Amendments to ToR for Endline DE- IYCN Project

A. General Amendments

1. 'ICDS Scheme' to be referred as 'Anganwadi services' throughout the ToR; 'MDM' to be referred as 'PM POSHAN'.
2. Throughout the document 'lactating women' to be read as with 'breastfeeding women'. Acronym to change from 'PLW' to 'PBW'.
3. The program focus is on IYCN for children (6-36 months) along with good nutrition for pregnant and breastfeeding women (PBW). Adolescent girls and men are not a part of the program. Please refer to annexure for updated program details.
4. Agency to update data for NFHS 5, wherever data from NFHS 4 has been provided. Inception report for endline to be created based on NFHS 5 which will serve as the new basis of comparison.
5. As per the original ToR a quasi-experimental design was proposed with a project and comparison arm. However, due to COVID, the study could not be conducted in comparison arm. Therefore, the evaluation design was revised to pre-post cross sectional analysis during the baseline study and the data was collected only from project intervention blocks. However, for the endline evaluation, data will be collected from comparison area as mentioned in the original ToR.
6. For the quantitative assessment in the endline, please refer to the table below for the proposed sample:

Respondent/type of data collection activity	**Area**	**Endline**
		Proposed as per TOR
Lactating Women/ Caregivers/Mothers of Children (mothers of 6-36 months old children)	Project Area	700
	Comparison Area	700
Pregnant Women	Project Area	140*
	Comparison Area	140*
Anthropometric assessment of children (6-36 months)	Project Area	300
	Comparison Area	300
Total	**Project + Comparison**	**2280**

* These figures are not mentioned in the TOR, but are mentioned in the inception report
# Apart of the above sample, in the TOR it is mentioned that some women who have given birth in the last 6 months can also be surveyed in both project area and comparison area. However, it was not conducted in the baseline. Based on discussion with the programme unit, this is also not proposed in the endline.

B. Specific amendments to the original clauses:

Sl. No.	**Clause no.**	**Original Clause**	**Revised Clause**	**Remarks**
1.	Title of ToR	EVALUATION of A Pilot Project towards Improving Infant and Young Child Nutrition through the Integrated Child Development Services scheme in Jaipur District of Rajasthan during 2020-2023	EVALUATION of A Pilot Project towards Improving Infant and Young Child Nutrition through the Integrated Child Development Services scheme in Jaipur District of Rajasthan during 2020-~~2023~~ 2024	

Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
2.	1	This Terms of Reference (TOR) is for the evaluation of a pilot project towards improving the Infant and Young Child Nutrition (IYCN) through the Integrated Child Development Services (ICDS) scheme in Jaipur District of Rajasthan during 2020-2023. This evaluation is commissioned by WFP India Country Office (CO) and is a pilot evaluation. This evaluation will cover the tentative period from November/2020 to November/2023.	This Terms of Reference (TOR) is for the evaluation of a pilot project towards improving the Infant and Young Child Nutrition (IYCN) through the Integrated Child Development Services (ICDS) (now referred as Anganwadi Services) scheme in Jaipur District of Rajasthan during 2020-~~2023~~ 2024. This evaluation is commissioned by WFP India Country Office (CO) and is a pilot evaluation. This evaluation will cover the tentative period from November/2020 to December/~~2023~~ 2024.	
3.	5	Thus, towards improving the IYCN through the ICDS scheme in Rajasthan, WFP establishes a local production unit by working with women's Self-Help Groups (WSHGs) to produce a quality, nutritious, fortified and age-appropriate THR distributed to the children and pregnant and lactating women (PLW) under the ICDS scheme. Currently in state of Rajasthan, THR is locally produced by WSHGs and one WSHG is attached to 1-5 AWCs. In addition, WFP will undertake research to develop Social Behaviour Change Communication (SBCC) packages to improve knowledge, attitudes and practices around maternal and child nutrition. Under this pilot project, required SBCC would be directed to all sections of the community to improve nutritional practices.	Thus, towards improving the IYCN through the ICDS scheme in Rajasthan, WFP establishes a local production unit by working with women's Self-Help Groups (WSHGs) to produce a quality, nutritious, fortified and age-appropriate THR distributed to the children and pregnant and ~~lactating women (PLW)~~ breastfeeding women ~~under the ICDS scheme. Currently in state of Rajasthan, THR is locally produced by WSHGs and one WSHG is attached to 1-5 AWCs.~~ In addition, WFP will undertake research to develop Social Behaviour Change Communication (SBCC) packages to improve knowledge, attitudes and practices around maternal and child nutrition. Under this pilot project, required SBCC would be directed to all sections of the community to improve nutritional practices.	As informed by programme unit - THR is being produced by only WFP's WSHG in 5 blocks of Jaipur district. For the rest of the state, THR is being produced by CONFED, which is a cooperative society of Rajasthan Govt. CONFED is getting these THR manufactured through three private companies. Also, their THR products are entirely different from what are being given by WFP in 5 blocks of Jaipur district
4.	11	Accountability – Based on the comparison of the baseline and end line evaluation findings, performance and results of the IYCF interventions through the ICDS scheme in Jaipur district of Rajasthan would be assessed and reported.	Accountability – Based on the comparison of the baseline and end line evaluation findings, performance and results of the IYCF interventions through the ICDS scheme in ~~Jaipur district~~ five intervention blocks (Jaipur I, Jaipur II, Jaipur III, Rural Sanganer and Urban Sanganer) of Jaipur district of Rajasthan would be assessed and reported.	

<table>
<tr><th>Sl. No.</th><th>Clause no.</th><th>Original Clause</th><th>Revised Clause</th><th>Remarks</th></tr>
<tr><td>5.</td><td>12</td><td>The primary objective of the evaluation will be to evaluate (1) how effectively the project has established a replicable, efficient, and demonstrable model, that ensures a nutritious and affordable THR to PLW, infants and young children in a sustainable way and (2) improvement in the knowledge, awareness and behaviours of caregivers, adolescents, PLWs and other stakeholders. Additionally, based on the request of the Government, this evaluation will also evaluate to what extent the project has led to improvement in the nutritional status of children in the target age group.</td><td>The primary objective of the evaluation will be to evaluate (1) how effectively the project has established a replicable, efficient, and demonstrable model, that ensures a nutritious ~~and affordable~~ THR to PLW, infants and young children in a sustainable way and (2) improvement in the knowledge, awareness and behaviours of caregivers, ~~adolescents~~, PLWs and other stakeholders. Additionally, based on the request of the Government, this evaluation will also evaluate to what extent the project has led to improvement in the nutritional status of children in the target age group.</td><td>As mentioned by prog. Unit, the THR is provided free of cost, hence affordability may not be assessed.</td></tr>
<tr><td>6.</td><td>Table 1 (Below clause 15)</td><td><table><tr><th colspan="2">EXTERNAL STAKEHOLDERS</th></tr><tr><td>Beneficiaries</td><td>As the ultimate recipients of assistance, ICDS scheme beneficiaries (pregnant and lactating women, adolescent girls, men, boys and girls), AWWs and members of WSHG~~s~~ of this pilot project have a stake in WFP determining whether its assistance is appropriate and effective.</td></tr><tr><td>UN Country team</td><td>As part of the Results Group (RG) IV, WFP along with other UN agencies are supporting the food and nutrition security efforts of the state and national government. It has therefore an interest in ensuring that WFP programmes are effective in contributing to the UN concerted efforts.</td></tr></table></td><td><table><tr><th colspan="2">EXTERNAL STAKEHOLDERS</th></tr><tr><td>Beneficiaries</td><td>As the ultimate recipients of assistance, ICDS scheme beneficiaries (pregnant and lactating women, ~~adolescent girls, men~~, boys and girls), AWWs and members of WSHG of this pilot project have a stake in WFP determining whether its assistance is appropriate and effective.</td></tr><tr><td>UN Country team</td><td>As part of the ~~Results Group (RG) IV~~ UNSDCF Outcome Group 2, WFP along with other UN agencies are supporting the food and nutrition security efforts of the state and national government. It has therefore an interest in ensuring that WFP programmes are effective in contributing to the UN concerted efforts.</td></tr></table></td><td></td></tr>
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Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
7.	16 (1st Bullet)	The primary users of this evaluation will be: • The most critical users of this evaluation would be the DWCD of GoR and Ministry of Women and Child Development, Government of India. Findings of this evaluation would support the Government of Rajasthan in decision making related to the scale-up of the intervention and towards improving the nutritional status of children and PLWs in Rajasthan. Findings of evaluation would provide evidence to the Ministry of Women and Child Development, Government of India in taking a policy-level decision at the national-level towards reforming the ICDS scheme.	The primary users of this evaluation will be: • The most critical users of this evaluation would be the DWCD of GoR and Ministry of Women and Child Development, Government of India. Findings of this evaluation would support the Government of Rajasthan in decision making related to the scale-up of the intervention and towards improving the nutritional status of children (6-36 months) and PLWs in Rajasthan. Findings of evaluation would provide evidence to the Ministry of Women and Child Development, Government of India and other state governments in taking a policy-level decision at the national/state level towards reforming the ICDS scheme.	
8.	24	In Rajasthan, a higher percentage of ST children are anaemic (74 percent), as compared to SC (59 percent), other backward class (58 percent) and others (56 percent). A slightly higher percentage of children residing in rural area are anaemic (62 percent), as compared to children living in urban areas (56 percent). NFHS-4 results shows that with the increase in the mother's years of schooling, prevalence of anaemia among their children decreases. Mother's anaemia status affects their child's anaemia status : a lower percentage of children of non-anaemic mothers have anaemia (52 percent), as compared to mothers with severe/moderate anaemia (77 percent) and mild anaemia (65 percent). Through the ICDS in Rajasthan, take home rations are distributed to children between 6-36 months of age and	In Rajasthan, a higher percentage of ST children are anaemic (74 percent), as compared to SC (59 percent), other backward class (58 percent) and others (56 percent). A slightly higher percentage of children residing in rural area are anaemic (62 percent), as compared to children living in urban areas (56 percent). NFHS-4 results shows that with the increase in the mother's years of schooling, prevalence of anaemia among their children decreases. Mother's anaemia status affects their child's anaemia status : a lower percentage of children of non-anaemic mothers have anaemia (52 percent), as compared to mothers with severe/moderate anaemia (77 percent) and mild anaemia (65 percent). Through the ICDS in Rajasthan, take home rations are distributed to children between 6-36 months of age and pregnant/~~lactating~~ breastfeeding	The program team has informed that the THR product of the government has changed now. The details will be provided by SO, to be included in annexure.

Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
		pregnant/lactating women in the form of a mix of wheat, soya, gram flour, oil and sugar - both commodities are produced in a de-centralized modality. 750 grams and 930 grams of this mix are distributed to children and women on a weekly basis.	women. ~~in the form of a mix of wheat, soya, gram flour, oil and sugar - both commodities are produced in a de-centralized modality. 750 grams and 930 grams of this mix are distributed to children and women on a weekly basis.~~	
9.	25	This evaluation of IYCN through the ICDS scheme in Jaipur during 2020-2023 is a pilot evaluation. Baseline evaluation would take place from January 2021 to August 2021 and end line evaluation would be conducted in 2023.	This evaluation of IYCN through the ICDS scheme in Jaipur during 2020-~~2023~~ 2024 is a pilot evaluation. Baseline evaluation would take place from ~~January 2021 to August 2021~~ May 2021 to May 2022 and end line evaluation would be conducted in ~~2023~~2024-25	
10.	28	**Project Outcomes**: The project will lead to the following outcomes: (i) Establishing a replicable, efficient demonstrable and '*Operationally effective*' model, that ensures a nutritious and affordable THR to PLWs, infants and young children in a sustainable way.	**Project Outcomes**: The project will lead to the following outcomes: (i) Establishing a replicable, efficient demonstrable and '*Operationally effective*' model, that ensures a nutritious ~~and affordable~~ THR to PLWs, infants and young children in a sustainable way.	Same as point no. 5
11.	31	Implementation Modalities: The core components will be implemented via establishment of THR production unit for the production of quality and nutritionally age-appropriate THR, organization of sensitization workshops, capacity building of grassroots functionaries of various departments including that of DWCD, development of improved take home supplementary rations, development of training modules and other information, education and communication materials, supply chain management and quality assurance and control as appropriate through need based hiring of vendors. Principles of project implementation have been detailed out in Annexure 3.	Implementation Modalities: The core components will be implemented via establishment of THR production unit for the production of quality and nutritionally age-appropriate THR, ~~organization of sensitization workshops,~~ capacity building of grassroots functionaries of ~~various departments including that of~~ DWCD, development of improved take home ~~supplementary~~ rations, development of training modules and other information, education and communication materials, supply chain management and quality assurance and control as appropriate through need based hiring of vendors. Principles of project implementation have been detailed out in Annexure 3.	As suggested by programme unit.

<table>
<tr><th>Sl. No.</th><th>Clause no.</th><th>Original Clause</th><th>Revised Clause</th><th>Remarks</th></tr>
<tr><td>12.</td><td>34</td><td>Project duration: The project duration will be three years starting from the date of signatures on the memorandum of understanding and letter of agreement between WFP and GoR: (i) Preparatory phase: six months (ii) Implementation phase: 24 months (iii) Hand-over including development of plans for scale-up: six months. Detailed of the activities to be conducted in each of the three phases have been mentioned in the Annexure 7.</td><td>Project duration: The project duration will be three years starting from the date of signatures on the memorandum of understanding and letter of agreement between WFP and GoR: (i) Preparatory phase: six months (ii) Implementation phase: ~~24 months~~ 22 months (Jaipur I, II and III) and 12 months (Rural and Urban Sanganer) (iii) Hand-over including development of plans for scale-up: six months. Detailed of the activities to be conducted in each of the three phases have been mentioned in the Annexure 7.</td><td>As informed by programme unit.</td></tr>
<tr><td>13.</td><td>36</td><td>This is a decentralized evaluation of the entire pilot project on IYCN through the ICDS scheme in Jaipur District of Rajasthan during 2020-2023. This evaluation is commissioned by WFP India CO and will cover the tentative period from November/2020 to November/2023.</td><td>This is a decentralized evaluation of the entire pilot project on IYCN through the ICDS scheme in Jaipur District of Rajasthan during 2020-~~2023~~ 2024. This evaluation is commissioned by WFP India CO and will cover the tentative period from November/2020 to ~~November/2023~~December 2024.</td><td></td></tr>
<tr><td>14.</td><td>Table 2: Results Framework along with Study Parameters (Below clause 37)</td><td colspan="2">Table 2: Results Framework along with Study Parameters
<table>
<tr><th>OBJECTIVES</th><th>ACTIVITIES</th><th>OUTPUTS</th><th>OUTCOMES</th></tr>
<tr><td>Establishing a replicable, efficient demonstrable and ‘Operationally effective[6]’ model, that ensures a nutritious ~~and affordable~~ THR to PLWs, infants and young children in a sustainable way</td><td>• ~~Up-~~gradation Set-up of new equipment for production of a nutritious THR
• Capacity building of the ~~staff~~ Women Self-Help Group (WSHG) members responsible for production</td><td><u>Community and Individual Level</u>
• Number of WSHG~~s~~ members trained/assisted[8].</td><td><u>Community and Individual Level</u>
• Percentage of WSHG~~s~~ members exhibiting improved entrepreneurship, financial literacy, and leadership.</td></tr>
<tr><td>Improved nutritional knowledge, awareness</td><td></td><td><u>Community and Individual Level</u>
• Number of caregivers of</td><td><u>Community and Individual Level</u>
• Percentage of caregivers of</td></tr>
</table></td><td>Only indicators with changes mentioned.

Since the programmatic intervention involves setting up of a new production unit.

There is only one women SHG which is responsible for the production.

Only indicators with changes mentioned.</td></tr>
</table>

Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
		and behaviours amongst caregivers, ~~adolescents~~, PLWs and other stakeholders	children (dis-aggregated by boys and girls), ~~adolescent girls~~, PLWs, AWWs and community members who received adequate information of exclusive breastfeeding, complementary feeding, anaemia and key nutrition related behaviours.	children (dis-aggregated by boys and girls), ~~adolescent girls~~, PLWs, AWWs and community members exhibiting adequate knowledge of exclusive breastfeeding, complementary feeding, anaemia and key nutrition related behaviours.	
15.	39	**Systemic Level** To identify issues and gap (if any) such as leakages of the THR in the current practices.	**Systemic Level** To identify issues and gap (if any) such as leakages of the THR in the current practices~~.~~ During the endline study, some adjoining non-project blocks will be covered for identification of issues and gaps in current THR production and distribution practices through qualitative interviews of key informants to compare with WFPs THR unit production and distribution practices.	
16.	Table 3 (below point 41)	Table 3: Criteria and evaluation questions Criteria Evaluation Questions • Relevance: To what extent the nutritional and SBCC intervention activities, were appropriate to the target population – PLWs, children (boys and girls), AWWs, community members and others? • Effectiveness (2nd para): To what extent intervention led to achieving its objective of improving the nutritional knowledge, awareness and behaviours amongst caregivers, adolescent girls, PLWs and other stakeholders? Were the same level of improvements achieved among SCs and STs?	Table 3: Criteria and evaluation questions Criteria Evaluation Questions • Relevance: To what extent the nutritional and SBCC intervention activities, were appropriate to the target population – PLWs, children (boys and girls), AWWs, AWHs, community members and others? • Effectiveness (2nd para): To what extent intervention led to achieving its objective of improving the nutritional knowledge, awareness and behaviours amongst caregivers, ~~adolescent girls~~, PLWs and other stakeholders? Were the same level of improvements achieved among SCs and STs?	

Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
		• Efficiency: Were the project interventions cost-effective?	• Efficiency: ~~Were the project interventions cost-effective?~~ How do the project's actual costs compare to the government's THR cost norms/proposed cost estimates, and what factors contributed to deviations, if any?	
17.	44		• Conduct a comparison of actual cost of the THR unit and production against the government cost norms/proposed costs under the intervention. • Conduct a cost comparison of the THR unit established under the intervention and THR units of some other states. • Also conduct a comparison of the nutrient value of government THR products in the state vis a vis that of the products of WFP's THR unit along with a cost comparison of per unit nutrient value of products. • Cover comparison blocks for identification of issues and gaps in current THR production and distribution practices through qualitative interviews of key informants to conduct an in-depth comparison with WFPs THR unit production and distribution practices. This will be done to understand and document the improvements brought about by WFP's intervention in the selected blocks.	Addition of four points in the methodology after first two bullets As discussed with RBB and programme unit
18.	45	The relevant data will be acquired at appropriate level by using mixed methods (quantitative and qualitative) to ensure triangulation of information through a variety of means.	The relevant data will be acquired at appropriate level by using mixed methods (secondary literature, quantitative and qualitative) to ensure triangulation of information through a variety of means.	As proposed by RBB
19.	46	WFP proposes a quasi-experimental-cross-sectional design.	WFP proposes a ~~quasi-experimental~~ pre-post cross-sectional design.	

Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
20.	47	A comparison area with socio-economic and other background characteristic similar to project area would be matched and selected as the comparison. The comparison area would not receive any intervention, but it has been proposed that the baseline and also the endline study would be administered to it to measure the same variables as those of the intervention block. It would be preferred to select comparison area from the same district, but not geographically neighbouring to the project blocks. It is assumed that blocks with close proximity with the project area might have spill-over of project activities. Map of Jaipur in which project area has been highlighted has been annexed (Annexure 4). Following the baseline study, the intervention would be rolled out in the project area.	A comparison area with socio-economic and other background characteristic similar to project area would be matched and selected as the comparison. The comparison area would not receive any intervention, but it has been proposed that the baseline and also the endline study would be administered to it to measure the same variables as those of the intervention block. It would be preferred to select comparison area from the same district, but not geographically neighbouring to the project blocks. It is assumed that blocks with close proximity with the project area might have spill-over of project activities. The study will primarily compare the improvements in key indicators among the program beneficiaries of the same Anganwadi centres in the project intervention blocks and also compare with the data in comparison area. Map of Jaipur in which project area has been highlighted has been annexed (Annexure 4). Following the baseline study, the intervention would be rolled out in the project area.	This comparison area was not included during baseline due to COVID.
21.	52	From the project and comparison areas samples would be identified using the Probability Proportional to Size (PPS) methodology, which means panchayats/nagar-palikas with higher number of AWCs would contribute higher number of samples as compared with panchayats/nagar-palikas with lesser number of AWCs. From each sample AWCs, children (6-36 months) would be randomly selected from the registers maintained by the AWWs. Sample of children would have equal representation of male and female children. Sample children will also have equal representation of all ages (6-36 months). Samples from the	From the project and comparison areas samples would be identified using the Probability Proportional to Size (PPS) methodology, which means panchayats/nagar-palikas with higher number of AWCs would contribute higher number of samples as compared with panchayats/nagar-palikas with lesser number of AWCs. From each sample AWCs, children (6-36 months) would be randomly selected from the registers maintained by the AWWs. Sample of children would have equal representation of male and female children. Sample children will also have equal representation of all ages (6-36 months). Samples from the project and comparison area	

Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
		project and comparison area would be selected in proportion to the rural and urban composition of the project area. Using structured questionnaire, information would be collected from the caregivers of 700 sample children from the project area and another 700 sample children belonging to the comparison area.	would be selected in proportion to the rural and urban composition of the project area. For comparison between the baseline and endline assessments, it is essential to sample beneficiaries from the same Anganwadi Centers (AWCs) during the endline as were sampled during the baseline. Using structured questionnaire, information would be collected from the caregivers of 700 sample children from the project area and another 700 sample children belonging to the comparison area.	
22.	C. 54	C. Qualitative Survey of AWWs, WSHGs, adolescents, Government officials, community leaders and other stakeholders: In-Depth Interviews (IDIs) would be conducted among the various stakeholders.	C. Qualitative Survey of caregivers (PLWs), AWWs, AWH, WSHGs, ~~adolescents,~~ Government officials, community leaders and other stakeholders: In-Depth Interviews (IDIs) and Focused Group Discussions (FGDs) would be conducted among the various stakeholders.	Please note: a) 70 Anganwadi helpers (AWH) to be covered in addition to Anganwadi workers (AWW), as part of qualitative assessment, as it was informed by the Programme unit that AWH were also provided training under the project. b) About 50 FGDs to be covered with beneficiary groups (PBWs) in both project and comparison areas to understand their perception/

Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
				challenges with regard to IYCN practices and nutrition and assess the changes in these regards in project area vis-à-vis the comparison area. It is proposed to conduct 5 FGDs per block (5 project blocks and 5 comparison blocks).
23.	D. 55	***D. Anthropometric assessment of Children:*** A sample of around 300 children aged 6-36 months will be drawn and information collected shall include age, feeding practices, recent morbidity, weight in kilogrammes (to the nearest 1/10 kg) and recumbent length (< 24 months) or height (24-36 months). This information will be used to calculate the following z-scores using Epi-Info: weight-for-height, height-for-age, and weight-for-age. Children with z-scores below -2.00 SD will be classified as being wasted (whz < -2.00 SD), stunted (haz < -2.00 SD) or underweight (< -2.00 SD). The prevalence of child malnutrition in the project areas will be compared to a sample from pre-selected comparison areas to assess the change in nutritional outcomes between baseline and endline evaluation. All child health and nutrition analyses will be presented disaggregated by age and sex.	***D. Anthropometric assessment of Children:*** A sample of around 300 children aged 6-36 months will be drawn and information collected shall include age, feeding practices, recent morbidity, weight in kilogrammes (to the nearest 1/10 kg) and recumbent length (< 24 months) or height (24-36 months). This information will be used to calculate the following z-scores using Epi-Info: weight-for-height, height-for-age, and weight-for-age. Children with z-scores below -2.00 SD will be classified as being wasted (whz < -2.00 SD), stunted (haz < -2.00 SD) or underweight (< -2.00 SD). The prevalence of child malnutrition in the project areas will be compared to a sample from pre-selected comparison areas to assess the change in nutritional outcomes during the endline. ~~between baseline and endline evaluation.~~ For comparison of children's nutritional status between the baseline and endline assessments, it is essential to sample children from the same Anganwadi Centres (AWCs) during the endline as were sampled	

Sl. No.	Clause no.	Original Clause	Revised Clause	Remarks
			during the baseline. For the endline, children aged 12-36 months will be sampled who have been receiving the improved THR for at least 6 months or more. All child health and nutrition analyses will be presented disaggregated by age and sex.	
24.	70	End line evaluation would be conducted in 2023. Preparatory work of the end line would commence after the implementation of the project for around 20-22 months, which would be in January – March, 2023. Inception phase would commence around 15th March, 2021. Time plan and deliverables of end line are presented in the below table.	End line evaluation would be conducted in ~~2023~~2024-25. End line would commence after the implementation of the project for around 20-22 months, which would be in ~~January – March, 2023~~ December 2024 – August, 2025. ~~Inception phase would commence around 15th March, 2021.~~ Time plan and deliverables of end line are presented in the below table.	Refer Annexure I of amendments for new timeline
25.	72	The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with Dr. Divya Tiwari (Monitoring and Evaluation Officer and Deputy Head of Evidence and Results Unit, India CO, WFP). The team will be hired following agreement with WFP on its composition.	The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with ~~Dr. Divya Tiwari~~ Ms. Mimansa Mishra (Monitoring and Evaluation Officer ~~and Deputy Head of Evidence and Results Unit, India CO, WFP~~) / Dr. Ayushi Jain (Senior Programme Associate – M&E and Research), WFP India, CO. The team will be hired following agreement with WFP on its composition.	
26.	74	Evaluation team would follow the evaluation schedule in Annexure 12 (See evaluation timeline template). Baseline evaluation would take place from January 2021 to August 2021 and end line evaluation would be conducted in 2023.	Evaluation team would follow the evaluation schedule in Annexure 12 (See evaluation timeline template). Baseline evaluation would take place from January 2021 to August 2021 and end line evaluation would be conducted in ~~2023~~ 2024-2025	
27.	90	a. The WFP India Country office **Management (Director or Deputy Director)** will take responsibility to: o Assign an Evaluation Manager for the evaluation: Divya Tiwari, Monitoring and Evaluation Officer & Deputy Head of Evidence and Results Unit, WFP India CO.-	a. The WFP India Country office **Management (Director or Deputy Director)** will take responsibility to: o Assign an Evaluation Manager for the evaluation: Ms. Mimansa Mishra, Monitoring and Evaluation Officer / Dr. Ayushi Jain, Senior Programme Associate- M&E and Research, WFP India CO	

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28.	96	Beneficiaries. Government's ICDS scheme beneficiaries (pregnant and lactating women, adolescent girls,-men, boys and girls), AWWs and members of WSHGs of this pilot project would provide the data and insights, which would be the most critical information for conducting the baseline and endline evaluation.	Beneficiaries. Government's ICDS scheme beneficiaries (pregnant and lactating women, ~~adolescent girls, men~~ boys and girls), AWWs and members of WSHG~~s~~ of this pilot project would provide the data and insights, which would be the most critical information for conducting the baseline and endline evaluation.	
29.	Annexures	Please refer to updated ToR annexures: Annexure 1; Annexure 2; Annexure 3; Annexure 5; Annexure 6; Annexure 7; Annexure 8; Annexure 10; Annexure 11		Refer Annexure II of amendments for updated ToR annexures

Annexure I: Timeline

Time Plan:		Sep-24				Oct-24				Nov-24				Dec-24				Jan-25				Feb-25				Mar-25				Apr-25				May-25				Jun-25				Jul-25				Aug-25				Sep-25			
S.No	Endline evaluation related specific tasks	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33	Week 34	Week 35	Week 36	Week 37	Week 38	Week 39	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	Week 47	Week 48	Week 49	Week 50	Week 51	Week 52
A.	**Inception**																																																			
1	Initial Discussions with RBB / Evaluation Agency																																																		
2	Feedback & Discussion with Programme Team																																																		
3	Changes in ToR & finalisation of amendements																																																		
4	Sharing of ToR Amendments																																																		
5	Inception Meeting																																																		
6	Stakeholder Consultation & Submission of draft inception report (IR)																																																		
7	Review of inception report by WFP and providing feedback on the same																																																		
8	Revising the inception report based on the inputs shared by WFP																																																		
9	Sharing of draft IR with outsourced quality support service (DE QS) and quality assurance of draft IR by EM using the QC & for review and comments to ERG, RB, and other stakeholders																																																		
10	Revise draft IR based on feedback received by DE QS and EM & stakeholder comments received and submission of final revised IR																																																		
B.	**Data collection**																																																			
10	Preparatory work – Recruitment of Field Team, Development of CAPI tool, Anthro machines																																																		
11	Orientation of field teams & pre-testing of tools																																																		
12	Fieldwork (data collection and on-field quality assurance)																																																		
13	In-country fieldwork debrief																																																		
C.	**Reporting**																																																		
14	Data Sanitization																																																		
15	Preparation and submission of the draft report																																																		
16	Review of draft ER for review and comments to CO, ERG, RB, and other stakeholders																																																		
17	Revise draft ER based on stakeholder comments received																																																		
18	Sharing of draft ER with outsourced quality support service (DE QS) and quality assurance of draft ER by EM using the QC																																																		
19	Revise & submit draft ER based on feedback received by DE QS and EM QA																																																		
20	Submission of final revised ER to the internal evaluation committee for approval																																																		
D.	**Dissemination and follow up**																																																		
21	Dissemination of endline findings																																																		

Annexure II: Updated ToR annexures

Annexure 1 - Improving the quality of take-home rations distributed through the Integrated Child Development Services (ICDS) scheme

Background

The first 1,000 days of a child's life starting from gestation till two years after birth is a unique period of opportunity when the foundations for optimum health and development across the lifespan are established. The health and well-being of a pregnant and lactating woman is directly connected to the growth and health of her infant. The right nutrition and care during the 1,000-day window influences the child's growth and development, reduces disease risk as well as protects the mother's health.

Impact of poor nutrition early in life has lasting effects that can transcend generations, as a malnourished woman gives birth to malnourished children, who in the absence of nutritional interventions, are likely to grow up and further perpetuate the cycle by giving birth to malnourished children. Impaired cognitive development may lead to a child being at higher risk for poor school performance and low skilled employment later in life, which, in addition to the healthcare costs of malnourishment, translates into a huge economic burden for countries.

According to the National Family Heath Survey-5 survey, an estimated 18 percent of babies are born with a birth weight lower than 2.5 kg. The feeding practices of only 11 percent of breastfed children aged six to 23 months, meet the minimum standards for all Infant and Young Child Feeding (IYCF) practices and among the children under the age of five, an estimated 19 percent are wasted, 36 percent are stunted, and 32 percent are underweight. Furthermore, 57 percent of women aged 15 to 49 years suffer from anaemia, around 19 percent of women are reported to have low BMI (too thin for their height) and 12 percent of have a height below 145 cm.

Focusing on the critical period of first 1,000 days, which is often referred to as the "window of opportunity", can prevent the serious and irreparable damage caused by hunger and malnutrition in children. Take Home Rations (THR) in India, under the ICDS Scheme, are provided to children (six to 36 months old) as well as pregnant and lactating women and have the potential to address nutrition gap during this critical period. However, for the THR to be effective, it is required that a quality, nutritious and age appropriate product is seamlessly delivered to the beneficiary.

The Project

Considering that THR provides supplementary nutrition coverage to the crucial 1000 days' period, piloting a nutritionally appropriate take home ration for the ICDS beneficiaries.

Piloting a nutritionally appropriate take home ration for the ICDS beneficiaries

There is variation in the production modalities amongst states with respect to take home rations. In some states, the production and delivery of take-home rations is outsourced to the private sector while in some states it is locally produced by women's self-help groups and delivered by government hired transport agents to the Anganwadi Centres.

Amongst the many issues plaguing THR in the country, the most glaring include the poor quality of the product leading to non-consumption of the product as desired and often times use of the THR for animal feed on account of quality issues. As part of the project, WFP will study the composition of the existing

THR in place, work out a revised composition for the product aligned to global guidance and then roll out the same in the state identified for the project. The improvement in the quality of take-home rations may include but not be limited to fortifying the product, adding milk powder to the composition, reducing the sugar content of the product, taste enhancements.

WFP will work with government stakeholders to assess the existing systems and propose any revisions in consultation with the relevant authorities. The following activities will be undertaken under the project:

(i) Set-up of new equipment for production of a nutritious THR
(ii) Capacity building of the staff responsible for production
(iii) Supply chain management
(iv) Quality assurance and control
(v) Regular monitoring along with required assessments and studies on shelf life etc before the product is rolled out for consumption by the ICDS beneficiaries.

Source: Project document drafted by the Nutrition Unit (Project Team) of India CO, WFP

Annexure 2 - Improving care and nutrition practices in the community through Social Behaviour Change Communication (SBCC)

Background

Nutritional outcomes such as stunting, wasting including overweight and obesity and various nutritional practices such as breastfeeding, complementary feeding, cooking and eating are a reflection of knowledge and behaviours. Improving nutrition nearly always requires behaviour change. Although human behaviour is complex and highly contextual, evidence-based Social Behaviour Change Communication (SBCC) can effectively improve nutrition. SBCC is globally recognized as one of the essential actions to change social norms and improve nutrition-related behaviours in any setting. Further, SBCC is not only about changing beneficiary behaviours but also focusses in equal measure on changing the behaviours of the frontline workers who help deliver the programme services and the family and community members to provide an enabling environment for the uptake of the desirable nutrition behaviours.

Global evidence on SBCC suggests the following:

(i) using not one, but multiple SBCC approaches together, is important. For instance, using both interpersonal and media approaches are more effective than using one or the other alone
(ii) SBCC is better when it is context-specific, with a combination of specific activities and channels designed to resonate with audience segments
(iii) SBCC is more effective when targeted messages reach intended audience segments more frequently – more exposure leads to greater change

The Project

In view of the above, WFP in collaboration with other project stakeholders proposes to develop and roll out Social Behaviour Change Communication (SBCC) activities focussing on appropriate infant and young child feeding practices, varying nutritional requirements at key physiological periods of life, dietary diversity, healthy eating and feeding practices etc. These messages will be delivered to different groups (mothers, fathers, care givers, etc) in the community through a variety of approaches to work towards improving knowledge, attitudes and eventually practices for improved nutrition. This project component also ties in well with the component on improving take home rations and will work towards ensuring uptake and consumption of the take home rations in the appropriate target groups.

Project activities

The project activities will be implemented across different phases namely formative, development, programming and monitoring.

The different activities in the phases include:

(i) Conducting formative work to gather context-specific information about on-going behaviours, key influencers etc. This formative work will be undertaken as part of the overall project baseline but with specific questions focussed around SBCC. The formative phase will help in defining the SBCC objectives and channels.
(ii) Drafting creative briefs from formative work to develop SBCC materials and pre-testing SBCC materials among target audience segments.
(iii) The SBCC will be delivered through government platforms and will therefore require capacity building of staff for effective implementation of SBCC campaign.
(iv) Implementing the SBCC activities with partners
(v) Monitoring Phase and improvising

(vi) Evaluating the effectiveness of the intervention to inform the handover of this model to the government.

Source: Project document drafted by the Nutrition Unit (Project Team) of India CO, WFP

Annexure 3 - Principles of project implementation

The project will be implemented with the following understanding:

Alignment to government vision: The vision of the Government of India, and state governments, on malnutrition as expressed through the POSHAN Abhiyan will be the overall guiding principle for the implementation of the project. All activities under the project will be undertaken in alignment to that vision as well as in coherence with existing guidelines issued around the same.

Support to government systems: Activities will be geared towards supporting and strengthening government structures, schemes and systems for reducing malnutrition, particularly at state, district and sub-district level.

Innovation: Though guided by the POSHAN Abhiyan and implemented in alignment to it, the project will look at exploring innovative options and strategies for its implementation.

Partnership: Partnerships will be key to the success of the implementation of the project. The project will be implemented in close collaboration with other development partners, UN agencies and field-based NGOs. All efforts will be made to learn from their successes and to take into consideration the challenges met by them in the design of the project.

***Gender transformative approaches for change in nutrition status*:** A sound gender analysis will be undertaken to assess the underlying factors and norms practiced in the communities that are inhibiting the healthy practices. Efforts will be made to specifically address the issues based on the gender analysis through the strategies for capacity building and SBCC. Some of the known factors such as the children of non-anaemic/well-nourished and healthy mothers are less likely to be malnourished imply the need for simultaneous work towards improvement of mother's nutrition. Also, taking into consideration the social norms and increasing participation of women in economic activities, it is imperative to involve men in the care practices. The inequalities would be addressed, taking into consideration the specific needs of the communities and sensitization of the service providers through its integration in all project strategies.

Scale-up: The project though implemented in a district with some elements being implemented at sub-district level should ultimately inform scale-up throughout the State along with relevant policy change as appropriate at National level. A crucial success factor will be the close involvement, from the onset, of the state-level authorities in developing and implementing the project with its various activities and pilots.

Source: Project document drafted by the Nutrition Unit (Project Team) of India CO, WFP

Annexure 5 – Details of the ICDS beneficiaries in Jaipur district

S. No.	Project	Total Beneficiaries	Lactating Mothers	Pregnant Women	Children 0-6M	Children 6M-3Y	Children 3-6Y	Adolescent Girl
1	AMBER	10627	649	719	619	4216	4424	0
2	BAIRATH (Viratnagar)	10848	707	739	597	4338	4467	0
3	BASSI	18762	1450	1544	1189	7717	6862	0
4	CHAKSU	14198	801	693	666	4968	7070	0
5	CHOMU (Govindgarh-ll)	14348	1034	985	1011	5894	5424	0
6	DUDU	10299	619	619	584	3856	4621	0
7	GOVINDGARH	9726	651	657	574	3892	3952	0
8	JAIPUR I	4351	343	387	249	1349	2023	0
9	JAIPUR II	5253	232	346	151	1677	2847	0
10	JAIPUR III	6288	363	532	167	1929	3297	0
11	JALSU	9807	715	746	593	3881	3872	0
12	JAMVA RAMGARH	14370	887	1097	790	6764	4832	0
13	JHOTWARA	7137	598	636	489	3634	1780	0
14	KOTPUTALI	9532	692	745	628	4677	2790	0
15	MOZMABAD (Dudu-ll)	9710	499	558	462	3598	4593	0
16	PAOTA	9107	576	543	521	3749	3718	0
17	PHAGI	9901	624	586	544	3669	4478	0
18	SAMBHER	16394	1189	1273	1027	6741	6164	0
19	SANGANER	6504	488	604	424	3092	1896	0
20	SANGANER CITY	9024	636	689	602	3749	3348	0
21	SHAHPURA	15255	886	858	877	6255	6379	0
	Total	**221441**	**14639**	**15556**	**12764**	**89645**	**88837**	**0**

Source: DWCD, Jaipur, GoR

Annexure 6 - List of ICDS beneficiaries in the project area of Jaipur district, Rajasthan

	No. of AWC	6 m-3 years of children	Pregnant Women	Breastfeeding Women	Severely Malnourished children (6 months-3 years)
Jaipur I	156	1554	488	289	7
Jaipur II	199	1817	494	273	7
Jaipur III	201	2183	733	444	27
Sanganer Rural	190	3533	890	515	8
Sanganer City	196	4194	957	710	24
TOTAL	942	13281	3562	2231	73

Source: DWCD, Jaipur, GoR

Annexure 7 - Details of the phases of the project

In the preparatory phase (November, 2020 to November 2022), the project was be discussed and agreed with Government counterparts and other stakeholders at the State level through a series of workshops to understand existing interventions already in place as well as the progress made in the State in the nutrition space. This phase foresees setting up of various collaborative platforms and review mechanisms for the project such as the Technical Advisory Group (TAG); agreement on the collaborative project with clearly delineated roles and responsibilities of the various partners and the government formalised, as well as taking up all activities needed for rolling out the project such as hiring of necessary staff, vendors and conducting an in-depth assessment will be undertaken in each of the states to identify 'gaps' and 'opportunities' for addressing nutritional security, involving understanding the needs on the ground, assessment of government policies (including ensuring coordination among relevant Departments in the State), conditions for private sector participation, identification of existing models/approaches including by the private sector or other actors. A timeline of few key events in the preparatory phase is included below:

1. Visit by a delegation from the Government of Rajasthan to Kerala to understand de-centralized women led production of THR, process of fortification of THR undertaken by the WSHGs in Kerala: January 2020
2. Date of signing of LoU with WCD: November 2020
3. THR products formalised: January 21
4. Production trials completed: April 2021
5. Shelf-life study completed: June 2021
6. Acceptability study by a panel of experts: July 2021
7. Renovation of the THR plant in Jaipur: April 2021-March 2022
8. Trainings for WSHG women on different aspects done: March 2022
9. Agreement signed between WFP, WCD and WSHG: April 2022

In the implementation phase (February 2023 – December, 2024), WFP developed various improved recipes and did the production trials of the recipes in 2021. The products were tested for its shelf life and also analysed on sensory parameters by the officials of the Department who found them satisfactory.

WFP hired the vendor for the supply of the equipment setup for production of the THR and Department nominated a 18 women self-help group to run the unit. WFP shared the term of references for procurement of raw material and developed the standard operating procedures for production process. The capacities of the women were built on production and quality assurance aspects along with the operation of the equipments. The unit was operational in March 2023 and till date produced and distributed more than 1300 MT of THR. The same women self-help group is responsible for distribution of the THR.

Another component on IEC material and SBCC of the work plan was implemented through this project. Sensitization meetings were conducted under the overall leadership of the multi-sectoral platform formed at the State and district level. This platform also regularly met to review the progress and the action taken on the workplans developed.

For the improvement of quality of the THR, WFP worked with women self-help groups (WSHGs). SHG was supported with investments and the composition of the THR was agreed to, with the TAG formed for the project. While the supplementary nutrition is being improved, all efforts were undertaken to improve the quality of the service delivery through the AWCs, by capacity building of the workers, support and monitoring to ensure inclusion of all vulnerable households. Improved nutrition is ultimately the responsibility of the household and individual. The AWC focussed on Social Behaviour Change

Communication (SBCC) activities for awareness and better nutrition behaviours and increased uptake and utilisation of the supplementary nutrition. For Jaipur I, II and III, SBCC started from January 2024 and for Rural & Urban Sanganer, SBCC started from April 2024. Across the 5 project blocks total no. of Anganwadi Workers trained are 950, frontline workers trained are 1850 and no. of training organized is 82.

A timeline of few key events in the implementation phase is included below:

1. Sanskritiki-Implementing Agency onboarded: September 2023
2. Frontline Worker training started using the SBCC tools (Jaipur 1-3): 3 January 2024
3. Field visit started using SBCC tools (Jaipur 1-3): 10 January 2024
4. Frontline Worker training started using the SBCC tools (Rural & Urban Sanganer): May 2024
5. Field visit started using SBCC tools (Rural & Urban Sanganer): June 2024

Finally, in the hand-over and scale-up phase, each project component will be handed over to the Government to sustainably implement in the given geography as well as to expand to other geographies. This phase foresees transfer of knowledge, tools and the necessary wherewithal needed to implement such a project. The hand-over and scale-up phase sees the role of the project partners being gradually limited and focussed on technical assistance alone and implies full involvement of government partners from the onset.

Conversations around hand over and sustainability were initiated from early 2024, however the government has requested for evidence, more pilots and experience to be created before a scale up. Also, the scale up has policy implications that need to be addressed at GoI level.

Annexure 8 - Role and responsibilities of the GoR and WFP

Below roles and responsibilities are based on the Letter of Understanding which would be signed by the GoR and WFP.

Role and responsibilities of the Government of Rajasthan (GoR)

Formation of a technical advisory group: DWCD shall set up a technical advisory group consisting of the relevant departments (Women and Child Development, Human Resource Development, Tribal Area Development, Rural Development, Food and Public Distribution) from within the Government, subject experts and WFP to oversee and facilitate the implementation of the project and call for regular bi-annual meetings of the same. The organizational expenses of the technical advisory group will be borne by WFP.

Timely approvals and facilitatory support: DWCD along with other concerned departments of GoR shall be responsible for providing timely approvals to activities envisaged in the project proposal including facilitatory support required to conduct need-based research such as project evaluations, acceptability studies on the THRs.

During the setting up and period of the THR pilot, GoR shall also facilitate, road permits for smooth transportation of the equipment procured for production of the THR from the respective suppliers to the SHG site. Also, identification of the women's group involved in the project based on criterion for selection submitted by WFP was done by GoR and identification of space and its renovation for setting up THR production unit.

Procurement of THR from WFP supported self-help groups as well as timely payments: DWCD shall ensure procurement of the take home rations on a regular basis from the WFP supported THR production units as well as make timely payments for the THR procured to ensure continuous functioning of the WFP set-up unit.

Project Coordination and liaison support: To support this partnership, DWCD will identify a project manager already looking after ICDS/THR production operations in the state for regular dialogue, discussion and day to day follow-up activities. These officers would provide support and would be wholly responsible for project implementation, supervision and coordination and liaise with a designated officer from WFP.

DWCD through the above-mentioned officer will also provide necessary coordination and liaison support as required with the Department of Rural Development, Tribal development etc.

Capacity building and awareness creation: DWCD will conduct capacity building of the Anganwadi workers during the scale-up phase of social behaviour change component of the project while WFP will support training of trainers for the roll out. The training and IEC material for the same will be developed in collaboration with WFP. Printing of the training modules for the scale-up phase of the project will be the responsibility of the GoR.

Project monitoring and reporting: DWCD, GoR shall share with WFP, information collected through its regular monitoring mechanisms on the number of beneficiaries reached through the improvised THR, tonnage of THR produced and distributed, number of units set up for production of THR through provision of mechanized units and training of relevant staff during the course of the pilot and scale-up phase of the project on a monthly basis.

The GoR shall agree to flexibility in the reporting system for any mid-term modification in order to facilitate WFP in making changes in the reporting format to make these more THR context friendly. WFP may seek other food, nutrition and health related reports, which GoR may furnish from time to time.

Support WFP project partnerships: Participate and attend multi-stakeholder platform discussions set up by WFP and its partners.

Continuation of the purpose of the project: DWCD, GoR will continue and scale-up the basic purpose of the project i.e. provision of a quality THR for children between 6-36 months of age receiving the same from ICDS at its own cost after assistance from WFP once the demonstration phase is handed over.

Roles and responsibilities of WFP:

Resourcing the project: WFP will ensure availability of necessary financial resources for the provision of technical assistance to the THR production unit in Jaipur, setting up the THR production unit in an agreed district as well as SBCC activities in the pilot phase of the project.

Procurement: WFP will procure the equipment needed for production of THR through its internal procedures for setting up and running the demonstration unit for production of fortified blended foods.

During the pilot, WFP will work with the identified SHG/s for procurement of raw materials such as wheat, fortificant, etc. along with packaging needed to produce a quality take home ration. To support the implementation of various activities in the project, WFP through its internal procedures may procure the services of other partners.

In the scale-up phase, WFP will support the self-help groups in the procurement of the fortificant, raw materials and mechanized fortification units through technical support and related documentation as need be and appropriate.

Undertake need based research: WFP will commission a series of studies such as shelf life, acceptability, economic viability etc as a precursor to the roll out of a quality THR through the unit.

Provision of technical support and assistance: WFP will engage on a regular basis with the identified self-help group in Jaipur with a view to strengthen its functioning and expand its coverage. The role of WFP will be to support the set-up of a quality THR production unit with technical support and input to the SHG in all aspects.

Development of quality control protocols: During the period of the THR production demonstration unit, WFP will undertake responsibility of setting up quality control and assurance protocols both at the production site and through the engagement of the services of an independent laboratory. Reports of the analysis will be used to undertake corrective action in case so needed.

During the scale-up phase, WFP will develop a quality control protocol and support instituting systems in place to support GoR in ensuring delivery of safe and good quality fortified blended foods to children between 6-36 months of age.

Project coordination: For effective coordination, project supervision and support towards up-scale, WFP will appoint one Project coordinator (Nutrition) based at the district identified for the pilot in Rajasthan. WFP would also designate project focal staff at the Country office in New Delhi, who would provide regular guidance and support to the project coordinator for day to day implementation and problem resolution.

The project coordinator and WFP focal staff would regularly visit the project implementation sites to monitor the production, quality and distribution of THR under the ICDS programme. WFP focal staff would also maintain a close contact with beneficiaries to assess compliance as well as the relevant state departments to share progress and feedback from time to time.

Capacity building and awareness creation: WFP will support capacity building of the staff at the THR production unit on systematic production, fortification, quality control and food handling/safety.

Towards supporting the scale-up of fortification of nutri-mix, WFP will create a master pool of trainers at the State level who are capacitated on various aspects of THR production and will be able to in turn conduct cascade training for all the women self-help groups engaged in THR production identified in consultation with the government.

WFP will support the development of appropriate training material towards the above.

WFP will also undertake capacity building of anganwadi workers in counselling parents on consumption of the THR while supporting development of specially designed information, education and communication material and other communication strategies highlighting the need for and importance of quality complementary foods for young children. WFP will also develop communication strategies and material for sensitizing other members of the community on nutritional requirements at key vulnerable phases of life.

Project monitoring: WFP will intensely monitor the project during the phase of the demonstration unit and report to the government on quantity of THR produced and distributed etc.

WFP will also monitor the scale-up phase of THR production through self-help groups at either district/block level to ensure that the government expected activities are on track.

Partnerships: Work with partners to sensitize and build capacity of private sector on nutrition related issues including setting up of multi-stakeholder platforms.

Annexure 10 Membership of the Evaluation Committee

- (Chair) Country Director, WFP India CO
- Deputy Country Director, WFP India CO
- Regional Evaluation Officer, WFP Regional Bureau Bangkok
- Head of Nutrition Unit, WFP India CO
- Head of Evidence and Results Unit, WFP India CO
- Evaluation Manager, RAM and Evaluation Unit, WFP India CO

Purpose of formation of EC: The overall purpose of the internal evaluation committee is to ensure a credible, transparent, impartial and quality evaluation process in accordance with WFP Evaluation Policy 2016-2021. It will achieve this by supporting the evaluation manager (EM) in making decisions through the process, reviewing draft evaluation deliverables (TOR, Inception Report and Evaluation Report) and submitting them for approval by the CD/DCD who will be the chair of the committee.

Responsibilities of the Evaluation Committee: During planning phase, the EC will decide the contracting method, well in advance to enable the evaluation manager to plan for the next phase of the evaluation. Further, the EC reviews, provides comments and approves the Terms of Reference, budget, evaluation team, and inception and evaluation reports, while also supporting management of the evaluation.

Annexure 11 - Membership of the Evaluation Reference Group

- (Chair) Deputy Country Director, WFP India CO
- Secretary, Department of Women and Child Development, Government of Rajasthan
- Nutrtition expert, UNICEF India CO
- Regional Evaluation Officer, WFP Regional Bureau Bangkok
- Social Behaviour Change Expert, WFP Regional Bureau Bangkok
- Evaluation Consultant, WFP Regional Bureau Bangkok
- Head of Nutrition Unit, WFP India CO
- Head of Evidence and Results Unit, WFP India CO
- Gender Officer, WFP India CO
- Ms. Mimansa Mishra / Dr. Ayushi Jain – Evaluation Manager, RAM and Evaluation Unit, WFP India CO

Purpose of formation of ERG: The overall purpose of the ERG is to support a credible, transparent, impartial and quality evaluation process in accordance with evaluation standards. ERG members review and comment on various documents such as evaluation Terms of Reference, inception and evaluation report. The ERG members act as independent experts in an advisory capacity, without management responsibilities. Responsibility for approval of evaluation products rests with the Chair of the Evaluation Committee.

Tasks: The ERG is expected to play a valuable role in ensuring the quality and utility of the evaluation outputs, the ERG will ensure and support the relevance, independence and impartiality of the evaluation. The specific tasks include-

i. Review draft TOR for the evaluation and provide feedback.

ii. Review and comment on the Inception Report.

iii. Review and give feedback on the draft evaluation report. Specifically focusing on accuracy, compliance and on quality and comprehensiveness of evidence base against which the findings are presented, and conclusions and recommendations are made. Attention should also be given to ensure that the recommendations are relevant, targeted, realistic and actionable.

iv. Finally, the ERG also will actively engage in dissemination of final evaluation report and provide input to management response and its implementation (as appropriate) by concerned stakeholders.