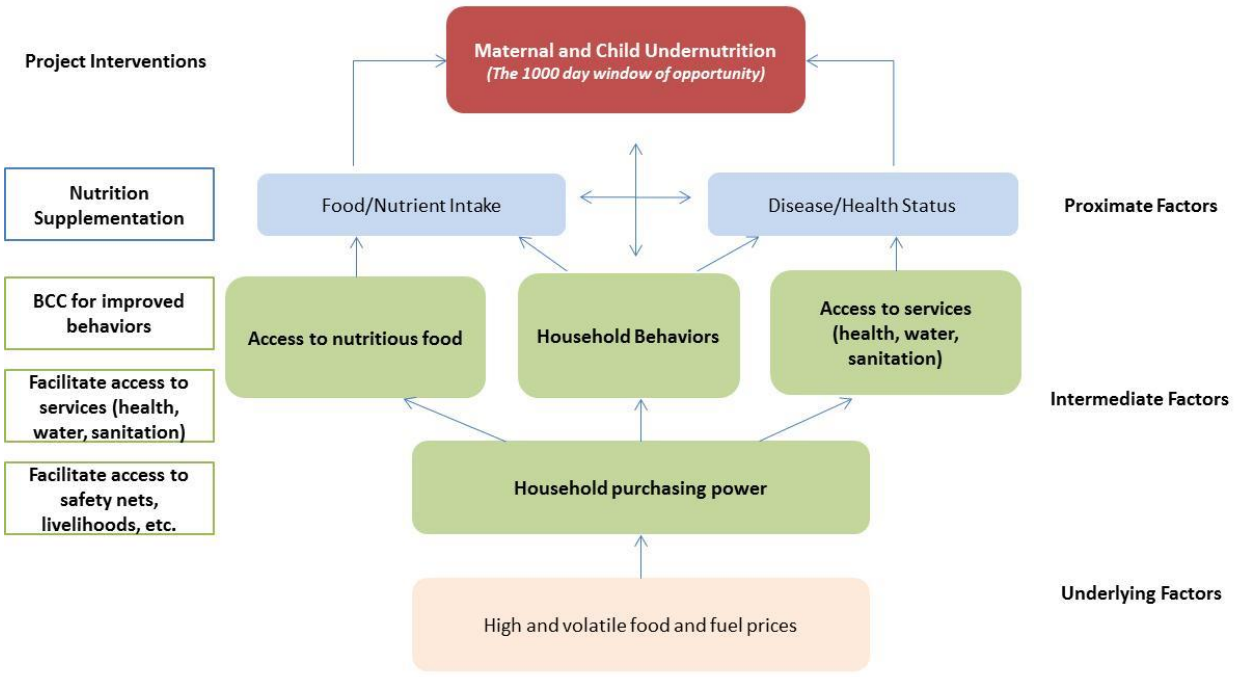
TERMS OF REFERENCE
KARNATAKA MULTI-SECTORAL NUTRITION PILOT PROJECT

I. BACKGROUND

The Karnataka Rural Livelihoods Promotion Society, under the aegis of the Karnataka Nutrition Mission, with support from the World Bank and the Japan Social Development Fund (JSDF) is initiating a Multi-Sectoral Nutrition Pilot Project in two backward taluks of Karnataka, namely Devadurga in Raichur District and Chincholi in Gulbarga District. The pilots are designed based on existing pilots being implemented in Gubbi, Shikaripura and Bellary Rural taluks of Tumkur, Shimoga and Bellary Districts by the Karnataka Nutrition Mission.

The pilot aims at improving nutrition outcomes in children 0-3 years of age, adopting a life cycle approach, focusing on adolescent girls, pregnant and lactating women and children 0-3 years of age (Fig 1). It focuses on the proximate determinants of nutrition by providing daily nutrition food supplements to under-nourished children, adolescent girls and pregnant and lactating women on the one hand; and places an equally strong focus on intermediate determinants of nutrition by implementing an intensive behaviour change communication strategy to improve household behaviours and access to services on the other hand.

Fig 1: Project interventions targeted at different levels of the nutrition causal chain



Adapted from World Bank (2011) "South Asia Regional Assistance Strategy for Nutrition"

While behaviour change communication (BCC) is critical to improving nutrition, health care, sanitation and hygiene behaviours, its effective delivery is a challenge and requires a combination of technical and communication expertise. The successful implementation of the

pilot hinges on the successful delivery of BCC interventions and it is towards this end, that the KRLPS seeks to engage a consultant organisation.

II. BRIEF DESCRIPTION OF THE PROJECT:

The ***overall goal*** of the pilot is: To reduce malnutrition in the pilot blocks in the shortest possible time by introducing the inter-sectoral, inter-generational approach and bringing about behavioural change. Special emphasis will be placed on 0-3 years children keeping in view the special significance of this period in their process of development. Adolescent girls between the ages 11-18 as well as Pregnant and Lactating mothers would also be targeted.

The ***primary objective*** of the pilot is to increase utilization of nutrition-improving services by children under-three years of age, adolescent girls and pregnant and nursing women from poor households in the target areas, increase awareness about appropriate health and nutrition behaviours.

The ***key project interventions*** to achieve these objectives are as classified below under the following 3 components:

Component 1: Increase consumption of nutritious foods and improve household nutrition-related knowledge and behaviours. This component will deliver direct support to under-three children, adolescent girls and pregnant/lactating women from poor and vulnerable households in the form of locally-sourced nutrition supplements coupled with support to encourage household behaviours with a large impact on nutrition, notably breastfeeding, complementary feeding and hygiene practices. The high-energy nutrition supplement will be locally produced using local farm produce such as millet (ragi), chickpeas (gram), cane sugar (jaggery) and groundnuts. Nutrition volunteers engaged under the project in each village will implement the program at the village level with the support of grassroots groups, including women's self-help groups and village health and sanitation committees. These groups will help the nutrition volunteers identify and provide support to women and children facing food insecurity and malnutrition. Capacity building support will also be provided to womenôs self-help groups.

The implementation of this component will be the responsibility of a non-governmental organization (NGO) that will be contracted for the purpose. The contracted NGO will set up production units and train womenôs self-help groups in the production of the high-energy supplements in accordance with state food safety regulations. The contracted NGO will then distribute the food supplements through the Village Nutrition Workers and SHGs to targeted beneficiaries. It will also be responsible for identifying, engaging and providing capacity building and ongoing supervision support to nutrition volunteers and SHGs under the project.

Component 2: Improve access to multi-sectoral interventions with an impact on nutrition. This component will aim to leverage interventions and services in several sectors that have an impact on the nutritional status of poor families in the target areas. At the policy and administrative levels, coordination will be strengthened between key programs. On the ground, contracted NGOs, community-based organizations, and village nutrition workers will facilitate access by poor families to programs in various sectors, so that integrated support is offered to the

targeted poor families. In addition, demand generation activities will empower vulnerable households and communities to demand services and benefits to which they are entitled. This will include programs and services with an impact on nutrition, such as ICDS, health services (including treatment of severe acute malnutrition, immunization, diarrhea treatment, de-worming, micro-nutrient supplementation, antenatal care), social safety nets such as the national rural employment guarantee scheme, agricultural and livelihoods programs, and water and sanitation schemes. Innovative ways of engaging other sectors will also be explored under this component, such as ways of preventing wastage of horticultural produce at the primary level and marketing this to the community.

Component 3: Project management and Monitoring and Evaluation. This component will finance management capacity for implementation of the project, including the management costs of the implementing NGOs and the development of an effective information, education and communication (IEC) strategy which will be monitored for assessing behaviour change. Rigorous monitoring and evaluation will be supported, including baseline and follow-up household surveys to measure nutritional status, household knowledge and behaviours, and access to services. This will provide the necessary evidence on program effectiveness to inform decisions on potential scale-up. Routine reporting and monitoring will also be ensured under this component. This component will also promote knowledge dissemination with a variety of stakeholders through briefing notes and knowledge sharing workshops.

It is also important to point out that there will be no duplication of programmes at field level. The pilot will through awareness generation and handholding support facilitate access of ongoing programs that have impact on malnutrition, such as Immunization and Vitamin A Supplementation, Anaemia Control, Water and Sanitation, etc., and achieve convergence between the ongoing programmes so that they operate simultaneously, and to fill programmatic gaps.

The following ***Key Results*** will be expected from the project:

a) Increase in targeted under-three children, adolescent girls and pregnant and nursing mothers who receive nutritious supplementary foods produced and supplied by the project;

b) Increase in targeted pregnant and lactating women who practice core child nutrition and health care behaviors (specifically initiation of breastfeeding within an hour of birth, exclusive breastfeeding, immunization, timely and adequate complementary feeding after 6 months which includes breastfeeding and feeding with 3+ food groups a minimum number of times per day, diarrhea management and hand-washing); and

c) Increase in targeted households who utilize other social sector programs with a potential impact on nutrition (specifically ICDS, health services, and water and sanitation services)

A rigorous independent evaluation will also measure ***key nutrition outcomes*** of underweight and anaemia in the target groups

III. OBJECTIVES OF THE ASSIGNMENT

The *primary objective of the assignment* is to develop an effective communication strategy and material aimed at improving the knowledge and behaviours of households on key nutrition practices and proper diets, health care, sanitation and hygiene practices, notably breastfeeding, complementary feeding, nutritional care of adolescent girls and pregnant/nursing mothers, hygiene and sanitation practices.

IV. SCOPE OF WORK: COMMUNICATION STRATEGY

An effective communication strategy is key to the success of the Project as it forms a strong, concurrent and on-going back up in bringing about the attitudinal change required for the acceptance and success of the interventions. The communication strategy should include the following essential elements:

1. ***Deliver key messages effectively (clear, specific/precise and easy to understand):*** The strategy should deliver messages to households and the community on the following key issues and topics:
    a. How to use their existing family budgets to provide the best nutritional care for children, girls and women, and overcome ignorance and superstition.
    b. See details of messages in Annex 1

2. ***Create an understanding of the relevance of recommended health, nutrition and sanitation behaviours***. For families and communities to adopt appropriate health, nutrition and sanitation behaviours they need to understand the long and short term benefits of these behaviours on their nutritional, health and economic growth.

3. ***Create a demand for ongoing health, nutrition and sanitation related schemes***. A sound communication strategy targeting women, girls, families, the general community, NGOs, SHGs, PRIs and Block and field level functionaries is essential for providing information and awareness regarding the content of the interventions proposed under the Pilot Projects.

4. ***Explore the use of different forms of media for effective communication***. Communication strategy to support the operational plan must rely on several streams of media. The strategy must be a mix of the inter-personal, radio and television, audio-visual, and the print medium, to address both the literate and illiterate target groups.

    a. The radio is a powerful medium for information, empowerment, and social change because of its vast listenership base in rural areas, its informative and non-intrusive nature, and its ability to cut across illiteracy barriers.

    b. The key to holding the attention of the target groups is entertainment. Dry and abstract lectures are unlikely to make a dent. The message is to be cleverly packaged in an entertaining format, so that the audience views it with interest and imbibes the message subliminally.

c. The use of success stories act as a fillip and creates momentum for replication on a large scale. For maximum impact, these should be accompanied by photographs, based on the axiom that a single picture speaks more than a thousand words. Particularly useful are óBeforeô and óAfterô photos, as they clearly demonstrate the efficacy of good nutritional practices.

d. Communicating to large rural audiences requires skill and perseverance. Use of inherently interest arousing methods, such as puppetry, street-plays and role-playing by participants, is useful in driving home and accepting the message.

e. Apart from addressing a group audience, there can be no substitute for inter-personal communication. One-to-one conversations have great potential in clarifying issues, putting doubts to rest and answering intimate question that may not be raised in a large group.

f. Finally, it must be recognised that communication is never a one-way process. The importance of feedback is crucial in assessing impact, initiating mid-course corrections, identifying areas that need reinforcement, and crafting a well-rounded strategy that takes care of local considerations.

5. ***Take into account barriers to communication***. Understanding of the target groups is vital to clear and effective communication. It is often assumed that the recipients of information are on the same wavelength as those who are providing inputs. Very often, this is not the case, especially in areas where literacy is low. Communication barriers, in the shape of traditional beliefs, religious tenets and social conditioning can hamper the best of communication efforts. For instance, a mother may have high fever, but the common belief may be that she is possessed by evil spirits that need to be exorcised by the village healer. To educate her and the community about modern medicine would be the Communication challenge which needs to be factored in the Communication Strategy.

   The level of literacy and existing levels of awareness of the community and target groups is also fundamental to the formulation of the Strategy.

6. ***Ensure engagement of Panchayats, other local bodies and opinion makers***. The strategy must also inform, educate and advocate the adoption of best practices by families and communities to improve their nutritional status by engaging local self-government (Panchayats) and community based organisations, such as NGOs, SHGs, and field level workers. In addition to these groups, it is also essential to involve opinion - makers and community elders in the exercise since this is the group that is likely most averse to change and a careful, gradual approach is much more likely to bear fruit than an aggressive one. The engagement of these groups is important in order to dissolve resistance and bring about attitudinal change and acceptance in families and communities to inculcate good nutrition practices that improve the nutritional status of the community.

7. ***Ensure the use of strategic communication methods***. Strategic communication means that a well-directed message goes to the recipient, rather than a ôholdallô approach if which he/she is bombarded by a variety of messages. This calibration of the communication efforts depends on use of the language, an understanding of the local milieu and an extensive interaction with the community to forge links with its members.

V. SPECIFIC TASKS:

The consultant firm will be expected to fulfil the following tasks:

1. Develop a comprehensive information, awareness and behaviour change communication strategy focused on delivery of key nutrition, health care, hygiene and sanitation practices to individual households and the community at large with necessary sequencing and phasing. This will entail:
   a. A review of existing BCC practices, experiences, materials and approaches used in the existing Karnataka Nutrition Mission pilot and other best practices across the state and the country
   b. Development of a communication strategy, including an implementation plan that outlines the different communication interventions to be rolled out, with timelines, sequence of roll out and responsibilities clearly detailed

2. Develop effective communication material to support the implementation of the strategy. This will entail:
   a. Development, field testing and dissemination of communication material for different media (inter-personal, radio and television, wall paintings, audio-visual, and print)
   b. Printing of material, as required
   c. Deployment of radio and TV spots and any other communication activity that will not be implemented by the contracted NGO implementing the pilot

3. Orient the implementing NGOs on the use of the material as defined in the strategy

VI. DELIVERABLE AND PAYMENT SCHEDULE, WITH TIMELINES PER PHASE:

The total duration of the assignment is 2 years from date of signing Contract

S. No.	Tasks/Activity	Deliverable	Due date (months from start)	Payment Schedule
1.	On signing of the contract	Communication Strategy Proposal	1 month	10%
2.	Development of communication material to support roll out of BCC strategy	All the communication material as agreed in the consultant organizationôs work plan		
	a. Production, printing and dissemination of the first batch of communication material		Within 3 months	10%

S. No.	Tasks/Activity	Deliverable	Due date (months from start)	Payment Schedule
	b. Production, printing and dissemination of the second batch of communication material		Within 8 months	10%
	c. Production, printing and dissemination of the third batch of communication material		Within 12 months	10%
	d. Production, printing and dissemination of the fourth batch of communication material		Within 18 months	10%
3.	Roll out the TV and radio spots developed			
	a. Roll of TV and radio spots during Year 1 of project implementation		Within 9 months	20%
	b. Roll of TV and radio spots during Year 2 of project implementation		Within 18 months	20%
4.	Completion of Contract			10%

ANNEX 1:

Essential Messages to be covered in the Communication Strategy/ Awareness Generation Campaign and Target Groups.

	Messages	Target Group
Infant and Child Care	To educate mothers, families, community, PRIs, NGOs regarding the inter-generational cycle of malnutrition To educate Pregnant Women about the importance of proper birth weight of infant, ie above 2.5 kg, and ideal weight gain during pregnancy. Importance of feeding Colostrum to newborns. Importance of exclusive breastfeeding for the first six months to be emphasized. Role of breast- feeding as protection against malnutrition, disease & death & in child spacing, to be stressed.	Expectant & Lactating Mothers/ Family/ Community/ PRIs/NGOs/Field Workers
	Creating an enabling environment for exclusive breast feeding in the village by ensuring employment to the mother near home.	Expectant & Lactating Mothers/ Family/ Community /PRIs/ Field Workers
	Educating mothers/families on the need to introduce complementary foods after six months. Educating the mother regarding age-appropriate feeding of children of energy-dense, diverse complementary foods. Quantity, frequency and nutrition- density to increase with the child's age.	Expectant & Lactating Mothers/ Family/ Community/ Field Workers
	Hygienic practices are emphasized such as washing of hands before preparing food & eating it. Food is served immediately after preparation in clean utensils. Feeding bottles are avoided as they are receptacles of germs & bacteria.	Mothers/ Family/ Community/ Field Workers
	All children, in their first year to be given vaccines for preventable diseases as per a set time-schedule.	Mothers/Family/ Community/PRIs Field Workers /

	Messages	Target Group
	Adequate bi-annual Vit. A dosage is given to prevent vision loss.	Mothers/Family/ Community/ PRIs Field Workers /
	Deworming medicine is administered bi-annually to prevent malnutrition & morbidity.	Mothers Families/Community/ PRIs/ Field Workers
	Nutrient-dense foods are provided during and after illness.	Mothers/ Families/Community Field Workers
	Children with diarrhoea are given ORS along with Zinc supplements. Early case detection of affected children, shortening the duration of diarrhea, before the onset of medical complications	Mothers/ Families/ Community/ Field Workers
Adolescent Girls, Pregnant and Nursing Mothers	Help communities, through nutrition education, to improve dietary practices within their family budgets. Encourage consumption of traditional nutritionally rich local foods, such as, green leafy vegetables, coarse grains, pulses. Educate the family regarding importance of proper nutrition and its inter-generational impact.	Mothers / Families/Community/ Field Workers
	Generate mass awareness of adverse impact of deficiencies of micronutrients, especially anemia and iodine deficiency among children, adolescent girls, pregnant and lactating women.	Mothers / Families/Community/ Field Workers
	Advocate behavioral change in the family for additional nutrition to pregnant and lactating women during pregnancy and lactation	Mothers / Families/Community/PRIs/Field Workers
	Advocate behavioral change in the family to remove gender discrimination against the girl child regarding intra family food distribution and health care.	Mothers / Families/Community/PRIs/Field Workers
	Advocate weight monitoring and anemia monitoring during pregnancy. Encourage consumption of IFA during pregnancy and lactation.	Mothers / Families/Community/PRIs/Field Workers
	Advocate weight monitoring and anemia monitoring of adolescent girls. Encourage consumption of IFA by adolescent girls.	Mothers / Families/Community/PRIs/Field Workers

	Messages	Target Group
	Provide higher coverage by skilled birth attendants/institutional births/ trained dais.	Mothers / Families/Community/Field Workers/PRIs
	Provide information regarding proper age of marriage and of first pregnancy.	Mothers / Families/Community/Field Workers/PRIs
	Advocate the importance of Sanitation and safe drinking water, and create demand for existing schemes	Mothers / Families/Community/Field Workers/PRIs