

Request for Proposals

Study Type:

End of Project Review

Project:

COVID-19: A Nutrition Response for Pregnant Women and Children

Proposed timeline:

October-December 2022

55 working days over a 12-week period

RFP Number: EOPR - 09-09-2022

Deadline for Receipt of Proposals

Date: Sunday, 25th September 2022

Time 11:59 PM EST

September 22, 2022

Re: Amendment to RFP: EOPR - 09-09-2022.
End of Project Review
Project: COVID-19: A Nutrition Response for Pregnant Women and Children

With reference to the Request For Proposals (RFP) number: EOPR - 09-09-2022 Issued by Nutrition International "NI" on September 13, 2022.

The deadline for receipt of proposals has been extended to: Wednesday September 28, 2022 at 11:59 PM EST.

The revised RFP Timetable is as follows:

<i>Activity</i>	<i>Date Required</i>
<i>Deadline for Receipt of Questions -Mandatory</i>	18 September 2022, 11:59 PM EST
<i>Responses to Questions distributed</i>	20 September 2022 (estimated)
<i>Closing Date and Time - Mandatory</i>	28 September 2022, 11:59 PM EST

All other sections and conditions of the original RFP except as amended here remain unchanged.

Request for Proposal Notice

Nutrition International (NI), a non-profit organization dedicated to eliminating vitamin and mineral deficiencies worldwide, invites proposals from competent Consultant(s) or Agencies for conducting an End of Project Evaluation: COVID-19: A Nutrition Response for Pregnant Women and Children Project.

About Nutrition International

Nutrition International (NI), formerly the Micronutrient Initiative, is a global nutrition organization, headquartered in Ottawa, which aims to transform the lives of vulnerable people, especially women, adolescent girls and children, by improving their nutritional status and health as these groups often have the greatest unmet needs. Since 1992, NI has been building on a track record of success in vitamin A supplementation and salt iodization as well as in global advocacy, research and market shaping to address key micronutrient gaps, to include more direct support for the design and scale-up of nutrition programs at country level. NI continues to work in close partnership with governments, the private sector, international agencies, academia and non-governmental organizations (NGOs).

For 25 years Nutrition International has remained committed to its core vision: a world where everyone, everywhere, is free from malnutrition and able to reach their full potential. In that time, we have expanded our scope as well as our role, and outlined a bold vision for the next twelve years to 2030. Our Goal 2030 is to transform the lives of 1 billion vulnerable people, especially women, adolescent girls and children, by improving their nutritional status. The potential to transform is closely linked to overcoming gender inequalities. NI believes that improving nutrition is critical to achieving gender equality, and that improving gender equality leads to improved nutrition. NI also fully acknowledges the duty of care to protect and promote the welfare of children and young people it encounters through our programs. In line with this commitment, NI expects that all staff, implementing partners, and consultants involved in the work of the organization will adhere to its Child Safeguarding Policy (see **Annex E**).

One of Nutrition International's key strategic goals is to enhance the global impact of micronutrient interventions by generating cutting-edge knowledge and utilizing it to develop sound policies and programmes while consolidating political will to achieve its vision. NI aspires to position itself as a global center of excellence in generating scientific research in the field of micronutrient programmes. It provides quality assurance for research and programmes while disseminating and translating new knowledge to influence and improve national and global policies and programmes. NI provides guidance and support for existing and future programme evaluations and coordinates the analysis and utilization of evaluation activity results.

Annex A: TERMS OF REFERENCE

Part 1: Project Background Information

Rationale of the Overall Project

In 2021, with financial support of Global Affairs Canada, Nutritional International expanded its ongoing work to protect and meet the needs of women and children in hard-to-reach areas rendered critically vulnerable to malnutrition by the COVID-19 pandemic. The project “COVID-19: A Nutrition Response for Pregnant Women and Children” project was developed and implemented over 18 months and in several countries: Pakistan, Bangladesh, Senegal, Kenya, Ethiopia, Tanzania and Nigeria. Through this project, Nutritional International enhanced and adapted its service delivery to the COVID-19 context and deployed a first-ever emergency response targeting women, adolescent girls and children in Asia and Africa with a focus on areas where maternal and child mortality are highest.

Objectives of the Overall Project

The project-level and country specific goals involved two components: save lives and build resilience.

Save lives by:

- Supporting pregnant and lactating women and their newborns;
- Protecting children under five; and
- Supporting frontline health workers.

Specific interventions included:

- a. Introducing multi-micronutrient supplements (MMS) when possible, provide IFA and continue to support adapted lifesaving service for pregnant women (222,000 PW reached with IFA, 8,000 PW reached with Safe Delivery Kits/SDKs)
- b. Improving capacity of Frontline Health Workers (FLHW) with the appropriate skills, knowledge and confidence to continue the provision of COVID 19 adapted and gender sensitive ANC services and nutrition counselling
- c. Ensuring 5.5M children under five (CU5), per semester, receive two doses of VAS to boost their immunity and protect them from infections and disease. VAS is responsible for a 12 percent reduction in all-cause child deaths and is made in Canada.
- d. Ensuring 850,000 CU5 receive zinc and oral rehydration salts (ORS) during diarrhoea, which reduce the duration and severity of childhood diarrhoea. Zinc and ORS treatment reduces diarrhoea-specific mortality by over 90 percent.
- e. Prepositioning zinc/ORS treatment with mothers as part of micronutrient commodities, as well as treatment via community health workers/volunteers.
- f. Expanding access to multiple micronutrient powders (MNPs) for 55,000 children 6 months to 2 years, improving diets and preventing anaemia.

Build resilience at country level by:

- Generating data and analysis for smart decision-making and resilience planning
- Building towards more modern and equitable health systems that put women and children at the center

The overall key features and innovative programmatic approaches of the emergency project include:

- COVID-19 adapted and gender-sensitive materials/resources, training and service provision.
- Pre-positioning of micro-nutrient commodities to pregnant women and caregivers such as Iron and Folic Acid (IFA) and Zinc with Oral Rehydration Solution (ORS).
- Two approaches for Zinc (pre-positioning with mothers as well as treatment by community health workers/volunteers).
- Integration of VAS and IFA delivery through the Child Health Day Platform in Nigeria
- Procurement of Safe Delivery Kits in Pakistan
- Pilot implementation research on Home Fortification (MNPs and SQ-LNS) in Nigeria

Theory of Change for the Overall Project

The main assumption for the design of this nutrition emergency response project was the need to adapt NI's existing programming to the COVID-19 context and expand its work to meet the needs of women and children rendered even more vulnerable by the pandemic. Service disruption due to COVID-19 was particularly severe and, in most cases, due to reduced access to health facilities caused by lockdowns or hesitancy within the community to seek services at facilities for fear of infection. In this regard, NI deliberately designed its interventions to complement current GAC funded programming by expanding essential nutrition services in hard-to-reach areas and new geographies where availability and access to said services has been most affected.

This included pre-positioning¹ micronutrient commodities for pregnant women and caregivers of children under 5 during community outreach and/or at health facilities in some settings, leveraging existing platforms to better deliver a package of services where possible (e.g. Child Health Days to deliver maternal IFA and Vitamin A supplementation and deworming for infants and children) and improving service delivery with COVID-19 adapted and gender-sensitive training and materials.

The project was also designed to develop analysis tools and dashboards to build the capacity and facilitate effective decision making of government partners at national and subnational levels when regular nutrition and health information systems are interrupted, such as they were during the COVID-19 pandemic.

Activities of the Overall Project

The overall key features and innovative programmatic approaches of this nutrition emergency project include:

- COVID-19 adapted and gender-sensitive materials/resources, training and service provision.
- Pre-positioning of micro-nutrient commodities to pregnant women and caregivers such as Iron and Folic Acid (IFA) and Zinc, and Oral Rehydration Solution (ORS).
- Two approaches for Zinc (pre-positioning with mothers as well as treatment by community health workers/volunteers).
- Integration of VAS and IFA delivery through the Child Health Day Platform in Nigeria
- Procurement of Safe Delivery Kits in Pakistan
- Pilot implementation research on Home Fortification (MNPs and SQ-LNS) in Nigeria

¹ Pre-position is defined as to place equipment or supplies at or near the point of planned use or to provide a product in bulk (such as a recommended scheme of a nutrition commodity) during a designated point in time to ensure timely and adequate support or service is given.

Specific interventions included in Component 1 – Save Lives, which is the focus of the evaluation:

MMS/IFA

- Introducing multi-micronutrient supplements (MMS) when possible, provide IFA and continue to support adapted lifesaving service for pregnant women (222,000 PW reached with IFA, 8,000 PW reached with Safe Delivery Kits/SDKs)
- Improving capacity of Frontline Health Workers (FLHW) with the appropriate skills, knowledge and confidence to continue the provision of COVID 19 adapted and gender sensitive ANC services and nutrition counselling

VAS, MNPs, ZINC/ORS

- Ensuring 5.5M children under five (CU5), per semester, receive two doses of VAS to boost their immunity and protect them from infections and disease. VAS is responsible for a 12 percent reduction in all-cause child deaths and is made in Canada.
- Ensuring 850,000 CU5 receive zinc and oral rehydration salts (ORS) which reduce the duration and severity of childhood diarrhoea. Zinc and ORS treatment reduces diarrhoea-specific mortality by over 90 percent.
- Prepositioning zinc/ORS treatment with mothers as part of micronutrient commodities, as well as treatment via community health workers/volunteers.
- Expanding access to multiple micronutrient powders (MNPs) for 55,000 children 6 months to 2 years, improving diets and preventing anaemia.

Project locations

Kenya, Tanzania, Ethiopia, Nigeria, Senegal, Bangladesh and Pakistan

Project Status

Project started in April 2021 and is scheduled to end in September 2022.

Expected Project Outcomes of Component I: Saving Lives

Intermediate outcomes	Indicators	Grant Targets	Data Sources	Frequency
Increased VAS coverage for children aged 6-59 months in areas supported by NI	# of children 6-59 months of age reached with VAS by semester (semester 1 and 2 in 2021 and semester 1 in 2022)	5,500,000	National government reporting systems	End of grant
Increased Zinc-ORS coverage for children aged 1-59 months in areas supported by NI	# of caregivers of children 1-59 months of age who received Zinc/ORS to treat one episode of diarrhoea	850,000	National government reporting systems	End of grant
Increased access to IFA during pregnancy	# of pregnant women who received any number of IFA	200,000	Distribution records	End of grant
Increased access to MMS during pregnancy	# of pregnant women who received 180 MMS	22,000	Distribution records	End of grant

Increased access to MNP to supplement complementary foods	# of households of children 6-24 months of age who received a 6-month supply of MNP	55,000	Distribution records	End of grant
Pregnant women deliveries using SDKs	# pregnant women reached with SDKs	8,000	Distribution records	End of grant
Immediate outcomes				
Increased availability of gender responsive health and/or nutrition services and commodities for pregnant women (including pregnant adolescents) and caregivers for children under 5	# of previously underserved sub-national administrative units reached with gender responsive and Covid-19 adapted health services and commodities through health extension workers (disaggregated by type of service)	99	NI Project Documents	End of grant
Outputs				
Micronutrient supplements procured for pregnant and lactating women (including pregnant adolescents) and children U5	# of IFA tablets procured	20,500,000	Procurement records	Mid-term and Final Report
	# of MMS 100 ct bottles procured (Bangladesh)	48,400	Procurement records	Mid-term and Final Report
	# of Zinc-ORS co-packs procured	769,140	Procurement records	Mid-term and Final Report
	# of Zinc syrup bottles procured (Pakistan)	76,000	Procurement records	Mid-term and Final Report
	# of LO ORS sachets procured (Pakistan)	228,000	Procurement records	Mid-term and Final Report
	# of MNPs procured	12,000,000	Procurement records	Mid-term and Final Report
PPE kits procured for health workers	# PPE kits procured (Ethiopia)	12,600	Procurement records	Mid-term and Final Report
Safe delivery kits procured for Community Midwives	# of safe delivery kits procured and distributed to CMWs	8,000	Procurement records	Mid-term and Final Report
Micronutrient supplements distributed to health facilities and CHWs	# health facilities who received IFA or MMS	260	Implementing partner/government reports	Mid-term and Final Report
	# of health facilities/CHWs who received Zinc-ORS	4,628	Implementing partner/government reports	Mid-term and Final Report
	# CHWs who received MNPs (Nigeria)	150	Implementing partner/government reports	Mid-term and Final Report
Gender-sensitive and responsive messaging, tools and training provided to target audiences as determined by the BCI strategy	# of gender sensitive and responsive BCI materials (e.g. flyers, posters) produced and distributed to health facilities	110,000	Implementing partner reports	Mid-term and Final Report
	# of broadcasting radio spots per week and district in three regions (Senegal)	672	Implementing partner reports	Mid-term and Final Report
	# school boys and girls reached through BCI messaging (Ethiopia)	9,000	Implementing partner reports	Mid-term and Final Report

Part 2: Details of the End of Project Review (EOPR)

Time period of the EOPR: October 2022-December 2022

Rationale of the EOPR

The project was developed with urgency and could not accommodate the implementation of a baseline survey in any of the 7 countries. The project was also implemented in geographical areas that are new to Nutrition International and during a time of unprecedented threat to the achievement of health equity in the countries in which it operates. In lieu of an endline evaluation, and to uphold its commitment to better-informed decision-making, fostering an environment of learning by doing and promoting greater accountability for performance, Nutrition International is seeking the services of a consultant to produce an End of Project Review (hereafter EOPR).

The EOPR will build on an internal review conducted at midterm which assessed the progress of the project at that time against its intended goal and outcomes. Value added of the EOPR is expected to be achieved through documentation of lessons learned and the development of more efficient and effective allocation strategies in other Nutrition International funded projects. The EOPR may also enable Nutrition International to explore ways to ensure additional capital and partnerships, capacity building support, mentorship, and nutrition-sensitive services are more effectively, efficiently, and equitably channeled to women and children during emergencies, including those living in hard-to-reach areas.

Overall Objective of the End of Project Review

The overall goal of the EOPR is to have documented lessons learned from the ER Grant that can be integrated into core non-emergency programming and/or inform future proposals for similar projects. To do this we need to meet three objectives:

- (1) Understand the effectiveness, relevance, and efficiency of the grant portfolio, and whether outcomes were met against the needs identified at the grant inception phase.
- (2) Assess the performance and relevance of specific interventions across select countries.
- (3) Document the nuanced processes and decisions made during implementation at country level that impacted the effectiveness, efficiency and meeting the outcomes for the grant's interventions.

The agency/consultant will propose research designs to achieve each of the stated objectives. NI specifically suggests using Output to Purpose Review (OPR) to achieve the second objective.

In relation to these objectives, please note the following:

- The focus of the EOPR is on only on project activities and outcomes that fall under Component 1: Saving Lives
- The EOPR will involve travel to at least 2 out of the 7 implementation countries
- The methodology for the EOPR is qualitative, incorporating critical appraisal tools, an output-to-purpose review and case study approach to documenting field level learnings and, where possible, stories of change.

Specific Objectives and Proposed Framework to be used to conduct the End of Project Review

To meet these objectives, the proposed design of the EOPR is dynamic, qualitative and includes three components: (1) a critical appraisal at grant level; (2) an output to purpose review of select country specific interventions; and (3) at least 2 case studies involving fieldwork.

Questions should be designed to get data for both genders where relevant. The following lists potential research questions relevant to each of these approaches:

I: Critical Appraisal:

- To what extent did the project objectives and design responded to the needs and priorities that were identified in the inception planning phase (relevance/validity of key project assumptions and approaches)?
- To what extent did the interventions achieve planned results in an economic and timely way (efficiency)?
- Were resources (funds, human resources, time, expertise etc.) allocated strategically to achieve project outcomes? Were resources used efficiently? Were the activities supporting project delivery cost-effective? In general, did the results achieved justify the costs? Could the same results be attained with fewer resources?
- Were there additional costs and resources (time investment, work burden) to the program? If so, were these available and reasonable?
- Were there any major changes in the design and/or landscape since the project kicked off in April 2021?
- If NI were to implement a similar project, does the project design need to be modified (outside of contextual considerations)?

II: Output-to-Purpose Review

- How appropriate and useful were the indicators described in the project document (PMF) in assessing the project's progress at grant level? Are the targeted indicator values realistic and were they tracked? If necessary, how should they be modified to be more useful? Are the means of verification for the indicators appropriate?
- What planned and actual recruitment procedures were used to attract participants? What were identifiable barriers to recruiting individuals? What planned and actual procedures were used to encourage continued involvement of individuals? What were identifiable barriers to maintaining involvement of individuals?
- Did the project achieve its planned objectives upon completion of outputs? What were the main constraints/opportunities, problems and areas in need of further attention, including gender?
- Were there unintended results (adverse or positive) from the project interventions, and how efficiently used was the risk mitigation plan in mitigating negative impacts?
- What mechanisms were in place to monitor adaptations and/or modifications to the program related to implementation?

III: Case Studies

- Was the project complementary to and/or well-coordinated with other actors in the intervention geographical areas as well in service delivery to avoid duplication?
- Has the project been appropriately responsive to political, legal, economic, institutional etc. changes in the project environment, especially as a Covid-19 emergency response?

- Were stakeholders actively and meaningfully involved in project design, implementation, re-design and monitoring? How did members of the target population respond to the intervention? Were there any identifiable obstacles to consistent implementation (e.g. competing projects, regulatory obstacles)?
- Were there additional costs and resources (time investment, work burden) to the program? If so, were these available and reasonable?
- Were there implementing partner issues that needed to be addressed/resolved? Was the project management and implementation clear between NI and its implementing partners? How were government and other key stakeholders involved?

Activities & Deliverables

The consultancy will begin the week of October 3rd and will require 55 working days over a 12-week period. Ideally all deliverables will be submitted by December 19th.

The Consultant will carry out the following activities and provide relevant deliverables:

IV. Scope of Work and Deliverables

I: Pre-fieldwork

Evaluation Inception Report ~ 2 working days

- **Activity 1b: Meet with EOPR Lead and other key staff.** Consultant upon signing of contract the consultant will meet the EOPR Working Group members/Lead via videoconference to collectively agree upon the timeline and deliverables, and the outline of the Inception Report/Work Plan.
- **Activity 1b:** The Consultant will prepare an inception report to operationalize and direct the EOPR. The inception report will describe how the review objectives will be carried out methodologically, bringing refinements, specificity, and elaboration to the above description and the Terms of Reference (Annex A) in NI's End of Evaluation for ER Grant Guide. The inception report will also provide templates for the desk review, critical appraisal and Output-to-Purpose Review, and a list of stakeholders to be consulted and the question guides that will be used for consulting with project staff. It will be approved by the EOPR Working Group and act as the agreement between parties for how the EOPR will be conducted.
- **Deliverable 1: Inception report based on the agreements**

Desk Review ~ 3 working days

- **Activity 2: Desk Review.** The purpose is to provide the contextual picture/foundation for the EOPR and ensure familiarity with the project and a robust analysis of the project. The review can include the inception/design documents, including grant agreement, PMF, and key annexes, and a up-to-date template for the Critical Appraisal review.
- **Deliverable 2: A brief desk review of maximum 5-6 pages, excluding annexes (templates) and references.**

Critical Appraisal of Component 1 Outcomes at Grant Level ~ 15 working days

- **Activity 3: Critical Appraisal:** Drawing from the desk review, the Critical Appraisal will determine the extent to which objectives and design responded to the needs and priorities that were identified in the inception planning phase (relevance/validity of key project assumptions and

approaches). We want to also assess the extent to which the interventions achieved the planned results in an economic and timely way (efficiency).

- a. Data sources: Grant PMF, Concept Note, Midterm Review, all monitoring data, program staff, selected participants.
 - b. Methodology: Critical Appraisal Approach
 - i. Critical review of project data/documents at Grant level and project management arrangements.
 - ii. Qualitative methods: Virtual meetings with key stakeholders and HQ, regional and country levels.
- **Deliverable 3: A Critical Appraisal of the effectiveness, relevance, and efficiency of the project design at the grant level, and whether outcomes were met against the needs identified at inception phase. No more than 25 pages, excluding annexes.**

Output-to-Purpose Review (OPR) of Specific Country Interventions – 12 working days

- **Activity 4:** An Output-to-Purpose Review that outlines key considerations for future proposals or current NI programing that could improve on project design given contextual (political, economic, socio-cultural) constraints on access, implementation, and procurement of resources in/for emergency situations/hard to reach areas.
- a. Data sources: country-specific PMFs, country-specific concept notes and monitoring data.
 - b. Methodology:
 - iii. A systematized assessment of country-level interventions and MEAL tools (logic model, PMFs) and the progress made towards purpose, and achievements of the interventions.
 - iv. Identification of key entry points where NI could have course corrected to improve implementation and/or achieve greater efficiency, effectiveness, and relevance. This includes whether the ToC and the risks identified at inception phase held up and whether the mitigation strategies were effective.
 - v. Make recommendations for each intervention across the relevant countries.
- **Deliverable 4 An Output-to Purpose Review of the performance of specific interventions across select countries.**

Detailed Workplan for field work and case studies ~ 2 working days

- **Activity 5: Fieldwork Workplan.** Based on the desk review and the inception report, develop a more detailed fieldwork workplan that clearly outlines (1) limitations to the fieldwork based on the contextual analysis and preliminary interviews with staff in the field; (2) key steps and timelines for completion of deliverables as outlined in the Terms of Reference; and (3 – where applicable) any revision to the methods proposed in the inception report for engagement with relevant stakeholders in the process including primary data collection. It should also include a section on roles and responsibilities for the fieldwork for each country visit.
- **Deliverable 5: a concise and final field visit workplan based on the above for each country.**

II. Field Missions (14 working days total over a 4-week period for fieldwork + 4 working days for case studies)

- **Activity 6: Remote and in-person fieldwork involving three countries²** to document evidence on the adversity faced by country staff in implementing activities, for instance, in hard-to-reach areas, or procuring resources needed to do so in a timely manner. Interviews and focus groups will capture the real time, day-to-day adjustments made by staff considering various constraints, and what can be done better in the future. It may also capture the extent to which other interventions relevant to and/or implemented in the geographical area supported or undermined the project interventions. Stories of change would be welcome where possible.
 - b. Data sources: Country staff and beneficiaries
 - c. Methodology: Qualitative methods/Case study Approach
 - i. Meetings with key NI staff, partner staff, beneficiaries where possible to document perceptions, opinions, and experiences.
- Each in-person mission is expected to be no longer than one week in duration, for a total of 14 days on travel. NI field personnel is to be briefed on arrival and before departure from the field.
- **Deliverable 6: Three country level Case Studies (no more than 3 pages each, can include photos)**

III: Final Reporting and Dissemination (3 working days over a 2-week period- this to include any final revisions)

- **Activity 7: Dissemination/Validation Workshop the EOPR Working Group and Field Staff.** The consultant will share the overall findings to the EOPR Working Group and provide space for feedback and discussion of final steps.
- **Deliverable 7a: Final versions of all components of the EOPR.** Incorporate the feedback from the EOPR Working Group to finalize all documents. The final Review document should include annexes and references.
- **Deliverable 7b: Presentation:** The presentation should provide a summary of all of the work packages (CA, OPR, Case Studies) including an overview of the methodology, stakeholder consultation process, challenges and limitations, key findings, and recommendations.
- **Deliverable 7c: Stand-alone executive summary.**

ACCOUNTABILITIES AND RESPONSIBILITIES

The EOPR Working Group/Group Lead is responsible for:

- Overall responsibility and accountability for the EOPR.
- Guidance throughout all phases.
- Approval of all deliverables.
- Co-ordination of the internal review process.

With the support of the EOPR Working Group Lead, the Consultant is responsible for:

- Conducting all components of the EOPR.
- The day-to-day management of the EOPR research processes and coordination of meetings.
- Regular progress reporting the Working Group Lead on the development of results.
- The production of deliverables in accordance with contractual requirements.

² The Lead Consult will travel to two countries and will undertake remote fieldwork in a third country. This may involve working with a local consultant to conduct the case studies, for example (i.e. in Pakistan).

REQUIRED QUALIFICATIONS OF CONSULTANT

For this assignment, NI requires a consultant/firm with qualifications and expertise as follows:

- University degree (Masters level required, PhD preferred) in Public Health, Nutritional Sciences, Health Management, Anthropology/Sociology, or other relevant discipline.
- At least 5 years of experience in conducting qualitative evaluations and other types of qualitative research is essential.
- Knowledge of/experience with conducting evaluations and/or research focused on maternal health and nutrition, child survival (Vitamin A supplementation and treatment of childhood diarrhea), and/or evaluating behavior change strategies and designing communication materials is essential.
- Familiarity with critical appraisal approaches and output-to-purpose reviews is an asset.
- Experience of using qualitative research methods including participatory methodologies and approaches such as gender analysis, participatory rapid appraisal, human-centered design is an asset.
- Access to a licensed copy of, and experience in using, qualitative data analysis software like NVivo or Atlas.ti, from which the full dataset from fieldwork can be saved and shared or exported to other software formats would be an asset.
- Familiarity with/being based in the context of the region(s) and countries in which the research may be conducted is an asset (i.e. Pakistan, Bangladesh, Nigeria, and Senegal).
- Strong analytical capacity and proven ability to write compelling, robust yet concise reports are essential.
- Excellent interpersonal skills, cultural sensitivity, and ability to communicate effectively in English is essential.
- Ability to adhere to tight deadlines, exercise discretion and maintain confidentiality.

Please note that applications that do not meet the required/essential criteria will not be shortlisted.

RFP Timetable

<i>Activity</i>	<i>Date Required</i>
<i>Deadline for Receipt of Questions -Mandatory</i>	18 September 2022, 11:59 PM EST
<i>Responses to Questions distributed</i>	20 September 2022 (estimated)
<i>Closing Date and Time - Mandatory</i>	25 September 2022, 11:59 PM EST

SUBMISSION PROCEDURE

A full proposal will be submitted by the deadline and must align with the Terms of Reference presented in **Annex A** of this document and include all elements listed below under “Content of Proposals”, including **Annexes 1-6** listed below.

Proposals shall be put into a covering email specifically indicating **with the subject line “EOPR - COVID-19: A Nutrition Response for Pregnant Women and Children End of Project Evaluation”**

To submit your proposal, please send it via e-mail to the following address with all attachments in docx or PDF: proposals@NUTRITIONINTL.ORG

Please state your availability/start date – ideally for the week of October 3rd - in your cover letter.

An electronic copy of the technical and financial proposals should be submitted to NI by **11:59pm EST, September 25th, 2022**, to proposals@NUTRITIONINTL.ORG

For any clarification required, please write an email to proposals@NUTRITIONINTL.ORG with subline line: “CLARIFICATION NEEDED – EOPR” by the deadline as per the RFP timetable.

Please note:

- Proposals must be submitted in English.
- Only E-mail bids will be accepted.
- Any clarification from NI on the scope of work and submission process will be communicated to all applicants, ensuring equal opportunity.
- Only those short-listed will receive an acknowledgment. Candidates may be called for a verbal interaction over phone or Skype.
- Late proposals will not be accepted in any circumstances.
- Nutrition International reserves the right to:
 - Accept or reject any and all proposals, and/or to annul the RFP process, prior to award, without thereby incurring any liability to the affected Respondents or any obligation to inform the affected respondents of the grounds for NI’s actions prior to contract award.
 - Negotiate - with Respondent(s) invited to negotiate - the proposed technical approach and methodology, and the proposed price based on the Respondent’s proposals.
 - Amend this RFP at any time

Content of Proposals

1. Cover Letter: Proposals must be accompanied by a cover letter (not exceeding 1 page) with the respondent’s address. The letter must be signed. It must quote the RFP number and title. It must include a paragraph summarizing relevant experience conducting similar reviews, especially Output-to-Purpose Reviews (OPRs) and Critical Appraisals, and how you meet the required criteria.
2. Signed Declarations provided in **Annex D** of this document.
3. Research implementation Plan: Proposals should clearly outline how the research would be implemented in-country. This section should not exceed *eight pages*.
4. Annexes: Proposals will include the following Annexes:

Annex 1: Qualifications and experience

- Provide examples of previous related research highlighting experience in conducting evaluations or contribution to similar studies. At least one sample of a previous report/s or research produced must be submitted with the proposal. Preference given to reports that represent capacity to conduct critical appraisals of project and/or OPRs.

Annex 2: Timeline

A sample timeline template can be found in **Annex B**. The timeline for the EOPR should include deadlines for each activity and deliverable outlined below and in the advertisement. Any revisions made to the proposed timeline against each deliverable must be clearly highlighted with rationale.

- Initial review of documents provided by NI
- Inception meeting
- Preparatory Deliverables (i.e. draft workplan, final workplan, desk review)
- Critical Appraisal, Output-to-Purpose Review
- Field visits/Data collection and Case Study development
- Final report (with executive summary)
- Final presentation

Annex 3: Financial Proposal (up to 3 pages)

The consultant shall submit a Financial Proposal in a separate file detailing:

- A budget based on the format attached as **Annex C**.
- Breakdown of all activities, outputs, and deliverables, including fieldwork
- Estimated cost disaggregated by the number of days working.
- Dates when separate financial reports will be submitted and when payment will be expected.
- All amounts need to be quoted in CAD. Fees should be inclusive of all insurance and standard business overheads and taxes.
- Nutrition International will not pay for any overhead or indirect costs that exceed 10% of the total direct costs to for-profit agencies. For NGOs or public institutions (governments or universities), NI can provide 10% for indirect/overhead cost on the total budget.

Selection criteria

Submitted proposals will be shortlisted evaluated based on the below selection criteria (See Table 1).

Table 1: Proposal Scoring Criteria

Item	Assessment Category: Technical Proposal	Weights
Proposal	The rational, context, evaluation areas/questions, objectives, and ethical considerations are adequately described	15%
	The proposal addresses gender equality issues at process, output and outcome levels and may provide qualified gender expertise and identification of gender-specific risks when implementing emergency interventions/ nutrition-sensitive interventions during an emergency	15%
	The consultant provides a robust but feasible methodology for the evaluation. An evaluation matrix is <i>included which</i> arranges evaluation objectives, questions, relevant indicators, and sources of data for each question	15%
	The proposal emphasizes how to capture the needed information through a critical appraisal and OPR approach.	10%
	The proposal includes a clear and reasonable timeline (with potential adjustment for delays); the timeline includes specific deadlines for each of the implementation activities, milestones, and deliverables (and ideally reflects the roles and responsibilities of the team)	10%

Profile	A sample of the previous work and its similarity to the assignments of this RFP	10%
	The required qualifications and key competencies (education and work experience) to carry out the assignment are met by the consultant)	10%
Budget	The financial proposal captures all critical components, various expenses, and justification summaries	10%
	The estimated expenses and the administration cost in the proposed budget are reasonable for each of the activities	5%

General considerations for the RFP

- This Request for Proposals (RFP) is to conduct an End of Project Review of the COVID-19: A Nutrition Response for Pregnant Women and Children Project.
- Nutrition International is not bound to accept the lowest priced, or any, proposal. Nutrition International reserves the right to request any (or all) Respondent(s) to meet with the Nutrition International to clarify their proposal(s) without commitment, and to publish on its website answers to any questions raised by any Respondent (without identifying that Respondent).
- Respondents are responsible for all costs associated with the proposal preparation and will not receive any reimbursement by Nutrition International.
- International agencies are highly encouraged to team-up with local researcher/s or subject specialist/s to carry out the research.

Conflict of Interest

- Respondents must disclose in their proposal details of any circumstances, including personal, financial and business activities that will, or might, give rise to a conflict of interest. This disclosure must extend to all personnel proposed to undertake the work.
- Where Respondents identify any potential conflicts, they must state how they intend to avoid any impact arising from such conflicts. Nutrition International reserves the right to reject any proposals which, in NI's opinion, give rise, or could potentially give rise to, a conflict of interest.
- With respect to this condition, please be advised that the organizations that may fall within the scope of this evaluation will include those below, with which any association must be disclosed:
 - Nutrition International
 - Government of Canada
 - SickKids Foundation, Harvard T.H. Chan School of Public Health
 - Other related partners

RFP General Disclosures

Respondents must disclose:

- If they are or have been the subject of any proceedings or other arrangements relating to bankruptcy, insolvency or the financial standing of the Respondent including but not limited to the appointment of an officer such as a receiver in relation to the Respondent personal or business matters or an arrangement with creditors or of any other similar proceedings.
- If they have been convicted of, or are the subject of any proceedings, relating to:
 - Criminal offense or other offense, a serious offense involving the activities of a criminal organization or found by any regulator or professional body to have committed professional misconduct.
 - Corruption including the offer or receipt of any inducement of any kind in relation to obtaining any contract, with NI, or any other contracting body or authority

- Failure to fulfill any obligations in any jurisdiction relating to the payment of taxes
- Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work³

Annex B. PROJECT IMPLEMENTATION PLAN AND TIMETABLE

Activities	Deliverables	August				September				October				November			
		W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W4	W 1	W 2	W 3	W 4

³ See further: WHO Definition of Sexual Violence:

http://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf?sequence=1

Annex C. BUDGET TEMPLATE (adapt as necessary)

	Particulars	Person Days	Rate	Remarks
A	SALARIES/PROFESSIONAL FEES			
A1	Professionals			
A2	Field Staff/Consultants			
	Sub Total of A			
B	TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance			
B1	Local Conveyance for field work			
B2	Local Conveyance for Professional Staff			
B3	Local Conveyance for Field Researchers			
	Sub Total of B			
C	In-Country Travel (Travel expenses for Professional staff from base station to states/districts:			
C1	Air Travel			
C2	Train Travel			
	Sub Total of C			
D	DAILY ALLOWANCE/LODGING EXPENSES			
D1	Professional staff			
D2	Field researcher			
	Sub Total of D			
E	OFFICE EXPENSES			
E1	Stationary			
E2	Communication & any other			
	Sub Total of E			
F	MEETING EXPENSES			
F1	Consultation workshop cost			
	Sub Total of F			
	TOTAL OF DIRECT COST (A to F)			
G	Management Cost (10%) on Total Direct Cost			
H	Total (A to F)+G			

Annex D. DECLARATION FORM

“We have examined the information provided in your Request for Proposals (RFP) and offer to undertake the work described in accordance with requirements as set out in the RFP. This proposal is valid for acceptance for 6 months and we confirm that this proposal will remain binding upon us and may be accepted by you at any time before this expiry date.”

“We accept that any contract that may result will comprise the contract documents issued with the RFP and be based upon the documents submitted as part of our proposal.

“Our proposal (Technical and Financial) has been arrived at independently and without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any other Respondent to or recipient of this RFP from the Nutrition International.

“All statements and responses to this RFP are true and accurate.”

“We understand the obligations regarding Disclosure as described in the RFP Guidelines and have included any necessary declarations.”

“We confirm that all personnel named in the proposal will be available to undertake the services.”

“We agree to bear all costs incurred by us in connection with the preparation and submission of this proposal and to bear any further pre-contract costs.

Where applicable, “I confirm that I have the authority of [insert name of organization] to submit this proposal and to clarify any details on its behalf.”

Name:

Title:

Date:

Signature:

Annex E. Nutrition International Global Child Safeguarding Policy

Introduction

Nutrition International (NI) is Canada's global nutrition organization. Founded in 1992, NI (formerly the Micronutrient Initiative) is dedicated to delivering proven nutrition interventions to those who need them most.

NI has grown significantly in the past 5 years and expects this to continue through at least to the end of the current strategic plan (2024). While we increase our investment in efforts to reach more children with health and nutrition interventions, we stand committed to preventing child abuse and to the safeguarding of children.

NI fully acknowledges the duty of care to protect and promote the welfare of children and young people it comes into contact with through our programs. In addition, NI is committed to ensuring child safeguarding practice reflects statutory/legal/legislative responsibilities and current guidance and advice and that it complies with best practice and any specific local requirements. NI recognizes that it is the shared responsibility of all adults to do what they can to prevent child abuse in all its forms.

This policy sets out our values, principles, and beliefs and describes the steps we will take to meet our commitment to safeguarding children.

Definition of a child

The United Nations Convention on the Rights of the Child defines a child as “any human being under the age of eighteen, unless the age of majority is attained earlier under national legislation.” This means every human being under the age of 18 unless under the law applicable to the child, the threshold of adulthood is declared earlier.

Canada became a signatory to the Convention on May 28, 1990, and ratified in 1991.

For the purposes of this policy, NI considers a child to be a person under the age of 18 years.

The term “young person/people” is also used in this policy, in conjunction with the term “child”.

Values and principles that inform the policy

- **Children's welfare:** The best interests of the child are paramount.
- **Equity:** All children and young people have a right to be protected from abuse regardless of age, gender, disability, culture, economic status, language, racial origin, religious beliefs or sexual orientation.
- **Children's rights:** Children have the right to happy and healthy development without fear of harm or exploitation. Children also have the right to be heard and to be involved and consulted in matters that concern them.
- **Families and communities:** Measures that support parents, teachers, health workers and other members in the local community to provide children with care, love, and respect is the best way to contribute to their health, development, and safety.
- **Local and national authorities:** Local and national authorities have the primary responsibility to put in place structures to prevent, protect and take care of the recovery of abused children.

Scope of this policy

This policy applies to all Nutrition International staff, including all implementing partners, Board members, contractors, visitors and volunteers involved in the work of Nutrition International.

What we will do

1. Raise awareness amongst all staff and implementing partners

All NI staff and partners have a duty to safeguard children they come into contact with through the course of their work. This will be achieved by:

Training for staff: NI will provide staff with the appropriate level of training and/or learning opportunities to recognize, identify and respond to signs of abuse, neglect, and other child safeguarding concerns encountered in our programs. NI will also ensure that all staff understand their roles and responsibilities with respect to child safeguarding and what they should and shouldn't do when working with or around children.

Awareness raising for partners: NI will build the awareness of partner organizations so that they understand their responsibilities according to this policy and in order to minimize the risk NI's programs pose to children's safety.

2. Minimize the risk our programs pose to children

Nutrition International is committed to the promotion of a protective environment for children we work with and will seek to prevent violence, abuse, and exploitation of children. This will be done through:

Leadership: NI's Executive Management Committee will ensure appropriate child safeguarding skills, oversight, and accountability are built into the roles and responsibilities of nominated staff at different levels.

Open communication: NI will encourage open discussion of child safeguarding issues within teams and programs.

Situation analysis: NI will assess each program to identify situations that might put children at risk and develop mitigation strategies.

Children's participation: One of the best ways to safeguard children is to empower them to protect themselves. Age-appropriate mechanisms will be in place to ensure children's opinions are sought, their voice is heard and that they are treated with dignity and respect.

Safe recruitment: NI reserves the right not to employ any personnel that poses a risk to the safety of children and will take active measures to prevent this from happening.

Considered use of public communications: NI will put in place measures to ensure its public presence (electronic and in print) does not inadvertently put children at risk through the unintended use of digital images or of other communications material.

3. Put in place a reporting mechanism and ensure appropriate follow-up

NI will ensure that incidents or concerns of child abuse are reported internally and passed to the relevant agency or authority as appropriate. In addition, NI commits to:

Timely reporting and response: All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately, including formal reporting to official authorities when appropriate. Support will be provided to children who are the subject of reports.

Accurate and confidential records: Confidential, detailed and accurate records of all child safeguarding concerns will be maintained and securely stored.

Complaints mechanism: A complaints mechanism will be set up for staff or partners to make confidential reports.

Protection for whistleblowers: Provisions to support the welfare of the individual(s) who raise or disclose concern(s) will be put in place.

Poor practice

Nutrition International takes poor practice seriously and deems it unacceptable.

Examples of poor practice include – but are not limited to:

- When insufficient care is taken to prevent harm;
- Allowing abusive or concerning practices to go unreported;
- Placing children or young people in potentially compromising and uncomfortable situations with adults, including the inappropriate use of technology/social media;
- Ignoring health and safety guidelines;
- Failing to adhere to Nutrition International policies for staff conduct at work;
- Knowingly make false claims related to this policy against another staff member.

The judgment about whether an incident is one of child abuse or poor practice may not be able to be made at the point of reporting but will be made after an investigation and the collection of relevant information. All poor practice concerns will be dealt with initially by the Country Director, Regional Director, and the regional and global child safeguarding focal points.

All reported cases of poor practice in relation to this policy will be dealt with according to NI's disciplinary processes.

Compliance

Non-compliance with the child safeguarding policy will lead to disciplinary proceedings, with sanctions including suspension or termination of arrangements.

The Executive Committee will be notified of all reported incidents.

NI Child Safeguarding Policy Attachment 1: Relevant laws and endorsements

Canadian federal, provincial and territorial laws protecting children from abuse, violence and harm and those outlining measures for reporting known or alleged cases of abuse.

Applicable laws in the countries where Nutrition International operates programs, services and/or delegations.

The United Nations Convention on the Rights of the Child (UNCRC) and other applicable international treaties, laws and conventions.

Nutrition International is committed to ensuring children's right to protection, in line with UNCRC.

The following articles are particularly significant:

Article 19 – Protection from all forms of violence

Article 32 – Child labour

Article 33 – Drug abuse

Article 34 – Sexual exploitation

Article 35 – Abduction, sale and trafficking

Article 36 – Other forms of exploitation

Article 39 – Rehabilitation of child victims

Further information at https://www.unicef.org/crc/files/Rights_overview.pdf

Additionally, the Government of Canada endorses a number of international efforts to protect children from sexual exploitation, including:

- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography that requires countries to undertake measures to prevent all forms of sexual exploitation of children;
- G8 Strategy to Protect Children from Sexual Exploitation on the Internet;
- International Labour Organization's Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour; and
- Council of Europe Convention on Cybercrime.

Department of Foreign Affairs and Trade, of Australia (DFAT) funded projects

The following applies as directed by the DFAT Child Protection Policy, 2017:

It is mandatory for all DFAT staff and partners to report immediately any suspected or alleged case of child exploitation, abuse or policy non-compliance by anyone within the scope of the policy in connection with official duties or business. All reports should be made to childwelfare@dfat.gov.au and to the relevant DFAT Agreement Manager.

NI Child Safeguarding Policy Attachment 2: Definitions

Definitions of abuse

Child abuse includes physical, emotional and sexual abuse, child labor and/or neglect. It also addresses a pattern of abuse and risks of harm.

Physical abuse is any deliberate physical force or action, by a parent or caregiver, which results, or could result, in injury to a child. It can include bruising, cutting, punching, slapping, beating, shaking, burning, biting or throwing a child. Using belts, sticks or other objects to punish a child can cause serious harm, and is also considered abuse.

Neglect occurs when a caregiver fails to provide basic needs such as adequate food, sleep, safety, education, clothing or medical treatment. It also includes leaving a child alone or failing to provide adequate supervision. If the caregiver is unable to provide the child with basic needs due to financial inability, it is not considered neglect, unless relief has been offered and refused.

Emotional abuse is a pattern of behavior that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence.

Sexual abuse occurs when a child is used for the sexual gratification of an adult or an older child. The child may cooperate because he or she wants to please the adult, or out of fear. It includes sexual intercourse, exposing a child's private areas, indecent telephone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing/forcing a child to look at or perform in pornographic pictures (child pornography) or videos, or engage in prostitution.

Child labor is often defined as work that deprives children of their childhood, their potential, and their dignity, and that is harmful to physical and mental development.

It refers to work that:

- Is mentally, physically, socially or morally dangerous and harmful to children; and
- Interferes with their schooling by:
 - Depriving them of the opportunity to attend school;
 - Obliging them to leave school prematurely; or
 - Requiring them to attempt to combine school attendance with excessively long and strenuous work.

Definitions used are taken from the Ontario Association of Children's Aid Societies (OACAS) www.oacas.org and from the International Labour Organization (ILO) <http://www.ilo.org/>.