



## **Volume 2 Terms of Reference**

**Child Development Grants: Cash Transfers Pilot in  
Northern Nigeria, 2013-2017**

**Closing Date for tenders: 7 February 2013 (14:00 Hrs UK)**

# **Child Development Grants: Cash Transfers Pilot in Northern Nigeria, 2013-2017**

## **Terms of Reference for the Independent Evaluation Component**

### **I. Background**

1. Sixty-four million of Nigeria's extreme poor live in the north of Nigeria.<sup>1</sup> They rely largely on agriculture and herding which are susceptible to climatic shocks and are providing diminishing returns. Poor households often only produce enough food to last one third of the year<sup>2</sup> and rely on seasonal work and migration to earn the money to fill the gap. However, these opportunities coincide with the peak agricultural seasons when households also need to work on their own land. The necessary pursuit of short-term but essential cash to buy food thus prevents poor households from working enough on their own land to be self-sufficient. This perpetuates a cycle of under-production, a dependence on markets for additional food and vulnerability to food prices.

2. According to the Nigeria Demographic and Health Survey (NDHS) 2008, one in four Nigerian children is underweight, and 9% are severely so. Under-nutrition is most severe in northern Nigeria where a third of children under five are underweight, half are stunted, and a fifth are wasted<sup>3</sup>. Malnutrition has complex inter-related causes related to food security, caring practices, and health services and health environment<sup>4</sup>. In recognition of the need to address malnutrition in Northern Nigeria, DFID has launched a large-scale nutrition programme (complementing their existing health programme) that seeks to reduce the incidence and prevalence of under nutrition in children across five Northern states<sup>5</sup>. This programme is expected to address key issues in health service provision related to nutrition, including the provision of emergency treatment for severe acute malnutrition; and also aims to improve infant and young child feeding practices. The programme does not, however, address issues related to food security and the inability to access services due to financial constraints.

3. The Child Development Grants Programme (CGDP) will pilot a cash transfer programme that will focus on removing the food security and financial barriers to

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<sup>1</sup> This is calculated using 2004 Nigerian Living Standards Survey and 2010 UN Population Division population projections.

<sup>2</sup> Jennifer Bush, 2010, Household Economy Analysis, Millet and Sesame Livelihood Zone, Daura LGA, Katsina State Save the Children Nigeria and Julius Holt, 2007, Preliminary Livelihoods Zoning: Northern Nigeria, FEWS NET.

<sup>3</sup> Calculated as a weighted average of the prevalence in the northeast and northwest zones using Nigeria DHS 2008 and Census 2006 data.

<sup>4</sup> UNICEF, 1990, Strategy for Improved Nutrition of Children and Women in Developing Countries, A UNICEF Policy Review 1990:1. New York.

<sup>5</sup> DFID, 2011, Improving maternal, Newborn and Child Nutrition in Northern Nigeria, DFID.

improving nutrition. By providing cash to poor women it is expected that the programme will enable them to buy more and better quality food and also to spend money on education and health.

4. The project will provide a child development grant (CDG) of 3,500 Naira (£14) a month each to 60,000 women with children under the age of 2. The women will also be given nutritional education and advice. 420,000 people will benefit by having improved food security and diet, greater resilience to shocks and better nutrition.

5. There is strong evidence from elsewhere that cash transfers have an impact on food security, but the evidence that they have an impact on nutrition is weaker. So the programme has been designed with an independent evaluation and research component to generate evidence of the impact of the programme on household food security, vulnerability and child nutrition. This will contribute to the longer-term objective of the approach being adopted and expanded by the government of Nigeria with support from other donors.

## **II. Programme Objective, Outcome and Outputs**

6. This programme is designed to have an impact at two levels: directly on the lives of poor people in the target areas of Zamfara and Jigawa states; and indirectly by informing the scaling up of social protection at state and national level. Key results areas are:

### **A. Impact**

7. The programme will protect 420,000 people from hunger and extreme poverty and promote the expansion of the approach to other areas of Northern Nigeria. Specifically there will be a reduction in stunting and under-5 mortality in the children in the client/target households:

- i) A reduction in the prevalence of stunting among 94,000 children in the target households measured by a change in the height for age z score (HAZ) will fall by 0.2 standard deviations per year and 1 standard deviation by the end of the project.<sup>6</sup>

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<sup>6</sup> The height (length)-for-age z score (HAZ) measures the distribution of children's height compared to children of the same age from a reference population (WHO growth standards; expected mean=0, SD 1.0). We expect to see a change of up to 0.2 SD each year, approximately 1.0 SD by the end of the project. Other indicators will be the change in average height gain (expected about 1cm/year increase), prevalence of stunting (1-2% point reduction per year - decrease), birth weight (100/120g increase in birth weight and 4-5% point reduction in low birth weight over 5 years).

- ii) A reduction in the under-5 mortality rate of 3%–5%.<sup>7</sup>

8. Other targets include the Jigawa and Zamfara state governments expanding the programme using their own resources, and social protection policies and programmes elsewhere in Nigeria being based on the project's approach.

## **B. Outcome**

9. The outcome will be a fully-tested programme that has demonstrated how cash transfers and nutrition education improve the lives of poor families, can be expanded by government and has had a direct and sustainable impact on 60,000 target households. Indicators of progress and targets will be:

- i) A reduction of 90% in the number of target households selling productive assets during the hungry season and in other times of economic stress.
- ii) 60,000 target households will be more food secure and their diets will be better and more varied.<sup>8</sup>

## **C. Outputs**

10. Outputs will be:

- i) A system for identifying, enrolling and providing a regular child development grant to women with children under the age of 2.
- ii) A package of complementary social mobilisation, nutrition education, mentoring and awareness raising activity that will support women receiving the grants to improve the nutrition of their children.
- iii) Increased government capacity and understanding in Jigawa and Zamfara to manage cash transfer programmes.
- iv) Strong evidence of the impact of the programme.

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<sup>7</sup> The estimate of the likely reduction in infant and child mortality is drawn from estimates that full coverage of nutrition interventions can reduce mortality by up to 25% between birth and 36 months and promoting breastfeeding can reduce under-five mortality by up to 8%. See Bhutta, Z.A. Ahmed, T. Black, R.E. *et al* 2008: 'What works? Interventions for maternal and child undernutrition and survival.' *The Lancet* 371(9610): 417-440, February 2008.

<sup>8</sup> Food security will be measured using the Household Food Insecurity Access Score (HFIAS) and dietary diversity will be measured using the Index-Member Dietary Diversity Score (IDDS). Baselines and targets will be established following surveys carried during the inception phase.

11. The Logical Framework is at annex 1. Elements of the Logical Framework will be refined during the programme's inception phase.

### **III. Evaluation**

#### **A. Evaluation Components**

12. Evaluation of the cash transfer programme will be multidimensional and include discrete and continuous data collection. DFID Nigeria wishes to contract researchers and evaluators to carry out baselines and evaluation in the following 5 areas:

- i) Qualitative baseline studies on poverty (during programme inception phase)
- ii) A randomized control trial (or similar) to assess and attribute impact.
- iii) An evaluation of the implementation of the programme a "process evaluation".
- iv) Continuous-feed data collection.
- v) Qualitative evaluation research among beneficiaries, non-beneficiaries and key informants.

13. More detailed descriptions of each monitoring and evaluation area are given below.

#### **B. Tendering process**

14. The five areas of work set out above will be divided into two groups for the purposes of tendering.

##### Group 1

15. Group 1 is focused principally on gathering qualitative ethnographic data and includes the following components:

- i) The qualitative baseline studies on poverty (inception phase)
- iv) Continuous-feed data collection.

and,

- v) Qualitative evaluation research among beneficiaries, non-beneficiaries and key informants (longitudinal)

## Group 2

16. Group 2 is focused primarily on quantitative analysis of impact and providing management information for programme management. It comprises:

- ii) A randomized control trial (or similar)
- iii) Process evaluation

17. Bidders are expected to bid for all the components within each group. A bidder may bid for both groups.

18. DFID requires that one organisation bids for and leads on both groups. This would better facilitate data sharing and interaction, and would enable coordination to avoid duplication and/or over-burdening of interviewees. DFID also expects the bidding organisation to have the suitable specialist expertise to cover the scope of work outlined within Group 1 & 2

### ***i) Qualitative baseline studies on the nature and experience of poverty in Jigawa and Zamfara states***

#### Purpose

19. To build the evidence case for social protection, contribute to CDGprogramme design, contribute to evaluation design, and contribute to cohort research questions (area v).

#### Scope of work

20. Conduct a series of qualitative studies focusing on the nature and experience of poverty in Jigawa and Zamfara states. Data collection will be preceded by the development of an appropriate and approved methodology, and it is expected that data analysis will be carried out using suitable qualitative data analysis software.

#### Key research questions and issues

- i) Build understanding of the nature and lived experience of poverty in Jigawa and Zamfara states.
- ii) Explore the likely effects of introducing cash transfers to households in these states both at an economic level and in terms of socio-cultural dynamics.
- iii) Learn how the contextual realities of kinship, social capital and cultural norms may mediate—amplifying, reducing, refracting—the effects of cash transfers in both beneficiary and non-beneficiary households.

- iv) Elicit information on access to food, coping strategies in the face of shocks and crises, and on constraints and opportunities experienced by households in these states.

#### Design and methodology

21. These studies should employ participatory research methods appropriate to a semi-literate environment. This may include the Household Economy Approach and Cost of Diet assessment method developed by Save the Children, household level case studies, and other qualitative research tools such as in-depth ethnographic interviewing and focus group discussions. A methodological approach should be outlined in proposals submitted to tender, and a complete methodology description, including fully justifiable design details and a description of sample size and strategy, will need to be submitted for approval by DFID Nigeria before beginning data collection.

#### Data sources

22. Appropriately sized sample (size should be calibrated to data collection methods) of potential programme beneficiaries in Jigawa and Zamfara states.

#### Outputs and dissemination

23. Deliverables will include:

- i) Inception report including full methodology, analytical framework and fieldwork guide,
- ii) Study report (including an executive summary) containing key findings and recommendations,
- iii) A dissemination workshop accompanied by briefer summary findings presentations and advocacy documents,

24. In addition, the work should be of a quality that it can be published in peer-reviewed journals.

### ***ii) Experimental / Quasi-Experimental Impact Evaluation***

#### Purpose

25. This is designed to quantify the impact of the programme and is a key component of the evaluation strategy. If the evaluation produces strong evidence that the programme has produced the expected outcomes, this will help make the case for expanding the approach. It will also demonstrate that the money has been well-spent. The former is especially relevant in Nigeria.

## Scope of work

26. An experiment using randomised sample selection and control groups to provide strong evidence of impact at appropriate levels of statistical confidence and power. Data will be gathered in sample surveys at several times during the life of the programme (baseline, mid-point and endline). Sample size will be determined during an inception phase based on the variation of parameters in the population.

## Evaluation questions

27. The questions the evaluation should answer are:

- i) Nutrition: Has the programme contributed to reducing stunting in children under the age of five and how does this vary by gender?
- ii) Mortality: Has the programme contributed to reducing infant mortality and how does this vary by gender? Assessments should be made of the impact on under-5 mortality, infant mortality and neonatal mortality
- iii) Food security and dietary diversity: Has the programme contributed to an improvement in the average Household Food Insecurity Access Score (HFIAS) and in the Index-Member Dietary Diversity Score (IDDS) in target households and how does this vary by gender?
- iv) Economic security: Has the programme contributed to a reduction in the percentage of households liquidating productive assets in the hungry season or in the face of economic stress?
- v) Well-being: Has the programme contributed to an increase in the percentage of programme clients reporting improvement in child and household well-being due to participation in the CDG programme?
- vi) Knowledge, Attitudes and Practices: has the programme contributed to changes in KAPs among men and women related to nutrition and infant and young child feeding. (The process evaluation will focus on the how and the why).

## Design and methodology

28. The first choice for the evaluation design of the CDG programme is a randomized control trial (RCT). Other options include quasi-experimental approaches such as double-difference designs, matching procedures and regression discontinuity.

29. It is currently envisaged that transfers will be rolled out gradually as follows: a minimum of 24,000 mothers by 2014; 36,000 by 2015; 48,000 by 2016; and 60,000 by 2017 divided equally between the two states. Two to three LGAs (local government areas) will be selected in each state according to poverty and geographical criteria agreed with the government. Some political compromises, which relate to the mapping of senatorial districts, may be necessary at this stage. Within these LGAs (once



selected), random sampling of villages should be possible. Coverage within targeted villages will be high, enrolling all women who are pregnant or have children under two. Random sampling of households within villages has not been considered as an option thus far.

30. Bidders for this work should present specific design options, including their approach to estimating sample size and sampling method, and information on their power calculations and confidence intervals, in their tender proposals. Any evaluation design should include a comparison of mobile and manual delivery methods and may include a comparison of different levels / intensities of complementary inputs (nutrition education, nutrition counselling etc.). Data collection methods should include quantitative surveys as well as anthropometric measurements to measure nutrition indicators.

31. A complete methodology document, including fully justifiable design details, data collection schedule, and a description of sample size and strategy, will need to be submitted for approval by DFID Nigeria before beginning data collection.

#### Data Sources

32. Programme beneficiaries and a control sample of non-beneficiaries, or beneficiaries enrolled later in the programme (step-wedge design).

#### Outputs and dissemination

- i) Inception report including full methodology and analytical framework,
- ii) Short reports presenting findings from each data collection phase,
- iii) Mid-term results presentation workshop
- iv) Final consolidated report containing key findings and recommendations,
- v) Workshop to present final results
- vi) Briefer summary findings presentations and advocacy documents,
- vii) It will be expected that findings are submitted for publication in peer-reviewed journals at a later date.

### **iii) Process evaluation**

#### Purpose

33. Process evaluations help identify obstacles to the implementation of a programme. They assess the coherence and validity of the programme design, and in particular by scrutinizing the assumed chains of cause and effect that lead from activity to output, to outcome and impact.

### Key questions

34. The evaluation questions in the process evaluation are drawn from the theory of change and the assumed pathways between programme activities, outputs, outcomes, and impact and the logframe. They include:

- i) Are women in programme areas who are pregnant or carers / mothers of under-fives aware of programme objectives? Are they aware of the procedures and requirements?
- ii) Are men, traditional and religious leaders and other community opinion-leaders also aware of the programme objectives, procedures and requirements and accepting of them?
- iii) How well does the beneficiary targeting and enrolment system work?
- iv) How well are the two payment modalities functioning?
- v) Are women retaining control of the transfer? Are they retaining control of the mobile phone (as applicable)? Are they confident in its use?
- vi) Are women able to go and buy food or alternatively to directly commission the purchase of the food that they require (e.g. via older children)?
- vii) Have NGO and government field staff (both those directly contracted and sub-contracted) been well trained in their CDGP work? Are they motivated? What kinds of constraints and opportunities emerge in the course of their work?
- viii) Assessment of the quality of the complementary nutrition and IYCF

Activities: do clients understand the messages? Are clients able to implement lessons learned in their own homes? If not, why not?

- ix) Is routine programme monitoring being carried out effectively by implementing NGOs? Are lessons learned from monitoring being communicated up the programme chain?

### Design and methodology

35. The process evaluation should use Programme Theory together with impact pathways/theory of change in its design. A mixed methods approach is favoured, including surveys, Focused Ethnographic Studies, key informant interviewing, focus group discussions and structured observations. Data collection should be carried out twice, once after the programme has been running for a year and a second round in year 3. A methodological approach should be outlined in proposals submitted to tender, and a complete methodology document, including fully justifiable design details and a description of sample size and strategy, will need to be submitted for approval by DFID Nigeria before beginning data collection.

## Data Sources

36. Beneficiaries, implementing NGO personnel, other stakeholders.

## Outputs and dissemination

- i) Inception report including full methodology and analytical framework,
- ii) Short reports presenting findings from each data collection phase, including user-friendly and actionable recommendations designed to help NGO staff improve programme implementation,
- iii) Round one results presentation workshop
- iv) Final consolidated research report containing key findings and recommendations,
- v) Final results presentation workshop
- vi) Briefer summary findings presentations and advocacy documents,
- vii) It will be expected that findings are submitted for publication in peer-reviewed journals at a later date.

## ***iv) Continuous-feed data collection***

### Purpose

37. The impact evaluation will assess impacts over the lifespan of the programme. The qualitative study described below will gather information that will build understanding and knowledge of these changes. The continuous-feed data collection will complement these approaches by offering real-time snapshots of changes in intra-household dynamics and consumption patterns resulting from participation in the CDG programme, and will support arguments for programme effectiveness without having to wait for endline impact evaluation results.

### Scope of work

38. To develop instruments and analyse data collected on the use of cash transfers and the changes taking place in target households. While it is envisaged that information will be collected by the staff of the NGOs implementing the programme, the approach, questionnaires and other instruments used to collect the data will be developed by the contracted team, which will also analyse the data.

### Key questions

39. Key questions will focus on what the transfer was used for the previous month, and what kinds of changes have taken place in the household (social, economic, or other) as a result of receiving the transfer. Questions should also be asked about

satisfaction with disbursement process and whether clients had any difficulties with the process. Finally, clients should be asked about security: whether receiving the transfer increased their sense of vulnerability.

### Design and methodology

40. The principal method of gathering data will be exit interviews administered to recipients who will be asked what they used the cash transfer for in the preceding month, together with simple questions about changes in intra-household dynamics, satisfaction with disbursement procedures, and security.

41. These interviews should take approximately ten minutes, and will be administered to a randomly selected group of clients on paydays (for manual disbursement clients) and other programme-related activities (for mobile disbursement clients). The contracted institution will, in addition to developing, piloting and revising research instruments and analysing data, design a simple protocol for randomly selecting an appropriately-sized sample *in situ*.

### Data sources

42. Programme beneficiaries

### Outputs and dissemination

- i) Research instruments (including training in their use) and analytical framework.
- ii) Short, accessible summary write-ups issued after every three rounds of data collection.
- iii) The team analysing the surveys should be conscious of the time-sensitive nature of some findings: in the event of complaints about the disbursement process or the security situation, this information should be communicated without delay to NGO staff<sup>9</sup>.

### **v) *Qualitative evaluation research among beneficiaries, non-beneficiaries and key informants:***

#### Purpose

43. This component will investigate the effects of the programme at household level. These will include changes such as perceived changes in nutritional status and morbidity of mothers and children, changes in attitudes towards education, and changes in gender roles within the household over the course of its participation in the CDG

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<sup>9</sup> The disbursement process will be carried out by a sub-contracted entity (commercial bank / mobile bank agents, or mobile phone company agents), not the implementing NGO itself.

programme, as well as community level effects of the CDG programme. This component will also examine changes in knowledge, attitudes and practice related to the complementary nutrition activities included in the programme.

44. This component will provide a longer-term perspective on changes resulting from programme participation, understanding of how programme has been received and viewed by beneficiary HHs and their communities.

#### Scope of work

45. Carry out qualitative research on a range of questions related to programme effects at the household and community levels. Data collection will be preceded by the development of an appropriate and approved methodology. Data analysis will be carried out using suitable qualitative data analysis software.

#### Key questions

46. This work will focus on exploring longitudinal changes in the domestic economy, perceived changes in nutritional status and morbidity of mothers and children, changes in attitudes towards education, and changes in gender roles within the household over the course of its participation in the CDG programme. Research will also explore community-level effects over time. Key research questions will include:

- i) How are household economic decisions affected by participation in the CDGP? Are consumption patterns changing? Are participating families able to save more and avoid selling productive assets?
- ii) In what ways are children benefiting (or not benefiting) from the transfers? Are there differences in the ways girls and boys benefit?
- iii) How are resources pooled, shared and distributed? How are these decisions taken? How does this differ between those in a polygamous marriage and those not in a polygamous marriage? How does this differ between junior and senior wives?
- iv) Do mothers perceive changes in their own or their children's nutritional status and morbidity patterns?
- v) Does participation in the CDG programme change attitudes towards education? If attitudes are changing, is this applicable to girls as well as boys?
- vi) How does exposure to complementary health and nutrition activities change knowledge, attitudes and practices towards breastfeeding, IYCF, care of sick and malnourished children, mothers' own nutrition practices, and health-seeking behaviour, hygiene and sanitation practices? These issues should be explored among fathers, mothers and resident senior women in households.

- vii) Has participation in the CDGP affected gender roles, decision-making and women's empowerment and self-esteem within beneficiary households? How does this experience differ between those in/ not in polygamous households and between junior and senior wives?
- viii) How is the CDG programme received by communities, especially among non-beneficiaries?
- ix) What are the community-level social and economic effects of the CDG programme?

#### Design and methodology

47. An appropriately-sized cohort of beneficiary families (taking into consideration the possibility of sample attrition) will be recruited to participate in a longitudinal household case study exercise, based around qualitative data collection carried out in five rounds (two in year 1, one each in years 2-4). Cohort data collection methods should include in-depth semi-structured interviews, structured observations, life histories and KAP approaches. Non-beneficiaries will not be placed in a cohort, but will be recruited separately for participation in FGDs at each data round. Key informants, including leaders, elders, civil society actors, health and education personnel, and businesspeople, will be interviewed at each data round to explore social and economic effects at the community level.

48. A methodological approach should be outlined in proposals submitted to tender, and a complete methodology document, including fully justifiable design details and a description of sample size and strategy, will be submitted for approval by DFID Nigeria before beginning data collection.

#### Data sources

49. A cohort of beneficiary Households recruited at inception, together with groups of non-beneficiaries recruited at each data collection round. Key informants should include: leaders, elders, civil society actors, health and education personnel, businesspeople.

#### Outputs and dissemination

50. Deliverables will include:

- i) Inception report including full methodology and analytical framework.
- ii) Short reports presenting findings from each data collection phase.
- iii) Final consolidated research report containing key findings and recommendations.
- iv) Briefer summary findings presentations and advocacy documents.

- v) Findings suitable for publication in peer-reviewed journals.

## C. Reporting, Personnel and Timing

### Reporting

51. Team leaders for the activities in Group 1 and Group 2 will be responsible for the submission of all deliverables, and will report to the DFID Nigeria Social Development Adviser. As mentioned in paragraph 18; *it would be desirable to have one contractor for both groups if possible.*

### Profile of Consultancy Teams

#### *Group 1 (areas i, iv and v)*

52. This team should be small (2 or 3 technical experts), and be biased towards expertise in qualitative research methods. The Team Leader should have at least ten years' experience of carrying out qualitative social research in the social protection sector, and possess demonstrated skills in research design, data analysis, team management, research coordination and dissemination. A solid track record of appropriate publications would be an asset. At least one consultant should have particular expertise, acquired over the course of not less than ten years, in gender research, and one team member will need experience in applying the Household Economy Approach and Cost of Diet assessments (or similar). At least one team member should be female. Experience of working in Africa is essential, and in Nigeria highly desirable. Opportunities for building up Nigerian research capacity should be maximised.

#### *Group 2 (areas ii and iii)*

53. This team should be small (3 or 4 technical experts) and be biased towards expertise in quantitative research methods. The Team Leader should have at least ten years' experience of carrying out robust quantitative programme impact evaluation in the social protection sector, and possess demonstrated skills in research design, data analysis, team management, research coordination and dissemination. A solid track record of appropriate publications would be an asset. At least one member of the team should have at least five years' experience working with mixed-methods approaches and process evaluation. The team should include an economist and a nutritionist, and should include at least one female member. Experience of working in Africa is essential, and in Nigeria highly desirable. Opportunities for building up Nigerian research capacity should be maximised.

### Timeframe

#### *Group 1 (components i, iv, and v)*

Activity	Completed By
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Consultants identified and contracted	March 2013
Contract completed and signed	April 2013
Component (i) inception report submitted	May 2013
Component (i) inception report agreed and finalised	June 2013
Component (i) in-country data collection	July 2013
Component (i) draft research report submitted	September 2013
Component (i) dissemination workshop	October 2013
Component (i) research report finalised	November 2013
Component (iv) draft research instruments and analytical framework submitted	November 2013
Component (iv) research instruments and analytical framework agreed and finalised	December 2013
Component (iv) data analysis	After each round of data collection, Y1-Y4
Component (iv) summary reports submitted	No more than one month after every three rounds of data collection, Y1-Y4
Component (v) inception report submitted	December 2013
Component (v) inception report agreed and finalised	December 2013
Component (v) in-country data collection	Jan 2014 (Y1) Jan 2015 (Y2) Jan 2016 (Y3) Jan 2017 (Y4) Jan 2018 (Y5)
Component (v) short reports submitted	3 months after data collection round
Component (v) draft consolidated final report submitted	February 2017
Component (v) draft consolidated final report finalised	March 2018

*Group 2 (components ii and iii)*

<b>Activity</b>	<b>Completed By</b>
Consultants identified and contracted	March 2013
Contract completed and signed	April 2012
Component (ii) inception report submitted	May 2013
Component (ii) inception report agreed and finalised	June 2013
Component (ii) in-country data collection	Baseline Y1 – August 2013 Mid-term Y3 – August 2015 Endline Y5 – August 2017



<b>Activity</b>	<b>Completed By</b>
Component (ii) short reports submitted	3 months after each data collection round
Component (ii) mid-term results workshop	4 months after mid-term data collection round
Component (ii) draft consolidated report submitted	3 months after endline data collection round
Component (ii) final results workshop	3 months after endline data collection round
Component (ii) consolidated report finalized	4 months after endline data collection round
Component (iii) inception report submitted	March 2014
Component (iii) inception report agreed and finalised	April 2014
Component (iii) in-country data collection	June 2014
Component (iii) draft first report and briefing materials submitted	September 2014
Component (iii) round one results workshop	September 2014
Component (iii) first report finalised	October 2014
Component (iii) round two data collection	June 2016
Component (iii) draft consolidated report submitted	September 2017
Component (iii) final results workshop	September 2017
Component (iii) consolidated report finalized	October 2017

### Duty of Care

54. The Supplier is responsible for the safety and well-being of their Personnel (as defined in Section 2 of the Framework Agreement) and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

55. DFID will share available information with the Supplier on security status and developments in-country where appropriate.

56. The supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this call-down contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

57. This Procurement will require the Supplier to operate in or pass through conflict-affected areas and parts of which are insecure. The security situation can be volatile and subject to change at short notice. The Supplier should be comfortable working in

such an environment and should be capable of deploying to the areas required within the region in order to deliver the Contract.

58. The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their Personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract ( such as working in potentially dangerous, fragile or hostile environments etc). The Supplier must ensure their personnel receive the required level of training and safety in the field training prior to deployment.

59. Tenderers must develop their ITT Response on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment ,matrix prepared by DFID (see [Annex A](#) of this ToR). They must confirm in their ITT response that:

- They fully accept responsibility for Security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan
- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

60. If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your ITT will be reviewed as non-complaint and excluded from further evaluation.

61. Acceptance of responsibility must be supported with evidence of Duty of Care capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence, interested Suppliers should respond in line with the Duty of Care section in ITT Questionnaire.

## [Annex A](#)

## DUTY OF CARE RISK ASSESSMENT FOR SUPPLIER

Theme	DFID Risk score – Jigawa and Zamfara State
OVERALL RATING <sup>10</sup>	4
FCO travel advice*	3
Host nation travel advice	None
Transportation	3
Security	4
Civil unrest	2
Violence/crime	4
Espionage	3
Terrorism	4
War	1
Hurricane	1
Earthquake	1
Flood	1
Medical Services	4
Nature of Project/ Intervention	2

\*Zamfara and Jigawa are rated 1 and Kaduna and Kano are rated 4. Access to Jigawa and Zamfara requires travel through Kaduna and Kano, just passing through no overnight stay required.

1 Very Low risk	2 Low risk	3 Med risk	4 High risk	5 Very High risk
Low		Medium	High Risk	

2 the Overall Risk rating is calculated using the MODE function which determines the most frequently occurring value

## **Addendum - The addition of a midline survey**

### **Justification for a midline survey.**

1. In May 2016 it was agreed to extend the CDGP until the end of July 2019. This would allow the programme to expand more slowly and over a longer period of time with renewed focus on the quality of intervention, particularly the Behaviour Change Communication (BCC).
2. To align with this programme recalibration it was agreed to add a midline evaluation component. The end line would shift to August-October 2018. The midline impact evaluation provides an opportunity to generate and share robust evidence sooner. This will contribute to DFID and CDGP's advocacy and engagement with the social protection platform and provide the programme with evidence on the impact of the programme to date.
3. The programme is providing support to pregnant mothers until their new-born reaches two years of age, thus supporting the children for their first 1000 days. If the programme identifies the women soon after they become pregnant the programme at most provides 33 months of support. By October 2017 some of the households in the survey will have reached 24 months of support and by October 2018 a great number may no longer be receiving any support. The recalibration and adjustments to the evaluation will allow for better spacing between each round of evaluation.
4. The proposed midline will occur two years after the baseline and the endline two years after the midline. Thus a midline survey in August-October 2016 provides a great opportunity to assess how these individuals have been affected by the programme after close to two years of support. A midline will enable us to identify the short run impacts of the programme and by shifting the endline by an additional year to 2019 the programme is able to also capture some of the longer term impacts.

### **Approach**

The midline will entail the following main activities:

1. A panel survey, interviewing the same households as baseline;
2. A community questionnaire (similar to baseline);
3. Tracking the households who moved elsewhere where possible;
4. A similar questionnaire as baseline that will cover all the key areas of enquiry to answer the key evaluation questions;
5. Inclusion of questions to understand the experience of households with CDGP

The activities and their timing will mirror the timeline of the baseline in order to ensure that we are able to reach the households at exactly the same time in the year.

### **Outputs and dissemination**

- i) Survey instruments;
- ii) Draft and final midline evaluation reports containing key findings and recommendations;
- iii) Briefer summary findings presentations, policy briefs and advocacy documents.

### **Timeframe**

<b>Activity</b>	<b>Completed By</b>
Draft midline report (Midline)	May-17
Final midline report (Midline)	Sep-17
Power point presentation and infographics (Midline)	Mar-18
Midline communications material	Jan-18