

Request for Proposal

Impact Assessment of Projects undertaken by ITC's Social Investments Programme across India

Submission Deadline: 31st August 2026

Theme: Maternal and Child Health and Nutrition Programme

1. Introduction

ITC is committed to creating enduring value across the dimensions of its **Triple Bottom Line philosophy** by pursuing economic competitiveness in a manner that is environmentally responsible and socially inclusive. Leveraging its presence across the **agriculture, manufacturing and services sectors**, the Company seeks to contribute meaningfully to **sustainable development, inclusive growth and resilient livelihood ecosystems** across its catchment areas. This commitment is advanced through ITC's **Social Investments Programme (SIP)**, implemented under the banner of **Mission Sunehra Kal (MSK)**, which aims to **strengthen livelihoods of today while building the capabilities required for tomorrow. Women and other vulnerable communities** remain at the centre of this development endeavour, both as beneficiaries and as active participants in shaping sustainable outcomes.

Recognising that development challenges are **multidimensional and interconnected**, Mission Sunehra Kal adopts a **Three-Pathway Strategy** that addresses the twin imperatives of **securing sustainable livelihoods** and **enhancing long-term resilience**. The strategy encompasses:

- **Conserving Natural Resource Ecosystems and Enhancing Resilience of Agriculture and Allied Livelihoods** through interventions in **water stewardship, climate-smart agriculture, biodiversity conservation, soil health, social forestry, animal husbandry and institutional support**.
- **Nurturing Human Capabilities** by strengthening **education, skilling, employability, entrepreneurship and women's empowerment** to enable **future-ready communities**.
- **Strengthening Public and Community Health Ecosystems** through interventions in **sanitation, waste management, maternal and child health, nutrition and community healthcare** to create **healthier and more productive habitats**.

Together, these pathways provide a **holistic framework for transforming lives and landscapes** by integrating **natural resource conservation, human capability development and community well-being**. The approach is designed to deliver both **short-term and long-term outcomes**, creating enabling conditions for **sustainable and inclusive growth**.

Implementation of the programme is guided by the **ASPIRE Framework**, comprising **Accountability, Sustenance, Partnerships, Inclusivity, Resilience and Equity**, which serves as the **philosophical and operational foundation** of Mission Sunehra Kal. The framework promotes a **people-centric, systems-aligned and outcome-driven approach**, ensuring that interventions are **evidence-based, demand-led and responsive to local contexts**. Through a strong emphasis on **community ownership, institutional strengthening, collaborative partnerships, inclusion of vulnerable groups, adaptive planning and equitable access to opportunities and services**, the ASPIRE Framework seeks to create **sustainable impact that endures beyond the project lifecycle**.

All interventions under Mission Sunehra Kal are designed around **clearly defined outcomes and long-term impact objectives**, supported by robust **monitoring, evaluation and learning systems**. Implemented independently by ITC or in collaboration with **Government agencies, civil society organisations and technical institutions**, these programmes contribute to **national development priorities** while advancing the **Sustainable Development Goals (SDGs)** through **scalable and sustainable development solutions**.

The projects promoted under ITC's CSR were spread over 300 districts of 24 States/Union Territories in the year 2024-25. These projects are either **supported by ITC alone** or together with the Government under **Public Private Partnerships**. ITC partners with **Project Implementing Agencies** (PIAs) that are **NGOs** and **Civil Societies** for implementation of its projects and reports the progress on pre-defined **Key Performance Indicators** (KPI) for each of the projects.

Details on thematic interventions undertaken by ITC MSK in FY 2024-25 can be accessed in **Sustainability & Integrated Report 2025** under the chapter 'Mission Sunehra Kal for Sustainable & Inclusive Growth' available at (Page 184 to 237, [itc-sustainability-report-2025.pdf](#))

As part of the commitment to **evidence-based programme management and continuous improvement**, ITC invites proposals from qualified and experienced organisations to undertake **impact assessments** of identified projects under **Mission Sunehra Kal**. The assessments are expected to evaluate the **effectiveness, outcomes, sustainability and long-term impact** of interventions and generate **actionable insights** for strengthening programme design, implementation and future scaling.

2. Purpose and Objectives of the Impact Assessment

ITC works for improving lives and landscapes through execution of various projects, each project¹ being unique as the context of communities and geographies differ and thus the purpose of project is also designed accordingly. While the projects are unique from each other, the specific themes are implemented as programmes² which are across geographies and contextualised to the needs of the catchments which is an outcome of ITC's learnings over a period of time.

So, it is important to evaluate projects in specific and the programme as a whole, in terms of direct impacts resulting from each of the themes and its impact on the communities.

In this particular RFP, the programme to be assessed is:

- Maternal and Child Health and Nutrition Programme

The details of the programme are shared in Annexure 1.

The agency is suggested to adopt a standard evaluation framework based on the **different evaluation criteria** (for example the OECD framework may be seen) to understand the impact of the programme in terms of its effectiveness, efficiency and sustainability.

3. Scope of Work

The key scope of the work for the impact assessment includes –

- Quantifying the extent to which the projects have been successful in achieving the intended outcomes

¹ Projects are individual agreement with implementing agencies and is a combination of one or more theme, districts and states.

² Programmes are referred to different thematic interventions which are implemented across geographies and through multiple project agreements.

- Capturing the short and long-term direct, indirect, intended and unintended impacts
- Establishing attribution and contribution of the projects
- Capture location wise (district level and/ or state level) impact on the key indicators across themes, and most importantly understand the reasons for variations across locations
- Identifying and capturing success stories, challenges and areas for improvement
- Providing actionable recommendations and it should be linked to the specific findings from the study and not any generic suggestions, to enhance the effectiveness of future programmes

The work done in 2024-25 as part of the projects is planned for evaluation (detailed list in annexure).

The impact assessment will measure the impacts of the **project population** as compared to the **baseline (pre-programme)** and also compare with **control population (who are not covered under the intervention and should be chosen from non-intervention blocks or district to avoid project's direct or indirect influence)**.

The **project population** in case of the MCHN programme comprises of the following stakeholders:

- **Children (0-6)**
- **Adolescent girls**
- **Eligible Couples**
- **Pregnant and Lactating Women**

Key factors to be considered, during selection of control population:

- those who are not covered under the intervention
- should be similar in characteristics (age, gender, education, health and economic status) to the project group except for the exposure to the intervention
- **Selection of Control Areas for:**
 - **Direct Intervention Projects:** Control (non-intervention) blocks should be selected from blocks where the project is not being implemented. These blocks must be in a different area and should not be adjacent to the intervention blocks to minimize spillover effects.
 - **Amplification Programmes:** Control (non-intervention) districts should be selected from districts where the programme is not being implemented. These districts must be non-adjacent to the intervention districts and preferably located in a different geographic region to avoid contamination of programme effects.
- Agency must justify selection of control areas and demonstrate socio-economic comparability with intervention populations.
- Agency to ensure that control areas should be free from programme spillover and not covered by the same implementing agency.
- Comparability on key variables (age, education, caste, income, access to services) should be established before outcome comparisons.

Control group findings:

- Agency need to identify and analyse factors which are leading to similar or better results in control compared to project, if any such trends emerge out from the data.
- Possible explanation of the variation to be included in data analysis
- This will help in incorporating learning from outside in ITC projects

The study will analyse both quantitative and qualitative data to provide a holistic understanding of the outcomes.

Agency is also required to compare project results with secondary data available at panchayat and block or district level to compare the result. Possible explanation of the variation should also be included in the analysis of the data. This will help in incorporating learning from outside the ITC projects.

Phases of the Impact Assessment

Three most important phases of the assessment (**Development phase, designing phase and Delivery phase**) are depicted below. The agency can add/modify, without removing any of the items mentioned below:

Development phase

- Plan preliminary visits to 1-2 sample project sites to identify key stakeholders for quantitative and qualitative data collection; discussion with key stakeholders; and identify comparable control
- Conduct desk research (secondary literature review) and prepare a clear definition and selection methodology of project and control population
- Sampling methodology:
 - Develop sampling plan, which must be backed up with proper statistical validation, with clear mention of Confidence Interval and Margin of Error for the sample size proposed
 - Margin of Error should preferably not exceed $\pm 5\%$
 - Sampling assumptions and calculations should be clearly documented
 - Stratified random sampling method should be adopted wherever appropriate
- Quantitative and qualitative data collection tools to be prepared by the agency and get validation done by ITC
- The agency shall prepare a detailed Data Quality Assurance Protocol including field supervision mechanisms, back-check procedures, data validation rules and data security arrangements
- Prior to data collection, the agency must share a privacy notice in a language understandable to the respondent and obtain written informed consent, clearly explaining the purpose of the study. The signed consent records shall be maintained and made available to ITC upon request
- The qualitative data collection should involve **interviews, focus group discussions, observation checklist, and case studies** to gather in-depth insights.

Designing phase

- Design key evaluation indicators. Please refer to the tentative list provided in **Annexure-1**, which is to be reviewed and contextualized as per the need of the assessment by the agency. The finalization of the evaluation indicators needs to be done in consultation with ITC

- Design outcome reporting template which will help in visualising how impact will be presented on key reporting indicators for the programme (before-after and comparable control)
- Finalisation of sampling spread for household surveys and FGDs with key stakeholders, Identification and mapping of key stakeholders to be interviewed in each theme (tentative list provided in annexure 2) and case-studies to be documented
- Prepare and share **inception report**, comprising of final approach & methodology, sampling plan (project and control), assessment plan (with timelines), data collection tools for assessment of each of the projects etc.
- **Agency will make a presentation of inception report to ITC and will incorporate the changes/revisions suggested in approach and methodology**
- **Agency should conduct field testing of the data collection tools (using a smaller sample size in any one of the preferred geographies) to generate the required data for the key indicators. The findings of which should be presented to ITC, following which the agency will incorporate the changes / revisions in the study methodology.**

Delivery Phase

- Conduct project wise field assessment through quantitative methods (like household surveys,) and qualitative methods as finalised with ITC (like Focused Group Discussions and key informant interviews).
- The agency should look into the following methods **difference-in-difference, pre-post analysis**, project-control comparisons and any other appropriate methods, for analysis of the findings. The agency will use **baseline data wherever available** for pre-post analysis and collect control data for project-control comparisons.
- **Data triangulation** shall be undertaken through comparison of primary survey data with baseline information, secondary datasets, government records, programme MIS and other relevant sources to validate findings.
- For data collection methods, agency can use any software tools like Computer Aided Personal Interviews (CAPI) based tools
- Documentation of stories of change highlighting the impact brought in the lives of the beneficiaries. At least **3 such stories of change per theme** to be documented
- The agency to prepare the Impact Assessment report in two versions – one is an abridged version (15-20 pages summary version) and a main report with detailed findings:

Report / Tables	Details expected in the report
Abridged version of the report	Theme wise findings at: National level and State level
Main report with detailed findings	Theme wise findings at: National level, State level, District level
Excel files with all supporting data	• Theme level output / outcome tables on key indices: National, State and District • Project wise and beneficiary wise Raw data files

- Prepare the **draft report** (separately for each thematic areas) and the **final report** (after incorporating inputs from ITC in the draft report).
- Presentation of the key study findings and recommendations to ITC team

4. Experience of Organisation and Team Composition

- The agency should have prior experience in undertaking impact assessment studies in Education (both for infrastructure and learning outcomes) and skilling as given in this document, as well as in data collection, collation, compilation and analysis for CSR interventions.
- The agency should deploy a gender-diverse team, having experience and expertise in carrying out assignments of similar nature with the team leader having strong impact assessment experience.
- The agency should have expertise in quantitative research methodologies, including sample size determination and statistical analysis as well as qualitative research techniques, including interviews and focus groups.
- The agency should have experience in applications and any software used for data collection.

5. Reporting requirements

- Inception report to be shared within 2 weeks from the date of signing the contract in consultation with ITC.
- Data collection tools, both in soft copy as well as through CAPI compatible file.
- Time to time sharing of emerging data trends and findings from field with ITC.
- Raw data files from field to be submitted, properly arranged in excel. along with all analytical tables with linked excel sheets.
- Transcripts to be provided in English.
- Minimum three stories of change per theme and at least one-story highlighting women leadership, inclusion and climate resilience outcomes, wherever applicable.
- Draft report - both in Abridged version and detailed Main report to be submitted
- The final study report – Abridged version and Main Report covering findings from each thematic group and all project related documentation done, to be submitted in soft copies. The agency to deliver a final presentation to ITC explaining the findings, recommendations and way forward for ITC based on the study.
- After the abridged version is finalised agency to prepare a similar State wise deck to highlight the findings for the States covered, theme wise and share the same to ITC for further use and reference.
- **The data and information collected during the study, including case studies, photographs / testimonials, will be the property of ITC Limited and the agency shall not use it in any form without the prior written permission from a competent authority in ITC.**
- The final reports (accepted by ITC) and all the deliverables to be submitted by agency to ITC **on or before 07th December 2026.**

6. Evaluation and Selection Process

Proposals will be evaluated on their technical soundness and cost competitiveness following a 70:30 Quality-cum Cost Based System (QCBS). Some of the evaluation criteria will include:

- Understanding of the scope of work
- **Demonstrated experience** in conducting impact assessments for CSR programs specially in maternal and child health initiatives
- Soundness of the proposed methodology
- Expertise of a **gender-diverse** team in both quantitative and qualitative research and relevant thematic domains
- **Competitive pricing** aligned with the proposed scope of work

Note: Based on technical and financial evaluation of all the proposals received, only shortlisted agency will be contacted for further rounds of discussions.

7. Payment Conditions

The payment of fees will be made on job completed basis of the agreed sum, subject to achievement of mutually agreed progress milestones. The agency may submit its proposal on terms and conditions for payment.

8. Rejection Clause

ITC reserves the right to accept or reject any and all proposals, to negotiate contract terms with various proposers, and to waive requirements at its sole discretion.

ITC also reserves the right to reject the offer without assigning any reason if found that the party has submitted false information or found to promote vendors. ITC also reserves the right to restrict the scope of the assessment for any agency to specific thematic interventions and geographies.

9. Proposal Submission Requirements

Interested parties must submit their proposals by **31st August 2026** via email to **itcmsk@itc.in**. The agency has to submit technical and financial proposal in line with the formats given in **Annexure-4** and **Annexure-5**, respectively of this document.

Proposals **must not** be password protected. Any additional documents must be clearly labelled and attached.

10. Contact Details

For inquiries and clarifications related to this RFP, please write at **itcmsk@itc.in**.

11. Annexures

- Annexure 1 – Brief about the programmes and suggestive areas of enquiry
- Annexure 2 – List of Projects
- Annexure 3 – List of Key Stakeholders
- Annexure 4 – Format for Technical Proposal
- Annexure 5 – Format for Financial Proposal

Annexure 1 – Brief about the programmes and suggestive areas of enquiry

Public Health – Maternal and Child Health and Nutrition

The programme is aimed to improve the health-nutrition status of pregnant and lactating mothers, children (upto 5 years), adolescent girls and eligible couples by creating awareness and strengthening government delivery system by following the intensive **1,000 days approach**, identifying hidden anaemia, demonstrating best practices through Hub (Model) Anganwadis and focusing on localised nutrition with **5 Food Groups** of locally grown foods. The programme is implemented in Socio Demographic Index areas where malnutrition is very high in collaboration with Integrated Child Development Services, Anaemia Mukta Bharat (AMB), and Rashtriya Bal Sawasthya Karyakaram (RBSK) ITC trains Anganwadi workers, ASHA and ANM to improve their skills to improve the delivery of Health and Nutrition Services. Similarly, ITC mobilises community and helps them to get screened by AMB and RBSK. Thus, it is suggested data should be collected from Anganwadi, ASHA and ANM, and should be complemented with household survey and community meeting

Following are some **suggestive areas of inquiry** which the agency should consider while developing the indicators for conducting the study:

Women and Adolescent health and nutrition status

- Pregnant Women registered for Ante Natal Check-up in the 1st trimester (No. of pregnant women registered for ANC within 1st trimester during the assessment year among Total no. of registered pregnancy during the assessment year X 100)
- Pregnant women who received 4 Ante Natal Check-up (Percentage of pregnant women who delivered and received 4 ANC during their pregnancy period among the total number of deliveries X 100)
- Institutional deliveries (No. of Institutional delivery / Total no. of delivery (both institutional deliveries and home deliveries) X 100)
- Knowledge, attitude and practice on immunization, nutrition, exclusive breastfeeding etc., and awareness on maternal schemes attending PMSMA Clinics, JSSK, JSY, PMMVY
- Knowledge and practice on balanced diet (inclusion of 5 major food groups) among pregnant women, lactating mothers and children under 5 years, including intake of three major meals per day
- Married couple adopted modern methods of contraception
- Pregnant women receiving recommended number of IFA and calcium tablets
- Prevalence of anaemia in pregnant women
- IFA compliance among adolescent girls during the last 30 days
- Prevalence of anaemia in adolescent girls
- % of death (Mothers) happened due to Childbirth or pregnancy during last 1 year
- % of adolescents with BMI below normal.
- % receiving recommended number of IFA and calcium tablets (Percentage of pregnant women who delivered and took minimum 180 IFA among the total number of reported deliveries, during assessment year)
- Maternal Age (should be more than 21 years)
- Birth Spacing (should not be less than 3 years) (between 2 children)
- Gestational Weight Gain (pregnant woman at 9 months, and after the delivery of the child)

- Minimum Dietary Diversity for Women (MDD-W) among pregnant women, lactating mothers, women of reproductive age (15-49 years) and adolescent girls (15-19 years), assessed using the Diet Quality Questionnaire (DQQ)
- % of pregnant women, lactating mothers and adolescent girls meeting minimum dietary diversity requirements (based on MDD-W/DQQ assessment).

Child Health and Nutrition status

- New-born having weight less than 2.5 kgs (Percent of live births with a reported birth weight of less than 2.5 kg)
 - Information regarding the birth weight of the child will be collected from the MCP card or hospital discharge certificate
- Children breastfeed within 1 hr of birth
- Children under 6-month exclusively breastfed
- Children 6-8 month receiving semi solid food
- Children age 9 months and above having three major meals every day comprising 5 or more food groups.
- Knowledge and practice of balanced diet (inclusion of 5 major food groups), including intake of three major meals per day
- Infants with full immunization (9 - 11 months)
- IFA Syrup compliance of infants (6-59 months)
- Prevalence of underweight, stunting, and wasting in <5 yrs children. Also check for SAM and MAM children <5 yrs
- % SAM children referred to NRC
- % of death (Children) having 0- 12 months of age during last 1 year
- % of children (12- 23 months) fully vaccinated
- Children under 5 years who are anaemic

Strengthening Institutions for delivering quality services

- Training of Anganwadi Sevikas, ASHA and ANM - quality, content, perceived benefits, etc.
- % of AWWs, ASHAs and ANMs trained
- % of ASHAs, AWWs and ANMs demonstrating improved knowledge and competency scores after training
- % of children weighed monthly at AWC (comparison against baseline)
- % Anganwadi Sevikas counselling mothers on child growth
- Every child under 2 years receiving at-least 7 mandatory visits by AWW
- Knowledge, attitude and practice promoted by Anganwadi Sevikas – home visits, growth monitoring etc.
- Access to healthcare and nutrition services – PHC, CHC, District Hospital visits, Anaemia Screening, IFA consumption, Nutrition Rehabilitation centre linkages etc.

Annexure 2 – List of Projects

The list of projects (FY 24-25) for which impact assessment is to be carried out is shared below:

Project Code 24-25	State	District	NGO	Beneficiaries
22	Bihar	Munger	Nirdesh	55,619
30	West Bengal	Kolkata	Youth Invest	8,243
	West Bengal	Howrah	Youth Invest	66,137
	West Bengal	Hooghly	Youth Invest	40,667
	Assam	Kamrup	Youth Invest	1,55,390
	Assam	Darang	Youth Invest	1,12,407
	Assam	Baksa	Youth Invest	77,057
	Assam	Dhubri	Youth Invest	1,57,643
	Assam	Goalpara	Youth Invest	1,17,795
	Assam	Barpeta	Youth Invest	1,89,666
	Assam	Hailakandi	Youth Invest	82,772
	Assam	Udalguri	Youth Invest	52,206

Annexure 3 – List of Key Stakeholders

Identification of key stakeholders under each theme and each project is to be done by the agency, building upon the list provided below. All following and other identified stakeholders are to be covered under the study through qualitative and quantitative surveys.

Themes	Key Stakeholders
Public Health: Maternal and Child Health and Nutrition	• Women and Child Development Department (ICDS officials) • Panchayati Raj Institution (PRI) and SHGs • Front Line Workers – Anganwadi, ASHA and ANM workers • Community members, women and adolescents (primary stakeholder) • Implementing Partners

Annexure 4 – Format for Technical Proposal

1. Agency Details

- a) Name of agency, address, Web site address and telephone number.
- b) Number of the principal office that will manage this project.
- c) Brief background of the agency and history. Include years in the sector/business and number of employees and details of projects handled.
- d) Experience details highlighting the experience and expertise of the agency relevant to the current assignment.
- e) A copy of the agency's most recent Annual Report or Financial Statement, and/or any other documentation that demonstrates financial solvency to be attached as annexure.
- f) Any additional information that the agency considers to be relevant.

2. Technical Approach and Methodology

- a) Understanding of the Scope of Work
- b) Detailed approach and methodology for undertaking the study including technical aspects; strategies; sampling methodology; research design; tools & techniques to be used; evaluation indicators (Annexure-1); statistical or economic model (*if any*) to be used for collecting, collating and analysing the data, etc.

3. Implementation Plan and Team Structure

- a) All themes for which the proposal is submitted (**Annexure-2**).
- b) Detailed implementation plan with all the phases, activities and timelines (including preparatory phase visit).
- c) Team structure and snapshot of experience, expertise, roles and responsibilities of resources assigned for the proposed study. CVs to be provided as annexure.

4. Please specify the primary Executive point of contact for the work stated in this RFP.

Annexure 5 – Format for Financial Proposal

Sl. No.	Particulars	UoM	Units (Nos.)	Unit Cost (Rs.)	Total Cost (Rs.)	Remarks
1	Survey Charges	Rs.				
	a. Project Population	Nos.				
	b. Control Population	Nos.				
	c. Key Informant Interviews	Nos.				
	d. Focused Group Discussions (FGDs)	Nos.				
	e. Case Studies / Stories of Change	Nos.				
2	Service Charges	Rs.				
	a. Printing charges	Rs.				
	b. Stationary, telephone, and other miscellaneous expenses	Rs.				
	c. Others: CAPI	Rs.				
3	Professional Charges	Rs.				
	a. Resource Type 1:	Person-days				
	b. Resource Type 2:	Person-days				
	c. Resource Type 3:	Person-days				
	d. Resource Type 4:	Person-days				
	e. Resource Type 5:	Person-days				
4	Estimate excluding travel (1+2+3)	Rs.				
5	Travel Expenses*	Rs.				
	a. Outstation travel	Person-days				
	b. Local Travel	Person-days				
	c. Accommodation	Nights				
	d. Food	Days				
	Total Estimate with travel (4+5) (GST rates will be extra and applied as prevailing at the time of invoicing)	Rs.				
	Timeline	Weeks				

Note:

*Travel expenses to be made on reimbursement basis, upon submission of actual bills/invoices.