

Terms of Reference

Hiring of Operations Review (OR) Firm

1. Introduction

The “Strengthening Social Protection Delivery System in Sindh” (SSPDS) is a project financed through an IDA credit of US\$ 200 million, with counterpart financing of US\$ 30 million (in-kind/cash) by Government of Sindh (GoS). The project supports inclusive growth by reducing inequities for vulnerable groups through development of a sound social protection delivery system and expanding Mother and Child Support Program (MCSP), while promoting resilience and adaptation to shocks, including ones induced by climate change. The project supports operationalization of the Sindh Social Protection Authority (SSPA), development of the Sindh Social Protection Delivery System and promotes higher utilization of maternal and newborn child health services to safeguard human capital during the first 1,000 days of life. SSPDS will be implemented over a five-year period (2023-2027).

The project development objective is to “*Strengthen social protection service delivery system and enhance accessibility and utilization of Mother and Child Health Services in selected districts in Sindh.*”

SSPDS supports the following components.

Component 1: Strengthen Sindh Social Protection Service Delivery Systems

This component supports the modernization of systems and processes to fully operationalize the newly established SSPA and improve its institutional capacity by strengthening the administrative, operational, policy, and planning functions and capabilities, including the development of energy efficient/climate-smart information technology (IT) systems and capacity building through the provision of technical assistance for: (i) enhancing the logistics and administration, procurement, financial management (FM), human resources (HR), legal, auditing, M&E, and grievances redressal capacities; and (ii) upgrading and/or customizing the IT systems for managing welfare services, programs, and grievances redressal.

Component 2: Mother and Child Support Programme (MCSP)

This component focuses on birth and first 1,000 days where risks and needs are high but programmatic responses are weak. The main objective of this component is to create demand for MNCH and nutrition services and promote behavioral change to increase uptake of the MNCH services focusing on the first 1,000 days of life through the provision of CCTs in selected districts. This component will build on the MCSP pilot and introduce implementation improvements for enhanced efficacy, based on the administrative assessment of the pilot.

2. Institutional and Implementation Arrangements for SSPDS

a. Sindh Social Protection Authority (SSPA)

SSPDS will be implemented by the Sindh Social Protection Authority (SSPA) as the lead implementing agency, in close collaboration with the healthcare system of the Government of Sindh. SSPA will also liaise with BISP, NADRA, and, where possible, existing government institutional structures will be used for implementation. As the sole implementing agency, Chief Executive Officer SSPA will be the ex-officio Project Director for SSPDS, assisted by a Senior Project Manager responsible for day-to-day operations and implementation of activities assigned to the project.

3. Geographical Scope of the Project

This five-year (2022-2027) project will be implemented in 15 districts in the Sindh province, and will be scaled up gradually. The district-wise project roll-out schedule would be finalized based on geographical clustering and other technical, logistical and administrative criteria.

4. Target Group

An “eligible beneficiary” for SSPDS is defined as follows:

All pregnant women and mothers of children aged under 2 years, who are residents of the target districts

Table 1 summarizes the eligibility criteria to enroll in the CCT program.

Table 1: Enrolment Eligibility Criteria

Criteria	Evidence required
Must be pregnant (any stage of pregnancy) or lactating with a child below 2 years of age	Screened for pregnancy at the Health Facility
Beneficiary must be resident of area selected for the program roll out	Residential address as mentioned in the CNIC

The total number of beneficiaries from the MCSP component is estimated to be 1.3 million¹ pregnant and lactating women over five years. The breakdown of estimated beneficiaries to benefit from the MCSP component are given in the Annex 1. Different scenarios can present themselves during the life of the program in terms of eligibility. There is no limit to the variety and nature of possible scenarios and all cases will be reviewed on an individual basis.

All pregnant women enrolled in the MCSP can remain in the program until the child reaches the age of 24 months, or they exit the program for any reason, provided they commit to completing the MNCII services schedule. The aim is to help rural underserved women and

¹ Please note, this is an indicative beneficiary list, which can be adjusted during implementation based on progress and Project evolution.

children achieve better health outcomes by incentivizing utilization of maternal and newborn child health services.

5. Conditionality and Benefits

The MCSP will provide cash transfers to Pregnant and Lactating Women (PLW), incentivizing them to fulfill conditionalities that include regular health checkups of pregnant and/or lactating women, institutional delivery and birth registration; child growth promotion; and immunization of children under two years of age. In addition, mothers will be encouraged to participate in counseling and awareness sessions on birth spacing, hygiene, feeding and caring practices; children's cognitive development; as well as food security and healthy food options for nutrition.

Each MCSP beneficiary is expected to attend the nearest public health facility as per prescribed schedule, as MCSP payments are linked to the beneficiary adhering to the scheduled visits. MCSP will offer a maximum of PKR 30,000 to beneficiary women from pregnancy detection until the child turns two years old, subject to compliance with co-responsibilities/conditionalities.

The payment service provider recruited will deliver regular CCT payments to beneficiaries. The payment service provider will operate at close distance from beneficiaries to minimize private costs to receiving cash benefits with an acceptable transaction cost, in accordance with international and national current practices. Payments are expected to happen on fixed intervals, and at least one payment is expected to happen every quarter.

All eligible beneficiaries registered until program's Year 4 will be supported with CCT. No new registration will be done during 5th year of the project. Previously registered clients in 15 districts will continue with the 1,000 days cycle with CCT.

6. Objective and Scope of the Assignment

Objective of the Assignment:

- a. Conduct operational reviews (process evaluation and spot checks) periodically (at least quarterly) for component two (MCSP) of SSPDS to assess compliance with SSPDS operations and procedures as mentioned in the Project Operations Manual (POM), including but not limited to, targeting and registration of beneficiaries in the CCT program, enrolment, payments, visits compliance at BHUs/RHCs in the case of CCT, communication activities (dissemination and display of Public Information Campaign (PIC) material and Behavior Change Communication (BCC), social mobilization, and grievance redress mechanisms; and
- b. Adopt appropriate qualitative and quantitative strategies to produce reliable results on efficiency and effectiveness of the various interventions under the Project, quality of services as well as observing change in knowledge, attitude and practices (KAP) of the local community and target group with emphasis on increasing the uptake of the MNCH services focusing on the first 1,000 days of life. The exercise will specifically report on following results indicators within the Results Framework.

- Percentage of MCSP payments made to women in a timely manner in accordance with the guidelines (Percentage)
- Percentage of qualified and participating health facilities where CCT program is operational (Percentage)
- Percentage of qualified and participating health facilities MCSP staff with adequate working knowledge of MCSP - adequate knowledge ($\geq 60\%$ score on post training assessment) about the MCSP (Percentage)
- Percentage of catchment population covered with community outreach activities - as per the scheduled plan of roll out activities (Percentage)
- Percentage of MCSP registered clients who know their rights and responsibilities in terms of co-responsibilities, program rules and entitlements (Percentage) Percentage of participants who perceive improvements and are satisfied with services provided by MCSP (Percentage)
- Development of the GRM system to handle complaints.

Scope of the Assignment:

Under SSPDS, all Implementing Agencies and Partners have their internal monitoring mechanisms in place to report on component specific progress of the work undertaken at the field level. However, to provide holistic oversight of field activities, track progress, ensure course correction and remain on track to meet project objectives, record beneficiary satisfaction, and observe changes in perceptions and social norms in areas related to the intervention, the project requires the services of an Operational Review (OR) firm.

The scope of this assignment is defined by key functions of the Consultant which include: (i) conduct operations review through spot checks and process evaluation of various activities and seek beneficiaries' feedback on quality and delivery of services; (ii) undertake Knowledge Attitude and Practice (KAP) surveys; and (iii) measure performance against the above given indicators from the SSPDS M&E framework.

Details of activities to be performed by the Consultant are described below.

7. Operations review

a. Spot Checks

The key objective of spot checks is to validate the accuracy of the information collected by the project with respect to implementation of enrolment, compliance verification, payment and GRM for component two (MCSP). This would include, but not be limited to, observing, and collecting statistically random information and reporting any variations in the information collected for the same process initially by the MCSP Implementing Partner (IP) and later by the Consultant and determining the causes of such variation, leading to effective feedback for regularly improving the implementation processes. The selected consultant will conduct spot checks at health facilities and payment sites preferably during quarterly payment cycles and conduct interviews with CCT beneficiaries to gather and analyse data on their experiences. This will be particularly focused on the uptake and effectiveness of the health and nutrition services, payment system used for cash transfers, communications, grievance redress, and benefits of the cash transfers. It is expected that the information will be collected directly from project beneficiaries, family members of the beneficiaries, SSPDS/SSPA staff, health and nutrition workers, staff of payment service provider(s) and other stakeholders. The consultant

is expected to clearly define the respondents of various data instruments as part of its methodology.

b. Process Evaluation

Process evaluation will assess the performance of project cycle and process flows by observing the efficiency (resource and time wise) and accuracy (adherence to the Operations Manual). It will measure effectiveness of interventions viz-a-viz target group, identification of beneficiaries, enrolment process, compliance verification, regularity, and reliability of payments to beneficiaries, effectiveness of the GRM, awareness about processes for different interventions among beneficiaries and communities. It will also facilitate identification of any operational challenges and processes that need revision, improvements, adjustments, and correction in a timely manner. Process evaluation would also feed into any future revisions of this POM and other related documents.

c. Beneficiaries 'Feedback

To assess compliance with procedures, identify good/bad practices, risks, and opportunities for improvements and ensure social accountability, the Consultant shall collect feedback directly from beneficiaries. This shall be done through household level surveys, focus group discussions, community dialogues, and interviewing beneficiaries during spot checks. Beneficiary feedback provides crucial information for continuous monitoring and validation and supports measures for enhanced transparency and accountability in project's operations.

Key areas of interest on which the consultant will collect information include:

- Awareness about the project's objectives.
- Beneficiary experience with enrolment and case management.
- Beneficiary experience with service delivery at health facilities.
- Beneficiary experience with the payment system (regularity and predictability of transfers).
- Amount of cash transfers due to and actually received by beneficiaries.
- Costs and time spent by beneficiaries for enrolment, processing, availing services and thereafter accessing cash transfers.
- Uses of the MCSP amount by recipient families.
- Beneficiaries' views on any malpractices, abuse, fraud, and corruption within the project operations.
- Beneficiary experience with project staff at health facilities.
- Beneficiary experience with regular/non-project staff of health facilities.
- Communications among SSPDS/SSPA, provincial healthcare system and beneficiaries.
- Grievance redress mechanisms at health facilities (supported under the project).
- Women's mobility and access constraints.
- Beneficiary satisfaction levels and preferences.
- Recommendations for improving SSPA systems, health facilities and maximizing benefits of the MCSP.

d. Knowledge, Attitude & Practice (KAP) Surveys

A greater focus of the SSPDS interventions is on Behavior Change Communication (BCC) to increase uptake of the MNCH services focusing on the first 1,000 days of life through the provision of CCTs in selected districts. In addition, mothers will be encouraged to participate in counseling and awareness sessions on birth spacing, hygiene, feeding and caring practices, children's cognitive development, as well as food security and healthy food options for nutrition. To guide the project team about effectiveness of the BCC interventions, the Consultant will be required to conduct KAP studies to indicate change in KAP of the target groups and local communities in general. The frequency of the KAP survey will be bi-annual. Each study will cover all those districts that will be functional and where communities/target groups will have received BCC sessions.

The selected consultant will collect quantitative and qualitative data to assess the project's operations in all selected districts. This will entail field monitoring of various processes including, but not limited to, targeting, registration, uptake of health services, payments, social mobilization, and grievance redress. Key areas of interest on which the consultant is expected to collect data include:

- Compliance with registration, enrolment, and data collection processes with SSPA's approved eligibility and operational procedures as per the POM.
- Validation of project's records (by gender, location, etc.).
- Validation of registered beneficiaries of the MCSP (by gender, location, etc.).
- Validation of compliance data available with the project (by gender, location, etc.).
- SSPA's compliance with its approved MCSP exit/discontinuation policies.
- Activation of health facilities (Functional enrollment desk at health facilities)
- Social mobilization process.
- Recommendations for improving any future MCSP systems.

In consideration of the above, the firms are expected to propose effective strategies and sampling design for a range of activities included under the MCSP component in their proposals. The firms should build plausible arguments about how they will plan and conduct the activities, accumulate results, and facilitate course correction during Project implementation.

8. Verification of Selective Intermediate Results Indicators (IRIs)

The Consultant will be responsible to verify selective Intermediate Results Indicators of MCSP component given above from the M&E framework of the SSPDS.

9. Timeframe of Assignment

The contract is expected to begin in January 2024 and will run until the closure of the project in 2027. However, depending on operational requirements these dates may be revised.

10. Data Digitization

The firm will develop various data collections instruments on different aspects of the interventions defined in these ToRs, in consultation with the relevant technical teams at SSPA. For targeting, enrollment, and other associated activities under MCSP, the firm will develop a robust method of digital data collection to maintain data quality and consistency and to avoid data entry errors; translating modules into appropriate local language, if needed, adapting the

program to reflect any changes from the base questionnaires, and facilitating the inclusion of supplementary data modules in consultation with the relevant technical team at SSPA. The firm will also provide the raw data with proper labeling in a format that can be used with statistical packages.

11. Tentative Schedule of Delivery

	Output/Deliverable	Schedule of Submission	Y1	Y2	Y3	Y4	Y5
1	Inception Report	Within Twenty (20) days of the Contract Effectiveness	-	X	-	-	-
2	Operations Mobilization Report	Within Fifty (30) days of the contract effectiveness	-	X	-	-	-
3	Project Level Integrated M&E Strategy	Within Sixty (60) days of the contract effectiveness	-	X	-	-	-
4	Sixteen (16) Quarterly Process Spot Check Reports covering various aspects of the CCT & Interventions	Within two weeks of completion of each quarter subsequently	-	X	X	X	X
5	Six (06) KAP studies (Mid & End Year) starting from End Year 2	Within two weeks of completion of Six (06) Months Period each time	-	X	X	X	X
6	Three (03) Annual Reports including Lessons Learned	Every 31 st of January	-	X	X	X	
	Operations Review Completion Report	Within Sixty (60) Days of completion of all activities under MCSP Component at the end of the project.	-	-	-	-	X

The inception/operations mobilization reports shall include at least the following:

1. Detailed spot check and KAP study plans including the sampling framework.
2. Qualitative and quantitative data collection instruments and tools.
3. Quality assurance and internal monitoring plan.
4. A detailed work plan with milestones to be achieved.
5. Risk mitigation strategy to avert possible chances of delays and underperformance.
6. Plan for submission of daily, monthly, quarterly and/or need based reports.

12. Other Reporting Requirements

The selected Consultant will work closely with SSPA throughout the project implementation period and will report to the PD who would represent the Client.

In addition to above, following are the other reporting requirements that would need to be fulfilled:

- a. Daily Flash Reports as per emerging and urgent needs, where required; and
- b. Monthly reports to provide key findings as well as cover quantitative and qualitative aspects of various activities to be undertaken including key lessons learned.

Note: Besides a monthly report, the firm will be required to present its findings and recommendations using a PowerPoint presentation to SSPA every month or as required by the SSPA.

13. Qualification & Team Composition

a. Qualification Criteria for Consultant

- Demonstrated experience of at least 10 years in Operations Review/Process Monitoring or similar work.
- The Firm should have successfully completed two contracts of similar scale, scope and complexity Experience in social sectors would be accorded due weightage (Note: The firm must provide details of the assignments carried out including at least name of project, assignment duration, client, location, and description of activities carried out.
- Experience in poverty/social sector survey work and spot checks, process evaluation, beneficiaries' feedback and handling of large data would be given preference.
- The Consultant having logistical capacity through the existence of established offices and/or networks would be given preference.
- The firm should have ability to mobilize professional staff² as per following details.

b. Team Composition

Team composition and qualifications shall reflect key skills needed to undertake each proposed component activity area. The team must have a qualified Team Leader who shall be the primary person responsible for all technical work, shall manage the assignment design and implementation process, and shall be the primary point of contact. The Consultant is required to ensure a substantial presence of female staff members within the project team. Local field staff with fluency in Urdu, Sindhi and any other local languages in the target districts would be required.

Essential staff for the assignment shall include:

1. **Team Leader/Operations Review Expert:** The Team Leader/OR Expert will provide technical leadership on operations review design, methodology and analysis, as well as overall management of this operations review assignment. S/he should possess at least

² Specific nominations would not be required at shortlisting stage

a master's degree in a relevant field, such as Economics, Statistics, or a related discipline (a PhD shall be accorded due weightage), minimum 10 years of experience in operations and impact assessments with at least 5 years in designing and implementing quantitative and qualitative surveys for large social sector programs.

2. **Operations Review Coordinator:** The Operations Review Coordinator will manage the day-to-day activities related to the design of the operations review, data collection and analysis. S/he must possess a master's degree in a relevant field such as Economics or Statistics or a related discipline and possess at least 7 years of experience in managing and designing field work, data collection for empirical and qualitative research with focus on production of research protocols, research papers and descriptive reports for diverse audiences.
3. **Data Analysis Expert:** The Data Analysis Expert would be responsible for helping the Team Leader/Operations Review Expert to complete the analysis of the spot-checks and process evaluation data/interviews in a timely manner. S/he must have at least a master's degree in economics, Statistics, MIS/IT, or any other relevant field with minimum 7 years of experience of data analysis using Stata or a similar application.
4. **Enumeration and Data Quality Expert:** The Enumeration and Data Quality Expert will be responsible to ensure sufficient quality of data by providing input in designing, adapting, and pre-testing of instruments, development and execution of training programs and direct supervision of data collection and coordination with Data Manager. S/he must have a master's degree in Statistics or relevant field with at least 5 years of experience in managing enumeration and ensuring data quality for various survey assignments.
5. **Data Manager:** The Data Manager will be responsible for training staff on electronic data collection and data management under close supervision of Enumeration and Data Quality Expert. S/he will be responsible for: (a) designing data collection (Computer Aided Personal Interview) application, and protocols including data digitization in case of paper-based data collection; (b) designing and leading training for data collection staff; (c) managing data receipts process; (e) managing data cleaning process; and (f) delivering the final database. S/he must have a bachelor's degree in a relevant field (Information Technology, Engineering, Statistics, Economics, etc.); knowledge of CSPro, STATA and other related applications; and at least 3 years of experience in designing and programming data entry templates for household surveys and in overseeing data entry work.

Note: Consultant will be required to maintain its presence at the district level throughout implementation of the SSPDS activities. This will require deploying an adequate number of experienced local monitors in all the target districts to create a constant deterrence against any deviations from the project operations manual by the project at the field level. Development of training material and provision of training to monitoring staff will be the responsibility of the Consultant and hence such should be reflected in the proposal to be submitted subsequently.

14. Risk Assessment & Mitigation Strategy

Risk management is referred to as the systematic identification of potential events which may prevent or obstruct attainment of the project objectives as well as requires the implementing

agency to take measures to minimize the impact of those events. Pertinent to this, the firm will be required to incorporate risk assessment and mitigation strategies in their subsequent proposals as well as in inception report for year 1 target districts, which shall be based on the following:

1. Assess likelihood and impact of the event on achieving the project objectives.
2. Evaluate risk responses and adopt an appropriate mitigation measure.
3. Put in place policies and procedures to ensure risk mitigation measures agreed are successfully implemented; and
4. Ensure that all staff are familiar with the risks identified as well as mitigation measures and plans.

15. No Objection Certificates

Obtaining NOCs from Provincial Government, local administration, and relevant local security agencies for carrying project activities in target districts (as per phased approach) can be crucial for timely initiation of project activities. Pertaining to this, SSPA will provide facilitation to the Operations Review Firm in terms of carrying out official correspondence with the concerned authorities. However, as the information related to physical and human resources will have to come from the firm after its selection, therefore timely provision of such information to the concerned authorities as well as follow-ups for expediting the process of NOC to get it as early as possible will be the final responsibility of the firm.

16. Selection Method

The Consultant will be selected through Quality & Cost-Based Selection ("QCBS") in accordance with the procedures set out in the World Bank Procurement Regulations for Borrowers, (November 2020)

Annex 1 – Estimated Number of Unique Beneficiaries over Project Life

Unique beneficiaries of MCSP-SSPDS - 5 years						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Unique Beneficiaries	108,594	391,806	401,337	411,107	No new recruitment	1,312,844
No. of Districts covered	5	15	15	15		