Request for Qualifications: Designing impact evaluations for *Gram Varta* and Nodal *Anganwadi Centre* initiatives under SWASTH, Bihar, India

**3ie Policy Window**

**RFQ PW3.02.IN.IE**

**Issue date:** 26 August 2014  
**Deadline:** 23:59 GMT, 23 September 2014

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1. **Introduction**

The International Initiative for Impact Evaluation (3ie), requests research organisations or consortia to submit qualifications for a proposal preparation grant. The proposals will be for rigorous impact evaluations of two initiatives – a community mobilisation initiative, called *Gram Varta* and the *Uddeepan* initiative focused on improving the functioning of Nodal *Anganwadi Centres* (NAWC) - under the Sector Wide Approaches to Strengthen Health (SWASTH) in Bihar, India.

The SWASTH is being implemented by the Government of Bihar with support from the UK’s Department for International Development (DFID). DFID has contracted the Bihar Technical Assistance Support Team (B-TAST) to support the Government of Bihar and DFID in the implementation and management of the SWASTH. B-TAST is a consortium led by Care UK along with Infrastructure Professionals Enterprise and Options UK. These impact evaluations are supported by Care UK.

2. **Overview of 3ie’s Call for Qualifications**

This request for qualifications (RFQ) invites applications from teams to develop rigorous, mixed-methods impact evaluations for two community mobilisation initiatives in Bihar. The impact evaluations will aim to answer questions about the attributable impacts of one or both of these initiatives.

3ie promotes theory-based impact evaluations that make use of a rigorous counterfactual (experimental or quasi-experimental) to examine the full causal chain to answer questions about what works, why, how and at what cost. Teams will be required to demonstrate a full understanding of the initiative’s theory of change, with particular attention to the assumptions behind how the change is expected to work.

Grants under this window will be awarded in two phases.
2.1 Phase one: qualifications and proposal preparation

The first phase begins with this RFQ. 3ie requests research team(s) to engage collaboratively with the implementing team of the *Uddeepan* and/or *Gram Varta* initiative to design proposal(s) for rigorous impact evaluation question(s) of either one or both of the initiatives. If teams express interest in undertaking *both* impact evaluations, they must demonstrate adequate capacity and time to undertake both impact evaluations simultaneously.

Submitted qualifications will be reviewed and scored by at least one internal 3ie reviewer, two external reviewers, and one implementing agency representative.

The selected research team(s) will receive preparation grants (PG) up to a predetermined amount for each initiative they propose to evaluate. In this window, if a team proposes to evaluate either one or both initiatives, each one would be awarded a PG. Please see the [3ie PG agreement and grant administration templates](#) for more details.

The PG covers costs associated with activities required to prepare a rigorous proposal, including costs of engaging with the implementing agency and 3ie. Costs include one or more field visit and one or more visits to meet with the relevant staff of the implementing agency and to conduct capacity-building workshops with them. These capacity-building workshops help ensure dialogue between implementing agency staff and the research team, initiating and sustaining a regular process of engagement and communication on the impact evaluation questions and designs. Through this process, the team ensures that the implementing agency understands impact evaluations so that they can participate effectively in identifying questions and developing the evaluation design.

They should also include time and budget to meet (virtually and at an inception workshop) with 3ie staff. An inception workshop will be organised by 3ie and will include grantees, implementing agency partners and 3ie staff members involved in the project.

At the end of this period, the PG grantee will submit proposal(s), including proposed budget(s), in the [3ie evaluation proposal form](#). The full technical proposal(s) along with the budget is due within three months of signing the PG grant agreement. More details are provided below.

2.2 Phase two: full proposal and impact evaluation

The full impact evaluation technical proposal(s) and budget(s) will be reviewed and scored by at least two internal and at least three external reviewers, including a representative of the implementing agency. It is 3ie’s intent, although not guarantee, to fund the proposed evaluation, conditional on the proposal(s) receiving adequate scores on all selection criteria (see section 4.5 for selection criteria). 3ie may provide comments and request a resubmission of a proposal that does not receive adequate scores. 3ie reserves the right not to award any follow-on impact evaluation grant.

If the proposal is accepted, 3ie will award the research team a grant to conduct the impact evaluation under 3ie’s standard terms and conditions.
Please see [http://www.3ieimpact.org/en/funding/policy-window/how-to-apply/](http://www.3ieimpact.org/en/funding/policy-window/how-to-apply/) for the 3ie grant agreement and grant administration agreement templates.

### 3. Background

The Government of Bihar launched the SWASTH with support from DFID in 2010. Its key objective is to improve health, nutrition, and water, sanitation and hygiene-related outcomes among the population, particularly the poor and excluded, in the State of Bihar. A number of initiatives are being introduced and implemented under the SWASTH, and two among these are *Gram Varta* and *Uddeepan*.

#### 3.1 Gram Varta initiative

The *Gram Varta* initiative uses a participatory learning and action cycles (PLA) approach for community mobilisation, with the goal of improving health, nutrition, and water, sanitation and hygiene (HNWASH) outcomes at household and community levels, and increasing the responsiveness of HNWASH services through existing network of women’s self-help groups in Bihar.

The following are the objectives of *Gram Varta* initiative:

- improve integrated HNWASH practices at the household and community levels
- increase demand and uptake of quality HNWASH services by households\(^1\)
- increase the accountability and responsiveness of service providers
- empower and increase women’s agency\(^2\)

Evidence from India and other South Asian countries shows that community mobilisation, using a PLA approach, can improve health outcomes. However, current studies focus only on maternal and neonatal outcomes, and the effectiveness of the PLA approach on other HNWASH outcomes has not been tested. Another important gap in evidence is that previous studies have been relatively small-scale and evidence on how this approach works when taken to scale is lacking.

The impact evaluation of the *Gram Varta* initiative aims to address these knowledge gaps and findings from the evaluation will (a) improve programme accountability; (b) inform policy and decision making on scaling it up; and (c) contribute to the national and global evidence base.

A diagrammatic description of this initiative’s theory of change is presented in Appendix A.

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\(^1\) Indicators are: Number of neo-natal and under-five deaths (disaggregated by gender); number of safe deliveries; four antenatal care check-ups; mothers visited by ANM/ASHA; full immunisation; breast feeding within one hour of birth; exclusive breast feeding till 6 months; complimentary feeding in 6 months; pregnant women and under five children sleeping under insecticide-treated bed nets; hand washing; safe disposal of child excreta; awareness and treatment of diarrhoea; household with toilet and its usage;

\(^2\) Shift in women’s agency and decision making power in the household and community; community capacity to identify, prioritise and take action; demand and uptake of services by households and community
3.2 *Uddeepan* initiative

The *Uddeepan* initiative aims to improve the functioning of one of India’s largest early childhood development programmes, the Integrated Child Development Services (ICDS). The ICDS programme was launched by the Government of India in 1975 and has expanded over the years to become one of the world’s largest outreach programmes that focuses on needs of infants and children. The primary goal of this programme is to break the inter-generational cycle of malnutrition, reduce existing mortality and morbidity caused by nutritional deficiencies by targeting children, pregnant and lactating mothers and adolescent girls. A key component of the ICDS scheme is the *Anganwadi* Centre (AWC) that is run by an *Anganwadi* worker (AWW). The AWW is a community-based frontline honorary worker who is tasked with many key responsibilities, including the successful functioning of the AWCs.

While the ICDS programme has ambitious goals and is one of India’s key programmes for improving infant and child health, the programme has been facing some key challenges that interfere with its successful implementation. These challenges include poor coverage, overburdened AWWs, inadequate infrastructure and poor quality of service delivery[^3].

The *Uddeepan* initiative specifically focuses on improving the functioning of the AWCS by ensuring the availability of a skilled service provider, *Uddeepika*, at the *panchayat* (a *panchayat* is local self-government institution and includes more than one village on average) level who will build the capacity of AWWs to deliver better services. The *Uddeepika* is based at the nodal AWC and visits AWCS under the *panchayat* regularly to drive better performance and support the AWWs on a range of processes and outcomes.

The following are the objectives of the *Uddeepan* initiative:

- provide technical inputs to AWWs
- promote peer learning processes
- build capacities of AWWs by providing handholding support on a regular basis
- institutionalise a system of supportive supervision at the *panchayat* level
- demonstrate a culture of teamwork
- encourage continued interaction and participation

Overall, through these objectives, the *Uddeepan* initiative aims to contribute to the reduction of malnutrition among children by improving the quality of ICDS services in general, with a focus on supportive supervision and timely reporting.

A diagrammatic description of this initiative’s theory of change is presented in Appendix B.

The impact evaluation study will assess the impact of the *Uddeepan* initiative on a range of child and maternal health outcomes especially nutritional outcomes. Findings from this study will also have implications for scaling-up this initiative in other states of India.

4. Preparation Grant (phase one)

4.1 Eligibility

1. Only legally registered organisations and consortia of registered organisations, not individuals, may apply.
2. The lead grant-holding organisations making the application must be located in India, with researchers of Indian nationality as the lead principal investigator(s).
3. The application may include other researchers, including those from outside India who are not employees of that organisation.
4. Applicants are encouraged to include a researcher with a demonstrated global reputation as one of the principal investigators (PI).

4.2 Preparation process and expectations

3ie expects the chosen study team to hold at least two capacity-building workshops to build capacity of the implementing agencies to generate wider discussion about and understanding of impact evaluation amongst the staff of the implementing agency during the preparation grant period. The selected study team will engage with the implementing agency to explain the rationale for conducting an impact evaluation, what will be learned from it and the implications for programme design, data collection, analysis, and use of results.

During the preparatory phase, the research teams are also asked to secure the cooperation and agreement of the in-country implementing agency programme staff for the chosen evaluation questions and study designs. It is anticipated that the workshops for implementing agency staff and other key stakeholders ensure an on-going and substantive dialogue between the implementing agency staff and the research team that will be a process of involvement, communication and consensus-building on the impact evaluation questions and designs.

Workshop presentations and discussions with the implementing agency staff should have the following components:

- Determine evaluation questions and timeframes for evaluation
- Discuss a feasible evaluation design including identification methods
- Discuss data collection methods
- Collect costs for transportation, carrying out planned surveys and all other main costs needed to put together the proposal budget
- Carry out scoping and other background information needed to develop a policy engagement and research communication plan, using 3ie guidance and templates.

Research teams are also expected to take stock of relevant administrative and pre-existing data that may strengthen the evaluation and do preparatory work, including field visits and meetings with the implementing agency.

Study teams must demonstrate their ability to conduct the study for which they win an award and their availability to start and finish the study within the three months’ time period.
4.3 Budget

A preparation grant for each impact evaluation of up to **US$20,000** will be made to the qualifying research team. The grant will cover costs associated with the necessary activities for producing impact evaluation research questions, for a short and relevant literature review, for formative field research, researcher time and travel to meet with implementing partners, engagement workshops (inception and capacity building), preliminary checking of relevant administrative data and site visits. The grant should also cover the costs for travel and stay for the grantees for an inception workshop that will be organised by 3ie and will include grantees, implementing agency partners and 3ie staff members involved in the project.

The preparation grant will be paid in two tranches. The first tranche will be 60 per cent of approved budget, paid on contract signing. The second tranche will be 40 per cent of approved budget, which will be paid after review and approval of the impact evaluation proposal.

4.4 Timeline

The following table includes an indicative list of deliverables and deadlines for the preparatory phase (phase 1).

<table>
<thead>
<tr>
<th>Activity or deliverable</th>
<th>Key dates (all by 23:59 GMT, 23 September 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadline for submitting queries related to the RFQ</td>
<td>2 September</td>
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<tr>
<td>Deadline for posting responses to queries on the 3ie website</td>
<td>5 September</td>
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<tr>
<td>Deadline for submission of applications to RFQ</td>
<td>23 September</td>
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<tr>
<td>Selection decision announced</td>
<td>7 October</td>
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<tr>
<td>Submission of preparatory grant deliverables including full proposal</td>
<td>10 January 2015</td>
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</tbody>
</table>
4.5 Selection criteria

The qualifications submitted in response to the RFQ will be reviewed and scored according to the following criteria:

<table>
<thead>
<tr>
<th>Preparation grant: phase one</th>
<th>Weight (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials of the research team</td>
<td>45</td>
</tr>
<tr>
<td>Organisational capabilities to hold and manage the grant</td>
<td>25</td>
</tr>
<tr>
<td>Sector experience and involvement of developing countries researchers and/or research organisations</td>
<td>25</td>
</tr>
<tr>
<td>Associate membership of 3ie</td>
<td>5</td>
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</tbody>
</table>

Full impact evaluation application: phase two

| Qualification of research team (including credentials, sector experience and involvement of developing countries researchers and/or research organisations) | 20 |
| Organisational capability to hold and manage the grant | 20 |
| Quality of technical proposal and internal validity | 25 |
| Demonstrated relevance of research question to the need of the implementing agency and potential for uptake of study findings | 25 |
| Cost | 10 |

4.6 Qualification review process

Qualifications will be reviewed and scored by one 3ie internal reviewer and at least three external reviewers. It is 3ie’s intent, although not guarantee, to award the proposal preparation grant, conditional on the applicant receiving adequate scores on all criteria. 3ie may provide comments and request applicants to make change to strengthen their capacities. 3ie reserves the right to not award any grant in case no applicant meet the requirements.

5. Instructions for applicants

RFQ applications must include all of the following information, as indicated below:

1. A covering letter clearly stating which initiative the research team is planning to evaluate- Gram Varta or Uddeepan or both initiatives.

2. Completed organisation information form, available on the 3ie website.

3. Curriculum vitae (CV, not to exceed three pages each) of all proposed PIs, along with a signed letter from each indicating the share of working time during the three months of the preparation grant expected to be spent on the proposal preparation work and confirming availability for that expected share of working time. It is expected that these PIs will participate in the proposed impact evaluation. Applicants are required to provide only information relevant to the grant in their CV.
4. If applicable, include CVs (not to exceed three pages each) of additional researchers who will be involved in conducting the impact evaluation, if approved. Applicants need to provide only information relevant to the grant in their CV.

5. Copies of up to three impact evaluation reports or publications relevant for this call, with proposed PIs as named authors.

6. Proposed budget, (separately for each proposal, if applying for both) not to exceed US$20,000, for the proposal preparation costs. The proposed budget must follow 3ie’s direct cost and indirect cost policies, including the cost of two engagement workshops (two workshops for each initiative, if applying for both).

6. Submission guidelines

Please submit all files in a single email message not to exceed 5MB for one proposal or 10MB if proposing to evaluate both initiatives to pw3@3ieimpact.org no later than 23:59GMT, 23 September 2014

- Components three and four, above, should be submitted in a single Microsoft Word or rich text file in font size equal to or larger than 11 point.

- The signed letters from the PIs and sample impact evaluation studies relevant to the grant may be submitted as separate PDF files.

- The budget should be presented in 3ie budget format and follow 3ie budget guidelines. Budget notes may be submitted as a separate Microsoft Word or rich text file in font size equal to or larger than 11.

Incomplete submissions will not be considered.

Please direct any questions related to this RFQ to pw3@3ieimpact.org by 23:59 GMT on 2 September 2014. By 5 September 2014, a single document with all questions and answers will be made publicly available here.

This RFQ does not constitute a guarantee of an award.
Appendix A: *Gram Varta* Theory of Change

**Theory of change – *Gram Varta***

1. 20 meeting on HNWASH conducted by trained community facilitator
2. Women’s SHG members +Community participates in meetings
3. Vulnerable communities, pregnant and adolescent girls are targeted
4. HNWASH front line workers participates in meeting
5. Generates awareness, ability to identify, prioritise, find solutions and take action on issues concerning HNWASH

**Context**
- Poor HNWASH indicators
- Social Exclusion
- Gender inequity

**Strong Evidence:**
Women’s groups, working through PLA, can improve maternal and new born survival.

**Low Evidence**
PLA working through self-help groups (SHG) can improve integrated HNWASH outcomes at scale
- It increases women’s agency

**Pedagogy:**
Learning through games

**Community action plan**

- Increased critical awareness constraints to better HNWASH outcomes
- Increase motivation to take action and improve HNWASH practices at personal and community
- More aware and responsive HNWASH Front line workers
- Increased women’s agency and community solidarity

**Increased outcomes: at scale**:
- Improved health, nutrition, and water and sanitation behaviours and practices
- Increase demand and service utilisation.
- Increased accountability of service providers
- Women empowered to promote their and their family’s health and well-being

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Source: Developed by B-TAST in consultation with DFID and *Ek Juth*
Appendix B: Uddepan Theory of Change

### Context:
Inadequate supervision, mentoring of FLW. Inadequate skills. Poor quality of service delivery. High burden of malnutrition.

### Source:
B-TAST in consultation with DFID

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#### Input
- Additional worker (Uddepana)
- Planning (well defined coverage area): Cluster approach
- Honorarium
- Facility up gradation
- Job aids
- Knowledge (2 day induction and 6 day job training) Skills imparted (refresher)
- Community participation

#### Process
- Peer learning/Mentoring
- Onsite knowledge and skill building
- Cluster level meeting
- Functionality
  - Village map available
  - Summary survey report prepared and displayed
  - Households numbered correctly identified and enlisted
  - Birth certificate
  - Home visits conducted
  - Pregnant women enrolled
  - Planning of Bachpan divas done
  - Registers updated
  - Growth chart updated
  - Timely and correct MPR submitted
- Quality of service delivery
  - AWW know about the correct method to weigh children
  - AWW oriented on care of pregnant women
  - Mothers receive counselling on EBF
  - New born children are visited within 48 hrs and vaccination ensured
  - Children weighed regularly and recorded in growth monitoring register
  - List of underweight children displayed at the NAWC
  - Supplementary nutrition prepared as per guidance and quality
- Accountability and transparency
  - Community participation is seen
  - Social audits conducted

#### Output
- Outcome (increase in the quality of service delivery)
  - Increase in the following
    - Children regularly weighed
    - Births Registered and new born
    - Birth weight recorded
    - Early initiation of Breast feeding and exclusive breast feeding
    - Initiation of Complementary feeding at 6 months
    - Nutritional status assessment and grading of malnourished children done
  - Pregnant women (2nd and 3rd trimester) consume 25 IFA in the month
  - Pregnant women weighed
  - Children immunised
  - AWHs and ASHA knowledge/understanding of their roles and key messages to community

#### Key output indicators
- % of AWC who have a well drawn map
- % of AWC where correct and complete summary survey report is displayed
- % of selected beneficiaries verified
- % of beneficiary verification validated and found to be correct
- % of AWW aware about care during pregnancy
- % of actual home visits conducted by AWW VS planned
- % of actual pregnant women enrolled VS Total number of expected pregnant women in the catchment area
- % of new born children visited within 48 hrs
- % of Births registered
- % of AWW aware about the importance of Colostrums feeding and exclusive breast feeding in the first 6 months
- % of Mothers who have received counselling on EBF
- % of children weighed regularly and % of children whose growth is recorded on the growth monitoring chart
- % of AWW who are aware of growth monitoring curves and % of AWW who demonstrate the skill of plotting
- % of AWW with updated growth chart
- % of AWC who have a well drawn map
- % of AWC with correct and complete list of severely underweight and moderately underweight children
- % of AWW submitting timely and correct MPR
- % of AWC with updated registers
- Number of social audits facilitated in the cluster
- % of AWC conducting Bachpan divas
- Number of cluster meeting held VS

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#### Evidence
  - Poor coverage
  - Overburdened AWW
  - Inadequate infrastructure
  - Impact of ICDS largely dependent on quality of service delivery