TERRE DES HOMMES
Empowered Children. A Just World.

Terms of Reference

This consultancy aims to conduct Mid-term evaluation of the project, **"***Gender Nutrition: Equal access to sufficient and healthy food strengthens the food security of women and young children* " which is implemented by *Chaupal Grameen Vikas Sansthan -Ambikapur, and Public Health Resource Society (PHRS).*

Project holder: Terre Des Hommes Germany

1. About Terre Des Hommes Germany Terre Des Hommes Germany (hereafter "TDH") is an international children's rights organization that promotes equitable development without racial, religious, political, cultural, or gender-based discrimination. The organization is working since 1967 together with local partners organizations in 37 countries, supporting more than 240 projects in Latin America, Africa, Asia, and Europe. As an independent non-governmental organisation that promotes civic engagement and the participation of children and youths in all aspects of its work TDH believes, sustainable development is possible for all people if the interests of children and future generations are respected and realised. The organization's mission is strengthening children and realising children's rights for all children because every child has the right to live and to develop in the best possible way.

2. Background

India has a total of 104 million scheduled tribes, which account for 8.6% of the total population (Census, 2011). There are about 700 different scheduled tribes in the state. Of these 700 tribes, 75 are classified as Particular Vulnerable Tribal Groups (PVTG) because their technological level is pre-agricultural, population is stagnant or declining, literacy rate is extremely low, and their economy is at subsistence level.
Surguja district is in the northern part of Chhattisgarh state. The selected 100 villages of Surguja district are dominated by the tribal population. The tribes living in the project area are Gonds, Baiga, Pahari Korwa, Majhi, Majhwars, Pando and Oraon, Kanwar. Of them, Pahari Korwa and Pandos are the PVTGs. The tribal population faces challenges due to their way of life. The main problems are low literacy rate, slow pace of development, lack of empowerment and high levels of malnutrition, limited livelihood opportunities, high dependence on land and forest products and inadequate infrastructure in remote areas. All these problems affect the health and well-being of the tribes in one way or another. Among all tribes, women and children are the most affected group. Tribal women who consume little protein and energy are most likely to give birth to a child with low birth weight and poor access to government run services to cater to children below 3 years has worsened the health status of children in the area. Although malnutrition is prevalent in all segments of the population, poor nutrition in women begins in infancy and continues throughout life. This further perpetuate the vicious cycle of poor health outcomes. Around 60% women aged between 19-49 are anaemic.

To address the long -standing challenges the project is designed to be implemented in 100 villages of Surgujia district, the project empowers community members including women, youth, adolescent girls and children to understand their needs of diversified nutrition in the view of various contexts like patriarchy, availability of food, its access and control. They will also strengthen the local own food systems by documenting and propagating its significance in consuming diversified food and nutrition. The project also establishes contacts with the local government departments to ensure timely delivery of services provisioned under the National food security act. Besides that, a model action against malnutrition will be demonstrated and presented to government for its integration.

The project has actively collaborated with 306 community groups—including 103 groups of children, 101 of women, and 102 of youth—reaching a total membership of 4,304 individuals. These groups are closely engaged with 423 statutory bodies, such as School Management Committees, Village Health, Nutrition and Sanitation Committees, and Food Security Monitoring Committees. A comprehensive "Action Against Malnutrition" model has been established in 20 villages. This model features robust evidence collection mechanisms and is currently being integrated into government systems to ensure sustainability and broader impact.

Food and nutritional security have been improved for 5,000 households by empowering families to grow their own diverse and nutritious food through kitchen gardens and millet farming. Additionally, a strong growth monitoring system now tracks the health and development of over 5,000 children in project villages, facilitating timely interventions for those showing poor health indicators.

Direct Target Groups:
21,400 community members, including 2500 children under the age of three, 2500 children aged three to six, 2800 pregnant women and mothers, and 1200 adolescent girls who will benefit from the crèche programme and the convergence of government health and nutrition programmes. Adolescent girls, mothers and pregnant women will participate in project activities such as kitchen gardens, meetings, training, and campaigns against child marriage.
Supporting 4800 families to establish kitchen gardens and another group of 4000 farmers to grow millet and indigenous crops will increase the demand for various food items, aiming for equal distribution of food among male and female members.
Institutional Target Groups: includes 3200 village committee members who will participate in the trainings and meetings and oversee the implementation and management of the health and nutrition programmes at the village level. 300 Village service providers (ASHA, ANM, AWW and school teachers)

Indirect Target Group:
About 55000 people from 13000 families in 100 villages will gain better access to nutrition and health services through the project activities.

3. Purpose, Objectives and Use of the Final Project Evaluation and Future Project Feasibility Study The overall aim of this evaluation is to provide an external and strategic review of the project's performance, key achievements, challenges, and emerging opportunities. The evaluation will assess the extent to which the current project has achieved its intended objectives and results, The evaluation will critically examine the current project's design and implementation–including its objectives, strategies, activities, target groups, and the roles of various stakeholders and partner institutions–to determine whether the chosen approaches were effective in delivering the desired outcomes.

- Critically analyze the planned project objectives, results, strategies, measures, and activities, as well as the target group and the stakeholders, organizations, and institutions involved, and evaluate whether the applied strategies have resulted in the desired outcomes and suggest possible measures to improve it.
- Critically examine the planned project measures according to the OECD DAC criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability.
- Resulting from the analysis, the evaluation shall provide clear recommendations for all stakeholders involved regarding the project outcome, project monitoring, or project management by implementing partners and TDH until now.
- Ensure financial accountability and transparency.
- Identify key factors (intended and unintended) that has influenced the project progress.
- To analyze the present project monitoring system at different levels.

The evaluation's results will be used by the TDH head office, regional office, and zonal office to:

- Strengthen accountability and transparency vis-à-vis the project donor TDH / BMZ
- Adapt corrective actions for further implementation of the project to minimize the gaps identified by the mid-term evaluation.

4. Evaluation Questions

Overarching Questions

- How successful has the project been in establishing models for community-based management of poor health indicators among target groups of children and women? What additional measures can be applied to improve it within the approved project limits.
- How successful is the project in networking with other state and national-level collaborators to ensure food and nutritional diversity among children and women?

Evaluation Questions

The following evaluation questions can be derived from the overarching question, enabling an assessment of the project regarding the OECD-DAC criteria (relevance, coherence, effectiveness, efficiency, impact, and sustainability):

4.1 Relevance

- Are the activities and outputs of the project consistent with the overall goal of achieving food and nutritional diversity in state and country.
- How well the project strategies empowered community groups to influence government policies and priorities at local, district and state level. Did the project design, including priorities, outcomes, and activities, reflect and address the target group's needs?

4.2 Coherence

a) *Internal Coherence*

- How did project contribute to TDH's strategic goal of "gender justice to live in a world free from gender-based rights violations and discrimination and in line with the Regional Strategy of Rosa? What are the possible ways to further enhance the project's contribution to gender justice in the project area.
- How well do the project complement and strengthen ongoing efforts and core principle of Chaupal and PHRS.
- To what extent did the project contribute to empowering women, children, and youth in the context of Cross-cutting theme of TDH. What have been the challenges in achieving this and how these can be minimised?

b) *External Coherence*

- Did the project align with national and state nutrition and health care programmes and policies meant for women and children?
- Are there strategic or thematic alliances between the partner organizations? How is this contributing to the achievement of project goals, and how can this be taken forward at the district, state, or national level?
- How is the coordination with other stakeholders, such as panchayats, legal committees, district and state authorities, journalists, campaigns, networks, and CSOs? How can this coordination be enhanced and improved?

4.3 Effectiveness

- To what extent were the objectives achieved or are they likely to be achieved, and what were the major factors influencing the achievement or under-achievement of the objective? How can the inhibiting factors be mitigated?

- What were the factors that supported and/or impeded the success of this project? Please delve into this question from the perspective of:
  - access to local food, nutrition, and health care programmes, especially for women and children (0–6 years)
  - independence of marginalized households for nutrition and food security
- Were the project management capacities adequate? Were all involved stakeholders aware of their roles and responsibilities, and did they live up to these responsibilities? Where is room for improvement?

4.4 Efficiency

- Were the targets realistic, Were the program targets realised on time?
- To what extent has the initiative been cost-effective? Would there have been any alternatives for achieving the same or better results with the given resources?
- How efficient have the systems been (e.g., reporting formats, MIS tools) which were used to capture results, support mutual learning as well as initiate strategic changes in the implementation process for achieving the project goal?
- What are the possible ways that will improve the project efficiency in the given context and backdrop of project area.

4.5 Impact

- To what extent has the health status of the community as a whole—and of children and women in particular—improved as a result of the project's interventions?
- What are the current and potential impacts of the project at the local, district, and state levels?
- How can efforts to amplify the key aspects of the project's impact be enhanced?

4.6 Sustainability

- What key factors enhance or undermine the sustainability of the project's results?
- What risks could threaten—and what opportunities could strengthen—the long-term durability of these results?
- Which interventions have been fully adopted by the community, which have not, and what are the underlying reasons for this difference?

5. Methodology

5.1 Methodology

To address the evaluation questions, the consultant(s) will conduct both a desk study and fieldwork in the project locations—Surgujia (Ambikapur) district of Chhattisgarh, —applying a combination of qualitative and quantitative

methods. The methodology should generate a comprehensive and evidence-based understanding of the project's outputs and outcomes, ensuring alignment with the evaluation's scope and objectives.

Data collection will use participatory approaches in close collaboration with partner organizations and representatives of the target groups. All methods must be child-sensitive, gender-responsive, culturally appropriate, and adapted to local conditions. Special attention should be given to creating a safe and respectful environment for all participants.

The consultant(s) are encouraged to design an innovative, inclusive, and context-specific methodology that incorporates triangulation of data sources, ensures representation of diverse voices, and maximizes the reliability and validity of findings.

5.2 Methods

Accordingly, the consultant(s) is (are) expected to apply the following methods when conducting the project evaluation:

- Desk study – analysis of project's background documents (proposal, and feasibility, project reports, etc).)
    - Feasibility study
    - Results of internal InA (formerly known as QuAM)
    - Relevant Policies and Strategies, etc.
    - Annual and half yearly reports
    - Project proposal
- Household survey:
- Focus group discussion
- Key informant interviews

(The following stakeholders are considered critical and should be involved in data collection:

- Staff of local partner organization(s)
- key informant(s) in the government departments
- key informants from local communities
- Experts resource persons who provided their services in the project period.

  Target group(s) representatives, representative from legal committees

Whenever the projects' target groups are involved in the research process, particular attention must be paid to the poorest, most vulnerable, and most marginalized members of the target groups in order to give them an opportunity to participate in the evaluation.

In addition to a standard content analysis, the analysis of the data obtained should include the following methods of analysis:

- A scenario analysis, analysing the project's overarching developmental impact and sustainability,

6. Key evaluation methods, deliverables, responsibilities, and tentative schedule

	Evaluation measures	**To dos / deliverables**	**Responsible institution**	**Deadline / schedule**	**Consultants' Working days (tentative)**
Preparation phase	Introductory meeting for Clarification of tasks & responsibilities and final expectations.	Understanding project, location, planning of evaluation field visit, and introduction with project partners.	TDH	25th November 2025	1
	Desk study	Familiarization with explicit knowledge regarding the project	Consultant /s	05 December 2025	3
		Analysis of strategies, project proposals, feasibility studies, any other report and evidence created in project, etc.			
		Development of study methodology			
Field work phase	Field visit	Planning and organizing field phases, including arrangements for meetings, etc.	Consultant/s	20th December 2025	7 days including travel
		Organization of required travel documents, tickets, etc.			

	Presentation & discussion of preliminary findings	Consultants are expected to present the primary findings in front of project partners; TDH concern personnel.	Consultant/s	25 Dec 2025	2
Analysis & concluding phase	Submission of First draft	Following the instructions and structure provided in the evaluation report template.	Consultant/s	10 Jan 2026	3
	Feedback on draft	First round of feedback	TDH	15th Jan 2026	
	Submission of revised draft	This draft will be submitted after incorporating suggestions and feedback from the TDH.	Consultant/s	20 Jan 2026	3
	Second round of Feedback	Responsible person from CO and HO will give feedback.	TDH	31 Jan 2026	
	Submission of Final report.	Submission of final report incorporating feedback given.	Consultant/s	28 Feb 2026	2

The evaluation is managed directly by the regional office in India in close consultation with the responsible desk officer at the head office. If (a) local consultant(s) is (are) chosen to conduct the evaluation, the respective contract is signed between the consultant(s) and the regional office. In case an international consultant is chosen, the head office is responsible for contracting.

All services must be carried out between 25th November 2025 to 28th February 2026

7. Requirements for bidders

- Proven experience in conducting evaluations in the fields of Child Rights, health and nutrition governance, community health for national and international organizations
- University degree (preferably Health and Nutrition) and relevant work experience in community health, food and nutritional security, and community-based health and nutrition management.
- Extensive knowledge and experience of working in tribal areas of central India, with a deep understanding of the socio-economic, gender, child rights, and youth empowerment context in India.
- Strong oral and written proficiency in English and Hindi
- Familiarity with and commitment to Child Safeguarding practices and prior experience working with children, women, and tribal communities.

8. Specification for Application:

Application should include:

- A narrative / technical proposal of no more than 3 pages, including relevant experience, planned methodology, timeline, and staffing for the evaluation
- A detailed financial proposal for the evaluation.
- Two sample reports; published or unpublished reports approved by the respective clients focusing on the same sector