VIJAYAVAHINI CHARITABLE FOUNDATION
Supported by TATA TRUSTS

TERMS OF REFERENCE (ToR)

For Conducting an Endline Study/Impact assessment Under the Project Titled

Comprehensive Management of Severe and Moderate Acute Malnutrition (SAM and MAM) / The Acute Malnutrition Management Action (AMMA) in Andhra Pradesh and Rajasthan

1. Brief about the Organizations:

Vijayavahini Charitable Foundation(VCF):

Vijayavahini Charitable Foundation(VCF) is a not for profit organization which focuses on a wide range of themes, including livelihood promotion, agriculture, sanitation, nutrition, education, skill development and conservation, among others. VCF has anchored multiple nutrition projects, including Strengthening ICDS system and promoting rice fortification. VCF is implementing and managing the project across 3 districts in Andhra Pradesh, with support from Tata Trusts and TINI. VCF proposes to intervene in Parvatipuram Manyam, NTR, and Tirupati districts, given the burden of SAM and MAM children as well as to build synergies with existing initiatives.

Since 2018, VCF has been actively engaged in various programs aimed at improving nutrition standards in rural communities across Andhra Pradesh. As part of this integrated project, VCF successfully transformed over 280 Anganwadi Centers (AWCs) and provided training to 12,000 Anganwadi workers. Additionally, VCF intervened to address Micro nutrient deficiency and collaborated with the AP government to supply nutrient-rich fortified rice to children and mothers through the Mid-Day Meal (MDM) and ICDS schemes.

Centre for microFinance:

Centre for microFinance (CmF), Jaipur (www.cmfraj.org) is a Rajasthan-based non-profit organization set-up in 2007 to catalyze the growth of community based microfinance and agriculture-based livelihoods. Since 2015, CmF has expanded its functional domain to include education, skilling, nutrition, water, and sanitation. It works with multiple stakeholders such as government programs and departments, non-government organizations (NGOs), banks, community organizations (especially Self-Help Groups and SHG Federations) and donors. CmF currently serves as a technical partner to the state government's rural livelihoods and education programs, and Rajasthan Grameen Aajeevika Vikas Parishad (RGAVP)'s FNHW (Food Nutrition Health and Wash) interventions. CmF is also the implementing agency of Tata Trusts (www.tatatrusts.org) in Rajasthan. CmF has been implementing field-level interventions in Sirohi district since 2016. CmF has district-level MoU with the Sirohi district administration.

To address the challenge of Malnutrition, Centre for microFinance (CmF) an associate organisation of Tata Trusts has been implementing the project "Comprehensive Management of Severe and Moderate Acute Malnutrition (SAM and MAM)" in four districts of Rajasthan. In Rajasthan, the intervention is being implemented under the Acute Malnutrition Management Action (AMMA) approach, which focuses on strengthening the identification, referral, management and follow-up of children affected by acute malnutrition through community-based interventions and strengthened government systems.

2. Background of the project

The science of human **nutrition** deals with all the effects on people of any component found in food[1]. This starts with the physiological and biochemical processes involved in nourishment – typically encompasses two major areas;

a) How substances in food provide energy or are converted into body tissues, and
b) The diseases that result from insufficiency and excess of essential nutrients (malnutrition).

The scope of nutrition extends to any effect of food on human function. The study of nutrition overlaps with the social sciences of psychology, anthropology, sociology and economics. A healthy diet means different things to different people. Those concerned with children's nutrition—parents, teachers and paediatricians aim to promote healthy growth and development.
Growth is a fundamental physiologic process that characterizes nutrition. Good nutrition is essential for survival, physical growth, mental development, performance, productivity, health and well-being across the entire life-span: from the earliest stages of foetal development, at birth, and through infancy, childhood, adolescence and on into adulthood[2].

Acute malnutrition or wasting is the reduction or loss of body weight in relation to height. Severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) are two categories of wasting[1]. Wasting usually occurs when a child has not had food of adequate quality and quantity and/or they have had frequent or prolonged illnesses. It is a life-threatening result of poor nutrient intake and/or disease. Globally (2022), 45 million children (under the age of 5years) were estimated to be wasted, of which 13.6 million were severely wasted[1]. Southern Asia is the sub-region with the highest wasting prevalence of 14.3% in the world. According to the National Family Health Survey (2019-2021), India's prevalence of wasting stands at 19.3%.

In Andhra Pradesh, child undernutrition remains an important public health concern. As per NFHS-6 (2023–24), 24.6% of children under five years are stunted, 12.3% are wasted, 2.7% are severely wasted (SAM), and 23.2% are underweight. The state addresses acute malnutrition through existing health and nutrition service-delivery mechanisms, focusing on early identification, community-level management, referral of children with SAM and medical complications to Nutrition Rehabilitation Centres (NRCs), nutrition counselling and follow-up to support nutritional recovery.[2]

In Rajasthan, child undernutrition remains a significant public health challenge. As per NFHS-6 (2023–24), 29.6% of children under five years are stunted, 19.8% are wasted, 6.4% (SAM) are severely wasted, and 33.3% are underweight. To address acute malnutrition through a continuum of care, Rajasthan has adopted the Acute Malnutrition Management Action (AMMA) approach long ago, which focuses on early identification, referral, management, and follow-up of children with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) through community-based and facility-based interventions.[3]

Taking this into consideration, the project supported the Government of Rajasthan's Acute

[1] UNICEF, WHO, World Bank Group. Joint Child Malnutrition Estimates, 2022 edition

[2] https://www.nfhsiips.in/nfhsuser/assets/National%20Family%20Health%20Survey%20(NFHS-6)%202023-2024%20Fact%20Sheets.pdf
[3] https://www.nfhsiips.in/nfhsuser/assets/National%20Family%20Health%20Survey%20(NFHS-6)%202023-2024%20Fact%20Sheets.pdf

Malnutrition Management Action (AMMA) initiative to strengthen community-based management of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). The project supported early identification, growth monitoring, nutrition counselling, referral and follow-up services, along with provision of Energy Dense Nutritious Food (EDNF) for eligible Moderately Acute Malnourished (MAM) children, thereby complementing existing community based management and facility-based treatment services at MTC for malnourished children.

3. Geographical Coverage

The Endline Study/Impact assessment shall be carried out in the project intervention districts and nearby districts areas across the following districts of Rajasthan and Andhra Pradesh:

Andhra Pradesh:

a) NTR
b) Tirupati
c) Manyam Parvathipuram
d) Srikakulam
e) Guntur
f) Chittor

Rajasthan:

g) Dungarpur
h) Dausa
i) Karauli
j) Sirohi
k) Salumber
l) Bharatpur
m) Sawai Madhopur
n) Pali

4. Purpose of The Study

- The primary objective of the proposed Impact assessment Endline Study/Impact assessment is to assess changes in nutritional status among children aged 0–5 years and evaluate changes in access, utilization and quality of services delivered through Anganwadi Centres and health facilities during the project implementation period.
- The Endline Study/Impact assessment shall undertake a comprehensive comparison of all key indicators measured during the baseline study and assess changes achieved during the project implementation period at district and project levels.
- The study shall assess the status of women and child nutrition, and health indicators and practices among communities in the intervention areas in compare to baseline findings.
- The study shall also assess changes in knowledge, awareness and practices of caregivers and community members relating to maternal and child health, nutrition and hygiene.
- Further, the study shall assess knowledge and practices of frontline workers on growth monitoring, nutrition counselling, identification and referral of SAM and MAM children and delivery of nutrition services.

- The study shall generate evidence on project impact, achievements, implementation challenges, best practices and lessons learned for future programme strengthening and scale-up.
- Triangulate the baseline, Endline/Impact assessment as well project data set to share positive changes.

5. Scope of Work / Assignment

The overall objective of the Endline Study/Impact assessment is to assess changes achieved during the project implementation period and compare them against the baseline assessment.

* Conduct Impact assessment of the project intervention and control districts, with comparison to baseline findings to assess contextual changes.
* Measure current nutritional status of children aged 0–5 years, including stunting, underweight, wasting (SAM, and MAM) and compare with baseline datasets.
* Assess changes in infant and young child feeding practices, maternal nutrition practices, and health-seeking behaviour in comparison to baseline.
* Evaluate community knowledge, awareness, and practices related to nutrition, health, and WASH, with reference to baseline levels.
* Assess access, utilization, and quality of ICDS and health services, including THR, growth monitoring, and other key interventions, compared to baseline.
* Review functionality of service delivery platforms (AWCs, Sub-Centres, MTCs) along with infrastructure and equipment availability, compared to baseline situation.
* Assess effectiveness of SAM/MAM case management, referral systems, and follow-up mechanisms, in comparison with baseline performance.
* Examine the role and engagement of stakeholders and community institutions (PRI members, SHGs, Mothers' Committees, etc.) and changes since baseline.
* Assess knowledge and practices of frontline workers (AWWs, ASHAs, ANMs) on key nutrition services and compare improvements from baseline.
* Identify key changes, gaps, challenges, and document best practices, innovations, and lessons learned across the project period.

6. Expected Results

* Nutritional status of children aged 0–5 years and changes observed since baseline.
* Indicator-wise baseline-endline comparison and analysis of changes observed during the project period at district and project levels.
* Knowledge, attitudes and practices of communities related to nutrition, health and hygiene.
* Access to and utilization of government health and nutrition programmes.
* Improvements in growth monitoring, referral systems and service delivery.
* Status of health and nutrition facilities in project areas.
* Community participation and engagement in nutrition interventions.
* Knowledge and practices of frontline workers regarding nutrition service delivery.
* Functionality of MTCs and referral mechanisms.
* Key achievements, challenges and lessons learned.
* Recommendations for sustainability and scale-up.

7. Methodology

The Endline Study/Impact assessment shall adopt a mixed-method approach comprising quantitative and qualitative methods.

* The selected agency shall, to the extent possible, utilize the same indicators, definitions, tools, sampling approach and measurement protocols adopted during the baseline study to ensure comparability of findings.
* The agency shall ensure that all anthropometric measurements are conducted using standardized procedures and calibrated equipment. Field investigators responsible for anthropometric assessments shall undergo standardization exercises and practical assessments before commencement of data collection.

* The agency shall clearly describe:

  - Sampling methodology
  - Sample size calculations
  - Data collection tools
  - Data quality assurance mechanisms
  - Data validation processes
  - Data analysis framework

8. Duration of Assignment

Sr. No.	Description	Duration
1	Developing Inception Report, finalization of methodology and tools, and interaction with VCF/CmF team	5 Days
2	Training of field investigators on data collection tools and protocols	03 Days
3	Pilot testing and finalization of study tools	02 Days
4	Data collection in project intervention areas	30 Days
5	Data cleaning, validation and analysis	5 Days
6	Submission of Draft Endline Study/Impact assessment Report	5 Days
7	Presentation of key findings to VCF/CmF and stakeholders	01 Day
8	Submission of Final Endline Study/Impact assessment Report, factsheets, datasets and other deliverables	9 Days
Total Duration		**60 Days**

**The assignment is expected to be undertaken during December 2026 – February 2027 in Rajasthan and during July – September 2027 in Andhra Pradesh. The above duration is indicative and may overlap across activities, subject to approval from VCF and CmF.*

9. Specific Deliverables

a. Inception Report
b. Review and Finalized Study Tools
c. Design tools and field plan, training to the field team- it is mandate that field members should have good knowledge on aspects of nutrition and health aspects as well familiar with local language (state specific) and should be good in interacting with communities
d. Cleaned Dataset
e. Draft Endline Study/Impact assessment Report
f. Presentation of Key Findings

g. Final Endline Study/Impact assessment Report including district-wise findings, project-level analysis, baseline-endline comparison, key learnings, recommendations and annexures.
h. Executive Summary
i. Case Study Compendium

10. Ownership of Data and Reports

All data, reports, presentations, photographs, audio recordings, tools and other materials developed under this assignment shall remain the sole property of VCF and CmF. The selected agency shall not publish, disseminate or share findings from the study without prior written approval from VCF and CmF.

11. Support from VCF and CmF

- Facilitation in district-level coordination.
- Sharing of baseline reports and relevant project documents.
- Briefing on project interventions.
- Support in stakeholder consultations.

12. Eligibility Criteria for Agencies

The agency should have:

* At least 10-15 years of experience in conducting large-scale surveys, evaluations or research studies.
* Demonstrated experience in nutrition, public health, ICDS, NHM or related sectors.
* Experience in anthropometric assessment and data analysis.
* Availability of qualified field investigators and technical experts.
* Experience working with government departments and development partners.
* Ability to conduct studies in Rajasthan and Andhra Pradesh.

13. Submission of Proposal

Interested agencies/organizations are invited to submit both Technical and Financial Proposals for undertaking the Endline Study/Impact assessment.

A. Technical Proposal

- Organizational profile, including legal status and years of operation.
- Relevant experience in conducting baseline, endline, impact assessment, evaluation, research, public health, nutrition, ICDS, NHM, or similar studies.
- Understanding of the assignment and proposed methodology.
- Detailed study design, sampling approach, data collection methodology, quality assurance mechanisms, and analytical framework.
- Proposed work plan and timeline for completion of the assignment.
- Details of similar assignments undertaken during the last five years.
- Composition of the proposed study team along with roles and responsibilities.

- Curriculum Vitae (CVs) of key personnel proposed for the assignment, including Team Leader, Public Health/Nutrition Expert, Statistician/Data Analyst, Field Coordinator, and other relevant experts.
- At least two sample reports of similar studies/evaluations conducted by the agency.
- List of investigators profiles/bio-data's to be shared with VCF and CmF before initiation of actual data collection

B. Financial Proposal

- Detailed budget with activity-wise and cost-head-wise breakup.
- Professional fees and field implementation costs.
- Travel, logistics, training, data management, analysis, and reporting costs.
- Applicable taxes and statutory charges.
- Total consultancy cost for completion of the assignment.

14. Terms of Payment

S. No	Description of work	Instalment	% of amount to total consultancy amount
1	Sharing of Inception Report	1st Installment	20%
2	Complete the data collection	2nd installment	20%
3	Sharing the draft document	3rd Installment	20%
4	Sharing the Final document	4th Installment	40%

In case of delay in submitting the report, penalty will be charged against the consultant as follows:

Sr. No	**No. of days of delay**	**% Deduction**
1	Up to 7 days	5%
2	7 days to 15 days	10%
3	15 days to 30 days	15%
4	>30 days	25%