

EVALUATION TERMS OF REFERENCE

Title:

Impact Evaluation of the Implementation of the Nepal Multi-Sector Nutrition Plan (MSNP)

A) Background:

Overview of Multisectoral Nutrition Plan

This terms of reference outlines the approach for an impact evaluation of the Nepal Multisector Nutrition Plan (MSNP) covering the period from July 2016 to December 2019. Implementation of the MSNP is funded by the Government of Nepal with support from UNICEF and other partners. The period covered by this proposed evaluation is in line with the duration of funding from the European Union (EU) for implementation of the MSNP in Nepal.

Implementation of the MSNP in Nepal aims to address the issue of nutrition in a holistic, systematic and coordinated manner, adopting a multi-sector perspective. The plan aims to achieve the goal of improving the nutritional status of women, children and adolescents through the three major outcomes outlined in Table 1: 1) policies, plans and multi-sector coordination improved at national and local levels; 2) practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services leading to an enhanced maternal and child nutritional status and 3) strengthened capacity of central and local governments on nutrition to provide basic services in an inclusive and equitable manner. The logical framework in Annex 1 provides further details of the MSNP results matrix.

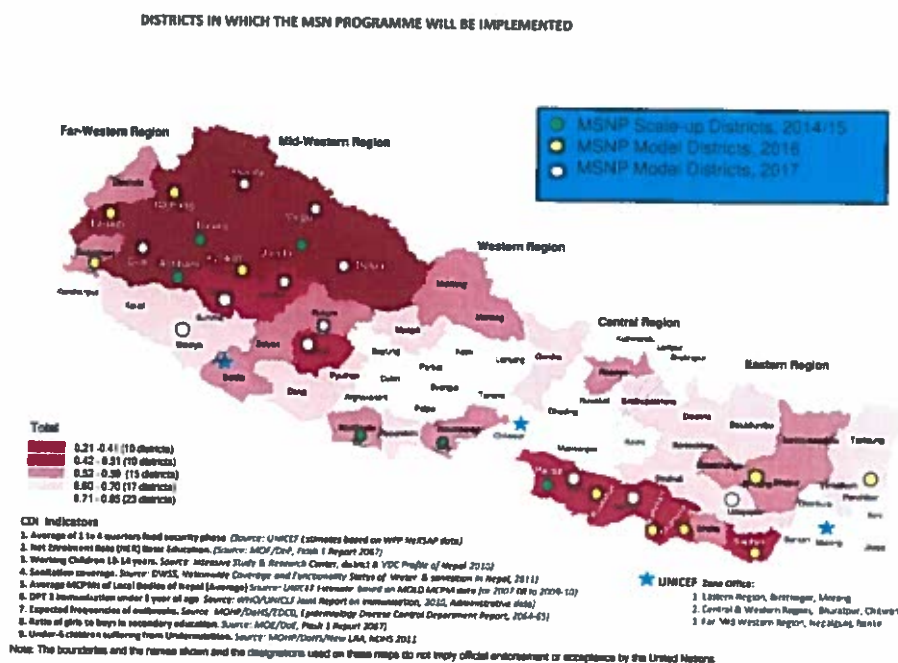
Table 1: MSNP Programme Outcomes and Interventions

Results Chain	Interventions/Indicator
<p>Overall objective To improve maternal, infant and child nutrition particularly in the poor segments of society, in the targeted 28 districts</p>	<ul style="list-style-type: none"> • % prevalence of stunting among children under 5 years of age reduced below 26% or by 1/3 in the selected districts • % prevalence of underweight among under-5 year old children reduced below 20% in selected districts • % prevalence of wasting among under-5 year old children reduced below 5% in selected districts • % prevalence of women with chronic energy deficiency (BMI<18.5) reduced by 15%
<p>Outcome 1: Policies, plans and multi-sector coordination improved at national and local levels</p>	<p>District Development Plans have sufficient budget allocation as well as appropriate mechanisms to ensure convergent delivery and high coverage of nutrition sensitive and specific interventions among poor households of the most disadvantaged VDCs of all 28 selected districts by 2017/18.</p>
<p>Outcome 2: Practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services improved, leading to an enhanced maternal and child nutritional status</p>	<p>Integrated package of multi-sector nutrition specific and nutrition sensitive interventions in 28 districts by 2018.</p>
<p>Outcome 3: Strengthened multi-sector nutrition information, monitoring and evaluation for central and local governments to provide basic services in an inclusive and equitable manner</p>	<p>Multi-sector nutrition data available and used for policy and programmatic decisions at national and sub national levels in 28 districts by 2018.</p>

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The roll-out of implementation of the MSNP will be conducted in phases, covering 16 districts in phase one and gradually scaled up to 28 districts by 2019 (see Fig 1), all purposively selected, as shown in Table 2 below. Within these districts, 8-10 randomly selected Village Development Committees (VDCs) will be selected, with coverage reaching at least 50% of total VDCs by the end of 2018. However, in the case of Nutrition Specific interventions, all VDCs of each district will be covered. The primary beneficiaries of the plan include children under five years, pregnant and lactating women and adolescent girls.

Figure 1: MSNP Districts



District targeting has been conducted by UNICEF using a Child Deprivation Index – a composite index calculated using indicators including food security, net enrolment, working children, sanitation coverage, governance, DPT 3 immunization, frequencies of outbreaks, ratio of girls to boys in secondary education, and children under-5 suffering from stunting. Children from targeted 28 districts are among the most disadvantaged, experiencing multiple deprivations of their rights. Such deprivations, especially during critical stages of the life cycle - adolescence, pregnancy, lactation, and early childhood (i.e. starting from immediate before the conception up to two years of age), result in profound, irreversible and life-long consequences, and these negative outcomes and effects are then passed on to the next generation.

Table 2: MSNP Roll-Out Schedule

Phase	Timeframe	Districts Covered	VDCs Covered	Target Beneficiaries
I	July 2016/ June 17	16 ¹	At least 50% of total VDCs in each district	Under 5 children, pregnant and lactating women, Adolescent girls
II	July 2017/ June 18	12 ²	At least 50% of total VDCs in each district	Under 5 children, pregnant and lactating women, Adolescent girls

¹ 16 MSNP Districts: Panchthar Khotang, Saptari, Dhanusha, Mahottari, Rautahat, Parsa, Nawalparasi, Kapilbastu, Jumla, Kalikot, Accham, Bajura, Bajhang, Baitadi, Dadeldhura.

² 12 MSNP districts: Udaypur, Sarlahi, Bara, Mugu, Dolpa, Humla, Rukum, Rolpa, Bardiya, Jajarkot, Dailekh, Doti

The sector ministries of the MSNP include the Ministry of Health (MoH), Ministry of Education (MoE); Ministry of Agriculture (MoA), Ministry of Livestock Development (MoLD), Ministry of Water and Sanitation, Ministry of Federal Affairs and Local Development (MoFALD) and the Ministry of Women, Children and Social Welfare (MoWCSW). The coordination structure includes the High Level Nutrition and Food Security Steering Committee (HLNFSSC), the National Nutrition and Food Security Coordination Committee (NNFSCC), the National Nutrition and Food Security Secretariat (NNFSS) and the different technical working groups including M&E MIS Technical Group chaired by Joint Secretary of National Planning Commission (NPC).

Ongoing Programme activities in respective districts:

The MSNP has on going activities as follows:

Nutrition Specific activities -

- Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) are ongoing in the districts of Saptari, Dhanusa, Parsa, Kapilvastu, Bardiya, Achham, Bajura, Dadeldhura, Baitadi, Bajhang, Jumla, Mugu, Dolpa, Humla and Kalikot.
- Multiple Micro-nutrient Powder (MNP) supplementation and Infant Young Child Feeding (IYCF) are ongoing in Parsa, Bardiya and Dadeldhura districts.

Nutrition Sensitive activities –

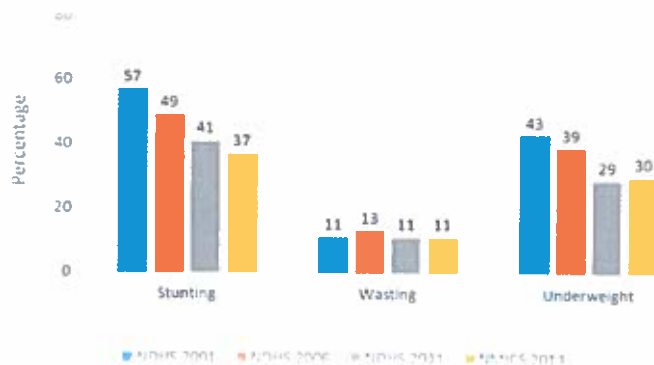
- Water Sanitation Division Office in the MSNP districts is supporting Open Defecation Free initiatives and hand washing promotion in MSNP VDCs. Similarly, the Agricultural and Livestock Development office is supporting Home/Kitchen gardens & Poultry farming for income generation targeting the 1000 days of the MSNP in the districts of Parsa, Nawalparasi, Kapilvastu, Jumla, Achham and Bajura.

The scope of the evaluation will be the 28 intervention districts.

Nutrition Situation Analysis

There has been an improvement in child nutritional status over the past 10 years with substantial reductions in both stunting (chronically under-nourished children) and underweight children (a composite of stunting and wasting) (Figure 1). The MDG target³ for prevalence of underweight children aged less than five years has been met; the target for the proportion of the population below the minimum dietary intake is likely to be achieved; but the target for prevalence of stunting in under-fives will not be reached. The NDHS 2011 indicated that just under 29 percent of under-fives were underweight⁴; however, the Nepal MICS 2014 found that the prevalence of underweight children aged less than five years was 30 percent⁵. The Food and Agriculture Organization estimates that 13 percent of the country’s population is undernourished in terms of minimum dietary intake⁶. According to the Nepal MICS 2014, prevalence of stunting in under-fives was 37 percent⁷.

Figure 2: Trend in Nutritional Status Under fives



³ MDG targets for 2015: underweight prevalence = 29 percent; dietary minimum = 13 percent; and stunting prevalence = 30 percent.

⁴ MoHP, New ERA, and ICF International Inc., 2012. Nepal Demographic and Health Survey 2011. Kathmandu: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

⁵ CBS, 2015. Nepal Multiple Indicator Cluster Survey 2014, Final Report. Kathmandu: Central Bureau of Statistics and UNICEF Nepal.

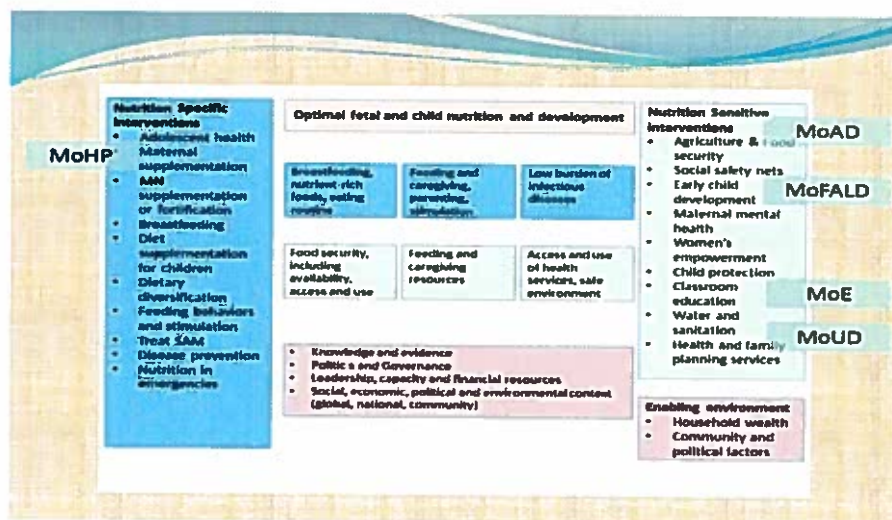
⁶ FAO, IFAD and WFP, 2014. The State of Food Insecurity in the World 2014. Strengthening the Enabling Environment for Food Security and Nutrition. Rome: FAO.

⁷ CBS, 2015. Nepal Multiple Indicator Cluster Survey 2014, Final Report. Kathmandu: Central Bureau of Statistics and UNICEF Nepal.

The main reasons for maternal, infant and childhood under nutrition in Nepal include:

1. **Inequity:** Nepal still remains one of the least developed countries in the world. It was ranked 138 out of 187 countries in the 2014 Human Development Index (HDI). Nepal's Gini coefficient of 0.352 (2011) is amongst the highest in Asia⁸. Its HDI would be a third higher than its present level had past progress been distributed more evenly across society⁹. Additionally, there are inequities across the country; populations living in rural areas of the Far and Mid-Western Hills and Mountains have, the highest rates of poverty (30-40 per cent), compared to rural areas of the Eastern Hills (15 per cent) and urban Kathmandu (5 per cent). In terms of ethnicity, the Hill and Terai Dalits have the highest poverty levels (42 per cent), followed by Terai Middle caste (29 per cent), and Hill and Terai Janjanati (26-28 per cent).¹⁰
2. **Poor infant and child feeding practices:** As per the UNICEF conceptual framework (see Figure 2), inadequate dietary intake is one of the main immediate causes of maternal and child under-nutrition. Non-optimal infant and young child feeding practices in Nepal are, as such, considered major contributing factors to the persistently poor nutrition situation in children. According to 2014 NMICS, only 49 per cent of infants initiate breastfeeding within one hour of birth, while some 57 per cent are exclusively breastfed during the first six months. Though 74 per cent are introduced to complementary foods at six to eight months, only 32 per cent are fed with WHO recommended minimum acceptable diet. Maternal feeding practices also are far from optimal, with less than a quarter of mothers having consumed any quality animal protein foods, or foods made with oil or fat the day before (2006 NDHS).
3. **Maternal and Child Infection:** Maternal and child infections are other major immediate contributing factors in Nepal, with intestinal parasites probably constituting the major public health problem. The prevalence of fevers and diarrhoea in young children has decreased over the last few years, but the management of diarrhoea and fever is still inadequate in the majority of cases.

Figure 3: Key Determinants of Optimal Growth (Lancet 2013)



⁸ Asian Development Bank (ADB), UK Department for International Development (DFID), International Labour Organization (ILO). 2009. Country Diagnostic Studies: Nepal: Critical development Constraints. Manila ADB. The 2011 figure is generated from the Nepal Living Standards Survey III.

⁹ Asian Development Bank (ADB), UK Department for International Development (DFID), International Labour Organization (ILO). 2009. Country Diagnostic Studies: Nepal: Critical development Constraints. Manila ADB. The 2011 figure is generated from the Nepal Living Standards Survey III.

¹⁰ NPC/CBS. 2013. Nepal Thematic Report on Food Security and Nutrition. Supported by: WFP, WB, Ausaid, and UNICEF. Kathmandu, Nepal.

Recognizing the negative consequences of this situation for future human capital development, the Government of Nepal (GoN) has committed to scaling up a set of multi-sector, evidence-based “nutrition specific” and “nutrition sensitive” interventions to improve maternal and child nutrition through the Multi-Sector Nutrition Plan (MSNP) covering the period 2013 to 2017 with vision till 2023.

To ensure the programme’s effectiveness, UNICEF Nepal is seeking an experienced and qualified institution to support a comprehensive impact evaluation of its support toward the implementation of the MSNP which will include a review of evaluation readiness as part of the initiation of the baseline survey in 2016, and an endline survey and summative evaluation in 2018.

UNICEF Outcome/Output Relevance:

UNICEF Outcome/Output Relevance: The proposed assignment is relevant to Programme Component Results (PCR) 1, 2 and 3 of the UNICEF-Government of Nepal Country Program Action Plan (2013-2017). PCR 1 states that “National policies, legislation, plans, budgets, coordination and monitoring mechanisms are enabling the survival, development, protection and participation rights of children, adolescents, and women, to be fulfilled with equity in all contexts, including humanitarian situations.” PCR 2 states that In selected areas (the most disadvantaged districts and municipalities), social sector systems are providing integrated, quality services to fulfil the survival, development, protection and participation rights of children, adolescents and women with equity in all contexts, including humanitarian situations; and PCR 3 states, in selected areas, children, adolescents, women and men, and all relevant duty-bearers are engaged in social change and action to realize the survival, development, protection and participation rights of children, adolescents and women with equity in all contexts, including humanitarian situations.

The evaluation is relevant to PCR 1, IR 2, which states that “By 2017, the Multi-Sectoral Nutrition Plan, targeting the most vulnerable newborn, infant and young children, adolescents, especially girls, pregnant and lactating women, HIV affected children and women, and children and women with disabilities, has political commitment and sectoral budget allocation (contributes to UNDAF Output 1.5). and PCR 3, IR 3.1 , states “By 2017, in selected districts and municipalities, families, especially the most vulnerable, practice promotive and preventive health behaviours including reduced harmful social practices that affect girls and boys with active involvement of male, family and community members (contribute to UNDAF Output 1.4) and IR 3.2 which states that “ By 2017, in selected districts and municipalities, families, especially the most vulnerable, practice essential maternal, adolescent, newborn, infant and young child feeding and early stimulation, hygiene and sanitation, with active involvement of male, family and community members (contributes to UNDAF Output 1.7)

B) Purpose:

The purpose of the evaluation will be to (i) to test the efficacy of improving nutrition through multisectoral approaches; (ii) to provide accountability to partners, donors and beneficiaries; (iii) to demonstrate the contribution of UNICEF’s specific support to the implementation of the MSNP and (iv) to inform future scale up of the MSNP nationwide.

To this end the primary audience includes UNICEF Management and Programme staff; the High Level Nutrition and Food Security Steering Committee (HLNFSSC), the National Nutrition and Food Security Coordination Committee (NNFSCC), the National Nutrition and Food Security Secretariat (NNFSS) and other implementing partners; and Development Partners including the European Union.

At a global level, the evaluation will contribute toward strengthening knowledge management on multisectoral nutrition programmes. This investment will help stimulate cross-country learning, support advocacy for nutrition, promote innovation in programming, and strengthen the programmatic evidence base to inform future nutrition actions and programmes.



C) Objectives:

The main objective of the evaluation is to generate evidence on the impact of the multisectoral nutrition plan in improving nutrition outcomes. This will involve:

- To design an impact evaluation including defining methodology and developing research tools
- To conduct a survey to collect baseline data on selected indicators
- To conduct a survey to collect endline data on selected indicators
- To estimate the impact of programme using baseline and endline data
- Developing practical recommendations in collaboration with stakeholders, based on best practices and lessons learnt to facilitate and inform further scale up plans

D) Scope and Evaluation Questions:

The evaluation will cover both impact and process related measures in all 28 MSNP intervention districts over the time period of July 2016 to December 2019. This will encompass both nutrition specific and nutrition-sensitive intervention areas. The evaluation will be guided and informed by the Nepal MSNP, Detailed Description of Action for implementation of the MSNP with the support of the Government of Nepal, World Bank, USAID, EU and UNICEF in 28 districts.

The evaluation should cover all beneficiary groups targeted by the plan including: (i) children under five years of age; (ii) pregnant and lactating women; and (iii) adolescent girls. Where feasible, all data should be disaggregated by age, gender and the main ethnic / caste groups in Nepal.

The overarching evaluation questions are:

- How successful has the multisectoral design of the MSNP been in improving nutrition outcomes?
- What are the lesson learned from the design and implementation of the MSNP in Nepal to inform future scale up plans?

More specifically, and following the OECD Development Assistance Committee (DAC) criteria for evaluations, the impact evaluation should consider the following criteria and integrate analysis of differences among different social groups (gender, age and caste / ethnicity):

Relevance of the design and approach, considering:

- Are the activities and outputs of the project consistent with overall MSNP goals?

Effectiveness of the approach and implementation modalities, including:

- To what extent were the objectives achieved / are likely to be achieved?
- What were the major factors influencing the achievement or non-achievement of the objectives?

Efficiency of implementation, monitoring and coordination mechanisms, considering:

- How efficient were delivery processes, considering the time and resources required at each stage of implementation, and coordination between different actors?



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- How have variations in delivery of the MSNP (e.g. density of beneficiaries, modality of programme implementation) affected cost effectiveness?

Impact of the programme for beneficiaries and their communities, considering:

- What is the impact of MSNP on the overall objective to reduce stunting, underweight, wasting, low BMI for women of reproductive age as per logical framework?
- What is the programme coverage of MSNP implementation in target districts based as an intermediate impact measure?
- Have there been any changes in care and feeding practices as a measure of impact on Knowledge Attitudes and Practice?

Sustainability of different intervention areas and progress in systems strengthening, considering:

- What is the project's scalability on a broader national scale?

In addition, the evaluation should assess the extent and quality of coordination and monitoring mechanisms.

E) Evaluability:

A results framework exists for the Nepal MSNP. It is expected that the evaluation can address all indicators within the Nepal MSNP framework up to the level of short-term outcomes.

The existing secondary quantitative data derived from monitoring as well as management information systems and surveys/surveillance will complement the evaluation. Other existing research and secondary data may be used for this purpose. The evaluation is expected to supplement this data with qualitative primary data collection including key informant interviews with all relevant stakeholders as identified above and focus groups with selected beneficiaries and non-beneficiaries from the same communities.

Reference will include UNICEF supported documentation study (2013-2014) on the process of developing and launching the MSNP identified best practices and lessons learned¹¹. Other relevant nutrition related studies include the EU's support to UNICEF led nutrition interventions in Nepal through the regional Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA), 2011-2014, which provides important lessons for this proposed project. The regional project has undergone both midterm evaluation (MTE) and feasibility study for a top up funding request conducted by the EC Nutrition Advisory Service (NAS). The International Food Policy Research Institute (IFPRI) Discussion Paper¹² provided preliminary results on some aspects of the Suahara ongoing multi-sector nutrition project in Nepal. Another study on Nepal's Child Cash Grant initiative has so far shown minimal impact on household food expenditure due to the low value of the grant and infrequent distribution¹³. However, the effect on birth registration was significant according to the preliminary findings of mid-line evaluation of the community Infant and Young Child Feeding programme integrated with Child Cash Grant in five Karnali districts, supported by UNICEF through the EU funded MYCNSIA project (2011-2014).

This evaluation builds in a process to ensure "evaluation readiness" so that weaknesses in programme design can be addressed early on. This ideally leads not only to better programme results, but also to better programme evaluation which can measure programme achievements, provide information on how and why good results were achieved, and offer lessons on programme improvement.

¹¹ Roger Shrimpton, Jennifer Crum, Shikha Basnet, Saslectba Mebrahtu, Pradiumna Dahal. 2014. Documenting the process of developing the Nepal Multi-sector Nutrition Plan and identifying its strengths and weaknesses: report of a research project. 22 March 2014 (final draft).

¹² Malapit HJL, et.al. Women's Empowerment in Agriculture, Production Diversity, and Nutrition. Evidence from Nepal. IFPRI Discussion Paper 01313. International Food Policy Research Institute, Washington, D.C. December 2013.

¹³ Adhikari TP, et.al. 2014. The contribution of Nepal's Child Grant to social inclusion in the Karnali region (country briefing). Overseas Development Fund (ODI), London.



Limitations of the Evaluation

Implementation of the MSNP is complex, involving a bundle of interventions managed by different partners that will be rolled out across 28 intervention districts. Achieving consistency in implementation approaches cannot be guaranteed. In addition, exposure to other similar programmes in the intervention districts, including Sabal and SUA AHARA 2 will need to be considered and controlled for in the selection of VDCs.

F) Approach and methods:

The evaluation will adopt a quasi-experimental design for the selection of districts and random selection of VDCs. In the first phase of sampling, 28 intervention districts will be purposively selected based on the criteria previously mentioned. In the second phase, VDCs will be randomly selected for treatment and as control or comparison groups. The design should include a mix method approach. A pre-test baseline will be conducted by mid-2017 and a post-test endline will be conducted in 2019 during the final year of the programme.

UNICEF and its partners are open to proposals from interested institutes on detailed methodology of the suggested evaluation design. However, the design should allow to the extent possible district level representativeness and external validity. It should take into consideration the target population of programme:

- **Children 0-5 months and 6-23 months of age:** Approx. 390,000 children
- **Children 6-59 months with Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM):** Approximately 148,923 GAM children which includes 31,667 children with SAM
- **Pregnant and Lactating Women:** Approximately 460,233 women
- **Adolescent girls:** Approx. 1.3 million girls
- **General public:** Families with pregnant women and young children under two years of age, caretakers, as well as opinion leaders will be targeted for hygiene and nutrition education.

It is expected that the evaluation institution presents strong justifications for proposed design and methods, which should be appropriate to address the research questions and take into consideration the phases/rollout schedule and implementation of the programme.

The final evaluation will take a summative approach identifying and assessing the process and impact of implementation funded by the European Union, and bringing together the lessons from the experience to inform future scale up on the MSNP throughout the country.

The evaluation will draw on the following methods:

- Desk review of programme documents and other relevant data
- Review and analysis of quantitative data
- Key Informant Interviews
- Focus Group Discussions

The data collected should be disaggregated by sex, age, socioeconomic status, caste, female-headed households, ethnicity and ability, etc. where relevant and focus on both the implementers (including local authorities, service providers and implementing partners) as well as the affected populations themselves.

Although the institution will propose survey design and methods, the final design and method (including the sample size and sampling of clusters) will be agreed with UNICEF Country Office and the government of Nepal.

G) Deliverables:

Evaluation Component	Deliverables	Payment Plan
1. Design of Impact Evaluation (January - April 2017)	<ul style="list-style-type: none">Inception report	20%
2. Baseline Survey (Quantitative and Qualitative data) (May – July 2017)	<ul style="list-style-type: none">Inception reportDraft survey reportFinal survey report	30%
3. Monitoring Reports	<ul style="list-style-type: none">3-monthly evaluative progress report	10%
4. Endline Survey Report (March – August 2019)	<ul style="list-style-type: none">Inception reportDraft survey reportFinal survey report	20%
5. Final Evaluation (Quantitative and Qualitative data) (September – December 2019)	<ul style="list-style-type: none">Inception reportDraft evaluation reportFinal evaluation report	20%

H) Management and Coordination:

Oversight

Nepal Country Office will manage the evaluation, in close collaboration with the intermediary agency supporting quality assurance of the evaluation. An Evaluation Manager from Nepal Country Office will provide day-to-day management and facilitation of the evaluation process in-country, including day-to-day oversight of the evaluation team.

Management

The evaluation team will be answerable to the UNICEF Evaluation Manager. The team will decide its own fieldwork programme in consultation with the Evaluation Manager and relevant Country Office staff and stakeholders. It will inform the Evaluation Manager of any problems arising. The team will also immediately inform the Evaluation Manager of any issues regarding the integrity or effectiveness of UNICEF's response encountered during the evaluation research.

Quality Assurance

A Reference Group namely the MSNP M&E MIS Technical Working Group plus other relevant stakeholders and participants at the country level will ensure quality assurance. The MSNP M&E MIS Technical Working Group already exists and has TORs and an M&E MIS Framework. All evaluation products will also be submitted for external quality review.

Participation

The MSNP M&E MIS Technical Working Group plus other relevant stakeholders and participants will be kept informed of the evaluation progress on a regular basis. They will be invited to the workshops and consulted on the evaluation outputs.

I) Ethical Considerations

The study team will ensure adherence to UNICEF procedure for ethical standards in research, evaluation, data collection and analysis in order to lay out the ethical consideration in all processes throughout the study. Further, the study team will ensure adherence to the National Ethical Guidelines For Health Research in Nepal And Standard Operating Procedures. Any ethical issues involved in implementing the study are expected to



be addressed in a proposal and final report. Concerns that may need attention in this study include risks and benefits of study participation, privacy and confidentiality, informed consent, and consent of minors.

The evaluator/team should adhere to ethical and evaluation norms and standards:

- United Nations Evaluation Group (UNEG) Standards for Evaluation in the UN System, 2005
- United Nations Evaluation Group (UNEG) Norms for Evaluation in the UN System, 2005 (including impartiality, independence, quality, transparency, consultative process)
- Ethical Guidelines for UN Evaluations and the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis¹⁴ will guide the overall process.
- UNICEF adapted evaluation report standards
- The evaluation should incorporate the human rights-based and gender perspective and be based on Results Based Management principles and logical framework analysis.

The institution will be required to seek in-country approval from the Nepal Health Research Council (NHRC) and should therefore factor in approximately 4-8 weeks for ethics approval.

J) Profile of Evaluator/Evaluation Team

The evaluation team should comprise a gender balanced team of technical experts with expertise in quantitative and qualitative methods of data collection, and with the following specific qualifications:

A Team Leader

- A Ph.D. or Master's degree in nutrition, epidemiology, public health, economics; and at least 10 years of documented experience in research and evaluation of multi-sectoral nutrition programmes in developing countries;
- Extensive experience in working with, UN, national and local authorities, INGOs and local NGOs, beneficiaries
- Knowledge of nutrition programming in Nepal, if possible
- Demonstrated ability to develop and maintain effective work relationships with counterparts and external partners;
- Knowledge of standard operation procedure in the UNICEF

A national consultant with a Master's degree in social sciences or other relevant field with at least 8 years of experience in leading data collection through participatory methods and techniques to promote consultations with affected populations.

K) Resource requirements:

The institution should provide a detailed budget covering but not limited to the following:





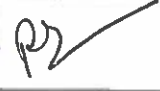
- The cost of the team members and the time spent on the project throughout
- Data collection cost (from the inception, baseline, monitoring, end line and final evaluation)
- Travels: In-country and international travels
- Material: such as printing, communication, data collection tools etc
- Key institution administrative cost (if applicable)
- Any other cost the institution finds important to include

The budget should take into consideration the duration of the programme and the payment plan.

¹⁴ UNICEF procedure for ethical standards in research, evaluation, data collection and analysis, 1 April 2015, CF/PD/DRP/2015-001, available from UNICEF

L) Section Criteria

- **Understanding of the Terms of Reference and MSNP:** The criteria includes the extent to which the institution understands the programme as well as the context under which it operates.
- **Methods and Approach proposed:** This will include the design, sample size, representativeness, external validity and consideration of target beneficiaries (Under 5 children, pregnant and lactating women, Adolescent girls).
- **Detailed workplan:** The institution should provide a detailed workplan which takes into consideration the programme implementation, key milestones of the evaluation and the time the time spent by the researchers (quantitative, qualitative) and key/essential persons involved in the evaluation.
- **Team composition** which should be in line with the profile of the evaluator/evaluation team.
- **Financial Proposal** which will take into consideration a detailed budget, cost of the team members and the time spent on the project and requirements of section K (resource requirements).

	Prepared by (Requesting Officer):	Approved by (Head of Commissioning Section):	Reviewed by (Chief, Planning & Evaluation):	Reviewed by (Head of Supply):	Approved by (Deputy Representative):
<i>Signature</i>					
<i>Name</i>	Awa Samba	Stanley Chitekwe	Roselyn Joseph	Arthur Osuji	Rownak Khan
<i>Title</i>	R&E Specialist	Chief of Nutrition	Chief of P&E	OIC Chief of S&L	Deputy Representative
<i>Date</i>	November 09, 2016	November 09, 2016	November 09, 2016	November 09, 2016	November 09, 2016

ANNEX 1: PROJECT LOGFRAME

Project Description	Objectively Verifiable Indicators	Sources & Means of Verification	Assumptions & Risks
<p>Overall objective To improve maternal, infant and child nutrition so as to combat chronic malnutrition and to foster socio-economic development in Nepal</p>	<ul style="list-style-type: none"> • % prevalence of stunting among children under 5 years of age reduced below 26% or by 1/3 in the selected districts • % prevalence of underweight among under-5 year old children reduced below 20% in selected districts • % prevalence of wasting among under-5 year old children reduced below 5% in selected districts • % prevalence of women with chronic energy deficiency (BMI<18.5) reduced by 15% 	<p>NDHS 2010/2011 and subsequent years Nutrition survey reports UNICEF District reports and government annual reports</p>	<p>Assumptions: i) The government of Nepal is committed to the on-going Multi-sector Nutrition Plan implementation; ii) All stakeholders remain committed to the project; iii) Appropriate staffing and availability of human resource; (iv) MSNP is gradually scaled to + 28 districts by 2016; and +28 districts by 2015, 16 in 2018 (covering 6 districts in 2015, 16 in 2016; and +28 districts by 2017-18); (vi) MSNP coordination M&E system harmonized with existing mechanisms and information systems (e.g. NeKSAP, and key sector management information system), and inform district level MSNPs. Risks: i) The government has been recently formed after the national elections, but local level elections have been delayed, which increases the risk of poor local governance. With regards to humanitarian crisis, Nepal is in an earthquake zone, and prone to recurring droughts and floods. There is continuing chronic vulnerability (also emerging in urban areas) and severe food insecurity in the Mountains and poor governance</p>
<p>Specific Objective 1 Policies, plans and multi-sector coordination improved at national and local levels</p>	<p>District Development Plans have sufficient budget allocation as well as appropriate mechanisms to ensure convergent delivery and high coverage of nutrition sensitive and specific interventions among poor households of the most disadvantaged VDCs of all 28 selected districts by 2017/18.</p>	<p>UNICEF District reports and government annual reports including district coverage survey results</p>	
<p>Expected Results 1.1 MSNP coordination mechanisms fully functional in the National Planning Commission and at the district and VDC level</p>	<p>1.1.1 Biannual meetings of High-Level Nutrition and Food Security Steering Committee for briefings on activities and progress being made in MSNP implementation, as well as for clearing the progress reports to be presented at the annual meetings of the SUN movement in New York and reporting back as appropriate. 1.1.3 The National Nutrition and Food Security Secretariat (NNFSS) at the NPC and its three working groups are fully functional and active,</p>	<p>Minutes of meetings and SUN progress reports and presentations</p> <p>Minutes of meetings showing agreements reached, and "products" agreed upon by three NFSS working</p>	



<p>1.2 Nutrition observed in the design and formulation of local governance policies and programmes, such that annual and multiyear plans of all the relevant sectors reflect indicators and targets for nutrition sensitive and specific interventions that will contribute to the reduction of maternal and child undernutrition in all 28 districts by the end of 2018,</p> <p>1.3 Strengthened nutrition capacity of MSNP implementing agencies as per evidence-based capacity building strategy</p>	<p>contributing to enhanced multi-sector coordination in advocacy, capacity building and monitoring and evaluation activities.</p> <p>1.1.4 Collaboration between local bodies' health, agriculture, education, women, children and social welfare sectors strengthened at the district and VDC level.</p> <p>1.1.5 District nutrition focal points and public nutrition coordinator are trained in convergent delivery of MSNP nutrition specific and sensitive interventions</p> <p>1.2.1 Advocacy packages developed and key stakeholders/decision makers briefed at national and district levels on the costs of maternal and child undernutrition and the benefits of dealing with it.</p> <p>1.3.1 MSNP "programming guide" for achieving "convergent delivery" of nutrition specific and sensitive intervention, produced and incorporated into MSNP Training of master trainers (MTOT) as well as into pre-service training curriculum of sectoral workers.</p> <p>1.3.2 District level sectoral focal points and stakeholders trained on how to mainstream MSNP activities into Annual Programme Plan (APP) and five year District Periodic Plan, as well as carrying out annual district level coverage monitoring surveys</p>	<p>groups for advocacy, capacity building and monitoring and evaluation.</p> <p>Opinions surveys of stakeholders and decision makers, pre and post campaign exposure, as well as increases in budget commitments for nutrition sensitive and specific interventions five sectoral ministries and local government DDCs</p> <p>Numbers of district public nutrition coordinators achieving certification.</p> <p>District Nutrition and Food Security Steering committees are increasingly committing their own resources in order to implement District MSNPs, with increases in budget commitments for nutrition sensitive and specific interventions through District plans.</p> <p>Convergent coverage of nutrition specific and sensitive interventions is continually increasing in annual district coverage surveys</p> <p>UNICEF and government annual reports including district coverage survey results</p>	<p>in the Terai; ii) The NNFESS is currently being funded by external donors, and its continued funding support remains uncertain. This could hamper the NPC's capacity to coordinate involving all the key sectors and partners; iii) Changing political environment could reduce the Government of Nepal's commitment to prioritize nutrition focus and food insecurity challenges in the Mountains ecological zone of the country and poor governance in the Terai; iv) Inability to obtain the required implementation support from district government authorities due to competing priorities and lack of interest to change the status quo; v) Removal of core financing support in the district governments by other partners due to the prevailing poor governance; vi) Local elections and related organisational changes in the Federal system will be disrupted by a reversal in the existing policy decision to decentralise district in readiness for the implementation of the MSNP; vii) Prevailing social and cultural norms in communities' will lead refusals to engage in preventative services and optimal care practices at household level - especially Maternal Health, Nutrition and Caring Services.</p>
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<p>1.4 Knowledge on nutrition and increased among general public and Government staff at different levels.</p> <p>1.5 GoN commitment to multi-sectoral nutrition policy strengthened.</p>	<p>1.3.3 On the job public health nutrition training and distance learning course with mentoring developed and realized for district public nutrition coordinators, including certification.</p> <p>1.4.1 The MSNP communication strategy aimed at the general public, agreed across six key Ministries and advocacy material developed (media and print materials) and produced for use at national and district levels.</p> <p>1.5.1 Resources mobilised for MSNP by GoN as reflected in increased budget allocations, as percentage of total GoN budget.</p> <p>1.5.2 Nepal actively participating in the Scaling Up Nutrition (SUN) movement as part of Leaders Group as well as SUN global gathering.</p>	<p>Coverage surveys among target audience in selected districts to test whether messages were received, and/or changes in opinions, perceptions, as well as behaviours were achieved</p> <p>GoN budget</p>	
<p>Specific Objective 2</p> <p>Practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services improved, leading to an enhanced maternal and child nutritional status</p>	<p>Integrated package of multi-sector nutrition specific and nutrition sensitive interventions implemented in 28 districts by 2018.</p>	<p>Nutrition surveys</p> <p>District monitoring reports</p> <p>District monitoring information systems</p> <p>District Development Plan (DPP)/Annual Programme Plan (APP)</p>	<p>MSNP implemented in 28 districts by 2018 as planned by GoN</p> <p>Political stability and commitment to MSNP maintained</p>
<p>Expected Results</p> <p>2.1 MSNP interventions of all six sectors implemented in 28 project districts.</p>	<p>2.1.1 % mothers and infant and young child feeding practicing improved as per the recommendations by 50%</p> <p>2.1.2 % adolescent girls that delay age of marriage (vis-à-vis legal age of marriage) increased by 20%</p> <p>2.1.3 % of targeted households using improved sanitation facilities increased by 50%</p> <p>2.1.4 % targeted households (from the poorest quintile) with biogas and improved stoves increased by 25%</p>	<p>Baseline and endline MSNP surveys</p> <p>Nutrition surveys</p> <p>District monitoring reports</p> <p>District monitoring information systems</p> <p>DDP/APP</p>	<p>Partnerships with all MSNP stakeholders involved in implementation established and maintained</p> <p>Sectoral ministries cooperate and coordinate efforts for MSNP implementation</p> <p>MSNP implemented in at least 28 districts by 2018 as planned by GoN</p> <p>Coordination mechanisms available and effective at district level (i.e.</p>

<p>2.2 Revised sector materials available for use in MSNP implementation.</p> <p>2.3 Community workers from all sectors involved in MSNP implementation using evidenced-based approach, participatory tools and methods as per the national guideline.</p>	<p>2.1.5 % members of women's federation in the targeted VDCs knowledge on optimal maternal and infant young child feeding as recommended improved by 60%</p> <p>2.1.6 % targeted VDCs with fully functional nutrition and food security steering committees is at least 75%</p> <p>2.2.1 Nutrition specific and nutrition sensitive materials for each sector aligned and harmonized with MSNP, coordinated and used in MSNP implementation in 28 districts by 2018.</p> <p>2.3.1 In 50% of VDCs in 28 districts, Female Community Health Volunteers (FCHVs), Early Childhood Development (ECD) facilitators, Junior Technical Assistants (JTAs), Junior Technicians (JTs), Lead Farmers, women's federations, citizen awareness centres, child clubs and mothers' groups use evidence-based participatory tools and methods in implementation of MSNP activities by 2018.</p>	<p>UNICEF and government annual reports including district coverage survey results</p> <p>UNICEF and government annual reports</p>	<p>District Nutrition and Food Security Steering Committee)</p>
<p>Specific Objective 3 Strengthened multi-sector nutrition information, monitoring and evaluation for central and local governments to provide basic services in an inclusive and equitable manner</p> <p>Expected Results 1.1 MSNP monitoring and evaluation framework completed and functional.</p>	<p>Multi-sector nutrition data available and being used for policy and programmatic decisions at national and sub national levels in 28 districts by 2018.</p> <p>3.1.1 National and sub national data on MSNP implementation for all sectors, based on framework, available in 6 pilot districts by 2015 and all 28 districts by 2018 (inputs, activities, outputs, outcomes and impact (6 pilot districts)).</p>	<p>National repository of nutrition data MSNP implementation reports District monitoring reports District Management Information System (MIS) reports Vulnerability Assessment (VAM) reports</p> <p>MSNP implementation reports District MIS reports</p>	<p>MSNP implemented in 28 districts as planned by GoN Political stability and commitment to MSNP maintained</p> <p>MSNP implemented in 28 districts as planned by GoN Political stability and commitment to MSNP maintained</p>

<p>1.2 MSNP good practices and lessons learned documented and available for use.</p> <p>1.3 National evidence base (central repository) for nutrition information established and providing information to stakeholders.</p> <p>1.4 District Poverty Monitoring and Analysis System (DPMAS) and management information systems of the six sectors aligned with the MSNP.</p> <p>1.5 Increased accountability for MSNP implementation at all levels and oversight by NPC</p>	<p>3.1.2 Coverage and implementation of interventions from all six sectors described and analysed in 28 districts by 2018 and disseminated to stakeholders.</p> <p>3.1.3 Districts providing timely data and reports on implementation and outcomes from surveys (28 districts by 2018).</p> <p>3.2.1 MSNP practices documented and disseminated in 6 pilot districts by 2015 and all 28 districts by 2018.</p> <p>3.2 Policy, programme decisions attributable to lessons learned as appropriate.</p> <p>3.3.1 MSNP data collected at national level, stored within GoN body, analysed and disseminated annually.</p> <p>3.3.2 All the available information are uploaded in the Nepal Nutrition and Food Security Portal</p> <p>3.4.1 Sector-specific indicators available in all six sectors: health, education, agriculture, Water, Sanitation and Hygiene (WASH), local governance and women, children and social welfare in 28 districts by 2018.</p> <p>3.4.2 Nutrition data at national and sub-national levels disaggregated (e.g. by gender, ethnicity, wealth, geography) and available in DPMAS and published annually in 28 districts by 2018.</p> <p>3.5.1 Joint monitoring reports disseminated to all key stakeholders and used in decision making processes as appropriate.</p>	<p>District survey reports</p> <p>National reports of compiled MSNP data</p> <p>National MIS reports</p> <p>Nepal Nutrition and Food Security Portal</p> <p>Joint field monitoring reports</p>	
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**ANNEX 2: MULTI-SECTOR NUTRITION PROGRAMME MAPPING BY DISTRICT BY PARTNER ORGANIZATION
(2016-2019)**

S.N.	Districts/Partners/Projects	MoFALD - World Bank	NPC - UNICEF	MOAD-USAID			MOH-USAID
		Golden 1000 days	MSNP	KISAN	SABAL	PAHAL	SUAAHARA 2
EASTERN							
1	KHOTANG	X	X		X		
2	PANCHTHAR		X				X
3	SAPTARI		X				
4	UDAYPUR		X		X		
CENTRAL							
5	BARA	X	X				
6	DHANUSA	X	X				
7	MAHOTTARI	X	X				
8	PARSA	X	X				
9	RAUTAHAT	X	X				
10	SARLAHI	X	X				
WESTERN							
11	KAPILVASTU		X	X			X
12	NAWALPARASI		X				X
MID-WESTERN							
13	BARDIYA		X	X			X
14	DAILEKH		X	X		X	X
15	DOLPA		X				
16	HUMLA		X				
17	JAJARKOT		X	X		X	X
18	JUMLA		X				
19	KALIKOT		X				
20	MUGU		X				
21	ROLPA		X	X		X	X
22	RUKUM		X	X		X	X
FAR WESTERN							
23	ACHHAM		X	X		X	X
24	BAITADI		X	X		X	X
25	BAJHANG		X			X	X
26	BAJURA		X			X	X
27	DADEL DHURA		X	X		X	X
28	DOTI		X	X		X	X

X 28 proposed MSNP priority districts

ANNEX 3: FORMAT FOR APPLICATION FOR EXPRESSION OF INTEREST

1. Name and full address of the Organization:
2. Management Structure:
3. Contact Person with designation:
4. Contact telephone numbers and fax no. :
5. Email address:
6. Current operational areas of work:
7. Turnover for last three years:
8. Approval/registration with any:
9. Details of expertise available in the evaluation:
10. Regular manpower available on roll:
11. Areas of work where expertise available:
12. Any other credentials in the subject area:
13. Acceptance of terms and conditions:

