VIJAYAVAHINI CHARITABLE FOUNDATION
Supported by TATA TRUSTS

TERMS OF REFERENCE (ToR)

Longitudinal Cohort Study data collection and service assurance under "Community Based Management of Acute Malnutrition (CMAM) program

1. Background of the Organisations

Vijayavahini Charitable Foundation (VCF)

Vijayavahini Charitable Foundation (VCF) is a not-for-profit organisation that 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 the ICDS system and promoting rice fortification. VCF implements and manages nutrition-related interventions across three districts in Andhra Pradesh, with support from Tata Trusts and TINI. VCF's intervention areas include Manyam Parvathipuram, NTR and Tirupati districts, considering the burden of SAM and MAM children and the opportunity to build synergies with existing initiatives.

Since 2018, VCF has been actively engaged in various programmes aimed at improving nutrition standards in rural communities across Andhra Pradesh. As part of its integrated initiatives, VCF has supported the transformation of over 280 Anganwadi Centres (AWCs) and provided training to 12,000 Anganwadi Workers. Additionally, VCF has undertaken interventions to address micronutrient deficiencies and collaborated with the Andhra Pradesh Government to supply nutrient-rich fortified rice to children and mothers through the Mid-Day Meal (MDM) and ICDS schemes.

Centre for micro Finance (CmF)

Centre for micro Finance (CmF), Jaipur (www.cmfraj.org), is a Rajasthan-based non-profit organisation established in 2007 to catalyse 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, including government programmes and departments, non-government organisations (NGOs), banks, community organisations (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 programmes and Rajasthan Grameen Aajeevika Vikas Parishad (RGAVP)'s Food, Nutrition, Health and WASH (FNHW) interventions. CmF is also the implementing agency of Tata Trusts in Rajasthan. CmF has been implementing field-level interventions in Sirohi district since 2016 and has a district-level MoU with the Sirohi district administration.

During 2016–21, under its multi-thematic programme, the Transformation Initiative, CmF implemented the Maternal and Child Health and Nutrition (MCHN) intervention in two blocks, Abu Road and Pindwara, of Sirohi district, Rajasthan. Under MCHN, CmF made concerted efforts to improve health-seeking behaviour within communities and strengthen public health systems through capacity building of frontline workers (Anganwadi Workers, Helpers, ASHAs and ANMs), on-field support for effective awareness and mobilisation of health and nutrition services, and improved service delivery through Anganwadi Centres. As part of the intervention, the field-level team provided intensive support across 100 villages through onsite support for MCHN days, Poshan Abhiyaan, growth monitoring check-ups, immunisation, Participatory Learning and Action (PLA)

meetings with women of reproductive age, community mobilisation activities, and training and technical support at the district level.

2. About the Programme

The programme aims to promote and institutionalize continuum of care for addressing acute malnutrition (viz. SAM as well as MAM) by leveraging combined protocol for acute malnutrition through both community and facility-based approaches in the system. This model has unified the treatment of uncomplicated SAM and MAM children into one protocol in line with recent CMAM/AMMA protocol released by GOI, simplified the diagnostic criteria, viz. Growth Monitoring (height and weight) based only and utilizes ***energy dense nutrient food*** supplement (EDNF)
The other areas of the project with a focus on prevention shall include: a) Institutionalizing a convergence matrix to efficiently leverage the network of AAAs (Anganwadi Workers, ASHA and ANMs) at all levels allowing them to work in tandem; b) Building capacities of AAAs to identify, screen, diagnose, manage and treat SAM & MAM children at the community level; c) Improving dietary intake of communities by building their capacities on mother and child nutrition practices and; d) Supporting national and state specific protocols for management of SAM by integrating community-based approaches.
The **goal** of the program is to achieve sustainable improvement in nutrition and health outcomes of children under 5years and women of reproductive age, with a special focus on most vulnerable populations.

Specific Objectives

- To improve the quality and coverage of services designed to address acute malnutrition, including CMAM/AMMA, Home-Based Newborn Care (HBNC), Home-Based Young Child Care (HBYC), Integrated Child Development Services (ICDS) and National Health Mission (NHM).
- To strengthen CMAM/AMMA implementation by incorporating ComPAS learnings and introducing cost-effective and locally available food-based interventions.
- To promote intensified growth monitoring campaigns with an aim to test, trace and treat.
- To improve the nutritional intake of communities by building their capacities on maternal, infant and young child nutrition.

3. Geographical Coverage and Assignment Period

The assignment will be undertaken in the following geographical areas and timelines:

Rajasthan

- District: Dungarpur
- Blocks: Aaspur, Dowda, Jhonthri and Simalwara
- Assignment period: November 2026 to January 2027 (three months).

Andhra Pradesh

- District: Parvathipuram Manyam
- Coverage: Eight designated project areas.
- Assignment period: December 2026 to February 2027 (three months).

4. Objective of the Assignment

The overall objective of the proposed assignment is to do identify and enrol of SAM and MAM children in to the CMAM/AMMA program in line with guidelines. This involves screening, registration and conducting regular follow-up visits as per protocols to monitor their nutritional progress through following timelines

The assignment will be carried out in close coordination with ICDS and Health functionaries to strengthen service delivery. The aim of the assignment is to ensure systematic management and nutritional improvement of SAM and MAM children strengthening the effective implementation of CMAM/AMMA protocols at community level.

5. Scope of Work

The key tasks for this assignment will be undertaken in close coordination with the VCF and CmF project management teams. All activities will be planned and completed within the respective three-month assignment period for each state.

The scope of work will include:

The key tasks for this assignment will be undertaken in close collaboration with VCF and CmF's project management teams

- Do regular follow-up visits of SAM and MAM children as per CMAM/AMMA guidelines in close coordination with ICDS and Health departments.
- Ensure dropout rate of SAM and MAM children should < 10% of
- Ensure enrolled children under the study will receive all necessary services as per protocols in coordination with ICDS, Health departments and VCF and CmF
- Develop and maintain MIS of SAM and MAM enrolled children separately and update on regular basis and share with VCF and CmF on weekly basis
- Do periodical analysis of data of SAM and MAM children and share with VCF and CmF on fortnightly
- To develop a final report on overall progress and status of children enrolled under the study

6. Classification of CMAM Outcomes

The following outcome classifications shall be referred to while documenting the status of children, in accordance with the applicable programme protocols.

Outcome classification:	**Description:**
Discharged as cured or recovered:	For SAM/MAM children: WHZ ≥ -2 SD, absence of oedema, evidence of sustained weight gain and the child is clinically well.
Not recovered/non-recovered:	For SAM children: cases that do not meet discharge criteria after four months (16 weeks) in the CMAM programme despite compliance with nutrition and medicines, or medical referrals who do not return to the programme. After medical examination at PHC/NRC, non-recovered children may be re-enrolled in the CMAM programme. For MAM children: cases that do not meet discharge criteria after two months (8 weeks) in the CMAM programme.
Referral:	Cases where medical complications develop or secondary causes of

	malnutrition are detected and the child is referred for appropriate treatment.
Defaulted:	Children who leave the programme before reaching the discharge criteria or are absent for two consecutive visits.
Died:	A child who dies during treatment in the CMAM programme.
Relapse:	A child who relapses to SAM/MAM within three months of discharge

7. Key Responsibilities of Agency/Institution

- In this connection, the agency/institution/consultant is expected to submit a proposal detailing the following key components:

- Developing state-wise workplan.
- Developing and maintaining MIS separately for SAM and MAM children, with necessary identification codes.
- Conducting field-level and household follow-up visits, including PD and M4 follow-up visits wherever applicable.
- Undertaking required nutritional and health assessments and documenting observations as per programme protocols.
- Ensuring coordination with frontline workers and relevant ICDS/Health functionaries for follow-up, service delivery and referral of children, wherever required.
- Ensuring that the study/field team is well-versed in the local language (Hindi and Telugu), as per the respective state requirements.
- Sharing weekly updates and monthly progress reports with VCF and CmF regularly throughout the assignment period.
- Submitting a draft state-wise completion report highlighting key findings, observations, service gaps and recommendations.
- Sharing the final report in editable soft-copy format, along with cleaned data sheets/MIS and supporting photographs, wherever consent has been obtained.
- Developing state-specific PowerPoint presentations on overall findings and observations to be shared separately with VCF and CmF.

8. Duration of Services

The finalized agency/institution/consultant is expected to deliver services for a period of three months in each respective state, as detailed below:

- Rajasthan: November 2026 to January 2027.
- Andhra Pradesh: December 2026 to February 2027.

All activities and deliverables shall be completed within the respective state assignment periods.

9. Key Deliverables

The agency/institution/consultant will be responsible for submitting the following deliverables within the respective state assignment period:

1. State-wise three-month workplan.
2. Finalised field monitoring and follow-up tools, in consultation with CmF and VCF.
3. Updated state-wise MIS/database, with separate SAM and MAM records wherever required.
4. Weekly field updates and monthly progress reports.
5. State-wise draft completion report for review by CmF/VCF.
6. Final state-wise completion report in editable soft-copy format, along with cleaned data/MIS and supporting documentation, including photographs wherever consent has been obtained.

7. State-wise PowerPoint presentation summarising activities, findings, service gaps and recommendations.

10. Support from VCF and CmF

- Support in providing state-specific documents and relevant information relating to the assignment, wherever required.
- Provide technical guidance and support, subject to feasibility.
- Provide any further programme-related information required for the assignment.
- Facilitate coordination with the respective project teams and relevant stakeholders, wherever required.

11. Ethical and Safety Considerations

- The agency/institution shall follow all applicable ethical requirements and obtain the necessary Institutional Ethics Committee (IEC) approvals and State/District permissions, wherever required, in consultation with CmF and VCF. Copies of the approval letters shall be shared with VCF and CmF.
- Field activities involving data collection shall commence only after the required ethical approvals and permissions are in place.
- Field activities shall be conducted using a minimal-risk approach and in a manner that does not disrupt routine programme services.
- The assignment will focus on closer monitoring, service assurance and referral adherence in consultation with CmF and VCF.
- Confidentiality of all beneficiary information shall be maintained. De-identified data shall be used in reports and presentations.
- Informed consent shall be obtained wherever required under the approved protocol.
- Any adverse event or medical complication identified during a visit shall be reported immediately and the child shall be referred for appropriate care, including inpatient care wherever medically indicated, in coordination with the relevant frontline worker, Health Department and CmF/VCF.
- The agency/institution shall strictly adhere to the programme protocols, child safeguarding requirements, data protection procedures and field instructions issued by CmF and VCF.

12. Terms for Payment

The payment shall be released in instalments against the submission and approval of the agreed deliverables, as detailed below. The payment milestones shall be applicable separately for the respective state assignment.

S. No.	Description of Work	Instalment	% of Total Consultancy Amount
1	Finalisation of proposal and issuance of Work Order	1st Instalment	20%
2	Submission and approval of Inception Report, state-wise workplan and data collection tools	2nd Instalment	20%
3	Submission of first-month progress update and updated MIS	3rd Instalment	20%
4	Submission of second-month progress report and updated MIS	4th Instalment	20%
5	Submission and approval of final state-wise completion report, cleaned data/MIS and	5th Instalment	20%

	PowerPoint presentation		
	Total		100%

13. Penalty for Delay in Submission of Reports

In case of delay in submitting agreed deliverables without prior approval or a valid reason accepted by VCF and CmF, the following deductions may be applicable:

S. No.	No. of Days of Delay	% Deduction
1	Up to 15 days	5%
2	16 to 30 days	10%
3	More than 30 days	15%

The deduction shall be applied to the relevant delayed deliverable/payment, subject to the terms agreed in the Work Order.