/Association (VSLA)
- Women empowerment on decision making around investment, land ownership, mobility, access to health care
- Facilitate multisectoral platforms of GoB (representation of GoB sectors from agriculture, fisheries, livestock, women and child affairs, social welfare, health and family planning, disaster management etc) to organize meeting, planning of annual nutrition action plan and support building capacity on monitoring etc)
- Engagement with Private sectors for improved market accessibility of seed, vaccine for small livestock, fish feed etc
- Offer capacity for Union Parishads (Ups) on annual budget, targeting on social protection scheme, disaster management planning and response
- Distribution of handwashing device among beneficiaries' households
- Community Risk Assessment (CRA) determines the most vulnerable unions and inclusion into preparedness and response on emergency

Monitoring, Learning, Evaluation and Accountability (MEAL): MEAL is a central component of the whole Suchana design, with one pillar (pillar 5) dedicated to generating and sharing evidence; promoting learning and accountability. The Suchana MEAL system is designed to go beyond measuring targets and milestones to generating robust evidence, knowledge, and learning. The MEAL system is designed around 5 core functions: Ensure regular monitoring and evaluation and performance tracking as well timely feedback to inform management decisions using a range of quantitative and qualitative tools; Generating robust evidence using a rigorous randomized controlled trial to demonstrate attributable impact of the

complete package of interventions; Conducting a series of thematic studies to produce evidence on the effectiveness of individual components and create a body of knowledge particularly in the area of nutrition sensitive interventions which can be used to advocate for replication and scale up by government; Ensuring programme quality as per SCI programme quality framework; Promoting learning and strengthening accountability mechanisms by empowering community members, particularly children, to hold government (and indeed the Suchana programme) accountable to provide adequate and quality services to promote nutrition.

Annex 2: Suchana Results Framework



Annex-3: Major Areas for Quantitative Data Collection

- Basic household information, socio-demographic profile, household roster (including disability information)
- Three sub-sections: (HFP-poultry, HFP-Aquaculture, HFP-AGA), use of inputs, current status, etc.
- Access to market, getting quality inputs, etc.
- Knowledge and practices on climate resilient livelihood, production technology, awareness on climate change, adverse effects, prevention/adaption practices
- Production from different Suchana introduced smart practices relating poultry, aquaculture, IGA related activities
- General health awareness, Nutritional knowledge and practices, empowerment, LSE participation and activities
- HFIAS indicators

- MDDW
- Consumption pattern of food, fruits, fish from own production introduced by Suchana
- Feeding for children- IYCF
- Source of knowledge on nutrition
- Section for father (i) on knowledge on MCHN practices (ii) knowledge on negative consequences of early marriage, early pregnancy
- Knowledge of mothers/caregivers who can mention at least three (3) IYCF and two (2) MCHN practices (total five)
- Feeding for children (6-11, 12-23, complementary feeding)
- Morbidity
- Health seeking practices
- Current, last reproductive issues, health services
- WASH
- Empowerment
- Access to social protection schemes of GoB
- Participation in few Suchana awareness session and related questions Participation in VSLA, activities in VSLA, participation in Pustidol, activities in Pustidol, participation in GPUK, activities in GPUK
- Adolescent section
- Anthropometry (weight, height) etc.

For FCDO's Project Completion Report (PCR), final evaluation will include:

- 1) Update on impact indicators for Cohort 1 and Cohort 4
- 2) Results on the list of indicators from RFLI in Year-6
- 3) Update on RFLI at Outcome and Output levels, including comparison between target and achievement from all four cohorts (Cohort-1, Cohort-2, Cohort-3, and Cohort-4).

Following RFLI indicators will be reported from the Suchana final evaluation quantitative survey and programme MIS –

IMPACT INDICATORS <i>(Applicable for Cohort-1, & Cohort-4 Only)</i>	Comments
Prevalence of stunting among the children under 2 years (12 to 23 months) (% of stunted children (height for age z score <-2) less than two years in targeted households)	Final evaluation 2022
Prevalence of wasting among the children under 2 years (12 to 23 months) (% of wasted children (weight for height z score <-2) less than two years in targeted households)	Final evaluation 2022
Number of districts with replicated Suchana's best practices (Suchana will contribute to replicate its best practices in other districts)	Suchana MIS (programme report, other documents)
OUTCOME INDICATORS <i>(Applicable for all cohorts – Cohort-1, Cohort-2, Cohort-3 & Cohort-4)</i>	
Mean Household Dietary Diversity Score (HDDS)	Final evaluation 2022
% food insecure households according to Household Food Insecurity Access Scale	Final evaluation 2022
% of women (15-49) consumed nutritious diet (will be measured by MDD-W)	Final evaluation 2022
% of BHHs generating profits or increased IGA asset value from Income Generating Activities	Final evaluation 2022

% of children 0-5 months old were exclusively breastfed in last 24 hours	Final evaluation 2022
% of children 6-23 months of age who had minimum acceptable diet (MAD)	Final evaluation 2022
% of women received at least 4 antenatal check-ups by a trained service provider during last pregnancy	Final evaluation 2022
% of mothers/caregivers having under 2 years children reported hand washing with soap at 3 critical times including after defecation	Final evaluation 2022
% of women having decision making power on all issues listed below: (a) Major household purchase (b) Food purchase (c) Food preparation (d) Own health care (e) Child health care (f) Visit family and relatives	Final evaluation 2022
SELECTED OUTPUT INDICATORS (<i>Applicable for all cohort - Cohort-1, Cohort-2, Cohort-3 & Cohort-4</i>)	
% of registered BHHs accessed quality inputs from public/private sectors	Final evaluation 2022
Number of Households (HHs) adopting climate resilient livelihood options	Number will be extrapolated from Final evaluation 2022 (%)
% of HHs accessing existing social protection schemes	Final evaluation 2022
Number of HHs are members of savings groups introduced by Suchana (e.g. VSLA)	These numbers will be extrapolated using programme MIS
Number of BHHs received training on improved production technology	These numbers will be generated from programme MIS
Number (%) of HH with home gardens	Number will be extrapolated from Final evaluation 2022 indicator (%)
% of mothers/caregivers who can mention at least three (3) IYCF and two (2) MCHN practices (total five)	Final evaluation 2022
% of husbands who could mention at least three (3) IYCF and two (2) MCHN practices (total five)	Final evaluation 2022
Number (%) of adolescents received training on life skills	These numbers will be extrapolated using programme MIS
% of mothers/parents are aware of legal marriage age and consequences of child marriage and/or early pregnancy among adolescent girls	Final evaluation 2022
Number of Community Clinic (cumulative adding newly functional sites to existing sites each year) providing nutrition specific services	These numbers will be extrapolated using programme MIS and system strengthening index (SSI) assessment of Suchana
Number of Union Parishad Health Standing committees with improved monitoring capacity	These numbers will be generated from programme MIS
Number (%) of women of reproductive age (15-49 years) and children under 5 received nutrition sensitive services	For final evaluation report, ' % of Women...' to be considered
Number (%) of beneficiary households (BHH) trained on income generating activities	For final evaluation report, ' % of BHH...' to be considered

Number of govt. officials (DOF, DAE, DLS) trained on nutrition sensitive production technologies	These numbers will be generated from programme MIS
Number (%) of women of reproductive age (15-49 years) and children under 5 received nutrition specific services	For final evaluation report, ‘% of Women...’ to be considered
Number (%) of male members participated in male meeting in <i>Pustidol</i> organized by Suchana	For final evaluation report, ‘% of male...’ to be considered
Number of GoB health officials trained on gender sensitive nutrition approach	These numbers will be generated from programme MIS
% of children 6-59 months received Vitamin A supplementation during the last six months	Final evaluation 2022
Number of policy dialogue and/or media events organized at national level to facilitate discussion on resource allocation for nutrition	These numbers will be generated from programme MIS
Number of forums at sub-national level raised nutrition agenda	These numbers will be generated from programme MIS
Number actions from District Annual Nutrition Plan implemented (DNCC)	These numbers will be generated from programme MIS
Number of government officials at national level and sub-national level (DOF, DAE, DLS, DGHS, DGFP) trained to plan, deliver, coordinate, and monitor nutrition specific and sensitive services from the gender perspective	These numbers will be generated from programme MIS

Annex-4: Major Areas for Qualitative Data Collection – FGD/IDI (Tentative)

FGDs will be done with different types of focused groups which are active in Suchana e.g. pregnant, lactating mother’s groups, poultry groups, aquaculture groups, *Pustidol* (major group in a community, adolescent groups), etc. Total 12-15 FGDs will be done for obtaining broader understanding, perception on certain issues:

FGD with the beneficiaries’ group will include the following major areas:

- Drivers on Food Consumption practices in the household by members on
 - IYCF practices, MDD-W, HFIAS issues
 - Food distribution among family members especially women, their thoughts, portion of meal, frequency, etc.
 - Challenges, observations
 - Role of women, their influence, other male members
 - Dividing workload, contribution of male members in family affairs
 - Changes felt after involving with Suchana
- Access health care services
 - How decisions taken, who plays a major role
 - Time of health care seeking practices

- Opinions/role of other male members (e.g. husband, father-in-law, etc.)
- Transportation
- Challenges
- Opinions
- Changes felt after involving with Suchana
- Perception of community people, religious leaders, elites, etc
 - Observation, difficulties in participation of Suchana program
 - Issues/scenario before engaging with Suchana and after
- Resilience and Sustainability
 - Challenges for horticulture/poultry/aquaculture/IGA related works including market systems
 - How changes occurring among beneficiaries, in the context of Suchana Graduation Model
 - Perception on sustaining situations, particularly beyond Suchana period
 - How Suchana helped the communities towards building systemic and economic resilience
 - How COVID-19 impacted the beneficiaries and how they cope with the situation
- Areas for adolescents:
 - Areas which adolescent girls feel as improvement after engaging in Suchana
 - Discussion on how their knowledge gain in Suchana supportive for their future
 - What do they think would be their role in improving nutrition at family and community level?
 - What they need more in their opinion to achieve their role (mentioned above)
- Suggestions, opinions from beneficiaries for future improvement

Annex-5: Major Areas for Interview Checklist with different GoB departments (Tentative)

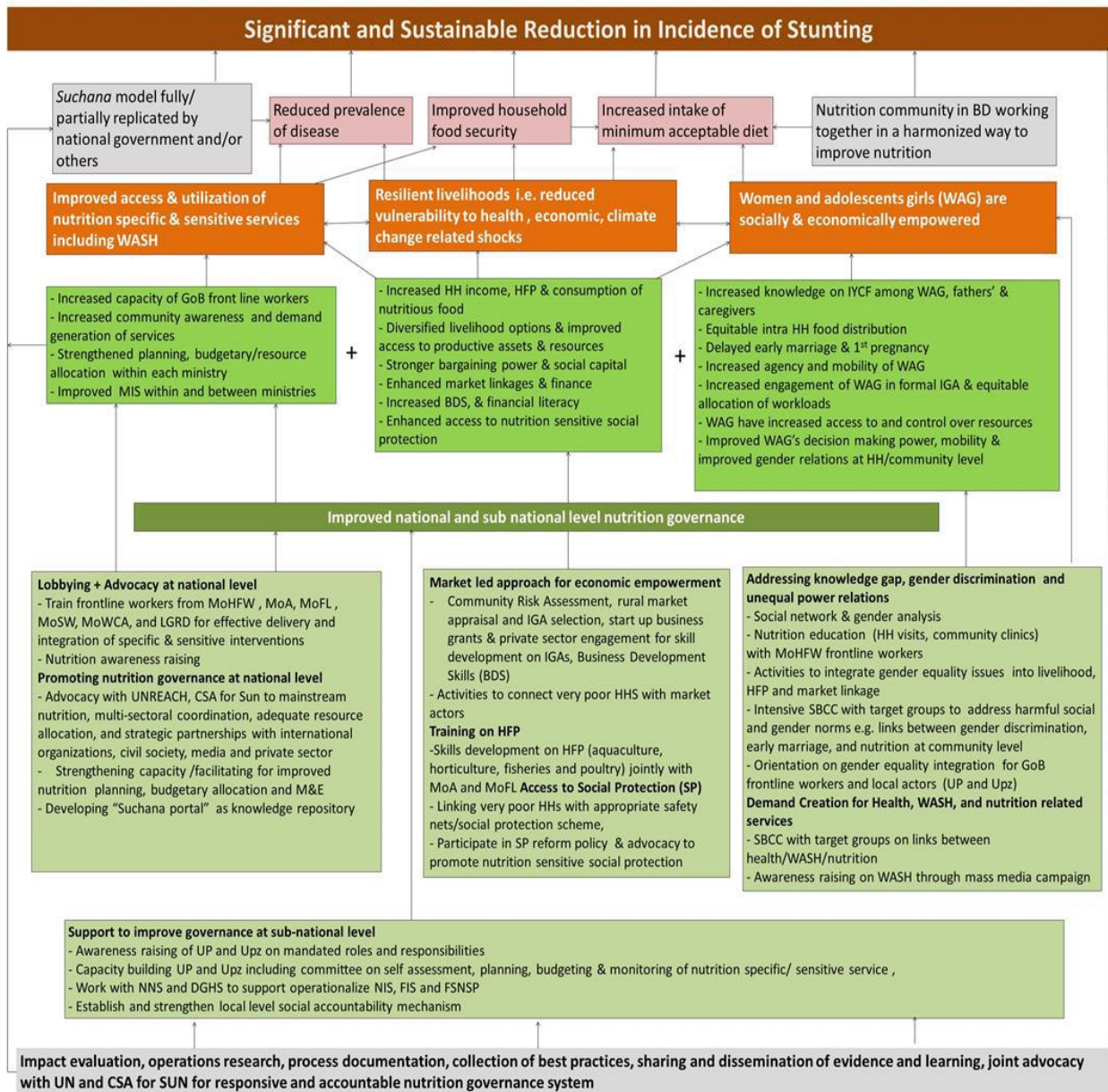
- Knowledge on current nutrition situation in Sylhet/Moulvibazar among the selected GoB officials (DNCC members, UNO, National Plan of Action on Nutrition 2, IPHN associated officials). Causes of malnutrition. Why nutrition needs to be prioritized. Their planning for nutrition in their respective dept.
- Knowledge on Suchana: How Suchana is working. Progress on Suchana activities. Knowledge on potential impact of Suchana? What went well in Suchana? What are the areas of improvement?
- Participation in Suchana programs: What are the events? What was the role?
- Coordination issues with your respective Dept. (under selected line ministries especially new NPAN2 and DNCC mechanism of BNCC).
- Any supervision visits in the field (with or without Suchana). If yes what, when, major reflections?
- What challenges relevant government departments may face to continue departmental activities in the Suchana working areas beyond Suchana period? How are government departments planning to overcome these challenges?
- Issues, how GoB departments and Suchana can collaborate?
- Have you participated in any planning meeting with Suchana or implementing/ technical partner? If yes, what type and main reflection. What was the reflection?
- Continuous relationship with Suchana? Regular meeting and points discussed in the last meeting?

- How Suchana collaborating with service providers, their feedback on Suchana interventions, quality, etc.
- Unions where response (including types) initiated by UDMC after disaster in Suchana working unions (two interview at Sylhet and Moulvibazar. On UDMC related concerned GoB persons).
- Sustainability: How Suchana supported initiatives can continue beyond Suchana period? How enrolment of Suchana beneficiaries in social protection initiatives continue after phase-out of Suchana?

Annex-6: Major Areas for Interview Checklist with different private sectors (Tentative)

- Effectiveness and resilience of the market system strengthening initiatives
- Accessibility, efficiency, and sustainability of the market system
- Establishment, enhancement, and sustainability of the market linkage with communities/programme beneficiaries
- Interplay of the micro, meso and macro market actors to response towards markets system component and service delivery to the programme beneficiaries
- Understanding of the Market System Resilience Index (MSRI) to absorb shocks and connectivity with market actors

Annex-7: Suchana Theory of Change



Annex 8: SCI Evaluation Scoring for perspective consultants

Category	Evaluation Quality Criteria (used for internal scoring after completion)
Purpose, Design and Methods	1. Does the evaluation report clearly identify the evaluation's purpose (including its key objectives, questions, and criteria) as set out in the evaluation's Terms of Reference (ToR)?
	2. Are the data collection and analysis methods a clearly justified approach to addressing the evaluation's purpose and questions? (Do they provide valid, reliable, and ethical data?)
	3. Is the methodology suitably tailored to the context and population groups to which the evaluation questions relate (e.g. re gender, disability, socio-economic status, geographic location, cultural context, ethnicity)?
	4. Is the size and composition of the sample in proportion to the conclusions sought by the evaluation?
	5. Does the evaluation build on what is already known, for example existing tried and tested frameworks and tools, existing data/evidence, and previous lessons learned?
	6. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified?
	7. Has any personal and professional influence or potential bias among those collecting or analysing data been recorded and addressed or mitigated ethically?
Analysis and Findings	8. If evaluating impact, is a point of comparison used to show that change has happened (e.g., a baseline, a counterfactual, comparison with a similar group)?
	9. Is the explanation of how (e.g., theory of change, Logframe, activities) the intervention contributes to change explored?
	10. Is the data well triangulated, such as by using different data collection methods, types of data and stakeholder perspectives?
	11. Are alternative factors (e.g. the contribution of other actors) considered to explain the observed result alongside an intervention's contribution?
	12. Are unintended and unexpected changes (positive or negative) identified and explained?
	13. Are the perspectives of children & communities included in the evidence, including the most deprived and marginalised? Note: For evaluations focused on young children, caregiver perspectives are adequate instead.
	14. Are the findings disaggregated according to sex, disability, and other relevant social differences?
	15. Is there a clear logical link between the data that was collected and analysed, and the conclusions and recommendations presented?
	16. Are conflicting findings and divergent perspectives presented and explained in the analysis and conclusions?
	17. Are the findings and conclusions of the assessment shared with and validated by a range of key stakeholders (e.g., communities, partners, Save the Children staff)?
Communication and Use	18. Is the analysis and interpretation of the data well communicated through accessible language and helpful visuals (diagrams, graphs, tables as needed)?
	19. Are references, annexes and links included that provide additional relevant data, analysis, or references (including key documents and which individuals/stakeholders were involved)?
	20. Is there a clear plan for how to use the results, including recommendations that are 'SMART' (Specific, Measurable, Achievable, Relevant, Timebound) and directed toward the appropriate 'end users', a dissemination plan, and specific actions for implementing these recommendations?

TOR prepared by:	
TOR endorsed by:	
TOR reviewed by:	
TOR approved by:	
Date of sign off:	