**REQUEST FOR EXPRESSION OF INTEREST**

**Evaluation of UNICEF’s Programme to Advance the Breastfeeding Agenda in India**

**UNICEF India is proposing to issue an RFP for services of an agency to conduct an Evaluation of UNICEF’s programme to advance the breastfeeding agenda in India. The Terms of Reference is given below.**

**Agencies who are interested in participating in the bidding process are requested to submit a capability statement in not more than 4 pages (Arial Font Size 11) addressing the points mentioned below. Please note one side of an A4 size sheet will be considered as one page.**

**a. A brief organizational profile and details of key personnel.**

**b. Experience in conducting similar evaluations.**

**c. Experience of working in the field of nutrition.**

**d. Experience of working in South Asia. Experience of working in India and an understanding about the functioning of the Government will be an advantage.**

**Kindly respond and send the capability statement to** **irebello@unicef.org** **by close of business hours on 1st December 2016 Indian Standard Time.**

**The RFP will be sent only to shortlisted agencies following review of the expressions of interest (capability statements) received.**

**Background:**

India has registered significant improvements in breastfeeding practices in the country. Early initiation of breastfeeding has increased from 24% in 2006 to 44.6% in 2014 and exclusive breastfeeding has increased from 46.4% to 64.9%.[[1]](#footnote-1) However, the rates of early initiation of breastfeeding vary across the states, ranging from 22.5% in Uttar Pradesh to 73.3% in Odisha. Early breastfeeding initiation rate is among the highest in tribal children (54.7%). However, it does not vary significantly by rural (44.2%) and urban (45.6%) areas, and there are limited difference between boys (43.8%) and girls (45.4%), as well as between the poorest (42.5%) and richest (42.3%) quintiles. Similarly, exclusive breastfeeding varies considerably by state, ranging from 55% in Karnataka to 82% in Chhattisgarh.[[2]](#footnote-2) It is the highest among children from the poorest quintile (70%), followed by scheduled castes (67.1%). Furthermore, unlike what is seen for early breastfeeding initiation, exclusive breastfeeding rate is considerably lower among the richest quintile (61.7%) as compared to children from the poorest quintile. On the other hand, there are limited differences by rural (65.1%) and urban (64.2%) as well as for boys (65%) and girls (64.8%).

Most importantly, there are missed opportunities nationally, as nearly 80% of births are institutional deliveries, but only 44.6% of babies are breastfed within one hour of birth (RSOC, 2013-14). This indicates that more needs to be done to capitalize on this opportunity to further accelerate progress on early initiation of breastfeeding within one hour of birth. Furthermore, there has been limited progress to improve complementary feeding, especially in terms of dietary diversity, which currently stands at only 19.9%.

UNICEF works in 16[[3]](#footnote-3) states. UNICEF programmes operate within the framework of government-led flagship programmes and it provides technical support to Integrated Child Development Services (ICDS) and National Health Mission (NHM) at National and state levels to strengthen the capacity of these flagship programmes to deliver socially inclusive services and improve maternal and child health and nutrition outcomes. This includes support to governments and partners to scale up programmes that provide essential nutrition services, counselling and support to improve breastfeeding and complementary foods and feeding practices for young children.

Protection, promotion and support of infant and young child feeding (IYCF) has been an important component of UNICEF’s work in India. Evidence from *the Lancet Series on Child Survival* (2003), which indicated that 13% of deaths in children under five years can be averted through universal coverage of exclusive breastfeeding for six months and complementary feeding at six months with continued breastfeeding for the first 12 months of life, firmly established optimal breastfeeding and complementary feeding as the most cost effective intervention for averting deaths in children below five years. *Lancet Nutrition Series* (2008) updated the evidence on the impact of optimal breastfeeding and complementary feeding on child mortality and stunting, while the follow-on *Lancet 2013 Nutrition Series* reviewed existing evidences on nutrition education to enhance age appropriate, nutritionally adequate and safe complementary feeding with continued breastfeeding in food secure and food insecure settings. The Lancet 2016 series reconfirms the health and economic benefits of breastfeeding. This global evidence and the roll out of the National Rural Health Mission post 2006 gave further impetus to UNICEF’s work on IYCF. UNICEF-India IYCF Logical Framework (2010-2012), which builds on the UNICEF/WHO Global Strategy and the *Lancet Series on Maternal Nutrition* (2008) and the UNICEF IYCF Programming Guide (2011), has provided strategic direction to UNICEF India’s work for scaling the coverage and comprehensiveness of IYCF programmes.

UNICEF has worked on supporting the Government of India and State Governments in scaling up comprehensive strategies to improve feeding practices for infants and young children using a seven-pronged strategy:

1. Advocacy approaches used for providing greater visibility and highlighting the importance of infant and young child feeding in promoting child survival and nutrition;

1. Integrating evidence-based interventions to improve infant and young child feeding especially breastfeeding in the annual implementation plans and budgets of India’s flagship programmes for child survival, growth and development, namely ICDS and NHM;
2. Capacity building of facility and community-based service providers to deliver interventions to support, promote and protect breastfeeding with quality and equity:
* Strengthening the capacity of ICDS and NHM community-based frontline workers and community volunteers to provide information and counselling to mothers;
* Building the capacity of medical doctors and nurses to ensure that women who deliver in a health facility are supported to breastfeed their newborns within one hour of birth;
1. Forming strategic and broad-based alliances and partnerships with professional bodies to update national and state level technical guidelines and with medical schools and universities to mainstream IYCF practices into the teaching curriculum of medical students and nurses with the focus of improving breastfeeding practices;
2. Developing and implementing comprehensive communications approaches for:
* Provision of timely, need-based, and quality counselling and support to communities and families.
* Mobilization of communities and networks to influence behaviours and social norms.
* Reinforcement of IYCF messages with multiple communication channels and innovative approaches.
* Communicating the benefits of breastfeeding through ‘*Kyunki Jeena’ (‘Because.. this is what life is’)* - a large scale entertainment-education television soap-opera and “*Kuposhan Bharat Chodo”* (Malnutrition Quit India) *-* a nationwide communication campaign on nutrition; and
1. Community-based efforts to strengthen service delivery platforms of ICDS and health for delivery of IYCF interventions with scale and quality and mainstreaming support to optimal IYCF practices in the work of grassroots women’s self-help groups (SHG), social protection and non-governmental organizations (NGOs).
2. Generating knowledge and evidence through periodic monitoring and evaluation for informing programme actions.

UNICEF in partnership with the national and State Governments has worked to strengthen the capacity of ICDS and Health programmes to deliver services to improve infant and young child feeding practices. UNICEF sustained its advocacy efforts to ensure that high priority is accorded to infant and young child feeding in India’s flagship programmes for child survival, growth and development. In order to improve infant and young child feeding (IYCF) services through state government programmes and systems, UNICEF worked with state governments to develop and endorse a comprehensive state-specific strategy for the promotion of optimal breastfeeding and infant feeding practices. UNICEF supported the state governments in 16 states in the implementation and monitoring of the strategies at the district-level. With the aim of helping mothers and families to improve the infant feeding practices, UNICEF supported in enhancing the knowledge and counselling skills of frontline functionaries and community volunteers. In partnership with Medical Colleges and NGOs, UNICEF supported in creating a pool of master trainers, and through a cascade training strategy enhanced the capacity of facility and community-based workers and volunteers was built.

UNICEF sustained its advocacy and programme efforts to mobilize political, policy, programme and public support to improve nutrition of pregnant women, breastfeeding mothers and children below two years. UNICEF in partnership with the Ministry of Women and Child Development (MoWCD), Government of India conceptualised and designed a 3-year nation-wide communication campaign on nutrition for children under two with Aamir Khan, one of the most influential actors in India and UNICEF National Ambassador for Nutrition. This campaign was rolled out through the print and electronic media.

UNICEF’s work on IYCF has continued to evolve to capitalize on the changing programming needs and emerging opportunities. As the programme delivery and capacity of the NHM and the ICDS programmes strengthened, UNICEF shifted its focus to influencing the plans and budgets of the flagship programmes and in supporting the State Governments in the effective implementation of these plans. Additionally, with the improvements in health-seeking behaviours such as institutional deliveries, which exemplify opportunities for providing supportive and protective environments for early initiation of breastfeeding, attention was on facility-based interventions.

Most recently the Ministry of Health and Family Welfare (MoHFW) with support from UNICEF and other partners has launched a nation-wide programme for improving infant and young child feeding with a focus on breastfeeding.

**Rationale:**

UNICEF Headquarters in 2010 undertook a situation assessment of scale and scope of IYCF programming and implementation in 65 countries including India. An assessment matrix was utilized to highlight the areas of gaps and achievements in policies and programmes related to infant and young child feeding practices. The assessment identified that overall India was performing well on monitoring and enforcement of laws and legislations related to infant and young child feeding and the health system level actions for capacity development and provision of counselling services were assessed to be adequate.  However, baby friendly hospital initiative (BFHI, comprehensive IYCF monitoring and evaluation systems with a particular focus on monitoring ongoing community-level interventions and the knowledge and skills of the community health workers were identified as areas for strengthening.[[4]](#footnote-4)

Similarly, till date four assessments have been undertaken for India by the World Breastfeeding Trend Initiative (WBTi), an initiative of the International Baby Food Action Network Asia (IBFAN) to monitor the status of implementation of the global strategy for IYCF. The most recent India WBTi Report (2015) has identified IYCF policy and coordination, BFHI, IYCF in emergency situations and maternity protection as persistent IYCF policy and programme gaps in the IYCF in India.[[5]](#footnote-5)

Additionally, UNICEF India has undertaken periodic assessments of its work with the governments and partners for improving IYCF practices at state and district-level. Evidence from these assessments indicate that inter-personal counselling to families and mothers together with strategic use of mass communication can help promote improved infant and young child feeding practices. Building on this, UNICEF has worked with National and State governments, NGO partners and academia to bring information and counselling on infant and young child feeding closer to the families. Programme evidence and experience demonstrates that focused strategies to build the capacity of government community workers, community-based initiatives implemented through the Integrated Child Development Services Programme complemented with strong partnerships and vibrant community-based actions are critical for scaling up communication interventions for improving infant and young child feeding.

In 2013, UNICEF undertook a review of its IYCF programmes in eight states (Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh), which account for nearly three-fourths of the births in the country. Based on the review results, a Framework for Action in India was developed to accelerate progress in IYCF. Currently, a study is also in progress in the above-mentioned eight states and Uttarakhand to understand the barriers and facilitators for promoting, supporting and protecting breastfeeding at health facility-level. Although this study is only examining a single intervention, the preliminary findings from this study when available during the course of this evaluation may contribute to the analysis.

The **purpose** of the evaluation is to determine to what extent and how UNICEF has contributed to India’s IYCF’s improved practices, particularly those aspects of IYCF which UNICEF has focused under its seven-pronged strategy. This evaluation is a systematic and objective analysis of UNICEF India Country Office’s work between 2010 and 2016 on scaling up of comprehensive strategies on advocacy, systems strengthening, capacity building, forming alliances and partnerships, communications, community-based efforts and evidence generation through monitoring and evaluation to improve IYCF practices primarily breastfeeding and is based on the country office’s seven-pronged strategy mentioned previously.

The specific **objectives** of the evaluation are to help UNICEF India:

* learn how the programmes on breastfeeding and complementary feeding practices in the country have evolved and evaluate the role of UNICEF in leading/shaping these programmes;
* analyse the effectiveness and sustainability of these UNICEF supported interventions; and
* provide strategic directions and recommendations for bringing about large-scale sustainable results for improving breastfeeding practices with a focus on equity, as well as lessons learned and areas where there are gaps and challenges in promoting optimal breastfeeding and complementary feeding.
1. **Use of Findings:**

The findings will be used by UNICEF India as part of the organizational learning to strengthen programmes to support large scale improvements in breastfeeding practices. UNICEF India will use these findings to inform and guide the planning of programmes on IYCF in the new programme cycle (2018-2022). Additionally, the findings will be used by the Government of India (MoHFW and MoWCD) and State Governments (Departments of Health and Family Welfare and Women and Child Development) and other key stakeholders like civil society organizations, international agencies, academic/research institutions and the donor community working in the field of infant and young child nutrition.

1. **Scope of the Evaluation:**

**Time period and evaluation scope:** The scope of this evaluation is national, covering UNICEF’s work between 2010 and 2016 on advocacy, systems strengthening, capacity building, forming alliances and partnerships, communications, community-based efforts and knowledge generation through monitoring and evaluation to protect, promote and support IYCF practices with a primary focus on optimal breastfeeding and complementary food and feeding practices for young children. Specifically, the evaluation will focus on UNICEF India’s contribution to India’s programmes for protecting, promoting and supporting IYCF based on the country office’s seven-pronged strategy mentioned previously, and not on the India IYCF programmes itself. An evaluation of “attribution” to UNICEF of any results of India’s IYCF programmes will not be possible. Additionally, improvements in IYCF practices can be caused by multiple interventions; therefore it would be difficult to evaluate UNICEF’s attribution to improvement in the uptake of IYCF practices with a focus on breastfeeding and complementary food and feeding practices for young children in this case.

**Geographic focus:** The proposed evaluation will cover UNICEF’s overall support to IYCF programmes at national level and across the 16 programming states. While overall information on programming for breastfeeding in terms of evolution, intervention details, budgets etc. will be collected from all the states either through telephonic interviews or online survey questionnaire with UNICEF India State Programme Specialists for Child Development and Nutrition (CDN), Communication for Development (C4D) and Advocacy and Communication, more in-depth analysis will be undertaken for four states, namely *Bihar, Uttar Pradesh, Odisha and Jharkhand*. These states have been selected to adequately capture the full scope of UNICEF’s work that is being undertaken. These four states represent a mix of large and smaller states and states with low and relatively better rates of early initiation of breastfeeding. The capacity and resources within the government system to implement programmes for improving IYCF practices vary across the states, which in turn has guided UNICEF’s support to the respective state governments. Therefore, the 4 states for case study have been selected to capture this variability.

**Respondent groups:** The main respondent groups who will be involved in generating the response to the evaluation include the main stakeholders in the intervention, namely: National (MoHFW and MoWCD), State (DoHFW and DoWCD), and District Government policymakers and officials, IYCF counsellors and frontline workers at District and Block level, UNICEF staff members, consultants and others involved in implementing the programme, and other relevant partners including representatives of professional bodies like Indian Academy of Pediatrics, Medical Colleges, NGO and development partners. Efforts will be made to engage key stakeholders at State and District levels. The evaluation does not include beneficiaries such as breastfeeding mothers and children as a respondent group since this will go beyond the scope of the evaluation outlined above where the focus is on evaluating UNICEF’s contribution and not the impact on improving IYCF practices among the beneficiary groups. The successful agency will carry out an “independent selection” of respondents in order to ensure that the responses received are not biased towards UNICEF.

**Potential limitations:** As this evaluation aims to look at UNICEF’s contribution to the IYCF agenda, specifically breastfeeding efforts, in India, it does not endeavour to demonstrate that UNICEF alone has caused the rates to go up in the country. There have been many partners in this effort and the evaluation seeks to distil whether UNICEF’s seven-pronged strategy has been able to achieve its intended objectives set out in the UNICEF-India IYCF Logical Framework (2010-2012) and UNICEF-India Country Programme Action Plan (2013-2017). It also aims to highlight which approaches have been more effective and efficient while generating lessons learned and recommendations for UNICEF India’s programmatic focus in the next country programme.

In terms of data availability, disaggregated public data based on sex, caste, rural/urban on key indicators related to breastfeeding and complementary feeding from NFHS-3 (2005-06) and RSOC (2013-14) are available for the evaluation team to assess the trends/changes overtime. Both, NFHS and RSOC remain the most comprehensive source of information on various health and nutrition indicators including indicators related to breastfeeding and complementary feeding in India. These indicators have standardized definitions and are internationally accepted.[[6]](#footnote-6) As this is not an evaluation of a ‘project’ but of UNICEF’s IYCF programme as part of the country office’s 5-year Country Programme with the Government of India, data from project sites are not available.

For the qualitative data evaluation, the evaluation agency should rely on the institutional memory of UNICEF staff and government officials (current and past) and the various qualitative techniques available at their disposal but should also be aware of the risks that this approach may cause in terms of recall bias. Finally, because it may be a challenge to meet with specific individuals in each setting, we request that the evaluation agency carefully considers the amount of time needed to conduct data collection, particularly during the State visits.

**Evaluation Criteria and Questions:**

All evaluations of UNICEF programmatic activities should also describe the broader context within which the activities have been implemented. As such, the evaluators should describe, as possible within the confines of each specific project, issues such as those outlined by the Organisation for Economic Cooperation and Development definitions and summarized below:[[7]](#footnote-7)

*Relevance* represents “The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.”

*Effectiveness* represents “A measure of the extent to which an aid activity attains its objectives.”

*Efficiency* represents “A measure of how economically resources/inputs (funds, expertise, time, equipment, etc.) are converted into results.”

*Sustainability* “is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable.”

The key questions that this evaluation is expected to provide relevant information are:

1. What was the **relevance** of UNICEF’s contribution to India’s programmes for protecting, promoting and supporting IYCF, and how is it aligned to the work being carried out by the government and others partners?
2. To what extent has UNICEF been **effective** in influencing policies and plans for advancing the breastfeeding agenda at the National and state-level?
3. To what extent has UNICEF been **efficient** in making the best possible use of available resources to protect, promote and support IYCF practices?
4. Are any positive results from UNICEF’s contribution to IYCF’s improved practices primarily breastfeeding and complementary feeding practices in young children likely to be **sustained** and what factors have contributed or hindered the sustainability of the UNICEF-supported interventions?

These key questions have been framed to capture the emerging programme situation and opportunities. Programmes for improving IYCF in the last decade have seen remarkable change, shifting from events-based programme to a more system-based approach, targeted at building the capacity of facility and community-based workers. Today breastfeeding is viewed as a key child survival intervention; as a result the number of partners working in this field is increasing. Also, IYCF is gradually integrating into multiple frameworks and advocacy strategies. Therefore, the evaluation will examine the appropriateness of UNICEF’s work in view of these changes and how it has been able to mobilize partnerships, leverage resources and integrate IYCF issues beyond the two traditional flagship programmes of health and child development programmes – NHM and ICDS – into programmes related to education, women’s empowerment and social protection.

The ability to reach the most vulnerable and left out populations is an essential component of any programme, and it is particularly important for IYCF, as messages must be delivered frequently to caregivers. Among these vulnerable populations are adolescent girls, urban poor and families belonging to scheduled tribes (ST), scheduled castes (SC) and other backward classes (OBC). The evaluation will review the effectiveness of the strategies to reach the most vulnerable who have the greatest need for services, information and support. Additionally, it will cover how existing programme opportunities and growing penetration of mobile phones were leveraged and utilized to improve breastfeeding practices with equity.

Specific evaluation questions proposed for this evaluation (to be finalised in collaboration with the Evaluation Reference Group[[8]](#footnote-8)) are included under Methodology below.

1. **Methodology:**

**Evaluation Design**

The proposed methodology is based on experience of designing similar evaluations but should be enhanced based on the interested agencies’ understanding of UNICEF’s requirements. Therefore, the agency could either utilise a similar methodological approach to what is being proposed below or further suggest improvements/modifications to the proposed methodology in their technical proposals. During the inception phase, the proposal may have to be modified based on discussions with the Evaluation Reference Group and a document review. There will be a need to agree on a detailed design, analytical methods and tools between the selected agency and the UNICEF Evaluation Reference Group.

The evaluation team is expected to work with UNICEF colleagues to recreate a Theory of Change (ToC) from UNICEF-India’s IYCF Logical Framework (2010-2012) for the IYCF work that will trace the resources programmed, the actions taken and results achieved. This can further reflect (or build on) the Framework for Action in India developed to accelerate progress in IYCF and take into consideration the recently launched MAA-Mother’s Absolute Affection, a flagship nationwide programme for promotion of breastfeeding. The recreated ToC will enable analysis of desired outcomes and the outputs associated with those outcomes; examine resources available and activities implemented to produce these outputs; review the underlying assumptions and contextual factors that may have affected UNICEF India’s activities; and clarify any opportunities and challenges to deliver desired outcomes.

UNICEF adopts a systems approach for advancing the agenda of optimal breastfeeding and age appropriate complementary feeding. The evaluation will examine the programme logic that has been adopted. The evaluation will cover how UNICEF works internally across sectors and externally with government and other partners for improving breastfeeding practices.

The evaluation will use a mix of quantitative data (evaluating changes seen in breastfeeding and complementary feeding practices in infant and young children over the time period of UNICEF’s programme (2010-2016) using secondary data to determine context and which areas require more attention and not for attribution purposes, and qualitative data (such as document reviews and key informant interviews to determine some of the more descriptive results). The evaluation will examine both primary and secondary sources of data. The existing programme documents and other information and data sources on IYCF will be compiled and reviewed. These include published articles/reports, assessment reports, formative studies, literature review reports, Government guidelines, state/district IYCF strategy documents/plans, Project Implementation Plans (PIPs) for the flagship programmes and training tools. Other secondary data will include National and Family Health Survey (NFHS-3 2005-06 and NFHS-4 2015-16); RSOC 2013-14; District Level Health Survey 2007-08 and 2012-13; and Annual Health Survey 2013-14.

The desk review information will be complemented with primary data collected through key informant interviews to assess UNICEF’s role in shaping and scaling up interventions for improving breastfeeding and complementary feeding. Primary data will be collected through field visits at national, state and district-level. Information will be collected from representatives from government, other partners like the development agencies members of the civil society, UNICEF staff members and frontline workers.

In addition, it is proposed that in-depth case studies be conducted in the four States to provide additional insights into UNICEF’s work, including strategies, activities, key challenges, best practices and lessons learned. The in-depth case studies would examine the main evaluation questions in more detail as they apply to each state specifically and the overall evaluation will look at general findings/ conclusions/ lessons learned as a composite of the National and 4 states. Finally, the evaluation and subsequent findings and recommendations should include gender/equity dimensions throughout to the extent possible.

Two types of questions will be posed within the evaluation, and the evaluators must be capable of dealing with each. Some will be descriptive questions. Successful responses will involve well organised narratives about the visible and less visible aspects of UNICEF’s work. The bidder’s ability to digest and streamline a range of materials will be paramount. There will also be normative questions. Successful responses will require the application of explicit and defensible criteria for weighing evidence to identify what has worked or not, and why. For all normative questions, the evaluators will need to propose and be clear on what is to be considered as a ‘good’ standard and what is to be considered as a ‘poor’ or ‘not met’ standard.

Agencies are encouraged to reflect on the context of the IYCF programme, and the objectives and criteria of the evaluation, to propose other innovative methods that UNICEF should consider. Accordingly, appropriate protocols will be developed by the evaluation team.

The next table presents a preliminary list of evaluation questions and methods that will be finalized in consultation with the selected agency. In their proposals, it is expected that interested agencies will link these questions with the seven-pronged strategy used by UNICEF-India for supporting the Government of India and State Governments in scaling up comprehensive strategies to improve feeding practices for infants and young children (listed under *Background*, above). The bidders will use these to decide what is feasible within the given timeframe, data context and budget and is encouraged to improve the matrix as appropriate.

**Preliminary evaluation questions and methods**

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| **Evaluation Questions** | **Potential Methods** | **Potential data sources** |
| ***Relevance:*** What was the **relevance** of UNICEF’s contribution to India’s programmes for protecting, promoting and supporting IYCF and how is it aligned to the work being carried out by the government and others partners?1. How has the IYCF programme in the country evolved between 2010-2016? What were the major shifts and reasons for the same?
2. Was UNICEF’s programme aligned to the country’s commitments, priorities and strategic plan for advancing the IYCF agenda and improving breastfeeding and complementary feeding practices in young children?
3. Was UNICEF’S programme supportive of gender equality and other human rights standards?
4. Was UNICEF’s programme adjusted throughout to align it with emerging priorities/needs of the government and to ensure support for best practice at the national and state level?
 | Desk review, key informant interviews | National Family Health Survey (NFHS-3 and NFHS-4); RSOC (2013-14); District Level Health Survey 2007-08 and 2012-13; Annual Health Survey 2013-14; UNICEF Strategic Plan; Country Programme Document (India); UNICEF Country Programme Action Plan; published reports and papers; programme documents; and advocacy tools and packages. |
| ***Effectiveness:*** To what extent has UNICEF been effective in influencing policies and plans for advancing the breastfeeding agenda at the National and state-level?1. Was the programme implemented according to plan?
2. Was timely corrective action taken where necessary?
3. How has UNICEF contributed in achieving the intended results relating to the seven-pronged strategy listed above of UNICEF’s ongoing work?
4. What were the factors that influenced the achievement or non-achievement of programme results?
5. Were results achieved in adherence to equity, gender equality, non-discrimination, and other human rights?
6. How effective was UNICEF’s approach in mainstreaming IYCF into the programmes related to women’s empowerment, livelihood and social protection?
 | Desk review, key informant interviews | Published reports and papers; programme documents; annual plans of NHM and ICDS; Government of India guidelines. |
| ***Efficiency:*** To what extent has UNICEF been efficient in making the best possible use of available resources to achieve results of the greatest possible value to recipients and the community?1. Did the programme use the available resources in an economical manner to achieve its objectives?
2. Did the programme have sufficient funding support for UNICEF’s work on IYCF’s improved practices particularly breastfeeding and complementary feeding practices in young children?
3. Did the programme have sufficient and appropriate staffing resources?
4. To what extent has effective coordination and collaboration with existing programmes and interventions and partners for improving breastfeeding practices been addressed and achieved?
 | Desk review and key informant interviews | UNICEF financial records and work plans; GoI and State Government contributions to IYCF programme and work plans (for the last 3-5 yeas); programme documents and assessment reports. |
| ***Sustainability***: Are any positive results from UNICEF’s contribution likely to be sustained? 1. What are the positive results and which positive results from UNICEF’s contribution are likely to be sustained? Why and why not?
2. Was the programme scaled up sufficiently to achieve the intended results?
3. Were results achieved in a sustainable manner? To what extent can the activities and the benefits of the intervention continue after external funding has ceased?
4. To what extent has the programme been mainstreamed in the National Health Mission and ICDS, particularly in terms of allocation of financial and human resources as UNICEF’s involvement has declined over time?
5. Are any areas of the programme clearly unsustainable? What lessons can be learned from such areas?
6. What were the major factors that influenced the achievement or non-achievement of sustainability of the programme?
 | Desk review and key informant interviews | Programme documents and Annual plans; National Health Mission Programme Implementation Plans (PIPs) focusing on the four focal States. |

*\*Please note that we have not included questions relating to the OECD criterion “impact” for this evaluation due to the fact that it will not be possible to reconstruct a counterfactual in geographical space or in time.*

**Sampling Strategy**

The following sample size (at Centre and four States) is only indicative for the purposes of bidding. Agencies are requested to either validate the suggestion or propose an alternative sampling strategy with sample sizes with well-thought out explanations as to why the alternative approach is more appropriate.

The following list includes the types of individuals who should be interviewed as key informants for this evaluation (and the suggested number of each type).

1. **National Level – approximately 14 key informants**
* Director level Government Officials in the Ministry of Health and Family Welfare and Ministry of Women and Child Development (current and past) – 4 (two from each Ministry)
* Representatives from Professional Bodies (Indian Academy of Pediatrics) and Development partners - 4
* UNICEF Programme Specialists (current and past) - 6
1. **State Level  – approximately 14 key informants in each of the four States**
* Director level/Nodal State government officials from Department of Health & Family Welfare and ICDS (current and past) – 4 (two from each Department)
* Representative from Medical Colleges, NGO and development partners – 6
* UNICEF Programme Specialists (Child Development and Nutrition, Communication for Development and Advocacy and Partnership) [current and past] – 4

1. **District level – approximately 8-9 key informants and 3 FGDs in each district (2 districts per State) [Total: 16-18 key informants and 6 FGDs in each of the four States]**
* District Officials from Department of Health & Family Welfare and ICDS (current and past) – 4
* Head/Nodal person from Training Institutes – 1
* IYCF/RMNCH+A Counsellors – 1
* NGO/development partners – 2
* UNICEF district consultants (if any) – 1
* Frontline workers (ANMs, Anganwadi workers and ASHAs) – 3 FGDs
1. **Sub-district level – approximately 2 key informants in each block (2 blocks per district) [Total: 8 key informants in each of the four States]**
* Block-level Officials from Department of Health & Family Welfare and ICDS (current and past) – 2

For states not included in in-depth analysis, information will be collected from UNICEF India Programme Specialists for Child Development and Nutrition (CDN), Communication for Development (C4D) and Advocacy and Communication. This can be through telephonic interviews or survey questionnaire. Field visits will be made to the states which are to be covered for more in-depth case studies. This includes visit to the state headquarters to collect information from key government officials and other partners and visit to two districts in each state. On an average, it is estimated that 38-40 key informant interviews will be conducted for each state, which includes interviews both at state, district and block levels.

**Phases of the Evaluation**

We anticipate that the evaluation will need to be carried out in three phases encompassing approximately 19 weeks.

**Phase 1 (inception)** will involve a briefing with UNICEF India, documents review, scoping visit or telephone/Skype preliminary interviews with key stakeholders, and finalisation of the evaluation methodology and workplan with the Evaluation Reference Group, particularly pertaining to data and information that need to be made available. This will commence immediately after the contract is issued.

**Phase 2 (data collection and analysis)** will commence at the end of the inception period and will involve execution of the evaluation, particularly the data review and four in-depth State evaluations to collect data from key informant interviews.

**Phase 3 (reporting and dissemination)** is the product delivery phase and will involve drafting, review and finalization of project deliverables such as the evaluation report and a PowerPoint presentation. During Phase 3, a presentation and report of preliminary findings should be developed and shared with the Evaluation Reference Group, which will provide an opportunity to provide additional information and feedback to the evaluation team. Subsequent to that, the final evaluation report will be completed. The primary audience of the evaluation report is UNICEF India, but also other key partners, particularly GoI. The results will also be shared with relevant UNICEF India state offices and thus state-specific findings should be presented in the report (e.g., in short text boxes that indicate key insights including challenges and barriers).

The selected evaluation agency should further advise on the evaluation design, implementation and analysis specifics. Interested bidders are expected to propose specific details for how each Phase of the evaluation will be conducted in their proposals.

1. **Ethics**

Both the evaluation team and the Evaluation Reference Group are expected to follow the ethical principles and considerations outlined in the [United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation](http://www.uneval.org/document/detail/102). In addition, the UNEG [norms](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=21) and [standards](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=22) will be observed. Sensitive information may derive from data collection and the evaluation team will ensure the utmost confidentiality when conducting such research. Any interviews conducted with stakeholders must only be carried out with proper consent. *Interested agencies should detail their ethical protocols in their proposals.*

1. **Schedule of Tasks & Timeline**

A pre-bid meeting will be held approximately one week after the Request for Proposal has been issued. At this pre-bid meeting, UNICEF India will explain its requirements and answer any questions that interested bidders may have. Agencies that meet the minimum requirements based on their technical proposals may be required to make a presentation. This provides UNICEF India an opportunity to seek clarity on the proposals received.

Below is the expected schedule of tasks and timeline:

* Briefing meeting with UNICEF India CDN Section in Delhi to agree on the scope of work and next steps upon issuance of contract – 1 day
* Undertake in-depth review and analysis of secondary data, information and other strategic documents related to IYCF, which includes both published and unpublished reports and documents – 3 weeks
* Scoping visit to a state to get a sense of UNICEF’s work and submission of draft inception report, which includes mapping of key stakeholders for interviews and development of interview tools – 2 weeks
* Inception workshop with Reference Group and following feedback, finalize the evaluation design, work plan, protocol and timeline and submission of final Inception Report – 1 week
* Pilot and finalize tools for data collection and training of field teams – 1 week
* Field visit to hold interviews and discussions with key stakeholders, including the state government officials and other partners – 6 weeks
* Presentation of findings based on primary and secondary research to Evaluation Reference Group for feedback/comments before draft is ready – 1 week
* Prepare and submit an analytical draft report – 3 weeks
* Finalize the report based on suggestions received from UNICEF and presentation of the evaluation report and findings in Delhi – 2 weeks
1. **Estimated duration of contract:** 19 weeks
2. **Deliverables:**

***Phase 1: Inception***

1. An Inception Report (sample structure will be provided).
2. Tools and research protocol for primary data collection, quality assurance, data analysis.
3. Audit trail 1 of comments on the draft Inception Report (to keep track of comments and how they are being addressed).

***Phase 2: Data collection and analysis***

1. Weekly progress reports.
2. Brief field implementation report.

***Phase 3: Reporting and dissemination***

1. Presentation of preliminary results in a meeting (or call) before the draft report is shared.
2. A draft evaluation report including executive summary, methods, limitations, findings, discussion and recommendations will be presented to the Evaluation Reference Group which will then provide feedback to the evaluation team. The evaluation will also be externally assessed by an independent agency managed by the Regional Office for South Asia with the view to help improve its quality. Data from the four in-depth State evaluations should be embedded in this evaluation report. In addition, please note that the report must conform to the [UNICEF-Adapted UNEG Evaluation Reports Standards](http://www.unicef.org/evaluation/files/UNEG_UNICEF_Eval_Report_Standards.pdf).
3. Audit trail 2 of comments on the draft Report (to keep track of comments and how they are being addressed).
4. A final draft evaluation report based on feedback received from the Evaluation Reference Group and the external agency on the initial report. This report will be reviewed by the UNICEF Management with the view to help improve its quality.
5. Audit trail 3 of comments on the final draft report (to keep track of comments and how they are being addressed).
6. A final evaluation report based on feedback received from UNICEF Management. [The consultant team will carry out the evaluation in conformity with the [OECD/DAC (2010) Quality Standards for Development Evaluation](http://www.oecd.org/development/evaluation/qualitystandards.pdf) and best practices in evaluation. Please note that the final evaluation report will be posted onto UNICEF’s internal *Global Evaluation Reports Oversight System (GEROS)*.[[9]](#footnote-9)
7. A PowerPoint presentation summarising the evaluation findings, lessons learned and recommendations.
8. Presentation at a one-day meeting in Delhi to disseminate the evaluation findings.

**Sample Structure of the Inception Report and Evaluation Report will be provided.**

Throughout all three phases, the evaluation team is expected to maintain ongoing communication with UNICEF India to provide updates on progress, challenges and requirements.

1. **Qualifications & Experience Required**

Agency/Individual (-s) with proven ability and experience in undertaking qualitative and quantitative evaluation of infant and young child nutrition programmes. Experience of working in India and an understanding about the functioning of the government are essential.

Experience of working in the area of Nutrition, in particular IYCF, an added advantage.

* The team leader should have 10 years of proven experience in designing and leading large scale qualitative programme evaluation in the field on infant and young child nutrition.
* The team should include at least 4 members and should be gender balance and culturally diverse. Team should include at least one member with fluency in Hindi and Oriya.

The Agency needs to submit 2 copies of past programme evaluation reports, with preference given to evaluations related to nutrition programmes.

1. **Evaluation Management**

***UNICEF India’s Responsibilities***

The Research and Evaluation Specialist, UNICEF Delhi, manages all evaluations conducted at UNICEF India under the overall oversight of the Representative and with the support of an Evaluation Management Consultant, in order to ensure quality, transparency, and independence.

An Evaluation Reference Group with 5-6 members will be formed to oversee the evaluation process and ensure compliance to UNEG Norms and Standards. It is an independent group of UNICEF and non-UNICEF experts (consisting of Programme Specialists from different sections in UNICEF, technical experts and government representatives) constituted for a specific evaluation by UNICEF India. It serves as an advisory body which supports the evaluation by a) providing strategic direction and technical inputs, b) monitoring progress and quality, c) supporting dissemination of findings, as applicable, and d) bringing critical issues to the notice of the Research and Evaluation Specialist, UNICEF Delhi and the Evaluation Management Consultant.

UNICEF India will be responsible for providing the evaluation team with the necessary background information to carry out the evaluation as well as technical inputs throughout. UNICEF India will also keep the evaluation team updated on any changes or developments that may affect the evaluation.

For local logistics, the UNICEF State offices will provide the necessary support to the evaluation team, such as making introductions to key informants and certain stakeholders. However, the agency will ensure “independent selection” of respondents in order to ensure that the responses received are not biased towards UNICEF.

***Responsibilities of the evaluation agency***

The agency will be expected to handle the following responsibilities:

* Provide its own computers.
* Accommodation, food, travel and appropriate insurance of the evaluation team.
* Copying of information in hard copy or electronic form.
* Hiring and travel of local translators, interviewers, etc.
* Renting of office space, information technology, outside of what UNICEF will make available at sites where it has existing offices.
1. **Duty Station**

The work will be coordinated from Delhi but will cover four states to be covered for more in-depth study.

1. **Official travel involved**

Travel is expected to selected states and New Delhi.

1. National Family Health Survey (NFHS-3) 2005-06 and Rapid Survey on Children (RSOC) 2013-14. [↑](#footnote-ref-1)
2. Rapid Survey on Children (RSOC) 2013-14. [↑](#footnote-ref-2)
3. Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal. [↑](#footnote-ref-3)
4. #  Infant and Young Child Feeding Programming Status: Results of 2010-2011 assessment of key actions for comprehensive infant and young child feeding interventions in 65 Countries. UNICEF, April 2012. Available from: <http://www.unicef.org/nutrition/files/IYCF_65_country_assessment_report_UNICEF.pdf>.

 [↑](#footnote-ref-4)
5. World Breastfeeding Trends Initiative (WBTi) INDIA Report Card 2015. Available from: http://www.worldbreastfeedingtrends.org/GenerateReports/reportcard/India-reportcard-2015.pdf [↑](#footnote-ref-5)
6. Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C., USA. [↑](#footnote-ref-6)
7. OECD. Glossary of Evaluation and Results Based Management (RBM) Terms, OECD (2000). [↑](#footnote-ref-7)
8. For every evaluation, an independent Evaluation Reference Group (ERG) consisting of UNICEF and non-UNICEF experts is constituted by UNICEF India. The ERG serves as an advisory body which supports the evaluation by a) providing strategic direction and technical inputs, b) monitoring progress and quality, c) supporting dissemination of findings, as applicable, and d) bringing critical issues to the notice of the Evaluation Manager. [↑](#footnote-ref-8)
9. GEROS has four main objectives: 1) To provide senior UNICEF managers with a clear and independent assessment of the quality and usefulness of evaluation reports; 2) To strengthen internal evaluation capacity, through practical feedback on how to improve future evaluations; 3) To contribute to corporate knowledge management and organizational learning, making available good-quality evaluations; and 4) To report to the Executive Board on the quality of evaluation reports. [↑](#footnote-ref-9)