

Terms of Reference

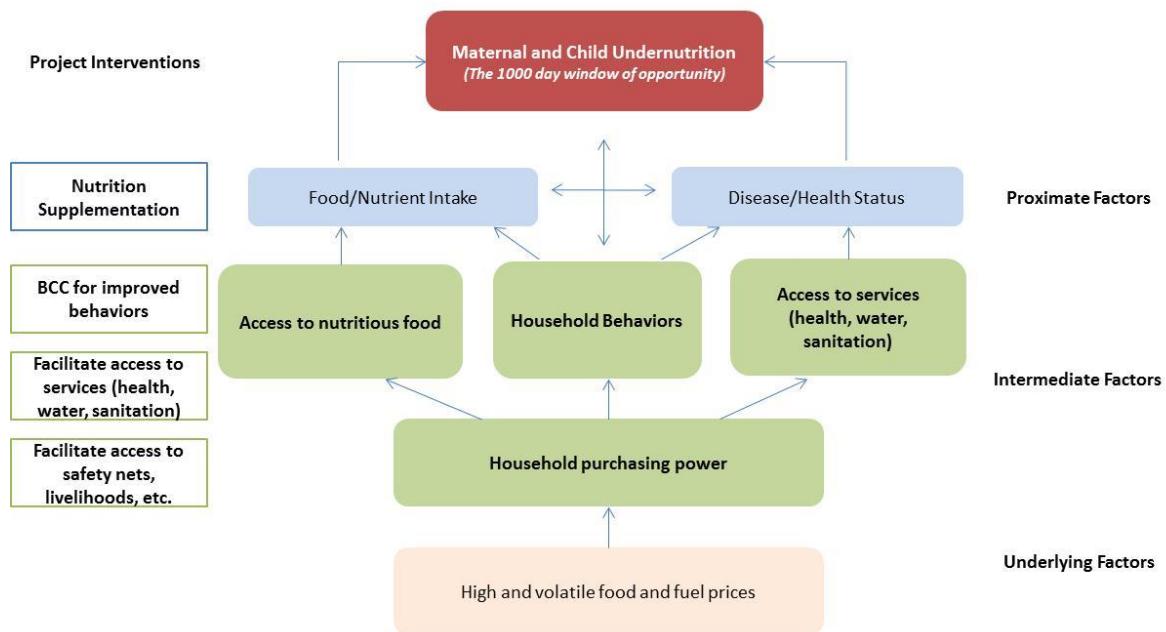
KARNATAKA MULTI-SECTORAL NUTRITION PILOT PROJECT

I. BACKGROUND

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

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

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



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

While behaviour change communication (BCC) is critical to improving nutrition, health care, sanitation and hygiene behaviours, its effective delivery is a challenge and requires a combination of technical and communication expertise. The successful implementation of the

pilot hinges on the successful delivery of BCC interventions and it is towards this end, that the KRLPS seeks to engage a consultant organisation.

II. BRIEF DESCRIPTION OF THE PROJECT:

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

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

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

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

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

Component 2: Improve access to multi-sectoral interventions with an impact on nutrition. This component will aim to leverage interventions and services in several sectors that have an impact on the nutritional status of poor families in the target areas. At the policy and administrative levels, coordination will be strengthened between key programs. On the ground, contracted NGOs, community-based organizations, and village nutrition workers will facilitate access by poor families to programs in various sectors, so that integrated support is offered to the targeted poor families. In addition, demand generation activities will empower vulnerable households and communities to demand services and benefits to which they are entitled. This will include programs and services with an impact on nutrition, such as ICDS, health services (including treatment of severe acute malnutrition, immunization, diarrhea

treatment, de-worming, micro-nutrient supplementation, antenatal care), social safety nets such as the national rural employment guarantee scheme, agricultural and livelihoods programs, and water and sanitation schemes. Innovative ways of engaging other sectors will also be explored under this component, such as ways of preventing wastage of horticultural produce at the primary level and marketing this to the community.

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

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

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

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

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

III. OBJECTIVE AND SCOPE OF WORK:

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

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

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

IV. TASKS TO BE CARRIED OUT BY THE CONSULTANTS:

The Consultant is required to perform concurrent monitoring of activities carried out by the NGO implementing the Multi-Sectoral Nutrition Pilot Projects at Chincholi Block, Gulbarga District and Devadurga Block, Raichur District for the entire project period ending June, 2017 subject to satisfactory performance during the first year, and each year thereafter. The Consultant will prepare periodic monitoring reports and share the same with the Client from time to time as agreed by both the parties. The following key tasks are expected to be carried out by the consultant:

- a. Monitor the existence of Village Nutrition Volunteers (whether they have been hired and their retention through the duration of the project)
- b. Monitor the performance and coverage of Village Nutrition Volunteers and the NGO supervisors in the following areas:
 - the frequency of home visits
 - growth/weight monitoring
 - health and nutrition counselling, especially, on immunisation, anaemia prevention, deworming, Vitamin A Supplementation and Diarrhoea Prevention etc.
 - the promotion of water and sanitation programmes
 - maintenance of records etc.
- c. Monitor the frequency and quality of trainings provided to the Village Nutrition Volunteers and NGO supervisors
- d. Monitor activities undertaken to engage SHGs in the implementation of the pilot. This includes, *inter alia*, the listing of SHGs in the village, the training/orientation of SHGs on project activities, the engagement of SHGs in the production and distribution of Energy Dense Food (EDF) etc.
- e. Monitor the production process of Energy Dense Food at the production points, its hygienic production, storage, packing, distribution and the involvement of SHGs in this process
- f. Monitor the NGO's compliance with environmental and social guidelines in the production of EDF, as spelt out in the project's Integrated Environment and Social Assessment and Management Plan (IESAMP)
- g. Monitor the efficient distribution of EDF to the distribution points in the villages
- h. Monitor the collection, storage and in turn distribution of EDF by the Village Nutrition Volunteers (VNVs) to the beneficiaries in the villages.

- i. Monitor the consumption of EDF by the beneficiaries which has to be ensured by the VNVs
- j. Collect samples of EDF for random quality checks as determined by KSRLPS.
- k. Monitor the implementation, quality and effectiveness of the IEC activities carried out by the NGOs
- l. Monitor the Inter-Sectoral activities carried out by the NGOs
- m. Elicit feedback from the beneficiaries regarding the EDF supplied, its quality, its consumption, support provided by the VNV, primarily counselling and weight monitoring done by the NGOs.
- n. Provide feedback on NGO performance and pilot implementation to KSRLPS and KNM through periodic reports, as agreed with KSRLPS
- o. Send weekly/fortnightly/monthly reports (as agreed) to KSRLPS and its representatives at the Taluk and District levels.
- p. Attend Progress review meeting called by KSRLPS or its representatives at the Taluk, District and State levels.
- q. Send the mandatory reports to KSRLPS or its representatives through the modes as specified in the contract.
- r. Promptly report to KSRLPS or its representatives if there are any gross deviations from the approved activities, to enable KSRLPS take corrective action
- s. Maintain all the necessary records of concurrent monitoring, its manpower and all financial transactions carried out during the contract period.
- t. Maintain all mandatory records of financial transactions and send the stipulated Statement of expenditure and Utilization Certificates as agreed in the contract.
- u. Carry out any additional monitoring activities that may be requested by the Client from time to time.
- v. Document best practices and case studies highlighting both the success of the intervention and the challenges faced in implementation

V. LIST OF KEY PROFESSIONAL POSITIONS:

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

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

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

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

Essential/Desired qualifications:

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

- Experience in planning, monitoring, evaluation and documentation
- Excellent communication skills in English and Kannada ó verbal as well as written

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

Essential/Desired qualifications:

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

VI. REPORTING ARRANGEMENTS:

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

The Consultancy Firm will furnish Inception, Bimonthly, Biannual and Final Reports in Formats agreed with KSRLPS and KNM, both in hard and soft copy. The release of budget will be linked to the timely submission of the reports by the Consultancy Firm to KSRLPS.