

**CONSULTANCY FOR CONDUCTING BASELINE STUDY FOR THE GENDER EQUITABLE NUTRITION IN TANZANIA AND UGANDA (GENTU) PROJECT, IN TANZANIA**

**Description of the project**

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| **Title of TOR** | Baseline Study for the Gender Equitable Nutrition in Tanzania and Uganda (GENTU) |
| **Project Title** | Gender Equitable Nutrition in Tanzania and Uganda (GENTU) Project. |
| **Project Goal** | Improve and sustain nutrition outcomes for the poorest and most marginalized women, adolescent girls, and children in Bahi and Itigi DC in Tanzania through comprehensive and integrated nutrition-specific and nutrition-determining strategies targeting individuals, communities, health service providers, and the broader health system. |
| **Project Period** | 5 Years |
| **Donor** | Global Affairs Canada (GAC) |
| **Baseline Purpose** | To provide benchmark statistics that will enable tracking of project results and align the programmatic choices with the project Performance Monitoring Framework and Theory of Change. |
| **Expected Outcomes** | **Intermediate Outcome 1100:** Improved gender-transformative nutrition practices among pregnant and lactating women, children under 5, and adolescent girls in target districts.  **Intermediate Outcome 1200:** Strengthened delivery and utilization of quality gender-equitable integrated nutrition and health services for the poorest and most marginalized, especially women, adolescent girls, and children in target districts.  **Intermediate Outcome 1300:** Improved coordination and effectiveness of gender-focused NGOs and government stakeholders to provide community-based, nutrition-specific initiatives for women, adolescent girls, and children in target districts. |
| **Project Location** | Bahi DC in Dodoma region and Itigi DC in Singida region, Tanzania |
| **Target Participants** | Women of reproductive age (WRA), pregnant and lactating women (PLW), adolescent girls, and children U5 within the target districts. |

## A: ACTION AGAINST HUNGER AT GLANCE

[**Action Against Hunger**](https://www.actionagainsthunger.org/) is the world’s hunger specialist and a nonprofit leader in a global movement that aims to end life-threatening hunger for good. For over 40 years, the humanitarian organization has innovated better ways to treat and prevent hunger. It serves more than 21 million people annually across nearly 50 countries - with 6 countries within the Horn and Eastern Africa Region including Tanzania. In Tanzania, the organization was established in 2015, and has been intervening the areas of nutrition and health in Dodoma and Singida region supporting implementation of the National Multi-sectoral Nutrition Action Plan in close association with the Ministry of Health, PO-RALG and other sector ministries as well as local government authorities.

**BACKGROUND**

## Country Background

Undernutrition and malnutrition among women of reproductive age (WRA), pregnant and lactating women (PLW), adolescent girls and children U5 is disproportionately high in the target districts of Bahi and Itigi due to a combination of community-based and systemic challenges rooted in gender inequality and discriminatory gender norms. The factors contributing to poor nutrition outcomes, include poor dietary diversity and sub-optimal Maternal, Infant, Young Child and Adolescent nutrition (MIYCAN) practices, open defecation and poor hygiene practices, household food insecurity, inadequate crop management and agricultural practices and discriminatory attitudes among health care providers cannot be adequately addressed without challenging the discriminatory gender norms that underpin and sustain poor nutrition practices leading to poor health.

Tanzania: The Tanzanian National Nutrition Survey (TNNS), supported by findings of Action Against Hunger (AAH) field level consultations (2017&2022) with local stakeholders and WRA, PLW and adolescent girls in the two districts show a high prevalence of stunting: Itigi 31.7% boys and 27.8% girls, and Bahi 36.9% boys and 37.5% girls with the national average at 32%. In addition, both districts report high rates of wasting: Itigi 5.7% boys and 4.6% girls and Bahi 4.3% boys and 3.2% girls, with the national average at 4% (TNNS 2018, USAID, 2021). Exclusive breast feeding (EBF) is low at only 47.7% of infants under 6 months. Only 35% of children in Bahi and 10% in Itigi are reported to consume complimentary foods that meet minimum dietary diversity and anemia among WRG is 17% in Igiti and 24.3% in Bahi (TNNS, 2018). Furthermore, Tanzania National Health Sector Service Plan V (HSSPV, 2020-2025) identifies persistent inequalities in rural vs. urban nutrition and health indicators, with rural areas requiring urgent attention. For the period November 2021 to September 2022, Bahi and Itigi districts were classified as IPC Acute Malnutrition Phase 2 (stressed) whereby many households face seasonal food shortages or continuous scarcities that contribute to acute malnutrition and stunting. The districts are also reported to have high rates of adolescent pregnancy, driven by unmet SRH needs, which are in turn linked to poor nutritional outcomes for newborns.

Following the membership in the Scaling Up Nutrition global initiative, Tanzania developed national multi-sectoral nutrition action plans to reduce malnutrition among women, children and adolescents through life cycle approach. However, the government has not matched her commitments with action. In most sub-national plans, approved budgets allocations either remain un-disbursed or diverted to other issues. This project seeks to improve and sustain nutrition outcomes for the most marginalized women, adolescent girls and children in Bahi and Itigi DC in Tanzania through comprehensive and integrated nutrition-specific and nutrition-determining strategies targeting individuals, communities, health service providers, and the broader health system.

Adopting a gender-transformative approach at every stage, the project will address gender-based power imbalances, challenge harmful gender norms and practices, and empower women and adolescent girls to control the factors that influence their own, and their children’s nutrition, with the support and partnership of male power holders and government decision makers. As such, all nutrition, food security, WASH and Health Systems Strengthening programming is based on a thorough analysis of gendered roles, responsibilities, inequities and vulnerabilities, with women and adolescent girls as key informants and partners for change.

The project will contribute to lasting improvements in nutrition, particularly among PLW, adolescents girls and children U5 through the adoption of optimal MIYCAN practices, improved capacity on management of acute malnutrition, increased production of nutrient-rich foods using climate-smart agriculture, increased uptake of WASH practices that support improved nutrition, strengthened delivery of gender-responsive integrated health and nutrition services and improved effectiveness and accountability of the health system to work, design, fund and deliver quality health and nutrition programs and services in collaboration with local feminist organizations.

## Project Overview

Gender Equitable Nutrition in Tanzania and Uganda (GENTU) Project is a 5-years grant funded by Global Affairs Canada (GAC). The ultimate goal of the project is to improve nutrition for the poorest and most marginalized, especially women, adolescent girls, and children in Bahi and Itigi DC in Tanzania” through the adoption of a multi-sector, gender-transformative, human rights based approach that addresses the key determinants of malnutrition through WASH interventions, Climate Smart Agriculture initiatives and health system strengthening. Working at multiple levels simultaneously, Action Against Hunger will address the individual, collective, and structural factors that impact the nutrition of women, adolescent girls and children.

To make such impact, the program focuses on three interconnected intermediate outcomes; (Intermediate Outcome 1100) Improved gender-transformative nutrition practices among pregnant and lactating women, children under 5 and adolescent girls in target districts; (Intermediate Outcome 1200) Strengthened delivery and utilization of quality gender-equitable integrated nutrition and health services for the poorest and most marginalized, especially women, adolescent girls, and children in target districts; and (Intermediate Outcome 1300) Improved coordination and effectiveness of gender-focused NGOs and government stakeholders to provide community-based, nutrition-specific initiatives for women, adolescent girls, and children in target districts.

**Intermediate Outcome 1100** will contribute to community members’ empowerment, particularly PLW and adolescent girls, to adopt optimal nutrition practices, including those related to gender-responsive MIYCAN and management of malnutrition. Malnutrition will also be tackled in part by improving gender-responsive WASH practices and by scaling up women’s capacity for nutrition-sensitive agriculture. These nutrition supporting practices will be adopted at both the household and community level with the support of local power holders including husbands, fathers, and community and religious leaders, leading to improvements in the nutrition outcomes of PLW and adolescents, as well as their U5 children.

**Intermediate Outcome 1200** will improve nutrition among target beneficiaries by strengthening the quality and delivery of equitable health and nutrition services in an integrated fashion. The project’s emphasis on improved integration between nutrition-specific interventions and primary health care is based on evidence that integration has been associated with improvements in early breastfeeding initiation, exclusive breastfeeding, vitamin A supplementation, and recovery from and reduced relapse of children with SAM and MAM. In addition, intermediate outcome 1200 will see more women, children and adolescents utilizing health services and receiving nutrition related services due to the removal of gender and age-based barriers.

**Intermediate Outcome 1300** will help to facilitate, concretize, and sustain the gains across intermediate outcomes 1100 and 1200 by strengthening community mechanisms to consistently provide effective, coordinated multi-sector nutrition programs by empowering local CBOs through enhanced skills and platforms, to partner with governments to shape and deliver programs aligned with national multi-sectoral nutrition strategies.

## Purpose of the Baseline Study

The purpose of the baseline survey is to gather baseline data that will serve as a benchmark and a tool for monitoring and evaluation against all project indicators outlined in the performance measurement framework. The baseline data will inform the development of realistic and achievable targets that are grounded within the local context and help to establish a situational analysis to inform implementation and align the programmatic choice (interventions) with the Theory of Change.

Results of the baseline will be used as the basis to measure change or achievements of the program against the indicators of the program results matrix, especially project goal, intermediate, and immediate outcome indicators through an independent evaluation at mid-line and end-line of the project. The baseline data will also be useful in developing relevant practical tools and approaches for ongoing project monitoring, evaluation, accountability, and learning for strategic decisions and management. The study will also inform organizational strategic learning (challenges, lessons, and good practices).

## Objectives of the Baseline

* To provide benchmark statistics, which can be used for setting baseline values for all indicators in the Performance Measurement Framework (PMF) at the start of the project, as well inform the establishment of realistic and achievable targets.
* To provide a point of reference against which progress on or towards the achievement of outcomes will be assessed, monitored, and evaluated; and, as well inform project implementation.
* To validate the theory of change and contextualize the current indicator performance measurement framework, align the programmatic choice (interventions) with the ToC, and provide tools to track the progress.
* To identify environment-level (policies and services) and individual-level (household, family knowledge, and behaviour) challenges/barriers that inhibit Women of reproductive age, Pregnant and Lactating Women, adolescent girls, and children U5 from getting good nutrition.

## Intended users of Baseline findings

The Baseline will provide evidence to inform operational and strategic decision-making and contribute to learning agendas. Findings will be actively disseminated, and lessons will be incorporated into relevant lesson-sharing systems. The main users of Baseline findings will be:

* The Project Management Unit in setting baseline values and targets, notably related to project implementation and/or design, and Theory of Change.
* The Donor, Global Affairs Canada will use Baseline findings as an authoritative data source accountability for funding given to build reliance in the target population. Global Affairs Canada may also use findings and lessons learned to inform project funding, design, and implementation decisions.
* The Country Programme team will use the results to streamline implementation, and wider organizational learning and accountability. Also, the Programme team will use the Baseline findings, as appropriate for future planning as well as for donor reporting.
* Implementing partners will use the findings to steer, adapt, and identify successful strategies and lessons learned. Findings will provide insights into which approaches will be started, continued, revised, or stopped for different target groups.
* Programme participants. Engaging directly with this audience ensures downward accountability and learning, inspiration, and motivation. The program participants and other stakeholders will use the results to track program implementation change paths.

## Study Methodology

A mixed method (both quantitative and qualitative designs) and participatory approaches will be used to deliver the baseline study assignment. The gender approach will be integrated into both the baseline study and the analysis methodology. Data will be collected using gender-sensitive methods (gender balance among interviewers). It is important that girls, boys, women and men have the opportunity to provide feedback in a safe space during data collection. In addition, the study will use a range of data collection methods and tools that conform to the recommendations of the OED guidelines. Applicants are expected to present a detailed methodology in the technical proposal submission which will be further refined in consultation with Action Against Hunger during the inception meeting. The methodology should entail an elaborate evaluation matrix that reflects project result areas, indicators, data sources, and data collection methods for this particular baseline study.

**Desk Review:** Relevant project documents will be reviewed by the consultancy team (Including project proposal, Performance Monitoring Framework, Report structure, Theory of Change, Nutrition & Gender guidelines etc.

**Quantitative Data:** It will be used to measure indicators of the project expressed in terms of numbers/percentages (quantitative indicators). Information will be collected using a questionnaire survey which will be administered to a sample of survey elements. The consultant is expected to determine the sample size using rigorous sampling processes/approaches E.g. Parallel mixed method sampling and others as proposed by the consultant/ applicant and approved by Action Against Hunger.

**Qualitative Data**: Qualitative information will be collected through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and In-depth Interviews (IDIs) with key stakeholders including beneficiaries, community/traditional leaders, local government leaders, CBOs/CSOs, local implementing partners and others. While some of the tools could be provided by Action Against Hunger International, the consultant is expected to develop evaluation tools that will be refined and approved by the Baseline Coordination Committee.

**Secondary Documentation:** A review of related project documents will also be important to establish key insights relevant to the effective implementation of the project. Overall, proposed study designs and methodologies including the sample size will be discussed and agreed upon with Action Against Hunger at the beginning of the consultancy.

## Baseline Target Group

The study target group will include women of reproductive age (WRA), pregnant and lactating women (PLW), adolescent girls and children under 5 (U5), Community leaders (administrative and religious leaders); Health facilities in-charges, Local Government leaders (including both Nutrition focal and Gender Officer); Policy makers; Civil society organizations, Community based organization, and District Nutrition Committees.

## Phases of the Baseline and required outputs

The Baseline process will be carried out in four phases including (Inception, Field, Synthesis, and Dissemination). The following table presents an overview of the key activities to be conducted within each of these phases and lists the outputs to be produced by the team as well as the key meetings with Action Against Hunger.

| **Phases of the Baseline** | **Key activities** | **Outputs and meetings** |
| --- | --- | --- |
| **Inception Phase** | * Initial document/data collection * Document analysis/Review * Inception interviews/Interactions * Stakeholder analysis * Reconstruction of the Intervention Logic, and/or description of the Theory of Change (based upon available documentation and interviews). * Methodological design of the Baseline (Baseline Questions with judgment criteria, indicators, and methods of data collection and analysis) and evaluation matrix. * Planning of the Field phase. | * Kick-off meeting with baseline coordination committee (Face to face) * Inception note * Slide presentation of the Inception note. |
| **Field Phase** | * Gathering primary evidence with the use of relevant data collection tools. | * Slide Presentation of key findings of the field phase. * Face – to- Face Presentation and validation of a preliminary report to select key stakeholders in each of the 2 project districts. |
| **Synthesis phase** | * Final analysis of findings * Reporting | * Draft Final Report (max 30-page draft, in MS Word), excluding annexes and in English) * Final Report (max 30-page draft, in MS Word & PDF, excluding annexes and in English) * Slide presentation * Final Report presentation to Baseline Coordination Committee (via remote conference). |
| **Dissemination phase** | * Preparation of a one-page report. * Review of one-pager by Baseline Coordination committee. * Presentation and dissemination of one pager in target 2 districts | * Consultant will prepare and present a one-pager report of key findings and recommendations to special audiences at a one-day dissemination workshop in each of the project districts. |

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### Inception Phase

This phase aims at structuring the Baseline and clarifying the key issues to be addressed. It will start with an initial background study, to be conducted by the consultant from home (Action Against Hunger will not provide office space to the consultant). It will then continue with a virtual kick-off session between the Consultant and the Baseline Coordination committee. The meeting aims at arriving at a clear and shared understanding of the scope of the Baseline, and its limitations and feasibility. It also serves to clarify expectations regarding Baseline outputs, the methodology to be used, and where necessary, to pass on additional or latest relevant information.

In the Inception phase, the relevant documents will be reviewed. Further to this, and in consultation with the Baseline Coordination Committee, the consultant will reconstruct the Intervention Logic / Theory of Change to be evaluated.

Based on the Intervention Logic and/or the Theory of Change the consultant will finalize (a) the Baseline Questions with the definition of judgment criteria and indicators, the selection of data collection tools and sources; (b) the Baseline methodology, and (c) the planning of the following phases. The methodological design of the Baseline will be summarised into an evaluation matrix.

The limitations faced or to be faced during the Baseline exercise will be discussed and mitigation measures described in the Inception note. Finally, the work plan for the overall Baseline process will be presented and agreed upon in this phase; this work plan shall be in line with that proposed in the present ToR. On the basis of the information collected, the consultancy team should prepare an **Inception report.**

### Field Phase

The Field Phase starts after approval of the Inception report by the Baseline Coordination Committee. If any significant deviation from the agreed work plan or schedule is perceived as creating a risk for the quality of the Baseline or not respecting the end of the validity of the specific contract, these elements will be immediately discussed with the Baseline Coordination Committee regarding the validity of the contract, and corrective measures undertaken.

During the field phase, the consultancy team shall ensure adequate contact and consultation with and involvement of the different stakeholders; with the relevant national/local authorities and agencies; and with the relevant Civil Society Organisations. Throughout the mission, the consultancy team will use the most reliable and appropriate sources of information, respect the rights of individuals to provide information in confidence and be sensitive to the beliefs and customs of local social and cultural environments.

At the end of the Field Phase, the consultant will prepare a Slide Presentation to inform a debriefing session with the Baseline Coordination Committee; its content is described in Chapter 0.

### Synthesis Phase

This phase is devoted to the preparation of the Final Report, whose structure is described in the Annex III; it entails the analysis of the data collected during the early phases to answer the Baseline Questions and the preparation of the overall assessment, conclusions and recommendations of the Baseline.

The consultancy team will make sure that:

* Their assessments are objective and balanced, statements are accurate and evidence-based, and recommendations realistic and clearly targeted.
* When drafting the report, they will acknowledge clearly where changes in the desired direction are known to be already taking place/need to take place.
* The wording, inclusive of the abbreviations used, takes into account the audience as identified above.

The consultant will deliver to the Baseline Coordination Committee the **Draft Final Report** and, after addressing the comments consolidated by the Baseline Coordination Committee, will finalize the **Final Report** (including the Executive Summary. Please refer to Chapter 0 for a description of the process).

### Dissemination phase

Two physical Baseline dissemination workshops facilitated by the consultant will be organized by the Action Against Hunger in the target two-project districts. The consultant will be expected to prepare and present a one-pager of key results of the analysis that has been conducted. Action Against Hunger will be responsible for mobilizing and facilitating the special audience to attend dissemination workshops.

## Management and Steering of the Baseline

The progress of the Baseline will be followed closely with the assistance of the Baseline Coordination committee. The main functions of the Baseline Coordination Committee are:

* To agree on the focus of the Baseline, including the Baseline questions in Inception Phase.
* To facilitate contacts between the consultancy team and the external stakeholders.
* To ensure that the consultancy team has access to and has consulted all relevant information sources and documents related to the baseline.
* To discuss and comment on all reports delivered by the consultancy team.
* To assist in feedback on the findings, conclusions, lessons, and recommendations from the baseline.
* To support the development of a proper follow-up plan after completion of the baseline.
* To support the Dissemination Phase if there is one.

## Language of the Specific Contract

The language of the specific contract is to be English.

# EXPERTISE REQUIRED

## Expertise required

The local consultancy team shall have a cumulative experience of at least 8 years in the area of evaluation in Tanzania, with qualifications of at least Masters in Nutrition, International Development, Public Health, Development Studies, Population and reproductive health, Global Health, and other related fields. In addition, the consultancy team should have relevant experience and knowledge in gender and nutrition programming, and policy review.

**Minimum requirements of the evaluation team should include:**

* Evidence of availability of appropriate qualifications, man/women power and skills among key staff earmarked for deployment on the assignment.
* Thorough knowledge of Tanzania and global development health and nutrition policies.
* A research specialist with a minimum of eight years’ experience in project evaluation in an international development context. Often a mixed approach that incorporates the technical skills of evaluation research but includes strong inputs from a sector specialist is most effective;
* Ability to design and plan the baseline approaches and research methodologies, including quantitative and qualitative research methods.
* Relevant subject matter knowledge and experience such as nutrition programming, gender, and food security to ensure the evaluation design and research methods are as relevant and meaningful as possible given the aims and objectives of the project and the context in which it is being delivered;
* Ability to manage a potentially large-scale and complex evaluation and research process, including interpreting baseline data.
* Ability to design, manage and implement primary research in potentially challenging project environments, such as fragile and conflict-affected communities. This may include the design of surveys, in-depth interviews, focus groups, and other research.
* Consideration of the extent to which the research team has appropriate country knowledge. This includes language proficiency to conduct the research required or resources be available e.g. translators to enable the research to go on smoothly, the research team should be a good balance of men and women and a person(s) with a disability.
* **Gender balance in the proposed team, at all levels, is highly recommended** and should be striven for.

# LOCATION AND DURATION

## Location(s) of assignment

The assignment will take place in the Bahi DC, Dodoma region and Itigi DC in Singida region.

## Foreseen duration of the assignment in calendar months

The maximum duration of the assignment: Two calendar months. This overall duration includes working days, weekends, periods foreseen for comments, for review of draft versions, debriefing sessions, dissemination activities, and distribution of outputs.

## Starting period and planning

The provisional start of the assignment is the beginning of May 2023. As part of the technical offer, the framework contractor must fill in the timetable in Annex IV (to be finalized in the Inception report). The ‘Indicative dates’ are not to be formulated as fixed dates but rather as days (or weeks, or months) from the beginning of the assignment (to be referenced as ‘0’).

# REPORTING

## Content, timing and submission

The consultancy deliverables must match quality standards. The text of the reports should be illustrated, as appropriate, with maps, graphs and tables; a map of the area(s) of the intervention is required (to be attached as Annex). Below is a List of expected outputs/Deliverables:

| **Output/Deliverable** | **Number of Pages *(excluding annexes)*** | **Main Content** | **Timing for submission** |
| --- | --- | --- | --- |
| **Inception Report** | 20 pages | * Stakeholder map * Baseline Methodology incl.: * Evaluation Matrix: Baseline Questions, with judgement criteria and indicators, and data analysis and collection methods. * Consultation strategy * Field visit approach; including the criteria to select the field visits. * Analysis of risks related to the baseline methodology and mitigation measures. * Work plan of the entire baseline | Inception Phase |
| **Slide presentation** | 15 slides | * Key, preliminary findings of the field phase to guide the debriefing session. | Field Phase |
| **Draft Final Report** | 20 pages | * Cf. detailed structure in Annex III | End of Synthesis Phase |
| **Final report** | 20 pages | * Same specifications as of the Draft Final Report, incorporating any comments received from the concerned parties on the draft report that have been accepted. | Two weeks after having received comments to the Draft Final Report. |

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## Comments on the Outputs/Deliverables

For each report, the Baseline coordination committee will send to the Consultant consolidated comments or the approval of the report within 14 calendar days. The revised reports addressing the comments shall be submitted within [10] calendar days from the date of receipt of the comments. The consultancy team should provide a separate document explaining how and where comments have been integrated or the reason for not integrating certain comments if this is the case.

## Language

All reports shall be submitted in the official language of the contract, English.

## Formatting of reports and number of report copies

All reports will be produced using *Lato font, size 11, line spacing of 1.15*. They will be submitted both in Word and PDF formats. Apart from their electronic submission, the approved version of the Final Report will be also provided in 5 paper copies double-sided at no extra cost.

# Deadline for the submission of questions

Questions and requests for clarification are to be submitted (if need will be) by the 9th May 2023 at 5:00 pm local time in Dodoma, Tanzania via email at [tender@tz-actionagainsthunger.org](mailto:tender@tz-actionagainsthunger.org) [In the subject line indicate – GENTU Project Baseline Clarification/Request]. The text of the questions received (once anonymized) and the responses will be sent to all tenderers to ensure equal treatment.

# Submission of the offers and their assessment

## Deadline for the submission of the offers

The offers both technical and budget proposal for undertaking this assignment must be received by 16th May 2023 at 5:00 pm, local time in Tanzania. Late submission of offers leads to their disqualification.

## Modalities for the Submission of the Offers

Offers should be submitted in electronic format via email at [tender@tz-actionagainsthunger.org](mailto:tender@tz-actionagainsthunger.org). In the subject line indicate – “GENTU Project Baseline Study” addressed to**;**

**Country Director,**

**Action Against Hunger, Tanzania**

**P.O Box 17031, Dodoma**

## Assessment of the offers

The offers will be assessed as detailed in Annex I.

# invoicing and payments

Payment to the consultant will be in three instalments. All invoices should be submitted via paper at the Action Against Hunger Tanzania Office. On the envelope indicate invoice for the GENTU Project Baseline Study.

* 30% upon approving the inception report.
* 30% upon submission and acceptance of the 1st Baseline zero draft report, and
* 40% upon submission and approval of the final report by Baseline Coordination Committee.

Annexes

# Annex I: criteria to assess the offers

1. **Technical evaluation criteria**

The Contracting Authority selects the offer with the best value for money using an 80/20 weighting between technical quality and price. Technical quality is evaluated on the basis of the following grid:

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| --- | --- |
| **Criteria** | **Maximum** |
| ***Total score for the approach to work*** |  |
| * Understanding of ToR and the aim of the services to be provided | **20** |
| * Overall methodological approach, quality control approach, appropriate mix of tools and estimate of difficulties and challenges | **40** |
| * Qualification of tenderer and technical backstopping | **10** |
| * Organisation of tasks including timetable | **10** |
| ***Score for the proposed budget*** | ***20*** |
| ***Overall total score*** | ***100*** |

1. **Technical threshold**

Any offer falling short of the technical threshold of 75 out of 100 points, is automatically rejected.

1. **interviews during the evaluation of the offers**

During the evaluation process of the offers received, the Contracting Authority reserves the right to interview by phone one or several members of the proposed consultancy teams.

# Annex II: Information that will be provided to the CONSULTANCY team

This Annex will contain a list of the available information on the intervention. This will include both documents that can be gathered during tendering; and documents that will be given to the consultancy team after the signature of the contract.

* Programme performance measurement framework
* Programme proposal
* Programme Theory of change
* Programme key performance indicators
* Relevant policies (i.e. Gender strategy, Communication strategy etc.)
* Baseline report guidelines
* Nutrition and gender guidelines.

**Note**: The consultancy team has to identify and obtain any other document worth analysing, through independent research and during interviews, and inform the Baseline coordination committee.

# Annex III: Structure of the Final Report and of the Executive Summary

The structure of the evaluation report will be as follows. The cover page of the Final Report shall carry the following text:

‘’*This Baseline is supported and guided by Action Against Hunger, and presented by [name of consulting firm]. The report does not necessarily reflect the views and opinions of Action Against Hunger nor of Global Affairs Canada, which financed the Baseline’*’.

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| 1. **Executive Summary** | A tightly-drafted and to-the-point Executive Summary. It should be short, no more than five pages. It should focus on the key purpose or issues of the baseline, outline the main analytical points, and clearly indicate the main conclusions, lessons to be learned, a table of baseline values, and specific recommendations. |
| 1. **Introduction** | * Brief description of Project and Context * Objective of the Baseline Study |
| 1. **Methodology** | * Description of data collection methodology (ies) * Ethics and consent, including Independent Ethics Review Board approvals * Limitations (by method) * Sampling methodology (by method) * Population sampled by country and sex (by method) * vi)    Process, timelines and locations for Data Collection, Data Entry, and Analysis (by method) |
| 1. **Findings by Outcome** | * Data analysis shall be done by project outcome (ultimate, intermediate, immediate) * Findings shall be presented by country and by method * Quantitative data presented must include both % and “n” (% or # out of total). |
| 1. **Final and fully completed performance measurement framework that includes baseline data and targets for all indicators.** | |
| 1. **Data validation and utilization plan that is inclusive, collaborative, and participatory and ensures that data is used for ongoing results-based project management and improvement.** | |
| 1. **Annexes shall include tools used for baseline study such as survey instruments, focus group discussion guides, a list of key informants and interview dates, and other detailed methodological information.** | |
| **NOTE:**   * Baseline data should be disaggregated by other variables such as age, ethnicity, socioeconomic status, geographic area, or any other category relevant to the project. * Baseline data should be validated and signed off by country or regional partners, normally as part of the PIP elaboration and/or validation process. | |
| 1. **Conclusions** | This chapter contains the conclusions of the baseline, organized per project outcome.  A paragraph or sub-chapter should pick up the 3 or 4 major conclusions organized by order of importance while avoiding being repetitive.  The transferable lessons from this baseline are to be included in this chapter. |
| 1. **Recommendations** | They are intended to improve or reform the intervention in the framework of the cycle under way, or to prepare the design of a new one for the next cycle.  Recommendations must be clustered and prioritised, and carefully targeted to the appropriate audiences at all levels. |

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