Department for International Development

UKaid from the British people

CALLDOWN CONTRACT

Framework Agreement with: PricewaterhouseCoopers LLP, 7 More London Riverside, London SE1 2RT

Framework Agreement for: Global Evaluation Framework Agreement GEFA

Framework Agreement Purchase Order Number: 5859

Call-down Contract For: Output to Outcome Evaluation of the WASH component of the Health Sector Reform Programmes in Madhya Pradesh, Bihar and Odisha

Contract Purchase Order Number: 7206

I refer to the following:

1. The above mentioned Framework Agreement dated;

2. Your proposal of **August 2015**

and I confirm that DFID requires you to provide the Services (Annex A), under the Terms and Conditions of the Framework Agreement which shall apply to this Call-down Contract as if expressly incorporated herein.

1. Commencement and Duration of the Services

1.1 The Supplier shall start the Services no later than 17th August 2015 ("the Start Date") and the Services shall be completed by 30th March 2016 ("the End Date") unless the Call-down Contract is terminated earlier in accordance with the Terms and Conditions of the Framework Agreement.

2. Recipient

2.1 DFID requires the Supplier to provide the Services to DFID India. ("the Recipient");

3. Financial Limit

3.1 Payments under this Call-down Contract shall not exceed **£399,970 (GBP Three Hundred Ninety Nine Thousand, Nine Hundred & Seventy)** "the Financial Limit") and is exclusive of any government tax, if applicable as detailed in Annex B**.**

28. Milestone Payment Basis

28.1 Where the applicable payment mechanism is "Milestone Payment", invoice(s) shall be submitted for the amount(s) indicated in Annex B and payments will be made on satisfactory performance of the services, at the payment points defined as per schedule of payments. At each payment point set criteria will be defined as part of the payments. Payment will be made if the criteria are met to the satisfaction of DFID.

When the relevant milestone is achieved in its final form by the Supplier or following completion of the Services, as the case may be, indicating both the amount or amounts due at the time and cumulatively. Payments pursuant to clause 28.1 are subject to the satisfaction of the Project Officer in relation to the performance by the Supplier of its obligations under the Call-down Contract and to verification by the Project Officer that all prior payments made to the Supplier under this Call-down Contract were properly due.

4. DFID Officials

4.1 The Project Officer is:

4.2 The Contract Officer is:

5. Key Personnel

The following of the Supplier's Personnel cannot be substituted by the Supplier without DFID's prior written consent:

6. Reports

6.1 The Supplier shall submit project reports in accordance with the Terms of Reference/Scope of Work at Annex A.

7. Duty of Care

All Supplier Personnel (as defined in Section 2 of the Agreement) engaged under this Call-down Contract will come under the duty of care of the Supplier:

I. The Supplier will be responsible for all security arrangements and Her Majesty's Government accepts no responsibility for the health, safety and security of individuals or property whilst travelling.

I.1. The Supplier will be responsible for taking out insurance in respect of death or personal injury, damage to or loss of property and, to the extent that such relates to death, personal injury or damage to or loss of property, will indemnify and keep indemnified DFID in respect of:

I.2. Any loss, damage or claim, howsoever arising out of, or relating to negligence by the Supplier, the Supplier's Personnel, or by any person employed or otherwise engaged by the Supplier, in connection with the performance of the Call-down Contract;

I.3. Any claim, howsoever arising, by the Supplier's Personnel or any person employed or otherwise engaged by the Supplier, in connection with their performance under this Call-down Contract.

II. The costs of any insurance specifically taken out by the Supplier to support the performance of this Call-down Contract in relation to Duty of Care may be included as part of the management costs of the project, and must be separately identified in all financial reporting relating to the project.

III. Where DFID is providing any specific security arrangements for Suppliers in relation to the Call-down Contract, these will be detailed in the Terms of Reference.

8. Call-down Contract Signature

8.1 If the original Form of Call-down Contract is not returned to the Contract Officer (as identified at clause 4 above) duly completed, signed and dated on behalf of the Supplier within 5 working days of the date of signature on behalf of DFID, DFID will be entitled, at its sole discretion, to declare this Call-down Contract void.

For and on behalf of
The Secretary of State for
International Development

Name:

Position: Contract Officer

Signature:

Date: 17 August 2015

For and on behalf of
PWC

Name:

Position:

Signature:

Date:

Annex – A

1. Introduction

DFID India wishes to appoint an independent service provider / consortium to undertake a mid-course evaluation of the WASH components of DFID-supported health programmes in the states of Bihar, Madhya Pradesh and Odisha. In total the three programmes are expected to enable around 95 million people to access and use improved water supply facilities and another 56 million to access and use improved sanitation facilities.

The fact that WASH has been incorporated into a broader health sector reforms and systems strengthening programme suggests a critical role for WASH as a determinant of health. The expected outcome from the programmes overall (health, nutrition and WASH components) is a significant reduction in underweight deaths and Under 5 mortality plus reductions in maternal mortality. There is an implicit assumption that the programme will facilitate improved performance at scale by nodal government agencies responsible for WASH systems and services.

The evaluation will assess the nature and status of DFID-funded WASH interventions and determine the value of locating them within health programmes. Programme documents highlight that, while there is evidence of the impact of WASH on health there is less evidence of the impact of different delivery models for changing sanitation and hygiene behaviour at scale. The evaluation will also, therefore, evaluate the various models applied by the programmes. The findings will inform DFID planning for further support to WASH post-2016.

2 Purpose, Objectives and Scope

2.1 Purpose of the evaluation

The purpose of the evaluation is to assess progress towards programme outcomes; generate evidence on the value of co-locating WASH within health sector programmes; and to document and learn lessons on models for promoting and sustaining community-based sanitation and hygiene promotion at scale.

The purpose of the evaluation is also to review the implementation process including linkages with government policy and strategy; service delivery and demand side mechanisms; management; and monitoring. This should generate lessons that will facilitate improved performance and support scaling up by state governments, at the same time meeting accountability needs in terms of assessing the contribution of outputs to outcomes and Value for Money.

2.2 Objectives

The specific objectives of the evaluation are:

***Objective 1*:** To assess progress of the WASH components of SWASTH (Bihar), MPHSRP (MP) and OHSNP (Odisha) against their output targets as set out in the respective logframes; and assess the extent to which outcomes are likely to be realised.

***Objective 2*:** To document and review the costs and effectiveness of the various community-based approaches to sanitation and hygiene promotion being applied in the three state programmes; and to review their potential (costs, feasibility, replicability etc) for adoption by government to deliver at scale.

***Objective 3*:** To assess the value of locating the WASH interventions within broader health and nutrition programmes, in terms of health, nutrition and WASH outcomes.

***Objective 4*:** To assess the impact of DFID support (TA) in terms of improving the efficiency, effectiveness and sustainability of government WASH programmes (Nirmal Bharat Abiyan/Swachh Bharat Abiyan) and National Rural Drinking Water Programme) in each state.

Regarding Objective 2, a table outlining these approaches is provided in Annex Five. This typology is provisional as it was developed before the introduction of the current Swachh Bharat Mission Guidelines. It should be updated and revised as necessary as part of this assignment.

2.3 Scope of work

There are some potential risks and challenges in undertaking the evaluation that may include lack of good quality, standard and comparable data over a period of time, the fact that the evaluation is being done towards the end of the project period and also that all three states have had varying periods of activities in the state. Besides, the fact that the evaluation is being undertaken at a time when sanitation is very high on the political agenda may also affect the results. The evaluation bid should identify potential risks and challenges and explain how they would like to mitigate them in their bids.

The approach should also take into account that each state has ongoing monitoring and is also commissioning evaluations of the specific state level programmes. It will be important for the team to draw fully on existing primary and secondary data, and the evaluation plans, and liaise as needed with the contracted agencies, to avoid duplication and ensure overall value for money.

The consultant should spell out in detail the review design and methodology they propose to use, the potential risks and challenges for the review and how these will be managed. As per DFID evaluation policy, this work should adhere to international best practice standards in evaluation, including the OECD DAC International Quality Standards for Development Evaluation, with special focus on assessing economy, efficiency, effectiveness, relevance and sustainability, and also equity issues with regard to gender and socially excluded groups, and DFID's Ethics Principles for Research and Evaluation. The methods and assessment frameworks employed for this evaluation should facilitate the collection and analysis of data, be relevant to the questions outlined above, and make optimal use of existing data.

An indicative set of research questions is provided below, which reflect the OECD criteria. The successful bidder will be required to develop, refine and prioritise these as part of the inception report.

<u>Programme strategy</u>

1. Given the sector context in the three states, and programme duration, were WASH outputs and outcomes in the programme logframes appropriate, realistic and measurable? Did they provide a sound basis for programme planning and implementation?
2. At state level, were programme interventions appropriate to support the delivery of intended WASH outputs and outcomes? Consider, amongst other things: the production of policies, strategies and operational guidelines; training and orientation for government and other personnel; piloting of technology options; strengthening of monitoring systems; and technical assistance to improve water quality management.
3. At district level and below, were programme interventions well aligned with overall objectives? Consider for instance how did the introduction of 'model' facilities including school toilet blocks and mini piped water supply schemes contribute to the outcomes?
4. How did the programme address challenges with the supply of hardware, especially sanitation materials? What was the role of the private sector, if any?
5. What strategy, if any, was used to ensure that poor and marginalised groups benefitted from the programmes? Consider the type of facilities provided, the contribution of marginalised households towards the cost of installing toilets.
6. What strategies were used at community and household level to promote and facilitate behaviour change?
7. How was monitoring used to improve programme effectiveness including increased use of sanitation facilities? Did monitoring systems generate reliable and useful information?
8. In what ways has the programme improved WASH monitoring, and use of the information as a management tool, by government agencies at state, district or GP / community levels?

<u>Results</u>

9. Is there a significant increase in the number of people using improved sanitation and water facilities in the project areas? Is the increase significant in the case of the marginalised and excluded groups? What was the strategy used to promote increased use of sanitation facilities by all members of the household?
10. What is the quality of construction of the water and sanitation facilities? How was quality ensured and what role, if any, did the community play in the construction process?
11. Is the sanitation technology used appropriate? Were households provided with a range of options?
12. Is there a significant change in the hygiene- and sanitation-related practices at household and community levels? Especially consider handwashing, disposal of child faeces, menstrual hygiene management, handling of drinking water? Are these changes in practice visible across the various sections of the community and all members of the households (disaggregated by sex, age, social groups).
13. How has community involvement and associated capacity building support at *gram panchayat* level contributed to the outcomes?
14. What evidence is there of effective operations and maintenance of communal water points (and community toilets, if any) installed by the programme? How was this achieved and what were the obstacles?
15. To what extent has the programme provided appropriate and adequate WASH facilities in schools and anganwadis? How was this achieved and what role was played by the school and community? What is the quality of facilities provided are effective operations and maintenance arrangements in place?
16. What hygiene promotion inputs have been made in schools and anganwadis and is there any evidence of impact?
17. How important was a focus on achieving Open Defecation Free status rather than toilet coverage alone?

Promotional models

18. How did the programmes facilitate the promotion of sanitation and hygiene at scale, including hand washing with soap? Were operational models used under the programme adopted by government and implemented widely?
19. The operational models included CLTS, working with SHGs and with the community-based health initiatives Gram Varta and Shakti Varta which use a Participatory Learning and Action (PLA) approach. What were the key elements of the different models and what were their comparative advantages? Did alignment with government programmes enhance programme results?

Convergence

20. Were the purpose and objectives of positioning WASH within a health and nutrition programme clearly identified at the outset? Was there clarity on how, and at what levels, convergent action was to be pursued?
21. In what ways, and at what levels, did the health, nutrition and WASH components adopt a convergent approach to programme implementation, and what was the result? Have there been positive outcomes that could not have been achieved via separate WASH, health and nutrition programmes?
22. What institutional mechanisms were established at state, district and community level to ensure a convergent approach? What additional capacities had to be provided for the same? How effective were these mechanisms? What was the response of the state governments?

Institutional capacity

23. How did the programmes facilitate operational linkages between 'demand side' interventions and support to toilet construction and water supply improvements via government programmes?
24. Did the programmes achieve a significant improvement in the quality and quantity of output from government water supply and sanitation programmes? What key factors enabled or constrained the achievement of these results What has been achieved, with regard to deployment of technical assistance alone, versus financial and technical assistance?
25. What institutional changes - structure and capacities - have been brought about at state and district level as a result of the interventions? To what extent are the changes actually or

potentially transformational, in terms of supporting a step change in sustainable institutional processes and results over the long term?

26. What evidence is there that the institutional structures and mechanisms created will sustain beyond the project period?

2.5 Target audience and dissemination plan

The recipients of the findings will be the Governments of MP, Odisha and Bihar, Government of India, DFID and the technical support agencies in the respective states. The lessons learnt will be shared with a wider sector audience through publications and seminars. The bidder should consider how evaluation findings and products should be promoted and disseminated, and to which stakeholders, and clearly outline a dissemination and promotion strategy and plan, including the types of knowledge products that will be generated.

3. Methodology

This will be developed by the consultant based on the following:

a. Review the Theory of Change, and the evidence for assumptions and hypotheses, revise the ToC if required, and assess and strengthen the evidence base where possible. This is important given the ToC hypothesis that the various community mobilisation and demand generation models have potential for wider scale up by government.
b. Apply a mix of qualitative and quantitative tools to assess the achievement of programme outcomes and appraise the operational approaches applied.
c. Develop the evaluation design including sampling, tools, data analysis and collection plans, analytical framework, etc. The potential interviewees will include a range of stakeholders from the various levels of the government as well as the community, including community institutions. The bidder may also consult other agencies and departments of the government and civil society organisations, who may have had an influence on the programmes.
d. Refine the indicative evaluation questions and use measurable indicators wherever applicable.
e. Develop an analytical framework for analysing the data collected against outputs and outcome; and a template for documenting the operational models.
f. Use existing baseline and monitoring data to assess progress (DFID will facilitate access to this information, see Annex 6). In particular consider if indicators and data availability are sufficient for demonstrating actual use of toilets, as opposed to coverage and self-reported use.
g. Justify and propose appropriate methods for, and undertake quantitative and qualitative data collection, interviews and stakeholder consultations in all three states.
h. Establish a credible counterfactual - comparison or control group - for assessing the attribution of the programme especially for defining the contribution and impact of DFID TA and FA (in Bihar).

4. Outputs, budget and timeline

These are outlined below, and deadlines are based on the assumption that the supplier will deploy multiple teams so that state programmes can be reviewed concurrently. At the end of the fieldwork, the supplier will present the preliminary findings to DFID and implementing before producing detailed reports. The final output will be the documentation of the models, and materials, including a policy brief for wider dissemination.

The contract will be output based (payments linked to deliverables below), is expected to be for maximum of nine months, including dissemination, and must be completed by March 2016 (when the programme ends). There is a possibility of a three month extension (approval pending).

1. An inception report
2. A full summary and two reports, a) MP and Odisha programme, and b) Bihar programme, responding to the evaluation purpose, objectives and questions, and including baseline and endline analysis of primary and secondary data

3. A synthesis report focusing on approaches, strategies, policy, institutional and system capacities and lessons learnt therein
4. Short descriptions, including operational procedures and processes, of the models for community based sanitation that have emerged in the three states, including costings and VfM assessment against relevant benchmarks
5. Presentation of findings to DFID and other stakeholders and production of materials to support evidence to policy and practice including documentation of the models for community based sanitation, for wider dissemination.

Output	Deadline (after signing contract)
Inception Report (including final evaluation questions, data collection tools, case study templates, data analysis framework, report outlines, preliminary analysis based on secondary data.)	1 month
Two evaluation reports (MP and Odisha, and Bihar, plus one summary)	6 months
Synthesis Report (approaches, strategies, institutions, capacities and lessons learned)	8 months
Documentation of Models	8 months
Materials and dissemination	9 months

5. DFID Co-ordination

The contracted team will report to the Senior Responsible Officer (SRO) for WASH programme. The outputs will be reviewed by DFID's independent evaluation advisory service, SEQAS, and will be expected to meet SEQAS standards (which will be shared with the team).

6. Background

The water supply, sanitation and hygiene (WASH) sector in India has received substantial government funding since 2000 through a succession of flagship national programmes. Despite this, progress towards the sanitation-related Millennium Development Goal target remains off track. The 2011 Census reported that more than 53 percent of the households nationwide still did not have access to a toilet and in rural areas this was as high as 63 percent. Access to water supply had improved to some extent, but still only 46 percent of households nationwide had access to piped water supply with the remainder largely dependent on handpumps and other sources. In rural areas tap water was available to only 31 percent of the households.

Government initiatives to improve water and sanitation services have been undermined by a combination of limited capacity to plan and implement toilet construction programmes and to promote toilet use, and persisting low demand for using toilets on the part of rural communities.

In rural areas of the states of Madhya Pradesh, Odisha and Bihar where DFID currently works toilet coverage, according to the 2011 Census, was as low as 13 percent, 14 percent and 18 percent respectively while tap water was available to less than 10 percent of households across the three states. While the lack of basic facilities is a concern in its own right, the health and livelihood implications, especially for women and children, are well documented. Gender and social exclusion issues are also important. Even in homes with toilets, family members, mainly men continue to defecate in the open. Women and girls have limited privacy and dignity with respect to menstrual hygiene management, at home and schools. Low status populations face particular challenges in gaining toilet access, including the land required for toilet construction.

From 2011 onwards DFID has been working in the states of Bihar, MP and Odisha, supporting the state governments and their agencies in a number of sectors. WASH is included, but instead of stand-alone programmes WASH support is incorporated into ongoing health sector programmes, to support the achievement of health outcomes. DFID works closely with the relevant state government departments to support policy, strategy and implementation through technical assistance in two states, MP and Odisha. In Bihar, government also benefits from financial aid until end 2015, including for infrastructure development.

In Bihar, WASH is a component of the Sector Wide Approaches to Strengthen Health programme (SWASTH, 2011-2016). This includes health, nutrition and WASH components and hence works with the departments of Health (Health), Social Welfare (ICDS and nutrition) and PHED (water and sanitation).

In MP and Odisha, WASH was integrated into ongoing state programmes designed to improve health care delivery systems and services. In MP the Madhya Pradesh Health Systems Reforms Programme (MPHSRP, 2007-2016) was expanded in 2013 to take on a WASH component (MPWASH); and in Odisha WASH became part of the Odisha Health Sector and Nutrition Support Programme (OHSNP, 2007-2016) in 2012.

The focus of the WASH component in all three states is on:

Strengthening government systems for improved efficiency and effectiveness resulting in increased coverage of facilities and better maintenance and use of WASH services; this also includes institutional strengthening and capacity building of the Rural Development and Public Health Engineering departments at the state and district levels;

Increasing demand for clean drinking water and use of toilets by empowering communities in general and women's self-help groups in particular; and

Enhancing capacity of non-governmental actors and front line service providers to deliver essential WASH services.

These objectives are reflected in the overall programme log-frames, as Output and Outcome indicators in the case of the Bihar programme and as separate outputs in the case of the MP and Odisha programmes, given the history and nature of development of the respective programme designs (See Annex One). The programmes also have detailed monitoring and evaluation frameworks and in the case of MP and Odisha, a Theory of Change (See Annexes Two and Three). It should also be noted here that women's self help groups (SHGs) are supported by the government, and have evolved into a distinct community institution, mainly focused on livelihoods and finance access and increasingly wider social and behavioural change and women's empowerment.

The coverage of the WASH programme varies across states: In Bihar it is spread across all 33 districts with 9 being the focus districts; in MP the focus is on 4 intensive districts and 12 others; and in Odisha the programme covers 15 high burden districts, including the Kalahandi-Balingar-Koraput area. In all three states the programme also addresses the state level decision making agencies and entities for policy, advocacy and institutional strengthening. (See Annex Four).

All three programmes are slated to end in early 2016. In Bihar, the WASH component was integrated with the original programme design in 2010 and has a full six year lifespan, while in MP and Odisha the WASH components were launched later with a three year timeframe.

While the Bihar WASH programme provides both Financial Assistance (FA) and Technical Assistance (TA), the MP and Odisha programmes provide for only TA.

In all three states DFID has contracted a consortium-led Technical Assistance Support Team (TAST) to work with the respective state governments. Each one includes WASH experts, as part of the cross sectoral consortium (Bihar and Odisha), or working closely with the health and nutrition consortium (Wateraid). The programme in each state with oversight being provided by a state level Steering Committee.

A recently completed WASH portfolio review observed that all the programmes have potentially great value to the WASH sector in the three states. However, certain areas need to be strengthened in the remaining time available and the emerging operational models for sanitation and hygiene promotion at scale needs to be assessed and documented. Hence, DFID wishes to undertake an extensive Output to Outcome evaluation of the WASH component in all the three states. Other development partners active in WASH include Unicef and the World Bank. In all three states, the TA teams work with other partners, in support of the government. Partners and government are aware that the evaluation is taking place and will be involved/consulted as appropriate. However, the evaluation will not be done jointly with them, given that a) it is a DFID programme evaluation; and b) the interventions are unique to DFID.

Duty of Care

DFID's 'Duty of Care to Suppliers' policy applies to all DFID contracts. This policy aims to clarify DFID's position in relation to Duty of Care (DoC) and how it will be addressed as part of our risk management and procurement processes. The policy has a particular focus on Suppliers who will be operating in dangerous environments.

Further information on this policy and how it will be applied to DFID's procurement processes can be found at http://www.dfid.gov.uk/Work-with-us/Procurement/Duty-of-Care-to-Suppliers-Policy/.

For the purpose of this contract, the subjective risk assessment in the region of service to be provided is considered to be 'low'. However, during the course of this assignment, should this assessment change, DFID will share it with the Supplier and satisfy them that the Supplier can manage the DoC.

If at any stage there are concerns that the Supplier cannot manage DoC, then they may be precluded from operating in that region. The ability of the Supplier to manage DoC will be a pre-condition of the contract