Request for Proposal (RFP)

Improving Health Access and Empowering Rural Youth through Skilling in Agar Malwa, Madhya Pradesh

Baseline Study to assess the performance of key health indicators and existing skill levels, employability readiness, awareness of green jobs, and institutional capacity prior to the implementation of the 21st Century Skilling and Green Jobs Project in identified 27 Villages of District, Agar Malwa of Madhya Pradesh.

Issued by,

Smile Foundation

Deadline for receipt of proposals at Smile Foundation:

22nd November 2025

Study timeline- The study should be completed within 60 days from the date of contract signing

Submit your proposal- proposals@smilefoundation.email

About The Organization

Smile Foundation was set up in 2002 by a group of professionals in New Delhi, India. It is a voluntary development organization that focuses on underprivileged children, youth and women. Currently, its interventions are directly benefitting over 15,00,000 children and their families every year, through more than 400 active welfare projects on education, healthcare, livelihood and women empowerment. Please visit our website www.smilefoundationindia.org for more information.

The Healthcare domain of Smile Foundation has been delivering comprehensive, community-centric primary healthcare services across underserved rural and urban areas since 2006. With a strong emphasis on accessibility, equity, and last-mile delivery, the Foundation has established a significant presence across 16 states and 73 districts, including 27 aspirational districts, reaching over 1 million individuals across 1,130 communities through more than 100 health projects.

The skilling domain of Smile Foundation brings over 17 years of experience in implementing large-scale skill development programmes across India, with a deep commitment to empowering underprivileged youth and aligning closely with national priorities like the Skill India Mission. The Foundation's Livelihood Programme, conceptualized in 2006 and operational since 2007, began with a focus on retail sector placements and has since evolved into a robust, multi-sector skilling model addressing the dynamic needs of India's youth.

Context and Background

(a) **Health Project -** The project is focused on improving access to quality primary healthcare services across 27 villages and Agar town in Agar Malwa district, Madhya Pradesh. The intervention seeks to address persistent health system gaps by delivering and complementing government initiatives at the community level, fostering preventive practices, and building a continuum of care.

Agar Malwa faces a dual burden of undernutrition and rising non-communicable diseases (NCDs), coupled with high anemia prevalence and adolescent reproductive health challenges. Despite high institutional delivery rates and antenatal care coverage, service quality, early identification of high-risk conditions, and follow-up care remain weak. The co-existence of undernutrition, adolescent health risks, and NCDs—amid limited access to routine primary healthcare—necessitates an integrated, community-based response.
The project adopts a **comprehensive primary healthcare approach**, guided by five core pillars:

1. **Decentralized Service Delivery:** Ensuring consistent access to essential primary care services for remote communities through Mobile Medical Unit.
2. **Preventive and Promotive Care:** Early detection through mass screenings for anemia, malnutrition, and NCDs. These will be supported by growth monitoring, school-based adolescent health programmes, and Social and Behavior Change Communication (SBCC) activities aimed at improving health literacy and fostering healthy behaviors.
3. **Continuum of Care and Referrals:** A well-defined referral and follow-up mechanism will connect diagnosed cases to nearby government health facilities to ensure early intervention, continuity of care, and alignment with existing government services such as Ayushman Bharat and NPCDCS.
4. **Convergence with Government Schemes:** Aligned with national programmes including Anemia Mukt Bharat, WIFS, ICDS, and RMNCH+A.
5. **Capacity Building for Local Health Systems:** Orientation and training for frontline workers (ASHAs, ANMs, AWWs), PRI members, and VHSNCs to enhance last-mile service delivery, improve referral mechanisms, and strengthen local health governance.

Outreach, facility-linked services, and coordinated community engagement to reduce out-of-pocket expenditures, improving early diagnosis, and promote healthier practices across all age groups, especially among women, adolescents, children, and the elderly.
By building a functional bridge between communities and public health systems, the project aims to transform primary healthcare delivery in rural settings, making it accessible, responsive, and sustainable. The initiative also sets the stage for replicable health system strengthening in similar low-resource geographies across India.

(b) Skilling: The proposed skilling program targeted, inclusive and future-ready skilling intervention to break the cycle of poverty, unemployment and underutilized youth potential. There is a clear and urgent need to establish structured, industry-aligned training programs that focus on trades with real market demand-especially in Green Jobs and 21st Century Skills such as digital literacy, communication and problem-solving. Investing in these domains will not only prepare the youth for the evolving employment landscape but also contribute to India's larger climate and sustainability goals.
This project is designed to bridge the skill-employment gap by setting up a dedicated Skill Centre in Agar Malwa, conducting evidence-based trade selection, and delivering high-quality, NSQF-aligned training. Also training on 21st Century Skills will be provided to Youth through a Learning Management System (LMS). Special attention will be given to marginalized youth, women and migrant returnees, ensuring inclusive growth and livelihood security. The approach emphasizes community mobilization, gender-sensitive infrastructure, strong industry partnerships and post-training placement support-creating a holistic ecosystem for youth empowerment.

Need of the study

Agar Malwa, a rural district in Madhya Pradesh, faces a complex public health challenge characterized by a dual burden of malnutrition and non-communicable diseases (NCDs), poor dietary diversity, limited women's education, and persistent adolescent reproductive health issues. This necessitates a comprehensive community health intervention that is both preventive and promotive in nature.

Maternal and Child Health & Nutrition

- As per the National Family Health Survey (NFHS-5, 2019–21), 40.3% of children under five in Agar Malwa are stunted, 35.7% are underweight, and 18.7% are wasted—indicating both chronic and acute undernutrition.
- Further, 71.6% of children in the 6–59-month age group are anaemic, highlighting a major micronutrient deficiency issue.
- 55.6% Children under age 3 years breastfed within one hour of birth
- Only 0% of children aged 6–23 months receive an adequate diet, underscoring the severe lack of dietary diversity and feeding adequacy in early childhood, as confirmed by both NFHS-5 and the District Nutrition Profile (DNP, 2022).
- For women aged 15–49, 59.2% are anaemic, 26.7% are underweight, and 8.8% are overweight or obese, pointing to nutritional imbalance.
- Only 19.3% of women have completed 10 or more years of schooling, and 35.6% of women aged 20–24 was married before 18, reinforcing the need for interventions that target adolescent girls and delay early marriage.
- Moreover, 5.3% of girls aged 15–19 are already mothers or pregnant, placing them at higher health risk.

Maternal Health Services & Facility Access

- The district shows high coverage of institutional births (98.9%) and strong antenatal care (ANC) engagement, with 76.5% of women receiving four or more ANC visits.
- However, service quality and compliance remain gaps—only 54.8% of pregnant women consumed IFA for 100+ days, and 44.6% completed 180+ days, far below recommended levels.
- Access to basic amenities also plays a role. While 81.4% of households have improved drinking water and 72.3% have improved sanitation, only 39.5% use clean cooking fuel, exposing households to indoor air pollution and respiratory hazards.
- Moreover, 58.9% of households have some form of health insurance, reflecting progress in financial access but also scope for further expansion under schemes like Ayushman Bharat.

Non-Communicable Diseases (NCDs)

- 19.5% of women and 18.9% of men have high or very high blood sugar levels (indicative of diabetes or pre-diabetes).
- 21.2% of women and 25.2% of men have elevated blood pressure, indicating a growing incidence of hypertension.
- 40.7% of women have high-risk waist-to-hip ratios, a proxy indicator for cardiovascular and metabolic risk.

These NCD risks are exacerbated by low awareness, poor lifestyle practices, and limited screening at the community level, especially in rural and tribal pockets. Early identification, lifestyle counselling, and frontline monitoring are largely absent from routine service delivery, even though these are essential to prevent long-term complications and economic burden.

While anecdotal evidence and secondary data highlight critical gaps, there is a pressing need for context-specific, primary baseline data to:

- Understand the current status of anemia prevalence, NCD burden, Measuring the out-of-pocket healthcare expenditures incurred by the community. Service access gaps, and health-seeking behaviors, healthier practices behaviors across all age groups, especially among women, adolescents, children, and the elderly.
- Measure the reach and effectiveness of existing maternal health and nutrition services, including ANC, PNC.
- Identify bottlenecks and gaps in knowledge, behavior, and service utilization at household and system levels.
- Generate disaggregated insights across vulnerable groups (SC/ST, remote hamlets, adolescent mothers, etc.) to inform equity-focused interventions.
- Provide evidence-based benchmarks for monitoring project impact and enabling mid-course corrections during implementation.

The findings from this baseline will support strategic decision-making, strengthen programmatic focus, and enhance convergence with government systems to improve maternal and child health outcomes in the intervention geography.

Objectives of the Study

Healthcare

Overall Objective

To establish a comprehensive baseline on the current status of maternal, child, and reproductive health; prevalence of anaemia and non-communicable diseases (NCDs); nutritional status; health-seeking behaviours; and access to essential health services among communities in the 27 identified villages of Agar Malwa district. This baseline will serve as a reference point to monitor and evaluate the effectiveness and impact of the planned health interventions.

Specific Objectives

1. **Maternal, Child, and Reproductive Health**
    - To assess the current status of maternal, child, and reproductive health indicators, including access to and utilization of antenatal care (ANC), postnatal care (PNC), immunization, and family planning services.
2. **Nutritional and Health Status**
    - To determine the prevalence of anemia among women, adolescents, and children.
    - To assess the nutritional levels and dietary practices across different age and gender groups.
3. **Non-Communicable Diseases (NCDs)**
    - To assess the burden and prevalence of common NCDs such as hypertension, diabetes, and cardiovascular diseases within the community.
4. **Health-Seeking Behaviours and Practices**
    - To understand the community's health-seeking behaviours, awareness, and adoption of healthier lifestyle practices across all across different age and gender groups. particularly among women, adolescents, children, and the elderly.
5. **Access to and Utilization of Health Services**
    - To identify gaps in access to and utilization of essential health services, including maternal and child health, nutrition, and NCD management services.
    - To assess the quality, availability, and reach of existing healthcare infrastructure and frontline health workers in the identified villages.
6. **Economic Burden and Expenditure**
    - To measure the extent of out-of-pocket (OOP) health expenditures incurred by households and their impact on healthcare-seeking decisions and financial protection.
7. **Baseline for Monitoring and Evaluation**
    - To establish benchmark data for key health and nutrition indicators that will enable monitoring of changes and evaluation of the project's effectiveness and impact over time.
    - To suggest the key interventions, measurable midline and endline impact indicators in line with SROI.

To monitor the effectiveness and impact of the intervention, a baseline study is being undertaken.
This study will assess the current status of Maternal, child and reproductive health, anemia prevalence, NCD burden, Measuring the out-of-pocket healthcare expenditures incurred by the community, nutrition levels, service access gaps, and health-seeking behaviors, healthier practices behaviors across all age groups, especially among women, adolescents, children, and the elderly. Health Outcomes and access to essential services such as ANC, PNC among Pregnant Women in in identified 27 Villages of District, Agar Malwa.

To monitor the effectiveness and impact of the intervention, a baseline study is being undertaken for Skilling project.

Skilling project

Overall Objective

To determine market-relevant and sustainable trades for youth skilling in Agar Malwa by assessing the local livelihood ecosystem, industry linkages, and community aspirations. Establish the pre-intervention status of target beneficiaries, institutions, and ecosystems in order to assess existing skill levels, employability readiness, awareness of green jobs, and institutional capacity prior to the implementation of the 21st Century Skilling and Green Jobs Project.

Specific Objectives

1. **Profile of Target Beneficiaries**

    - Assess demographic and economic characteristics of Agar Malwa.
    - Map existing training infrastructure (ITIs, PMKVY centres, private institutes ect).
    - To document the socio-economic and demographic characteristics of the target population (age, gender, education, location, employment status, etc.).
    - To assess current levels of digital literacy, soft skills, technical/vocational skills, and awareness about new economic development jobs among youth and other target groups.

2. **Assessment of 21st Century Skills**

    - To evaluate the baseline level of core 21st-century skills such as communication, critical thinking, creativity, problem-solving, teamwork, and adaptability.
    - To identify skill gaps and training needs in relation to emerging sectors and future job requirements.

3. **Assessment of Green Jobs Awareness and Skills**

    - To assess the level of awareness, knowledge, and perception about green jobs and sustainable career opportunities among the target population.
    - To identify existing skills relevant to green sectors (e.g., renewable energy, waste management, sustainable agriculture) and determine key areas for capacity building.

4. **Institutional and Ecosystem Readiness**

    - To assess the capacity and readiness of training institutions, industry partners, and local organizations to deliver 21st-century and green skill training programs.
    - To map existing training infrastructure, curricula, trainers' competencies, and partnerships related to green and digital skills.

5. **Employment and Livelihood Context**

    - To understand current employment patterns, livelihood sources, and market demand for green and future-ready jobs in the project area and region.
    - Identify current and emerging sectors with job potential locally and in nearby districts (Indore, Ujjain, Dewas).
    - Map existing livelihood and employment patterns (rural and semi-urban).
    - To identify barriers and enablers for employability, entrepreneurship, and job placement in both formal and informal sectors.
    - Suggest priority trades suitable for Smile Foundation's intervention (formal jobs, self-employment, and green livelihoods).
    - Analyse gender-specific opportunities and barriers in skilling and employment.

6. **Baseline for Monitoring and Evaluation**

- To establish key baseline indicators (quantitative and qualitative) for measuring project performance and impact over the time.
- To provide a reference point for midline and endline evaluations to measure the effectiveness of the skilling interventions.

The findings from this baseline will serve as a critical reference point for tracking progress and informing evidence-based programming and course correction throughout the intervention cycle.

Study Geography

The study geography for the primary data for the proposed baseline is across project villages, located in the administrative blocks Agar and Barod of Agar district in the state of Madhya Pradesh.

Administrative Unit	No. of Villages	Total Population	No. of HHs
Project Villages [#]	27	43,500 Approx.	10,000 Approx.
Source: Census of India 2011, RGI, GOI			

Study Methodology

Methodology

The baseline will employ a **mixed-methods design**, integrating robust quantitative and qualitative approaches:

- **Desk Review:** Comprehensive review of relevant government policy documents, research papers, and program reports to contextualize findings and align with current sectoral best practices.
- **Sampling:** Quantitative surveys targeting a representative cross-section of youth (15–29), adults (30+), and elders, drawing from the 43,500 population across 27 villages; stratified to ensure gender equity and inclusion of marginalized groups.
- **Data Collection:**
    - Quantitative: Structured household surveys using validated instruments, with tools adapted and translated as appropriate.
    - Qualitative: Key informant interviews, focus group discussions, and facility observations with stakeholders such as community leaders, health and skill workers, government officials, local employers, placement agencies and beneficiary groups.
- **Analysis & Reporting:** Data will be cleaned, validated, triangulated, and analyzed using appropriate statistical and qualitative techniques. The final report will synthesize findings for actionable recommendations, accompanied by policy briefs and presentations for stakeholders.

Baseline Components

Desk Review

The agency will conduct a detailed desk review to understand the programme and its larger objectives in context of the target area as well as in the context of larger policy discourse. This shall include detailed review of related Government policy documents, documents on schemes & systems, research papers, doctoral research reports, reports of organizations that are working in healthcare, RCH, skilling etc. The baseline report should reflect the findings on this review as well these findings have to be linked with results of the baseline survey.

The program is being implemented across 27 villages in two blocks of Agar Malwa district. Sampling has been drawn from an estimated population of 43,500.

The baseline study will adopt a **mixed-methods approach**, integrating both quantitative and qualitative data collection.

1. Quantitative- Samples taken from 43,500 population and Approx. 10,000 Households (youth between 15-29 and adults age 27 above and Elders) Note: gender ration of 50:50 will be maintained during the study a) **Healthcare**- Healthcare tools need to be used for youth, adults and elders. b) **Skilling**- Skilling tools need to be used for the targe group. **2.Qualitative study with stakeholders-** Participatory rural appraisal IDIs and FGDs (involving all stakeholders and diverse communities) and facility observation.
Agar Malwa, Madhya Pradesh
Youth and adult and elders

Analysis and Reporting

The baseline report will be developed by analyzing and juxtaposing the quantitative and qualitative survey data. The output of the evaluation will not just be limited to the typical evaluation reports, but also appropriate research briefs and policy briefs will be developed to disseminate the learnings and proof of contents.

Survey Instruments

All survey instruments used during Economic Assessment study will be developed by selected Consultant/Agency. The translation of survey tools into local language will also be done by selected Consultant/Agency.

Scope of Work

Following will be the key scope of the agency hired for conducting the baseline evaluation:
The baseline study aims to establish the pre-intervention status of the target population and health system in relation to NCD screening, maternal health services, and adolescent anemia prevention and control. The findings will guide program design, implementation strategies, and subsequent monitoring and evaluation.

The selected agency/consultant will be responsible for conducting a comprehensive desk review to build a contextual understanding of the current health service status, livelihood and skilling landscape in the project area. The review will include but not be limited to the following:

1. Review of Government Reports and Policies**:** Examine key documents and reports from relevant ministries and agencies such as the MoHFW, NHM, Ministry of Skill Development and Entrepreneurship (MSDE), National Skill Development Corporation (NSDC), Deen Dayal

Upadhyaya Grameen Kaushalya Yojana (DDU-GKY), Pradhan Mantri Kaushal Vikas Yojana (PMKVY), and the Madhya Pradesh State Skill Development Mission (MPSSDM).

2. Analysis of Secondary Data Sources: Study the latest *District Statistical* Handbooks, labour and livelihood data, census information, and other publicly available datasets to identify employment trends, key livelihood activities, and skill gaps in the region.
3. Review of Relevant CSR and Development Partner Initiatives**:** Map and analyze ongoing or past skilling and livelihood projects implemented by CSR initiatives, NGOs, and development agencies to identify best practices, lessons learned, and potential areas for collaboration or scaling.
4. Fine tuning evaluation design and Methodology: Referring to the requirements and by studying relevant documents, the Agency will fine-tune the evaluation design and Methodology for the evaluation. The Agency will consult the SF team while developing the design and methodology. Smile Foundation propose a quasi-experimental study design to understand the baseline level of the programme implementation
5. Tools: The Agency will design and finalize Quantitative and Qualitative tools for the project. Where applicable, the Agency would do a translation in the local language, considering the objectives and indicators to assess for the project. Moreover, Agency should find out the other components like girl child marriage, gender issues, expenditure pattern etc., apart from health care and skilling in the project and add questions to the questionnaire relevant to the outcome and output of those components (Other Components were elaborated in the proposal of the programme).
6. Data Collection Platform: ODK platform such as SurveyCTO/KoboToolBox/Microsoft forms or similar kind of platform will be used for the data collection with youth and parents.
7. Hiring and training of Data Collection Team: The people in the data collection team should be experienced in data collection and well-versed in the local language. The Agency will provide intensive training to all data collection team members. The training should include classroom sessions on tools, mock surveys and field practice.
8. Sampling: SF will provide the selected villages information for the data collection. Using the information, the Agency will make the sample selection based on the agreed sampling method.
9. Data collection: The Agency will submit its field plan well in advance, with sample details. The SF team will help the Agency in facilitating with the communities to collect the data. The Agency will follow high standards of quality protocols and ethical standards during field data collection. It is expected that key research team member/s should visit the project area during data collection to ensure data quality and to have a first-hand impression of the project implementation.
10. Analysis and Report Writing: First, the Agency will scan and clean the data. And analyse the cleaned data using the standard analysis process. The Agency will use appropriate statistical techniques as well as descriptive and inferential analysis of data as per the requirements. Qualitative data will be analyzed as per standard practices of qualitative analysis. Agency will triangulate key findings with programme MIS data. By Juxtaposing qualitative and quantitative data, The Agency will prepare the draft and submit it to SF for feedback from SF team. Then the Agency will finalize the report.

Support from Smile Foundation (SF)

1. SF will provide the project related documents.
2. Inductions to the Agency**:** The aim of inducting the Agency is to acquaint them with the project and its activities, giving them a background on the project. SF shall give such inductions during the initial and post-data collection phase.

- Initial phase: This shall include giving an overview of the project and setting up a joint meeting with the project team to plan data collection. This will be done just after the signing of the contract.
- Post data collection: This shall include an induction on data analysis, especially the construction of indexes and SFs expectations on report writing. This will be done post data collection and cleaning.

3. During the data collection, SF will support the agency in coordinating with selected villages.
4. SF will provide relevant part of Child Protection and Safeguarding Policy (CPSP) of SF. The agency should orient its team members on this policy guidelines and relevant documents shall be signed by the team members.

Expected Deliverables

Following will be key deliverables of the assignment:
1. Inception report: Within 7 days of contract signing, the agency will submit an inception report. The report will include:

- Note on understanding of the assignment by agency.
- Proposed evaluation design and methodology with sampling strategy
- Quantitative and qualitative tools (KII and FGD)
- Analysis framework
- Field plan (Tentative/ Before starting of the field work, the agency will share the final version of field plan)

The agency will present its suggestive methodology in a meeting (online or offline) set up to Smile Foundation and other stakeholders. Based on the feedback, the agency will further fine tune to the methodology including sampling framework.

2. Field Work Completion report: After completion of field work for data collection, the agency will submit a small report on field work completion. The report will reflect on how the methodology was followed, sample coverage, timely completion of data collection and challenges faced if any.

3. Draft report: As given in the scope of work, draft report will be the key deliverable of the assignment. It should include background, methodology, topic specific analysis and narratives, conclusions and recommendations.

The recommended structure for the report is as follows:

a) Title page with SF's and Funder logo along with a photo
b) List of Abbreviation and List of tables
c) Executive Summary
d) Factsheet with baseline values of outcome indicators
e) Introduction (about the project, SF approach, Methodology)
f) Context (for e.g: - About Geographical location- secondary data about the district)
g) Findings and Analysis – Demographics of sample and analysis based on outcome framework, qualitative findings must be triangulated with the outcome indicators
h) Recommendations and Conclusion (Different from Exec Summary)

i) A detailed Funder PowerPoint presentation (PPT) based on findings and analysis,

4. Final Report: Final report pack will include the following:

- Final version of evaluation report by incorporating the feedback from Smile Foundation
- Factsheets with key data points
- Research Brief (Executive Summary)
- PowerPoint presentation with key findings of the evaluation
- Quantitative raw data, qualitative transcriptive and all other relevant documents and minutes generated or used during the evaluation.

Proposed timelines-

The assignment is to be completed over two months, with sequencing as follows: contracting and desk review, tool finalization and training, fieldwork and data collection, analysis and reporting

Review, Feedback and Quality Control Mechanism of Smile Foundation

The Consultant/Agency will be expected to work closely with Smile Foundation team. Study plan and timeline, study design and tools, analysis plan with inception report/tables and draft report will be shared with Smile Foundation for review and feedback will need to be incorporated. A copy of the final version (after incorporating the feedback) will be shared with Smile Foundation designated person and consent taken before proceeding further.

Smile staff will supervise the whole process of quality control in coordination with external agency and may randomly visit or join quality control team/s.

Quality Control Mechanism

Consultant/Agency needs to elaborate the quality control mechanism to be followed during study implementation. This will include quality control mechanism of the selected Consultant/Agency (management, coordination & reporting lines). Emphasis should be given on quality assurance during the data collection. Standardized procedure of triangulation of gathered data will be followed before report finalization.

Ownership of Materials

The Consultant/Agency may note that all outputs including the study data, reports, sets of tools, training manuals, any other allied materials etc. produced as part of this study will fully remain the exclusive property of Smile Foundation. The raw data and filled-in interview schedules would become property of Smile Foundation. The data files should be submitted to Smile Foundation.

Proposal Submission Protocol

The **key requirements for the applying agency** tasked with conducting the baseline assessment for Smile Foundation's Health and Skilling Project in Agar Malwa:

- **Relevant Experience and Track Record**
    - Demonstrated expertise in baseline surveys, impact evaluations, and research in public health, nutrition, skilling, or livelihood programs, ideally in rural or low-resource settings.

- Proven experience conducting large-scale studies for government, international agencies, or credible NGOs, with a portfolio of past reports and validated methodologies.
- Strong familiarity with participatory rural appraisal, mixed-methods field surveys, and data triangulation.

- **Technical and Sectoral Competence**
  - Access to a multidisciplinary team with skills in quantitative/qualitative research, sampling design, tool development, fieldwork, data analysis, and report drafting.
  - Sectoral knowledge in maternal and child health, nutrition, adolescent and women's health, non-communicable diseases, skilling, and employment.
  - Understanding of national programs (e.g., Skill India, Ayushman Bharat, Anemia Mukt Bharat) and alignment with government and donor protocols.

- **Staffing and Local Representation**
  - Sufficient trained field investigators, supervisors, and qualitative researchers fluent in local languages and knowledgeable about district context.
  - Commitment to gender-equitable team composition and representation of marginalized populations.

- **Methodological Rigor**
  - Ability to design robust sampling frameworks, develop and translate tools, and implement quality control mechanisms to ensure reliable data collection and analysis.
  - Proficiency in digital data collection platforms (SurveyCTO, KoboToolBox, ODK, Microsoft Forms, etc.).

- **Compliance, Ethics, and Quality Assurance**
  - Willingness to adhere to Smile Foundation's Policy and ensure all team members are oriented and compliant.
  - Ethical standards in informed consent, confidentiality, and bias mitigation.
  - Ability to participate in review, feedback, and quality control processes as coordinated by Smile Foundation.

- **Reporting and Deliverables**
  - Commitment to timely submission of all required deliverables: inception report, fieldwork completion report, draft report, final report, raw data sets, and communication briefs.
  - Experience preparing fact sheets, policy briefs, and PowerPoint presentations tailored for donor and stakeholder communication.

- **Proposal Requirements**
  - Submission of a complete technical proposal (methodology, team, timeline), financial proposal (detailed budget), and samples of previous work.
  - **Ownership and Data Protocol**
  - Agreement that all data, tools, manuals, reports, and outputs generated as part of the assignment remain the property of Smile Foundation.

- **Proposals should be submitted via email including:**
    - Technical Proposal (understanding of the assignment, proposed research methodology with details of sampling, quantitative and qualitative tools used, proposed team structure, experience and expertise, proposed timeline, reporting templates)
    - Financial Proposal (detailed budget)
    - Relevant past work samples of health/nutrition evaluations and livelihood skill evaluations done in last 5 years

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