



TERMS OF REFERENCE - MONITORING & LEARNING Consultant Evolving a Women-centred Extension Model for Improved Cook Stoves Extension (SWITCH-Asia II)

This document sets out the terms on which **CARE France** is aiming to hire the professional services of a consultant/center of research to establish a partnership for the whole monitoring and learning process of Evolving a women centred extension model for improved cook stoves program in India.

CONSULTANCY FOR:	Supporting on monitoring, knowledge management and learning efforts for the program
PROJECT	Evolving a Women-centered Model of Extension of Improved Cook Stoves for Sustained Adoption at Scale
PROJECT AREA	Kalahandi and Kandhamal Districts of Odisha and Jashpur District of Chhattisgarh, India
NGO implementing the project	CARE India in partnership with CARE France

1. Background

Founded in 1945, CARE is one of the world's leading humanitarian organizations. It is non-partisan and non-sectarian.

In 2016, CARE worked in 94 countries and reached 80 million people around the world. In its **emergency response** and **long-term development programs**, CARE seeks to fight underlying causes of poverty. CARE places **special focus on working alongside poor girls and women** because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty.

CARE France is co-applicant in the project “Evolving a Women-centered Model of Extension of Improved Cook Stoves for Sustained Adoption at Scale” led by CARE India.

CARE India, based in New Delhi, with offices in the project locations of Chhattisgarh and Orissa, has a long record of working with women and girls, developing their skills, capacities and capabilities, and successfully promoting and engendering pro-poor value chains for women’s empowerment.

The project “Evolving a Women-centered Model of Extension of Improved Cook Stoves for Sustained Adoption at Scale” in the states of Chhattisgarh and Odisha (EuropeAid project), began its implementation in January 2016 with a duration of 48 months. **The main objective of the action is to promote sustainable adoption of Improved Cook Stoves (ICS) as a clean cooking energy solution among forest-dependent households (FDH).**

The aim of the action is a switch to Improved Cooked Stove (ICS) from traditional polluting cook stove that can improve the quality of life of women and enhance their social, economic, and environmental wellbeing.

Fuel wood is one of the main products derived by the largely poor forest-dependent households (FDHs) and its use has increased in the decade since 2000 in rural India. No wonder, India lost 367 sq. km. of forest cover between 2009 and 2011; the country’s tribal districts alone lost 679 sq. km between 2009 and 2011. A decline in fuel wood availability or access poses a risk to food and energy security of households using traditional cook stoves, while its continued unrestricted and free availability reduces the incentive for households to switch to cleaner options.

More than 800 million Indians depend on simple cook stoves that burn solid fuel, mainly fuel wood or coal. Household Air Pollution (HAP) caused by the use of traditional cook stoves is responsible for around 500,000 deaths in India every year, which can be avoided through adoption of ICS. According to a WHO report, over 145



million Indian households use traditional cook stoves for their daily cooking and depend on biomass (wood, dung, agricultural residue) as fuel, and despite government thrust and subsidies, poor adoption of ICS in India has been a puzzle. Despite subsidy-backed government initiatives like the National Biomass Cook-stove Initiative (NBCI) or its predecessor, the National Program on Improved Cook stoves (ICS), poor adoption of ICS in India remains a challenge.

The gendered cooking energy dimension is ignored and the ICS value chain remains weak. A complex combination of factors like cooking traditions, intra-household distribution of incomes and gender dynamics, culture, religion, and affordability affect sustained adoption and use of ICS in the country. However, women in India do not have a say in household energy related decisions even though they suffer the effects of Household Air Pollution (HAP) the most. The demand for alternative fuels and ICS remains low due to high transaction costs for the price-sensitive poor. Despite high market potential, there is a major gap in the availability of ready-to-use models that address the needs and preferences of households. A lack of government research and testing initiatives that considers the social desirability of ICS models is another contributing factor. Low demand discourages suppliers from investing or doing business, and suitable financing options for consumers and entrepreneurs are unavailable.

However, few programs recognize and address these challenges in an integrated manner and still fewer engage men and Value Chain (VC) actors while keeping women at the center of the ICS adoption challenge.

There is a need to recognize and address these challenges in an integrated manner and engage men and VC actors while keeping women at the center of the ICS adoption challenge. Such an approach will enable women to switch sustainably to ICS from traditional polluting cook stoves, resulting in improvements in their health and quality of life. Environmental well-being through reduced dependence on forest fuel and an increased tree cover are some of the other long-term impacts from this action. The resulting women-centered extension model will be documented and disseminated widely among different ICS stakeholders to promote adoption of ICS at scale.

In order to generate evidence for informing the evolving extension model, through a concurrent and participatory monitoring and to provide information to enable systematic and continuous tracking of progress of project activities, as well as measurement of results, **CARE France is recruiting a Monitoring and Learning Consultant to support the implementation of the action.** The promotion of a learning culture is one of the strategic directions of CARE India to have excellence in programming, enabling staff and partners to understand, demonstrate, and measure impact on the clean cooking energy transitions.

2. Objective

The overall objective of the consultancy is to **support the design and the implementation of the project's monitoring, knowledge management and learning system. S/He will support the design and roll-out of PPT (Participatory Performance Tracking) with the SHE (Sustainable Household Energy)-Schools**, and provide technical support and oversight related to the Monitoring and Learning System (MLS) and develop necessary monitoring tools and formats for the State Teams to operationalize.

Objectives of the consultancy:

- **Technical support for the design of conducting studies (1 Knowledge Attitudes and Practices - KAP and cohort studies per year) to evaluate action's performance.** KAP studies would be undertaken on an annual basis to understand the level of adoption of the Improved Cook Stoves practices being introduced in the action. This is aimed at learning and steering direction for mid-course correction. The findings of KAP studies will feed as an input towards the final evaluation and establishing causal linkages with some of the process and intervention as well.
- **Technical support on Monitoring and Learning System (MLS) of the project.** The monitoring system, as a matter of principle, would gather and analyses data in a **gender** disaggregated manner. S/He will bring technical support to design and finalize the Monitoring Information System indicators (according the situational analysis and baseline studies), formats for assessing performance of improved cooked stoves along with the two Monitoring and Learning Assistant based in the field.
- **Undertake 3 join field visits with CARE India project team (1 field visit per year) to monitor progress in the field and promote joint reflection and learning**



- **Scouting and linking with Improved Cook Stoves (ICS) suppliers** based on the consumer preferences and requirements for ICS models emerging from Situational Analysis studies, and for subsequent contacts with suppliers in case some of the out-of-India suppliers (esp. EU ones) are shortlisted.

3. Deliverables:

The following deliverables are to be submitted to CARE:

- I. A work plan with methodology section, including interview questions, scope and sampling strategy (to be developed, discussed and approved in the inception phase) for KAP and cohort studies
- II. A tool for regularly measure progress of outcomes
- III. Tools and techniques (quantitative and qualitative) for conducting such studies
- IV. Draft Evaluation Reports in English for KAP and Cohort studies (1 KAP and cohort study per year – 3 years basis)
- V. Final report in English. This must be at a minimum level containing:
 - a) Table of content
 - b) Executive Summary
 - c) Introduction
 - d) Objectives of KAP and cohort study
 - e) Methodology
 - f) Findings
 - g) Recommendations
 - h) Conclusions
 - i) Annexes
- VI. 3 Studies findings briefs for wider sharing developed (2 to 3 pages each maximum)
- VII. Monitoring and Information System indicators developed to track the outputs in different cohorts
- VIII. ICS performance assessment formats for final selection of stoves for adoption developed
- IX. For each joint field visit with CARE India project team a final report will be developed and must be at minimum level containing:
 - i. Table of content
 - ii. Executive summary
 - iii. Objectives of the field visit
 - iv. Methodology
 - v. Findings (including reflection on the project processes/outputs/outcomes on the ground undertaken)
 - vi. Recommendations to strengthen field interventions
- X. Database on European ICS models and ICS suppliers developed and list of contact with the ICS suppliers
- XI. Linking the ICS project with at least 2 others projects on ICS to initiate and external dialogue and potential synergies in Asia in order to feed discussion papers and policy briefs on ICS in collaboration with CARE India team

4. Scope of work:

The scope of the consultancy will cover all activities undertaken in the Logical Framework. The consultant will review the basic document (Project Proposal, baseline study and situational analysis, annual program implementation report etc.), reports, case studies and other relevant. The consultant will design methodology, tools and techniques to measure outcomes progress internally on a regular basis. These tools and indicators should assess the relevance, performance, management arrangements of the project.

The consultant also identifies/documents lessons learned and makes recommendations that stakeholders might use to improve the quality implementation of other related projects & programs and scale up the modalities & best practices in other projects of partner which are almost following the same approach.

Information should be disaggregated by gender when possible.



Key activities

- Working with CARE India's project team, particularly with both Monitoring and Learning Assistant in the field and CARE France
- Field trip to project sites (x travels/x days)
- Technical guidance, tools and formats provided by the consultant
- Database on European ICS models and ICS suppliers

5. Qualification

- Solid experience in participatory review and evaluation methodologies
- Good interpersonal skills, including the ability to conduct discussions with diversified people.
- Extensive experience in designing and providing recommendations for Monitoring system of development projects
- Extensive technical knowledge and experience in improved cook stoves sector
- Training and facilitation experience
- Experience in working with NGOs
- Demonstrated analytical, communication and report writing skills
- Proficiency in English and French
- Familiarity with Indian context is a plus

6. Reporting

The consultant will report to CARE France and to the Program Manager of CARE India and have a dotted line association with Head, Impact Measurement (CARE India, HQ)

7. Logistic Support:

Selected consulting firm will be responsible for all logistic supports like transportation, human resources, stationary, accommodation, per diem or if any other expenses.

8. Documents to be submitted by the consultant:

Need to submit one financial and one technical proposal separately. Along with the technical proposal, consultant/ firm's need to include CV's of the consultant.

- Technical Proposal:
 - I. Cover letter – maximum one page
 - II. Technical proposal – Maximum 6-8 pages
 - a. Relevant experience of the consultants / consultancy firm
 - b. Understanding of the assignment / objectives of the study
 - c. Proposal for the methodology, including sampling and approaches to be used
 - d. Proposed timeline for completing the study
 - e. A plan for analysis and sense making of the data
 - f. Team composition
- Financial Proposal – (In EUR)
 - a. Financial Proposal – Maximum one page
 - b. Breakdown of cost estimates for services to be rendered.
 - c. This should include, but not be limited to: daily consultancy fees, enumerator fees, accommodation costs; transportation cost, stationeries, and supplies needed for data collection and reporting.
 - d. Vat/Tax calculation



9. How to apply?

Please send all the requested documents to devars@carefrance.org with the reference TOR SWITCH MLE in the object of your email.

Deadline for submission: June 2nd 2017



10. Schedule and Key Deliverable Milestones

Sl.No.	Specific Activities	YEAR 2												YEAR 3		YEAR 4		Outputs
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1 - M6	M7 - M12	M1 - M6	M7 - M12	
1	Conducting Studies																	
1,1	Design the methodology and areas of enquiry for KAP and Cohort studies along with Monitoring and Learning Assistants (MLA)																	
1,2	Finalize the tools and techniques for KAP and Cohort studies																	
1,3	Review the draft study reports (KAP and Cohort studies), share inputs and finalize the study reports																	
1,4	Undertake data presentation on key findings of KAP and Cohort studies for sharing with different stakeholders																	
2	Technical support on Monitoring and Learning System (MIS)																	
2,1	Design and finalize the cohort based MIS indicators along with MLAs																	



2,2	Prepare and finalize the formats (quantitative and qualitative) for assessing performance of ICS through cooking tests at household and SHE school level along with MLAs																		ICS performance assessment formats for final selection of stoves for adoption developed
3	Monitoring and Reporting																		
3,1	Undertake joint field visits with CARE India project team to directly observe and monitor progress in the field, and promote joint reflection and learning																		Joint monitoring visits and reflection on the project processes/ outputs/outcomes on the ground undertaken, and on-site handholding support extended to strengthen field interventions
3.2	Field visits reports																		
3.3	Scout and establish linkage/contacts between CARE India and the ICS suppliers, and share information on European ICS models and ICS suppliers																		Database on European ICS models and ICS suppliers developed, and linkage established with the ICS suppliers



3.4

Data base on ICS suppliers

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11. General Conditions:

- The consultant will not consider himself/herself in any respect, staff members of CARE France or CARE India or be entitled to any benefits provided to both organizations staff members.
- The consultant will not share with any person or entity any unpublished information known to them in the course of fulfilling this contract except upon explicit written authorization by CARE France or CARE India.
- The title rights, copyright and all other rights of whatsoever nature in any material produced under the provision of this contract shall be vested exclusively in CARE France and CARE India.

12. Annexes to the TOR

- Switch Asia Factsheet

Additional documents on the project are available on request.