World Vision

Terms of Reference
Muskoka Projects Joint Ex-Post Evaluation Research Project

December 2024

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1.0 Background and Context

World Vision Canada is undertaking an ex-post evaluation of three past Reproductive, Maternal, Newborn, Child and Adolescent Health (RMCNAH) and Gender Equality-focused projects. These projects were funded by Global Affairs Canada (GAC), under its Muskoka Maternal Newborn and Child Health (MNCH) initiative. The three projects are:

- Born on Time (2016-2021)
- ENRICH (2016-2021)
- SUSTAIN-Kigoma (2017-2021)

Typical ex-post evaluations may include the following aspects:

1. Assessment of outcomes: assessing the achievements against expected targets
2. Impact analysis: measuring the long-term effects of the project on the target groups.
3. Lessons learned: identifying what worked well and challenges to provide valuable insights for improving future programming

The current project will primarily focus on the lessons learned aspect of an ex-post evaluation, which will be referred to as **Phase 1** in this Terms of Reference (ToR). **Phase 2** of the current project will frame the findings of Phase 1 in a manner that supports engagement with the Canadian Government and Canada's international assistance policy. The specific objectives of Phase 1 and Phase 2 are outlined in Section 2 of this ToR, followed by the respective scopes of work and expected deliverables of each phase.

The three Muskoka projects were similar with respect to RMNCAH outcomes and indicator focus, though each had its distinctive components and approaches. All three Muskoka projects successfully implemented World Vision International's evidence-based gender equality models of Channels of Hope and Citizen Voice and Action and adopted the MenCare approach originally developed by Equimundo; leading to crucial gender equality results in target communities.

The Muskoka initiative effectively contributed to the UN Global Strategy for Women's and Children's Health. According to Global Affairs Canada, the Muskoka initiative logic model had three intermediate outcomes that are defined as program paths leading to the achievement of the overall goal of increased survival of mothers, newborns and children. These paths were 1) health systems strengthening; 2) reducing the burden of disease; and 3) improving nutrition.

Though these three WVC projects were approved under the Muskoka initiative, their implementation became heavily influenced by Canada's Feminist International Assistance Policy (FIAP), which was released in June 2017. The bridging nature of these projects demonstrated how RMNCAH and gender equality can be implemented in full integration.

All three projects concluded in 2021, with the final year of implementation and final evaluations significantly impacted by restrictions brought on by the COVID-19 Pandemic. The adaptive strategies each project employed to reach successful completion provide valuable lessons as WVC seeks to impact an increasingly changing world.

This multi-country ex-post evaluation will serve to highlight World Vision Canada's contributions to health and nutrition and other relevant sectors of the Muskoka Initiative as well as demonstrate how RMNCAH and gender equality can be implemented to mutual benefit. These findings will be used to both inform future programming and support targeted external engagement. The collective achievements will strengthen World Vision Canada's future positioning and program development.

1.1 Muskoka Projects

Three Global Affairs Canada (GAC)-funded Programs concluded in 2021:
World Vision Canada currently has three GAC-funded programmes that ended in 2021: Supporting Systems to Achieve Improved Maternal, Newborn, and Child Health (SUSTAIN), Born on Time (BoT), and The Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia (ENRICH).

All three programmes have addressed Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) with particular focus on transforming gender norms and attitudes that impact health-seeking behaviour of women and adolescent girls and the support they receive from male family members during pregnancy and childbirth and in the postpartum period. All three programmes implemented the Channels of Hope (CoH) model for RMNCAH to varying degrees in conjunction with other key gender-responsive and rights-based models such as MenCare and Citizen Voice and Action (CVA). Whereas ENRICH was the only project that emphasized improved nutrition for children under five years of age.

Project Model	**SUSTAIN**	**BoT**	**ENRICH**	**Comments**
CoH for MNCH	✔	✔	✔	
CoH for Gender		✔		
MenCare	✔	✔	✔	
CVA	✔		✔	
CareGroup			✔	
Biofortification			✔	
Micronutrient supplementation (MNP)			✔	

Health Systems Strengthening	✔	✔	✔	
IYCF			✔	

Both ENRICH and BoT were multi-country projects implemented through a consortium of partners. SUSTAIN II focused on Tanzania as the sole country of implementation.

SUSTAIN II - Tanzania:

GAC-funded, $12 million RMNCAH project in Tanzania (2017-2021)

SUSTAIN-Kigoma was a four-year project implemented in partnership by World Vision Canada (WVC), World Vision Tanzania (WVT), and the International Program Evaluation (IPE) unit at The Hospital for Sick Children's Centre for Global Child Health.The project was funded by Global Affairs Canada (GAC) and WVC from Dec. 2016 to March 2021 and was conducted in close collaboration with the Government of Tanzania, specifically all levels of national, local and regional government officials.

SUSTAIN-Kigoma was a gender-responsive project, in both the supply and demand-sides of the project, as seen through the results of intermediate outcomes 1100 and 1200. SUSTAIN-K's ultimate goal was to contribute to the reduction of maternal and neonatal mortality among the most marginalized and vulnerable women and newborns in targeted regions. This goal was pursued through the improvement of the delivery of quality gender-responsive RMNCAH services in underserved districts of Tanzania (Outcome 1100) and through the increase of the utilization of reproductive maternal newborn health services by women and their families (Outcome 1200). By focusing on both the supply and demand side, the project achieved numerous significant RMNCAH outcomes, including enhanced Gender Equality (GE).

SUSTAIN-K integrated World Vision's global Gender Equality (GE) Approaches into its demand-side programming: MenCare, Channels of Hope (CoH) and Citizen Voice in Action (CVA). SUSTAIN-K also adopted the Government of Tanzania's adolescent-focused Sexual and Reproductive Health and Rights curriculum, and trained teachers to support the development of Adolescent Sexual Reproductive health and Rights (ASRHR) peer groups.

Quantitative RMNCAH results include: 33% increase in range of RMNCAH services provided (from 62% to 85%); Basic Emergency Obstetric and Newborn Care (BEmONC): 46% increase (from 31% to 77%); Dispensaries: 31% increase (from 21% to 52%); Comprehensive Emergency Obstetric and Newborn Care (CEmONC) increased from 31% to 77%, e.g., HFs performing C-sections increased in Health Centres increased from 39% to 92%; women who attended at least 4 Antenatal Care visits Health Facilities: 71.5% increase in (from 28.5% to 100%).

Qualitative endline surveys with women consistently showed that there has been a shift in men's attitudes towards their girls, and gender equality, and that parents are dedicated to

educating their female and male children equally. Innovations on the demand-side include the MenCare graduations and behavior change commitment ceremonies, the Youth Bonanzas that were focused on ASRHR learnings, and varieties of Faith Leaders working collectively to promote RMNCAH. Teachers expressed that since adolescents were taught about gender equality, sex and sexuality, they in turn have understood and have also shared this knowledge with their parents and guardians on the distribution of gender roles in the community; and that male and female children must be treated equally, including in sharing household tasks. In Channels of Hope (CoH), SUSTAIN-K worked with faith leaders to help engage them in the cascading and monitoring of the CoH learning. In some districts, Muslim and Christian faith leaders worked collectively, which had additional cascading benefits in reaching more people.

A crucial pivot took place in April 2020 after the COVID-19 pandemic struck, GAC approved CAD $383,462 reallocation for COVID-19 prevention response. In coordination with the local Government, SUSTAIN-K provided critical medical supplies such as personal protection equipment, gloves, rubber (Mackintosh) sheets for mothers and babies, water tanks and soap, and GBV prevention information materials for community awareness-raising. SUSTAIN-K's ongoing programming in RMNCAH education, solar energy, water and medical equipment enabled Health Facilities to promote COVID-19 prevention strategies while continuing to provide quality RMNCAH care.

Born on Time – Ethiopia, Bangladesh, and Mali:

$30 million project covering 3 countries funded by GAC and Johnson & Johnson (2016-2021)
With a focus on saving newborn lives through the reduction of preterm birth rates, this consortium project between World Vision, Save the Children and Plan, was implemented from March 2016 – March 2021 in selected communities of Ethiopia, Mali, and Bangladesh. The project was funded by Global Affairs Canada and Johnson and Johnson.

The Ultimate goal of the project was to promote a Reduction in neonatal mortality in Bangladesh, Ethiopia, and Mali. The project sought to promote Improved availability of quality, gender responsive/ adolescent-friendly maternal, newborn and reproductive health services to prevent and care for preterm births among adolescent girls and women of reproductive age (WRA) in underserved areas in Bangladesh, Ethiopia and Mali, 1200 Increase utilization of quality, gender responsive/ adolescent-friendly maternal, newborn and reproductive health services to prevent and care for preterm births among adolescent girls and WRA in underserved areas in Bangladesh, Ethiopia and Mali and enhance utilization of evidence-based, gender-specific information on preterm birth data for decision making by staff at various levels of the health system. The main objectives of the project were prevention of preterm birth (PTB) and improving care for premature babies through improving service delivery at health facility and community levels, increasing demand for services and improved recording, reporting and use of preterm related data in Bangladesh, Ethiopia, and Mali.

Among a variety of strategies used to address gender-based barriers and inequality, the program included engaging with traditional and faith-based actors to influence community

behaviour change: Engaging men as active partners of change, notably through social and behaviour change communication activities including targeted male partner education and formation of male community groups to foster improved couple communication, gender equitable relationships (including distribution of household labour and power relations) and decision-making on key MNH and ARSH matters as well as educating men on preterm birth risks, and prevention.

BoT empowered women and girls, notably by:

- Addressing their knowledge gaps through both targeted and broad education and awareness raising activities related to sexual and reproductive health and rights, including risk factors that lead to preterm birth, lifestyle factors, danger signs and the importance of accessing services such as antenatal care (ANC), delivery by a skilled birth attendant, postnatal care (PNC), postpartum family planning, etc. All education initiatives directed at women and adolescent girls will integrate messaging on gender equality.

- Engendering newborn and reproductive health services, notably through capacity building activities on the gender equality dimensions of MNH and ARSH with health services providers/decision-makers, including CHWs, to support the delivery of quality, gender-responsive/adolescent friendly maternal, newborn, and reproductive health services. Endline results revealed that the average percentage of WRA who reported that they had received an elevated level of support from their male partner for utilizing MNH/SRH services increased significantly from 42.9% at baseline (40.9% of WRA 15-19 and 44.7% of WRA 20-49) to 61.1% at endline (76.3% of WRA 15-19 and 78.3% of WRA 20-49). Results showed a significant and substantial increase in the percentage of men who were able to name at least two types of male support, from 51.0% at baseline to 85.0% at endline.

In response to COVID-19 in 2020, BoT country teams worked quickly to modify project activities to support governments as they worked to continue the provision of essential MNH/SRH services, as well as support the overwhelming challenge of preventing and treating COVID-19. Key activities included: procurement of personal protective equipment such as gloves, masks, goggles, hand sanitizer, gowns and mobile hand-washing stations; support with quick reference guides for health-care providers and participation in government commissioned technical working groups; increased testing capacity of labs through the purchase of equipment; and a significant increase in awareness campaigns (radio, print, television, mobile loudspeakers) to combat the alarming increase in GBV and Child, Early and Forced Marriage (CEFM).

ENRICH – Bangladesh, Kenya, Myanmar, Pakistan, and Tanzania:

GAC funded, $52 million project covering 5 countries (2016 – 2021)

World Vision Canada (WVC) and its partners implemented Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia (ENRICH) from March 2016 to December 2021, with funding from Global Affairs Canada (GAC) of the Government of Canada as part of its Partnerships for Strengthening Maternal, Newborn and Child Health. Partners in the consortium were Nutrition International (NI), HarvestPlus, the Canadian Society for International Health (CSIH) and the University of Toronto's Dalla Lana School of Public Health (U of T).

Undernutrition and micronutrient deficiencies threaten the survival, growth and development of children and young people in Bangladesh, Kenya, Myanmar, and Tanzania. Pakistan was part of the ENRICH program for two years from 2016-2018 but the project closed after mid-term assessment due to the pullout of WV from the country. These countries share a considerable part of the global burden of stunting and wasting, the two forms of undernutrition, as well as deficiencies of micronutrients iron, zinc and vitamin A. ENRICH implemented its interventions for maternal, newborn and child health (MNCH), nutrition and the empowerment of women and girls in select locations in these countries that present complex developmental realities. ENRICH also engaged the Canadian public on these issues through its public engagement component implemented by the public engagement department of WVC.

The goal of ENRICH was to contribute to the reduction of maternal and child mortality in target countries by addressing issues critical to the health of pregnant women, mothers, newborns, infants and young children in alignment with the policies and priorities of national Ministries of Health (MoH), by delivering gender-responsive essential MNCH and sexual reproductive health and rights (SRHR) services, increasing the production, consumption and utilization of nutritious foods & micronutrient supplements during the first 1,000 days of life, and strengthening gender-responsive governance, policy and public engagement for MNCH and SRHR in Canada and target countries. ENRICH's theory of change was that limiting the mutually reinforcing effects of undernutrition and illness episodes through a multisectoral approach will lead to improvements in the survival, health, and growth of children. The ENRICH COVID-19 Response (ENCORE) was carried out from June 2020 to December 2021 to scale up gender-responsive prevention and management, improve health systems and health workforce capacity to provide optimal care for those with COVID-19 illness and strengthen community-based social services to minimize the gendered impact of the pandemic.

Through its interventions, ENRICH directly reached an estimated 2,475,210 men, women, boys, and girls, who are among those living "furthest behind," in areas with sub-optimal reach of essential health and nutrition services, and lower levels of adoption of key household practices, and in hard-to-reach locations.

ENRICH's Gender Equality Strategy included some of the following measures to address the discriminatory socio-cultural norms and gender barriers that can lead to poor maternal and child morbidity and mortality outcomes:

- Engaging men and other community gatekeepers as active partners of change. Men and other community gatekeepers and influencers such as traditional and

religious leaders, are targeted for health and nutrition messages and approaches in ways that promote dialogue and shared decision-making between men and women. Innovative approaches such as Channels of Hope (CoH) are used to catalyze community transformation through faith-based and traditional/community leaders to eliminate/reduce gender biases and promote equal valuing of women/girls and men/boys; promote improved nutrition practices for children, PLW by improving decision making dynamics on purchasing food and intra-household food allocation; and increase awareness on the importance of men's involvement in MNCHN.

- ENRICH trained over 1,800 Faith Leaders trained: Myanmar 233 faith leaders; Tanzania 453 (136 Women, 317 Men, both Christian and Muslim); Bangladesh 1,067 (male 1,042, female 25) faith leaders were trained on COVID-19 prevention and health promotion; In Kenya 101 Faith Leaders trained (96M, 5F)

Starting in June 2020, with additional funding from GAC, ENRICH implemented *ENCORE, which* supported district administrations and target communities in responding to COVID-19 through the training of health staff, training and deployment of burial teams, training community-based volunteers in COVID-19 prevention and home-based care of mild illness, provision of a range of equipment and supplies including personal protective equipment for health facility staff and handwashing stations for health facilities, schools and markets. ENRICH provided unconditional cash transfers to 7,980 women caregivers in Bangladesh, 980 families in Kenya and 3,650 families in Myanmar. ENRICH also provided ready-to-use therapeutic food, super cereals and fortified blended food powders for rehabilitation of children with acute malnutrition during the pandemic. This was an important example of leveraging an existing program for further resource development.

ENRICH directly reached an estimated 2,475,210 men, women, boys, and girls, who are among those living "furthest behind," in areas with sub-optimal reach of essential health and nutrition services, and lower levels of adoption of key household practices, and in hard-to-reach locations.

2.0 Overall Purpose of the Ex-post Evaluation Research

World Vision Canada would like to conduct an ex-post evaluation to assess the health and gender equality impacts, with particular emphasis on the lessons learned from three GAC-funded Muskoka grants, which focused on Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH). This evaluation research will highlight World Vision Canada's contributions to Global Health and Nutrition and relevant Sectors through the combined achievements of the Muskoka Projects, and distinctives of each project, for the dual purposes of 1) formulating critical guidance for future programming on the most impactful interventions that have led to sustainable changes in participant lives, and 2) positioning with the Government of Canada as it moves to evaluate both the impact of FIAP and a possible change in focus to our Overseas Development Assistance policy.

The evaluation research is structured as two phases: :

- **Phase I** will focus primarily on desk review of existing project documents and datasets to capture lessons learned and formulate recommendations for future RMNCAH and nutrition programming
- **Phase II** will focus on framing the findings of Phase I for targeted external engagement to influence the international assistance policy of the Government of Canada.

The Specific Objectives of Phase I and Phase II, and their corresponding timelines and deliverables are outlined in the sections below.

Cognizant of the related but distinct skillsets required to produce the deliverables for Phase I and Phase II of the evaluation, WVC seeks the services of a consultant team with demonstrated expertise in Global Health and Nutrition, Gender Equality, qualitative and quantitative approaches to program evaluation for Phase I, plus proven expertise in government engagement in Canada, and strategic communications to influence ODA policies for Phase II. For applicants who only wish to provide services for either Phase I or Phase II but not both, WVC retains the right to request the selected, independent consultants to coordinate their respective work for Phase I and Phase II.

2.1.1 Phase I: Specific Objectives

Phase I: This Phase will draw on existing project results and data from the 3 Muskoka Projects, and relevant supporting documents

1. **To collate the quantitative and qualitative results of the Muskoka RMNCAH Projects by sub-sectors/key topics within Health and Nutrition as follows and through appropriate research methodology:**

i. Reproductive Maternal Newborn and Child Health and Nutrition (RMNCHN)
ii. Sexual and Reproductive Health and Rights (SRHR)
iv. Adolescent Health
v. Strengthening formal and community health systems
vi. Gender Equality and Gender Equity

2. **To identify complementary themes and approaches, and the manner these were implemented and adapted, and assess effectiveness in program goal achievement; that augmented the sector-specific interventions in the Muskoka Projects**

i. Integration of Gender Equality as GAC adopted FIAP and its impact on project results
ii. Engagement with Faith Actors to foster enabling environment for attitudinal shifts and SBCC
iii. Adaptations to COVID-19 Pandemic
iv. Adaptations from stable development context and fragile context (e.g., Pakistan and Myanmar in ENRICH; Mali and Ethiopia in BoT)

3. **To document research, innovations, and distinctives of each project to inform future programming**

    i. To document best practices that can be replicated or scaled up in future programming.

ii. To identify key lessons on the successes and challenges of each theme and approach.

4. **To formulate actionable recommendations for future Reproductive, Maternal, Newborn, Child Health and Adolescent Programs, and Nutrition Programs**

E*xisting data sets from the three grants include:*

i. Reports, and raw quantitative and qualitative data from baseline and final evaluations
    a. Quantitative includes HH survey data and health facility assessment data.
    b. Qualitative data would include transcripts and/or notes from focus group discussions and key informant interviews
    c. Please note, there are a few gaps for some programs (e.g. SUSTAIN grant was not able to implement HH survey as part of final evaluation due to government Covid restrictions)

ii. Gender assessment reports and gender equality strategies for each grant

iii. Focused research reports (including raw data?) on specific themes and models, such as BoT MenCare project model research report, ENRICH Girl Power Groups research report, SUSTAIN process evaluation of WV's GE models, etc.

iv. Cost-Benefit Analysis reports by Limestone Analytics (ENRICH, SUSTAIN)

2.1.2 Phase I: Key Evaluation Questions

i. How effectively did the three projects integrate and implement themes such as Gender Equality and the engagement of faith actors, etc. and how did the integration augment the sectoral achievements?

ii. How did the three projects, funded under the Muskoka Initiative and implemented under the Feminist International Assistance Policy (FIAP) adapt to changes in the Government of Canada's international assistance policies (notably the additional emphasis on sexual reproductive health and rights beyond the initial project designs) and what lessons can be drawn from their navigation of these policy shifts?

iii. How did the three projects adapt to/respond to shifting operational landscapes such as COVID-19 pandemic and other health emergencies, conflicts/political unrest, etc. and what were the key factors that influenced their adaptability?

iv. How did the three projects approach Knowledge Management and what unique contributions did they make to advancing the understanding of development challenges and identifying innovative solutions?

v. How did the three projects leverage the strength and navigate challenges of collaborating with research partnerships from both the global north and south?

2.1.3 Phase I: Methodology

Phase I of the evaluation research will be primarily a desk review and analysis of existing project documentation from the three Muskoka projects, to examine outcome indicator performance to help determine whether and how WV's Muskoka project interventions contributed to the changes.

Main documentation to be analyzed includes:

1. Project Baseline and Endline reports
2. Final narrative program results report to Global Affairs Canada
    a. Annual reports if necessary
3. Project Performance Measurement Frameworks (to develop the common indicator set across all projects), and examine final quantitative indicator performance
4. Project gender analyses, strategies, and gender-related information in final reports
5. Raw qualitative baseline, midterm, and endline data where available

Appropriate, complementary approaches such as Outcome Harvesting may be considered. According to Better Evaluation, "*Outcome Harvesting* collects ("harvests") evidence of what was changed ("outcomes"), and, working backwards, starts from observable changes to determine whether and how an intervention has contributed to these changes."1The Evaluator gleans information from various data sources to determine how a given program or initiative has contributed to positive or negative, intended or unintended outcomes. The Consultant will utilize Outcome Harvesting as part of secondary data research to identify and document significant outcomes-positive, negative, intended and unintended resulting from the three Muskoka project interventions. The key OH steps include designing the harvest, gathering data, engaging with Key Informants, substantiating outcomes as well as analyzing and interpreting the findings.

2.1.4. Phase I: Key Tasks, Timeline & Deliverables

Task/Output	Estimated Deadline	Deliverable
Phase 1: Inception phase		
Meet with WV Canada to review Muskoka ex-post evaluation research objectives and expectations - Agree on main methodologies and analysis frameworks, to be included in Inception Report	February 2025	Participation in up to 3 virtual/online inception meetings with WVC
Submit draft Inception Report including evaluation protocol for WVC to review	March 7 2025	Draft Inception Report and evaluation protocol
Submit Inception Report including finalized evaluation protocol	March 21 2025	Inception Report and evaluation protocol (Include a copy of the application to an accredited Research Ethics Board if warranted based on the methodology selected)
Review of Muskoka Projects documents and data, analysis, report writing **(Application for REB approval if warranted by selected research methodology)**		

Review, analysis of existing project documentation (and data as appropriate) • Baseline, Midline, Endline Reports -endline raw data • Performance Measurement Frameworks • Final Grant Project Reports submitted to Global Affairs Canada • Documentation of research components within the 3 Muskoka Projects	April 11 2025	(Documentation of approval by REB if ethics review is warranted)
Submission of Report		
Submission of draft report for WVC feedback	April 18, 2025	Draft Report
Submission of final report to WVC	April 30, 2025	Final Report
Final Presentation		
Present report to WVC Health Working Group and REIC/P&P Department	May 2, 2025 (TBC)	Presentation via Teams or Zoom to WVC; Final Presentation Slide deck
Total		

2.2.1 Phase II: Specific Objectives

Phase II of the evaluation research aims to frame the findings from Phase I in a manner that supports engagement with the Canadian Government and Canada's international assistance policy, specifically

- Identify areas of policy focus for GAC going forward (based on the results of the Muskoka programming: RMNCAH, SRHR, nutrition, adolescent health and health systems strengthening)
- Demonstrate the role that GE plays in these areas
- Demonstrate the role public engagement plays in international assistance policy
- Demonstrate the return on investment, vis a vis lives saved, knowledge gained, social norm change, sustainability etc.
- Identify concrete examples that demonstrate impact and efficiency

2.2.2. Phase II: Methodology

Phase II of the evaluation research will be primarily a desk review and analysis of existing project documentation from the three Muskoka projects (listed under Phase I: Methodology), together with the Draft Report from Phase I, and other relevant references including but not limited to Canada's Feminist International Assistance Policy, Canada's 10 Year Commitment to Global Health and Rights

2.2.3 Phase II: Key Tasks, Timeline & Deliverables

Task/Output	Estimated Deadline	Deliverable
Phase II: Inception phase		
Meet with WV Canada to review Muskoka ex-post evaluation research objectives and expectations - Agree on main methodologies and analysis frameworks, to be included in Inception Report	February 2025 or May 2025	Participation in up to 3 virtual/online inception meetings with WVC
Submit Inception Report including finalized evaluation protocol	May 9, 2025	Inception Report and evaluation protocol
Review of Muskoka Projects documents, analysis, report writing		
Review, analysis of existing project documentation (and data as appropriate) ● Baseline, Midline, Endline Reports -endline raw data ● Performance Measurement Frameworks ● Final Grant Project Reports submitted to Global Affairs Canada ● Documentation of research components within the 3 Muskoka Projects ● **Draft report from Phase I of the current evaluation research** ● **Relevant reference documents including but not limited to Canada's FIAP, Canada's 10 year Commitment to Global Health and Rights**	May 23, 2025	N/A

Submission of Report		
Submission of draft report for WVC feedback	May 30, 2025	Draft Report
Submission of final report to WVC	June 13, 2025	Final Report
Final Presentation		
Present report to WVC Health Working Group and REIC/P&P Department	June 20, 2025 (TBC)?	Presentation via Teams or Zoom to WVC; Final Presentation Slide deck
Total		

3.0 Roles and Responsibilities

WVC will:

- Facilitate selected consultant(s) or consultant teams be onboarded to WVC's Coupa procurement/vendor management system
- Organize Inception meetings using a common conferencing platform, e.g. MS Teams
- Provide access to key project documents, and relevant datasets as warranted, from the three Muskoka Projects
- Coordinate WVC reviewers to provide timely feedback to draft deliverables (During peak periods, WVC reviewers may need additional time to complete reviews of draft documents submitted by the consultants. Modification of timelines from those included in the signed contract needs to be communicated and approved by the main contact at WVC.)

The selected consultant(s) or consultant team will:

- Provide the required information to register on WVC's Coupa Procurement system, and use the links provided by the Coupa system to submit invoices to WVC to meet financial deadlines indicated in the consultancy contract
- Perform the tasks and submit the deliverables as per timelines agreed on with WVC as indicated in the consultancy contract

The consultant(s) or consultant team will carry out the tasks required to produce the deliverables at their usual work locations. Since no domestic or international travel is expected by WVC, WVC will not reimburse travel or travel-related expenses incurred by the consultant(s) or consultant team or provide per diem during the course of this consultancy.

4.0. Proposal Template

Prospective consultants are required to submit their proposals along with a letter of intent, adhering to the template below. Please ensure the proposal is formatted as follows:

- Font: Calibri
- Font size: 11
- Line spacing: Single
- Length: Maximum of 10 pages, excluding any annexed documents.

Proposal Submission: Muskoka Projects Joint Ex-Post Evaluation Research Project

To: World Vision Canada
From: Consultant's Name or Consulting Firm's Name and Address
Date: Insert Submission Date
Subject: Proposal for Baseline Study Data Analysis and Report Writing Consultancy

1. **Phase(s) of Interest**
   - Specify whether you are submitting for Phase I, Phase II, or both.
2. **Executive Summary**
   - Provide a brief overview of your proposal, highlighting your understanding of the consultancy requirements, your approach, and why your expertise is best suited for this project.
3. **Background and Introduction**
   - Introduce your consultancy firm or individual consultant profile, including previous experience in similar projects, especially those related to global health, nutrition and gender equality. Outline your mission, approaches, and commitment to gender equality.
4. **Understanding of the Project Scope**
   - Describe, in your own words, your understanding of the objectives and scope of the Muskoka Projects Joint Ex-Post Evaluation Research Project consultancy.
5. **Methodology and Technical Approach**
   - Expand on the high-level approach provided in your EOI. Outline detailed methodology and describe how you will address the specific objectives of the consultancy, including data analysis, report writing, and stakeholder engagement.
6. **Work Plan and Timeline**
   - Provide a detailed work plan and timeline for the consultancy, aligning with the key activities, deliverables, and timelines specified in the TOR.
7. **Budget Proposal**
   - Present a detailed budget that outlines the consultancy fee, including daily rates and any other costs associated with the consultancy. Ensure the financial proposal is presented in Canadian Dollars (CAD)
8. **Team Composition and Experience**
   - Introduce the individuals who will be involved in this consultancy, including their roles, qualifications, and relevant experience.
   - Highlight previous work that demonstrates the team's capability to deliver the requirements of this consultancy.
9. **Previous Work Samples**
   - Attach/embed or provide links to samples of previous work that are relevant to this consultancy, especially baseline studies, data analysis reports, and work in the fields of global health, nutrition, and gender equality.
10. **Risk Mitigations and Ethical Considerations**
    - Identify potential risks and challenges (e.g., logistical, political, or technical barriers). Provide strategies to mitigate risks and ensure project success.
    - Outline how you will adhere to ethical standards in data analysis and report writing, especially concerning confidentiality, cultural sensitivity, and child protection.
    - Confirm adherence to World Vision's Child Protection and Safeguarding Policy.

11. **Annexes**
    - CVs of the consultant team members.

- Any additional documentation that supports the proposal, such as letters of support from previous clients or additional details on the proposed methodology.