Save the Children

CONSULTANCY AGREEMENT (Contract/SCBR/ NSO / 2021-22/157)

CONSULTANCY AGREEMENT

This AGREEMENT executed between **Save the Children, registered as Bal Raksha Bharat** in India under the Societies Registration Act 1860 having a registration no: S/51101/2004, with its operations office in India at 1st & 2nd Floor, Plot No. 91, Sector 44, Gurgaon – 122003 ("hereinafter referred to as "SC India") & **IIHMR University Jaipur,** Prabhu Dayal Marg, Sanganer Airport, Jaipur Rajasthan- 302029, India (hereinafter referred to as the 'Service Provider').

SC India and the Service Provider hereinafter are individually referred to as the "Party" and collectively as "Parties".

WHEREAS SC India is desirous of engaging the Service Provider to provide certain services as per the Terms of Reference ("**the assignment**")

NOW THIS AGREEMENT witnesses as under: -

1. **Terms of Reference (TOR)**

1.1 The Service Provider shall provide the services as per the attached TOR (Scope of Work).

1.2 The duration of the assignment will be for a period beginning from **10.12.2021 to 31.01.2022** unless terminated earlier as provided for in clause 6 below.

1.3 SC India shall provide necessary inputs and materials on a timely basis in order to enable the Service Provider to fulfill his obligations under the TOR. SC India shall continuously review the status of the assignment.

1.4 The Service Provider shall in no circumstance engage any other service provider for execution of the TOR, except in connection with proposed implementation of fieldwork and related data analysis and support services.

1.5 Fees shall be paid on satisfactory completion of the service and on submission of the following documents by the Service Provider:

A. Invoice requesting release of next installment and confirming that earlier deliverable has been completed
B. Deliverables

1.6 Correspondence Details shall be as follows:

SC India – BRB	**Service Provider**
Contact Person: Mr Abhik Dutta	Contact Person: Dr. P R Sodani
Mailing address: abhik.dutta@savethechildren.in	Mailing address: sodani@iihmr.edu.in
Contact No: Tel No: +91 8800753219	Contact No: +91 9829120956

1.7 SC India hereby engages the Service Provider to complete the work as per the TOR to the satisfaction of SC India and the Service Provider has agreed to such engagement. The Parties agree that the matters specified in the TOR may be modified from time to time as per mutual agreement between SC India and Service Provider, and that the TOR, as amended from time to time, shall form an integral part of this Agreement.

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2. **Fees**

2.1 SC India shall pay to the service provider **Rs. 27,38,780/- (including Taxes).**

- 20% on signing of contract
- 20% on the submission of Inception Report
- 40% on completion of fieldwork and top line findings
- 20% on submission of Final Report incorporating comments from STC along with cleaned data files in SPSS

2.2 The fees shall be paid on original invoice raised by the service provider by each installment. The invoice must be accompanied by deliverables

2.3 Tax deductions will apply to the fees of the Service Provider in accordance with the prevailing Income Tax legislation/policy of the Government of India.

3. **Accountability and Support**

The Service Provider will work within overall SC India policies on a variety of issues including Child Protection Policy. The Service Provider shall also comply with any other information and advisory materials concerning the practices applicable followed by SC India that SC India may provide to the Service Provider from time to time.

4. **Confidential Information**

The Service Provider shall maintain in confidence and safeguard all information that the Service Provider may come to know as a result of this Agreement or otherwise about or relating to SC India, including all information provided by SC India for purposes of this Agreement (whether provided before or after the execution of this agreement). The Service Provider shall not, except with the prior written authorization of SC India, disclose, give or publish to any other person, firm or corporation nor shall the Service Provider use such information for its personal gain or benefit. This obligation of the Service Provider shall continue after expiration or termination of this Agreement, including any renewal thereof.

5. **Ownership of findings**

Any reports produced and data collected by Service Provider will be the property of the SC India and will not be published and disseminated by the Service Provider without prior written permission of SC India.

6. **Termination**

This Agreement may be terminated:

A. by mutual consent given in writing and signed by both Parties hereto; or
B. by either Party at will or without cause with not less than one month's written notice or fee in lieu of notice.
C. By SC India, with 30 days notice, in case SC India finds that the work is not being implemented by the Service Provider, at least according to SC India's minimum standards and that the progress of the work is not satisfactory.
D. By SC India, without any notice whatsoever, in case the Service Provider violates any policy of SC India.

7. **Relationship of the Parties.**

The Parties are independent entities and this Agreement is being entered into on a principal to principal basis. It is understood and acknowledged by the Service Provider

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that the Service Provider is not, by virtue of this Agreement, rendered a representative or agent or employee of SC India and the Service Provider hereby agrees not to make any such representation to any person or authority. The Service Provider has no right or authority to assume or create, in writing or otherwise, any obligation of any kind, express or implied, in the name of or on behalf of SC India, unless provided with an express written authority in advance by SC India to do so.

8. **Indemnity**

The Service Provider agrees to comply with all laws (including the laws of India) applicable to the performance of his obligations under this Agreement. In case however, SC India suffers any loss or damage or claim etc. of any nature whatsoever on account of any actions of the Service Provider, the Service Provider shall indemnify and hold harmless SC India in respect of such loss or damage or claim etc.

The total aggregate liability of the Service provider for any and all claims made by SC India under or in connection with the Agreement shall not exceed the amount of fees paid by SC India as per the TOR

9. **Non-Exclusive and Non-Assignable.**

9.1 The Parties agree that the appointment of the Service Provider is non-exclusive.

9.2 The Service Provider acknowledges and confirms that the rights and obligations of the Service Provider under this Agreement are personal in nature and the Service Provider hereby agrees not to assign or transfer his obligations or interests or any part thereof to any person. The Parties agree that SC India has the right to assign this Agreement or any interest therein to any of its affiliate organizations without having to obtain the consent of the Service Provider.

10. **Jurisdiction**

This Agreement shall be governed and construed in accordance with, and performance of all services hereunder are subject to, the laws of India and regulations of the Indian Government, relevant State Governments and its departments and agencies, and the rights and obligations of the Service Provider as well as those of SC India under or in connection with this Agreement shall be construed in accordance with the laws of India. Any disputes arising out of or in connection with this agreement shall be subject to exclusive jurisdiction of courts in Delhi and no other court(s) shall have jurisdiction.

11. **Failure to Enforce.**

The failure of either Party hereto to enforce at any time or for any period of time any provision(s) of this Agreement shall not be construed to be waiver of such provision(s) or of the right of such Party thereafter to enforce each and every such provision.

12. **Rights and obligations upon expiration or termination.**

Neither Party shall be liable by reason of the termination or expiration of this Agreement to the other Party for any compensation, reimbursement or damages for terminating this Agreement in accordance with the terms hereof on any account whatsoever. The termination of the Agreement shall however not affect the obligations of the Parties incurred prior to the termination

Each Party's obligations under clauses 8 (Indemnities) and 4 (Confidentiality) shall continue after the expiration or termination of this agreement.

13. **Entire Agreement - Execution and Modification**

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13.1 This Agreement contains and constitutes the entire and only Agreement between the Parties hereto with respect to the subject matter hereof, and any representation, terms or conditions relating thereto not incorporated herein, shall not be binding upon either Party. This Agreement wholly cancels, terminates and supersedes any and all previous agreements, negotiations, commitments and writings between the Parties in connection with the subject matter of this Agreement.

13.2 This Agreement shall not become effective or binding upon SC India until signed by an authorized signatory of SC India.

13.3 No change, modification, extension, renewal, ratification, rescission, termination, notice of termination, discharge, abandonment or waiver of this Agreement or any of the provisions hereof, nor any representation, promise or condition relating to this Agreement shall be binding upon SC India unless made in writing and signed on behalf of SC India by the aforementioned representative.

14. Child Safeguarding

(a) Save the Children, Bal Raksha Bharat's (SCBR's) Child Safeguarding Policy (Annex attached) forms an integral part of this Agreement. The Partner/Consultants/ Vendor/Service provider has read and understood this policy before signing this Agreement and agrees to fully comply with it.

(b) The Partner/Consultants/Vendor/Service provider shall ensure:

(i) its staff associated with the Project read and understand SCBR's Child Safeguarding Policy, and attend training on the Child Safeguarding Policy; and

(ii) any concerns about possible breaches of the Child Safeguarding Policy are brought immediately to the attention of Save the Children. The parties will agree how such concerns will be investigated safely, confidentially and in a timely manner. Any investigation in relation to violations of the Save the Children, Bal Raksha Bharat's Child Safeguarding Policy must take into consideration the best interests and safety of the child(ren) involved.

(iii) The Partner/Consultants/Vendor/Service provider shall recognise and abide by SCBR's zero tolerance approach towards any form of abuse, exploitation and mistreatment against children.

Alteration, suspension or termination of the agreement
This agreement will be Terminated or suspended, in case:

- there is misuse or misappropriation of Project funds or assets, or any fraud, child safeguarding, sexual exploitation and abuse or other acts in connection with the Project which may bring SCBR into disrepute or is materially adverse to the interests of SCBR;

The commitment we expect from you
SCBR expects the same high standards from all of our partners, contractors, vendors, suppliers, service providers and all third parties working with or for SCBR, including taking measures to prohibit their staff and representatives from engaging in any child sexual exploitation, sexual abuse or any other form of abuse or exploitation in their working and personal lives.

a) You must have a zero-tolerance policy on Child abuse and exploitation and take all measures available to you to prevent and respond to actual, attempted or threatened forms of child abuse and exploitation involving SCBR staff or representatives, or your organisation's employees or representatives that arises during performance of the terms of this Agreement.

b) You must ensure that your staff members and those working with SCBR under your control are fully aware of this policy and encourage them to report incidents of suspected or actual child abuse involving SCBR staff or representatives, or your

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organisation's employees or representatives that arises during performance of the terms of this Agreement.

c) You must immediately report any suspicion of child abuse or exploitation occurring in SCBR, your organisation or the organisations you work with, that arises during the performance of the terms of this agreement with SCBR. Failure to report will be treated as serious and may result in termination of the agreement with SCBR.

d) When you or any staff working for SCBR under your control suspect or become aware of a child safeguarding concern in relation to work for SCBR, you are obliged to:-
   - act quickly and immediately report suspicions or knowledge of a safeguarding concern or incident to a relevant contact at the organisation (which could include Manager-Human Resource (Child Safeguarding Focal Point at the Hub), Manager - Child Safeguarding at National Support Office, Deputy Director – Hub Programme, or report to childsafeguarding@savethechildren.in
   - keep any information confidential between you and the person you report this to.

You will cooperate with SCBR in any investigations of concerns reported under this Agreement, and keep SCBR promptly updated on any concerns reported under this Agreement, including but not limited to actions taken by you in response.

15. **Severability.**

In case any provision in this Agreement shall be held invalid or unenforceable, the validity, legality and enforceability of the remaining provisions thereof will not in any way be affected or impaired thereby.

16. **Headings.**

16.1 All headings set forth in this Agreement are for convenience only and shall not affect the interpretation of this Agreement.

16.2 Any change in the above particulars shall forthwith be communicated in writing to the other Party.

16.3 Any such notice may be delivered personally or be sent by registered A/D mail, or facsimile transmission and shall be deemed to have been duly sent and served if personally delivered, when delivered; if by registered A/D mail, on dispatch thereof; and if by facsimile transmission when dispatched and electronically generated confirmation receipt is received by sender.

IN WITNESS THEREOF, this Agreement is signed on this 10.12.2021.

For IIHMR University

SAVE THE CHILDREN-BRB
Sangeeta Narula

Name: Sangeeta Narula
Designation: Director HR& Procurement

Date: 10.12.2021
Place: Gurgaon

Name: Dr P R Sodani
Designation: President

Date: 10/12/2021
Place: ~~Delhi~~ Jaipur

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Terms of Reference

Endline Study for

Reduction in Pneumonia Specific under 5 Mortality in Rajasthan and Uttar Pradesh

Issued by,

Save the Children
100 YEARS

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Content

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Introduction

Save the children (SC) is India's leading independent NGO and child rights organization. As of 2019, we work in 16 states in India. Since its start in 2008, SC India has changed lives of more than 11.7 million children and has reached 5.06 million children directly, and 6.6 million children indirectly during emergencies such as natural disaster, humanitarian crisis, and disaster risk reduction. We believe 'every child deserves the best chance for a bright future', and that's the reason we are committed to ensuring children not only survive, but thrive. We are proud to be the world's leading expert on issues pertaining to children, delivering lasting results for millions of vulnerable girls and boys.

Problem Statement

Despite availability of knowledge and proven cost-effective interventions, pneumonia is a 'forgotten killer' of children. With 30 million new cases of childhood pneumonia reported every year and one child dying every four minutes[1], India tops the list of countries with highest disease burden and largest number of pneumonia deaths. It is vital to create leadership and determination among Government, policy makers and international agencies to address this number one killer both in India and across the world.

Project Background

Intervention Objective: ***SC through its intervention intend to bring high-quality pneumonia care to ninety thousand under-five children in two rural blocks and one urban municipality in the states of Uttar Pradesh and Rajasthan.***

Burden of Childhood Pneumonia - India has the highest burden of childhood pneumonia in the world, both in terms of morbidity[2] and mortality[3]. Around 140,000 children die due to pneumonia annually in the country. There are **30 million new cases of childhood pneumonia reported every year**, with an incidence rate of 0.26 episodes per child-year[4]. Approximately ten percent of these episodes tend to be very severe. Among children under-five years, **pneumonia contributes to nearly a sixth (15%) of all deaths in India**, with one child dying from pneumonia every four minutes. The reduction of under-five mortality from 39/1000 live births in 2016 to 23 by 2025 is one of the prime goals of India's National Health Policy 2017[5]. In order to achieve this goal, mortality due to childhood pneumonia needs to be reduced to less than three per 1000 live births from the current level of 5.7 per 1000 live births, which is also in tune with the goal of India's Integrated Action Plan for pneumonia and Diarrhoea (IAPPD)[6]. Four of the poorer states in India together contribute to nearly 60% of the country's total burden of under-five deaths and more than 50% of pneumonia deaths (Uttar Pradesh, Bihar, Madhya Pradesh, and Rajasthan). **With the absence of accessible quality treatments at both community and public health**

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[1] Pneumonia and Diarrhoea Progress Report 2018 & NHFS IV (2015-16)
[2] The rate of disease in a population
[3] Measure of the number of deaths in a particular population, scaled to the size of that population, per unit of time.
[4] Pneumonia and Diarrhoea Progress Report 2018 by International Vaccine Access Centre and Johns Hopkins School of Public Health
[5] National Health Policy 2017
[6] http://pib.nic.in/newsite/PrintRelease.aspx?relid=115702

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facility level, the most disadvantaged children are the worst affected by pneumonia and other common childhood illnesses.

Brief of the Intervention:

Save the Children has been trying to address the silent emergency of childhood pneumonia in India, one of the largest contributors of under-five mortality in the country in two of the five-worst affected states. Save the Children, India has intervened for **two-years starting in Oct-2019.** SC has worked together with the government health system and adopted their Integrated Action Plan for Diarrhoea and Pneumonia which outlines the **PPDT (Prevention, Protection, Diagnosis and Treatment) model**, thereby ensuring sustainability and uptake of the scale up of the intervention in the long run.

Intervention Geographical Coverage:

SC has implemented above detailed intervention programme in two rural blocks **of Bahraich District, Uttar Pradesh and across 45 urban wards of Tonk City, Tonk District, Rajasthan**.

Need of the Study

In line with Save the Children's integrated approach to MEAL, we aim to use data to support decision making, accountability and continuous improvement of our programming for and with children. Baseline evaluation has been conducted at the beginning of the project to measure the current status of study indicators at community and facility level before start of the programme. Additionally, the baseline has also generated soft inputs for developing social behaviour change communication (SBCC) strategy for increasing awareness about sign and symptoms of Pneumonia and its case management**. At the end of programme Save the Children, India aims to conduct an Endline study, to measure intervention indicators (output and outcome indicators) to see the project impact. It is expected that the results will, thereafter, be shared with the communities, partners and Health department for filling the gaps and scale up of successful interventions by the system.**

Study Objectives:

With a vision to end preventable under-five mortality in India due to ARI and pneumonia, we propose to benchmark final status of project through this endline. The primary research objectives of this study are to assess:

1. Prevalence of Pneumonia among under 5 children in study geography at the end of the project
2. Status of case management of pneumonia by health care providers at community and facility level at the end of the project
3. Current level of knowledge, awareness and practices among care seekers (households) and care givers on pneumonia and its risk factors at the end of the project
4. Status of case management of pneumonia by health care providers using M Health tool at community and facility level at the end of the project

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5. Level of knowledge, awareness and practices among care seekers (households) and care givers on pneumonia and its risk factors using M Health tool at the end of the project

The indicators, which will be assessed through this baseline, under each of the research objectives (1 to 4) are given in LFA below:

Result	Indicator	Level of Indicators (Outcome, Output)	Data disaggregation needed	Data Collection			
				Numerator	Denominators	Method/ MOV	Frequency of Collection
GOAL							
Reduction in Pneumonia specific under five mortality	Penumonia specific under five mortality rate at the end of the project	Impact	State, District, gender	No. of pneumonia specific under five death in a particular time period	1000 live births in same time period	AHS, NFHS 5, SRS	Annual
OUTCOME-overall							
High-quality pneumonia care to 90 thousand under-five children in two rural blocks and one urban municipality in the states of Uttar Pradesh and Rajasthan	Number of under five children in intervention areas provided with high quality pneumonia care	Outcome	State, District, gender	Number of under five children in intervention areas provided with high quality pneumonia care	Number of under five children with pneuminia in intervention areas	Baseline, Endline, Project MIS	Monthly
OUTCOME-I							
Increased community awareness of pneumonia and improved care seeking	% Increase in knowledge and awareness among HHs on pneumonia and its risk factors	Outcome	Block, District	Number of HHs with knwledge and awareness on pneuminia and its risk factors	Number of HHS with children under five	Baseline, Endline,	Twice – once during Baseline and Endline
	% Improve in care seeking behaviour for pneumonia	Outcome	Block, District	Number of HHs with care seeking behaviour for pneumonia	Number of HHS with children under five	Baseline, Endline,	Twice – once during Baseline and Endline

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OUTCOME-2							
Improved case detection and its management at both community level and facility level	% Improve in case management of pneumonia by frontline health care providers at community level	Outcome	Block, District	Number of pneuminia cases managed by FHWs at community level	Total of pneumoinia cases in the community	Baseline, Endline Project MIS	Monthly and during Baseline and Endline
	% Improve case management of pneumonia at health facility level	Outcome	Block, District	Number of pneuminia cases managed at the facility level	Total of pneumoinia cases in the community	Baseline, Endline Project MIS	Monthly and during Baseline and Endline
OUTPUT							
Output 1.1.1 Formative research for behaviour change needs conducted	% of HHs with knowledge of signs of pneumonia in children under 5 years of age (Cough and fast breathing or in drawing of chest or difficulty in breathing)	Output	Block, District	Number of HHs with knowledge of signs of pneumonia in children under 5 years of age	Total nuber of HHs under 5 years of age	Baseline, Endline	Twice – once during Baseline and Endline
	% of HHs with knowledge on indoor air pollution and its effect on pneumonia	Output	Block, District	Number of HHs with knowledge of indoor air pollution and its effect on pneumonia	Total nuber of HHs under 5 years of age	Baseline, Endline	Twice – once during Baseline and Endline
	% of HHs aware of handwashing with soap and water at critical times	Output	Block, District	Number of HHs aware of handwashing with soap at critical times	Total nuber of HHs under 5 years of age	Baseline, Endline	Twice – once during Baseline and Endline
Output 1.1.2 m-health tool on pneumonia associated risk factors and counselling on pneumonia identification, management and treatment for care	No. of trainings on M-Health tool conducted	Output	Block, District	No. of trainings on M-Health tool conducted	No . Of trainings on M health tools planned to be conducted	Training Reports	Post Training
	No of tools developed for Pneumonia associated risks factors	Output	State, District,	No of tools developed for Pneumonia associated risks factors	No of tools planned to be developed on Pneumonia associated risk factors	M Health development report/manual	Post tool development

seekers developed and piloted	No of tools developed for counselling on pneumonia identification	Output	State, District	No of tools developed for counselling on pneumonia identification	No of tools planned to be developed for counselling on pneumonia identification	M Health development report/manual	Post tool development
	No of tools developed for management and treatment for care seekers	Output	State, District	No of tools developed for management and treatment for care seekers	No of tools planned to be developed for management and treatment for care seekers	M Health development report/manual	Post tool development
Output 1.1.3 FHWs trained on use and application of m-Health tool	No of FHWs trained on use and application of M Health tool	Output	Block, District	No of FHWs trained on use and application of M Health tool	Total number of funtional FWHs in the area	Training Reports	Post Training
Output 1.1.4 m-Health tool used as job aid by FHWs at various platforms and meetings (home visits, group meetings, VHNDs days)	% of MCHN days with focused counselling and education session on pneumonia (Define focused counselling elements to measure it (counselled with the help of job aids, M health tools)	Output	Block, District	Number of MCHN days with focussed counseling and education sesssion on pneumonia .	Total number of MCHN days celebrated in a month in the block	Baseline, Endline, Project MIS through MNCH days record of FLWs	Monthly
	% of HH who were counselled on pneumonia using m-health tool	Output	Block, District	Number of HHs counselled on pneumonia using M health tool	Total number of HHs counselled on pneumonia	Project MIS through m-health tool record of FLWs	Monthly
	% of meetings conducted by FHWs on pneumonia using m-health tool	Output	Block, District	Number of of meetings conducted by FHWs on pneumonia using m-health tool	Total number of meetings conducted by FHWs on pneumonia	Project MIS through m-health tool record of FLWs	Monthly
Output 1.1.5 Child champions identified and trained for peer learning	No. of children groups formed	Output	Block, District	No. of children groups formed	Total number of children group planned	Group Formation register	Monthly
	No. of group meetings held	Output	Block, District	No. of group meetings held	Total number of group meeting planned	Meeting Register	Monthly

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	No. of child champions identified	Output	Block, District	No. of child champions identified	Total number of child champion planned to be identified	Group Formation register	Monthly
	No. of child champions trained for peer learning	Output	Block, District	No. of child champions trained for peer learning	No. of child champions identified	Training Register	Monthly
Output 1.2.1 Number of community facilitators trained on m-Health tool on pneumonia associated risk factors and counselling	No. of FLWs trained on pneumonia associated risk factors and counselling	Output	Block, District	No. of FLWs trained on pneumonia associated risk factors and counselling	Total nuber of FLWs functional	Training Register	Six monthly
	No. of FLWs trained on M-Health tool for pneumonia associated risk factors and counselling	Output	Block, District	No. of FLWs trained on M-Health tool for pneumonia associated risk factors and counselling	Total nuber of FLWs functional	Training Register/ M-Health tool DASH BOARD	Six monthly
	% of children with symptoms of ARI			No. of children under 5 with symptom of ARI	No. of children under 5 assessed in intervention areas	Project MIS through records of FLWs, PHCs, UPHCs, CHCs	Monthly
	% of children under 5 with symptoms of Acute Respiratory Infection (ARI) who received antibiotics (as per GOI guideline)	Output	Block, District	number of children under 5 with symptoms of Acute Respiratory Infection (ARI) who received antibiotics	total number of children under 5 with symptoms of Acute Respiratory Infection (ARI)	Project MIS through records of FLWs, PHCs, UPHCs, CHCs	Monthly
	% of U5 children with Pneumonia adequately managed at Health Facility (PHC, Pvt. Facility)	Output	Block, District	Number of children under 5 years of age with symptoms of pneumonia taken to a health facility	Number of children under 5 years of age with symptoms of pneumonia referred to health facility	Project MIS through referral records of FLWs, PHCs, UPHCs, CHCs	Monthly

	% of children (12-23 months) fully immunized	Output	Block, District	Number of children (12-23 months) fully immunized	Number of children 12-23 months	Project MIS through immunization records of FLWs, PHCs, UPHCs, CHCs	Monthly
	% of children (12-23 moths) immunized with three doses of PCV	Output	Block, District	number of of children (12-23 moths) immunized with three doses of PCV	Number of children 12-23 months	Project MIS through immunization records of FLWs, PHCs, UPHCs, CHCs	Monthly
	% of children (12-23 months) with three doses of pentavalent vaccine	Output	Block, District	Number of children (12-23 months) with three doses of pentavalent vaccine	Number of children 12-23 months	Project MIS through immunization records of FLWs, PHCs, UPHCs, CHCs	Monthly
	% of children exclusively breastfed for 6 months	Output	Block, District	Number of children exclusively breastfed for 6 months	Number of children 6-23 months of age	Project MIS through VHND records of FLWs, PHCs, UPHCs, CHCs	Monthly
	% of children initiated complimentary feeding	Output	Block, District	Number of children initiated complimentary feeding between 6-8 months	Number of children 6-23 months	Project MIS through VHND records of FLWs, PHCs, UPHCs, CHCs	Monthly
Output 1.2.2 Village / Urban Health Nutrition and Sanitation Committees trained on community monitoring and accountability tools for improved service delivery	No. of Village / Urban Health Nutrition and Sanitation Committees trained on community monitoring and accountability tools for improved service delivery	Output	Block, District	No. of Village / Urban Health Nutrition and Sanitation Committees trained on community monitoring and accountability tools	Total number of Village / Urban Health Nutrition and Sanitation Committees planned to be trained on community monitoring and accountability tool	Project MIS through Training records of VHNSC	Quarterly

Output 1.2.3 MCHN days equipped with pneumonia counselling and management sessions	% of MCHN days counselling focused on Pneumonia	Output	Block, District	Number of MCHN days counselling focused on Pneumonia	Total Number of NMCHN days observed	Project MIS through records of VHNSD/MCHN days	Monthly
	% of MCHN days having sessions on prevent, protect, diagnosis and treatment	Output	Block, District	Number of of MCHN days having sessions on prevent, protect, diagnosis and treatment	Total number of MCHN days observed	Project MIS through records of VHNSD/MCHN days	Monthly
Output 1.2.4 m- Health based live application on counselling and identification of suspected severe pneumonia cases	% counselling sessions where M-Health tools were used for pneumonia counselling by FLWs	Output	Block, District	Number of counselling sessions where M-Health tools were used for pneumonia counselling by FLWs	total number of counselling sessions taken by FLWs	Project MIS through DASH BORAD of M-Health Tool, Session Records of FLWs	Monthly
	% cases where M-Health tools were used for identification of suspected severe pneumonia by FLWs	Output	Block, District	Number of cases where M-Health tools were used for identification of suspected severe pneumonia by FLWs	Total number of cases identified as suspected severe pneumonia by FLWs	Project MIS through DASH BORAD of M-Health Tool, Case Records of FLWs	Monthly
Output 2.1.1 ICT based case management tool for informed decision making at community level developed for FHWs	% of treatment coverage for children with suspected pneumonia, including care by an appropriate FHW and antibiotics	Output	Block, District			Project MIS through records of FLWs, PHCs, UPHCs, CHCs	Monthly
	% increase in identification of pneumonia cases	Output	Block, District	Number of pneumonia cases identified	Number of cases screened	Project MIS through records of PHCs, CHCs	Monthly

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	% of pneumonia cases adequately managed by FHW	Output	Block, District			Project MIS FLWs, PHCs, UPH through records of FLWs, PHCs, UPHCs, CHCs	Monthly
	% of pneumonia cases referred to health facility (by FHWs like ASHAs & ANMs)	Output	Block, District			Project MIS through referral records of FLWs, PHCs, UPHCs, CHCs	Monthly
	Number of supportive supervision visits conducted at field	Output	Block, District	Number of supportive supervision visits conducted at field	Number of supportive supervision visits planned	Project MIS through supervisory visit records of supervisors of ASHA, ANM, SC Staffs	Monthly
	Number of trainings conducted and number trained on ICT based tool	Output	State, District, Block	Number of trainings conducted and number trained on ICT based tool	Number of trainings and trainees planned on ICT based tool	Training report and attendance	Post Training
Output 2.1.2 Training package on ICT based case management tool rolled out in intervention area	No. of intervention areas where training package on ICT based case management tool rolled out	Output	State, District, Block	No. of intervention areas where training package on ICT based case management tool rolled out	Total number of intervention blocks in the project	ICT rollout report	Post Training
Output 2.1.2.1 Master trainers and FHWs trained on ICT based case management tool	No. of master trainers and FHWs trained on pneumonia case management tool	Output	State, District, Block	No. of master trainers and FHWs trained on case management tool	Total number of master trainers and FHWs planned to bre trained on ICT based case management tool	Training report	Post Training

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	No. of master trainers and FHWs trained on pneumonia case management tool (ICT based)	Output	State, District, Block	No. of master trainers and FHWs trained on ICT based case management tool	Total number of master trainers and FHWs planned to bre trained on ICT based case management tool	ICT rollout report	Post Training
Output 2.1.2.2 Refresher trainings conducted for FHWs	No. of refresher trainings conducted for FHWs	Output	State, District, Block	No. of refresher trainings conducted for FHWs	Total number of refresher training planned to be conducted	ICT Refresher training Report	Post Training
Output 2.1.3 Supportive handholding visits conducted in field	No. of supportive handholding visits conducted in field	Output	State, District, Block	No. of supportive handholding visits conducted in field	Total number of supportive handholding visits planned to be conducted	ICT Roll Out Report	During roll out
Output 2.1.4 FHWs conducting follow up visits of susceptible pneumonia cases	% of susceptible pneumonia cases being followed up by FHWs	Output	District, Block	Number of susceptible pneumonia cases being followed up by FHWs	Total number of susuoected pneumomnia cases identified by FHWs	Project MIS through case management report/ M Health tool DASHBOARD	Monthly
Output 2.1.5 ANMs with nil stock out of antibiotics for treatment of susceptible pneumonia cases	% of ANMs with nil stock out of antibiotics for treatment of susceptible pneumonia cases	Output	District, Block	Number of ANMs with nil stock out of antibiotics for treatment of susceptible pneumonia cases	Total number of ANMs functiinal in the area	Project MIS through stock records of Sub center	Quarterly
Output 2.1.6 ASHAs equipped with supplies for management of pneumonia	% of ASHAs equipped with pre referral dose of amoxicilin for management of pneumonia	Output	District, Block	Number of ASHAs equipped with pre referral dose of amoxicillin for management of pneumonia	All Functional ASHAs in the intervention area,	Project MIS through stock record of ASHA	Monthly
Output 2.2.1 ICT based case management tool for informed decision making at facility level developed for	Number of ICT based case management tool developed for medical officers and stuff nurses	Output	State, District, Block	Number of ICT based case management tool developed for medical officers and stuff nurses	Number of ICT based case management tool planned to be developed for medical officers and stuff nurses	Operational Research finding on requirement	Post research

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medical officers and staff nurses							
Output 2.2.2 Training of medical officers and staff nurses conducted on use and application of ICT based case management tool at facility level	No. of trainings conducted and no. of MOs and stuff nurses trained on use of ICT based case management tool	Output	State, District, Block	No. of trainings conducted and no. of MOs and stuff nurses trained on use of ICT based case management tool	Number of trainings planned and number of trainees planned to be trained	MIS/Training Register and report	Post training
	Number of trainings conducted on logistic and supply chain management	Output	State, District, Block	Number of trainings conducted on logistic and supply chain management	Number of trainings planned on logistics and supply chain management	MIS/Training Register and report	Post training
Output 2.2.3 Facilities assessed for supply and logistics required for management of pneumonia at facility level	% of health facilities with adequate supply of antibiotics for pneumonia treatment	Output	District, Block	Number of health facilities with stock of antibiotics for pneumoinia treatment	All functional health facilities in the intervention area	MIS/Stock Register at Health facility	Monthly
	% of health facilities with adequate supply of oxygen for pneumonia treatment	Output	District, Block	Number of health facilities with stock of oxygen supply for pneumoinia treatment	All functional health facilities in the intervention area	MIS/Stock Register at Health facility	Monthly
Output 2.2.4 Facility wise action plan for strengthening supply and logistics (pneumonia related) developed in consultation with health departmen	% of facilities with action plan for strengthening supply and logistics (pneumonia related)	Output	District, Block	Number of facilities with action plan for strengthening supply and logistics (pneumonia related)	All functional PHCs, CHCs, UPHCs	MIS/Stock Register PHCs, UPHCs, CHCs	Quarterly
Output 2.2.5 Health facilities monitoring	% of facilities monitoring supply and logistics action	Output	District, Block	Number of facilities monitoring supply and	Numberv of facilities with action plan (pneumonia	MIS/Stock Register PHCs, UPHCs, CHCs	Quarterly

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their supply and logistic action plan	plan . (pneumonia related)			logistics action plan (pneumonia related)	related)		
Output 2.2.6 ICT based tool developed for tracking and informed decision making on pneumonia	% of health facilities having follow up mechanism after discharge from health facilities (Follow up mechanism could be Either cases coming to facility for revisit or follow up Or Follow up of cases Through ASHAs and ANM Or Follow up through phone)	Output	District, Block	Number of health facilities having follow up mechanism after discharge from health facilities	All functional PHCs, CHCs, UPHCs	MIS of PHCs, UPHCs, CHCs	Quarterly
Output 2.2.7 Health facilities using the ICT tool for tracking and informed decision making	% of children with suspected pneumonia who received treatment with antibiotics / oxygen /both at health facility	Output	District, Block, Facility			Baseline, Endline, Project MIS	Monthly
	% of severe pneumonia cases referred to higher health facilities	Output	District, Block. Facility	Number of severe pneumonia cases referred to higher health facilities	Total number of severe pneumonia cases in a facility	Baseline, Endline, Project MIS	Monthly
	Number of supportive supervision visits conducted at health facilities	Output	District, Block	Number of supportive supervision visits conducted at health facilities	Number of supportive supervision visits planned at health facilities	MIS/Visit register at PHCs, UPHCs, CHCs	Quarterly

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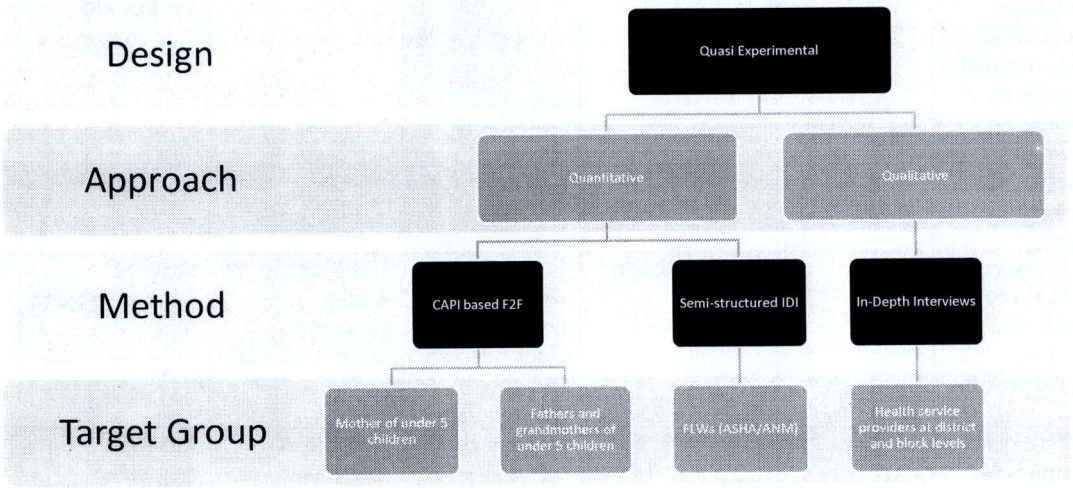
For Research Objectives, inputs will be gathered based on log frame and additionally on following indicators (indicative):

- Situation Analysis of Pneumonia (in line with Prevent, Protect and Treat framework) through secondary desk review
- Enablers and barriers including dealing with difficult cases for pneumonia management in key interventions (in line with Prevent, Protect and Treat framework)
- Identification of high risk communities and understand community needs, behaviour and perception (beliefs, misconceptions and associated taboos) of caregiver
- Explore various factors of both demand and supply side affecting care seeking
- Assess the preparedness of health systems for providing pneumonia care, including HR availability, capacity, logistics, drugs & equipment, referral etc.
- Areas of further operational research and recommendations
- Feasibility and applicability of Mobile application (M-health) based SBCC tools to enhance the access of knowledge and improve the health care seeking behaviour and practices of individuals/communities for pneumonia care
- Inputs for designing of evidence based SBCC strategy
- Enablers for increasing awareness on pneumonia prevention and protection, and improved care seeking behaviour of the community
- Enablers for increasing case tracking and data management on childhood pneumonia

Research Design

Following is the design followed in baseline.



Study Methodology

SC suggest to use **mix method approach**. However, agency is free to recommend a methodology for the study with a clear justification for it. SC strongly recommend to do desk review and policy analysis for said subject.

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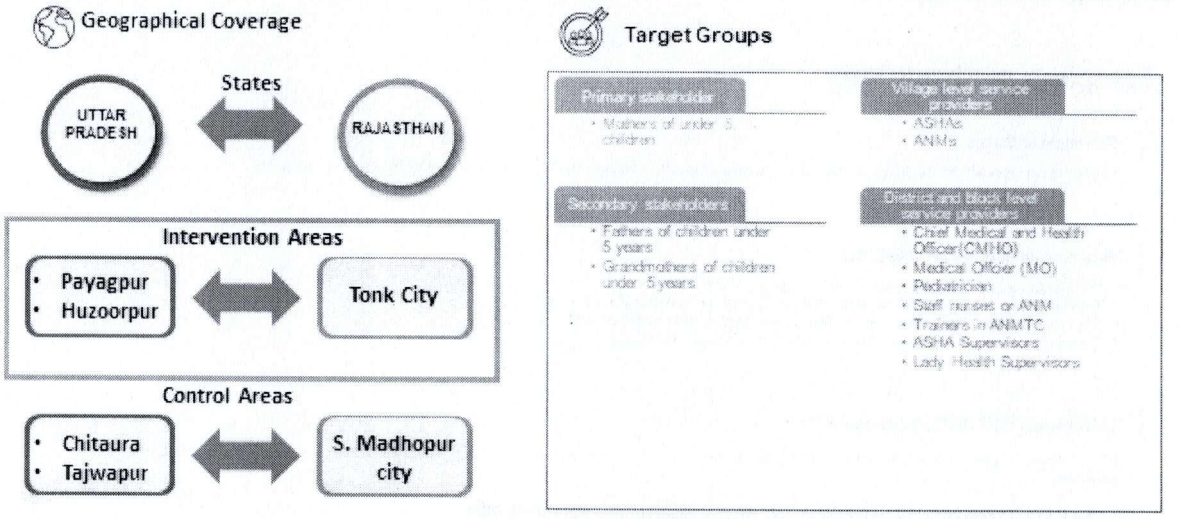
Study Geography

The geographic coverage of study will be limited to 2 rural blocks of **Bahraich District of Uttar Pradesh** and **Tonk City (urban wards) Tonk District of Rajasthan**

Geographical coverage and target groups



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Sample Size

Sample size

The following formula was used for to derive the sample size:

$$n = \frac{D \times [Z_{1-\alpha}\sqrt{2\bar{P}(1-\bar{P})} + Z_{1-\beta}\sqrt{P_1(1-P_1)+P_2(1-P_2)}]}{(P_2-P_1)^2}$$

Where:

N = Sample size

D = Design effect: Assumed as 1.24 as the sampling is multi-staged

$Z_{1-\alpha}$ = Z-score corresponding to a 95% significance level (1.96)

$Z_{1-\beta}$ = Z-score corresponding to a 80% power (0.84)

Qualitative Sample

District and block level providers (intervention areas)	Uttar Pradesh	Rajasthan	Total Sample
CMHO (at district level)	1	1	2
MO/Doctor/ Pediatrician (at district hospital)	1	1	2
Staff nurse (at district hospital)	1	1	2
MO (PHC/APHC/CHC/UHC)	4	1	5
Staff Nurse/ANM (PHC/APHC/CHC/UHC)	5	1	6
Trainer from ANMTC		1	1
ASHA supervisors	2	1	3
Lady health supervisor	2	1	3
Total	16	8	24

Quantitative Sample

	Uttar Pradesh		Rajasthan	
Respondent Groups	Intervention	Control	Intervention	Control
Mothers of under 5 children	516	513	264	241
Fathers of under 5 children	128	128	65	61
Grandmothers of under 5 children	126	130	62	60
ASHA	21	22	11	12
ANM	3	7	1	1

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The urban intervention was implemented across 45 urban wards of Tonk City in Rajasthan covering a total population of approx. 165,000. Whereas, the rural intervention were implemented in two blocks of Bahraich district, namely Payagpur block covering a total population of approximately 199,059 and Huzoorpur block covering a total population of approximately 194, 031.

Sampling Methodology:

Sampling methodology

Selection of States

The two states selected for the baseline study are Rajasthan and Uttar Pradesh, as the intervention is planned in these two states.

Selection of Districts and Blocks

- The intervention site for the urban area (in Rajasthan) is the Tonk City
- The comparable control site for the urban area (in Rajasthan) is Sawai Madhopur city
- The two intervention blocks (in Uttar Pradesh) are Payagpur and Huzoorpur in Bahraich district
- The comparable control blocks (in Uttar Pradesh) are Chitaura and Tajwapur

Selection of PSU (village/urban wards)

PSUs (villages in rural and wards in urban) will be selected through Probability Proportional to Size (PPS) sampling technique, considering the census 2011 population.

State	Uttar Pradesh		Rajasthan	
Site	Intervention	Control	Intervention	Control
Number of PSUs	25	25	13	12

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10

Health Facility and HR Details- Intervention Geography

Health/ICDS Facilities,	Payagpur, Bahraich	Huzoorpur, Bahraich	Tonk Urban
District Hospital			1
Community Health Centres	1	1	
Primary Health Centres (PHC) including APHCs	4	3	
Sub Centres	27	20	
Urban Health Centres			3
Maternity Homes			1
ANM Training Centre			1
Anganwadi Centres	188	179	101

Health/ICDS Workforce	Payagpur (in-position/ sanctioned)	Huzoorpur (in-position/ sanctioned)	Tonk (in-position/ sanctioned)
Medical officer (MO - MBBS)	7/0	8/14	02/03
Staff Nurses	8/0	6/12	02/04
Auxiliary Nurse Midwife (ANM)	27/27	9/20	05/06
Accredited Social Health Activists (ASHA)	200/204	204/232	97/101
Anganwadi Worker (AWW)	188	179	92/101
Lady Health Supervisors	3	7	02/03
ASHA supervisors	7/10	7/11	01/01
Others ... MO – Ayush	2/0	1/1	
Pediatricians (District hospital)			01 / 02
ANMTC Trainers			03/05

SC wants to estimate changes, as a result of intervention, for Tonk and Bahraich therefore study population needs to estimated and selected in such a way that it should give estimation for both Tonk-Rajasthan and Bahraich-Uttar Pradesh. In addition to this, SC also wants to estimate the prevalence of Pneumonia in the study geography. In continuation with information detailed above, we would request, agency, to suggest appropriate sample size considering the problem and study indicators

Target Subject Population

It is recommended that agency will, first, do stakeholder mapping and then suggests respondent categories in their proposal. However, SC wish to cover respondents across both levels i.e., Health systems and community level. At health system level, respondents at State / District / Facility level can be covered whereas at community level, Households, Care Seeker, and key influencer or other similar stakeholder may also be included in the study respondent group. An indicative list of respondent category and target respondents are detailed in table below;

Target Group	Facilities	Target Respondents
Facility Level	• District hospital • Maternity Hospital • CHC/PHC/ APHCs/SC • Urban Health Centers • ANM training center • Health Wellness Centre (HWC)	• CMHO • Pediatricians • Medical Officers (MO - MBBS) • Others MO – Ayush • Staff nurses & ANM • ANMTC Trainers • ASHA Supervisors • Lady Health Supervisors
Community Level	• Villages • Sub Centre • Anganwadi centers	• Households • Care Seeker • Key Influencer

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Target Group	Facilities	Target Respondents
		• ANM • ASHA • Anganwadi workers • Other Stakeholders

Survey Instruments

All survey instruments will be developed by selected agency. Also these developed then in turn will be translated into local language i.e., Hindi by agency only.

Method of Data Collection

SC proposes to collect quantitative data through Computer-assisted personal interviewing (CAPI) mode. Agency may propose any suitable survey platform for collecting data. For qualitative data, agency may adopt conventional approach for data collection.

Scope of work

Sample size estimation, Development of Sampling frame and Identification of study participants: The agency should suggest an appropriate study design, calculate sample size and outline a method for developing a sampling frame for the study.

Development of survey instruments, pre-testing and Survey Software Development: The selected agency need to develop questionnaire (quantitative and qualitative) on the basis of pre identified key indicators for quantitative and qualitative survey. The agency must pre-test tools then develop survey software in CAPI before launching training of data collection team.

Constitution of field research team: The agency should propose a Team Leader/Principal Investigator, Co-Investigators describe the size and composition of the field research teams and supervisory staff that would be employed in data collection staff (including their minimum qualifications) and the method to be used for recruitment and describe in detail the roles of each staff member.

Data collection training: All members of the field research teams will be trained jointly by SC, and staff of the organization implementing the research. The training agenda will be developed and finalized collaboratively with the SC team. The agency should describe the resources the agency will make available for the training, including the qualifications and prior experience of training staff, facilities and equipment. Please be sure to include plans for ethical training and procedures for protection of human subjects.

Procedures for data collection and management: The agency should outline logistic procedures, including methods of transportation, obtaining ethical approvals, propose methods for supervision of the data collection teams, and discuss how the data will be organized, managed and secured and

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analyzed. Field work and collection of data can only start **after acquiring all ethical approvals including IRB**.

Data analysis, report writing and recommendation: The agency should propose the software for data analysis and a process for joint reviews with SC. Data analysis plan, data files and report would be reviewed by SC for quality assurance and finalized only after SC inputs. The report should include recommendation and way forward for both the baseline as well as for developing SBCC strategy.

Support Required

SC will provide all intervention related project documents to the selected agency. However, agency should clearly indicate any other type of assistance required from SC at the time of proposal submission (against this RFP) for successful execution of project.

Deliverables

1) Inception Report (Covering objectives of the study, detailed methodology, Gantt chart, operational plan for primary data collection, type of survey instruments, plan for data analysis and outline of the final reports)
2) Pre testing of tools
3) Final Survey tools (English and Hindi) with appropriate use of local dialects
4) IRB approval of the study and tools
5) Electronic script of survey tools
6) Training manual and training agenda
7) Data analysis plan
8) Audio recording of FGDs/IDIs with proper labeling
9) Transcripts of FGD/IDI with proper labeling
10) Draft Report (Combine and district specific)
11) Final Report (Combine and district specific) incorporating suggestions from SC in print ready version
12) Draft and Final Report Power Point Presentation on project findings at SC
13) Raw data and processed data in excel and SPSS with proper labeling and coding of variables.
14) Baseline Data Factsheet (Combine and district specific)

Essential qualification of the Consultant

- The agency, should have adequate experience in public health research project and allied social research projects and should be able to display the same.
- Agency with Pediatrician / public health specialist will be an added advantage
- The team members deployed by the consultant are expected to have expertise in child health and health systems and (b) collection and analysis of quantitative and qualitative data.
- Local experience and exposure (Uttar Pradesh and Rajasthan) will be preferred
- Consultant/ firm/ agency should possess data collection skills (CAPI, PAPI, experience of collecting qualitative data etc.)
- All claims cited by the agency should be adequately substantiated in the proposal.

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- Agency must abide by SC's child safeguarding policies.

Ethical protocol

As the Agency will be working on behalf of Save the Children, they will be required to adhere to the Child Safeguarding Policy and ethical guidelines. The Agency and the researchers engaged in the review will receive orientation on and sign Save the Children's Child Safeguarding Policy. Background checks will be undertaken for all applicants.

The Agency will make clear to all participating stakeholders especially children of all ages that they are under no obligation to participate in the process. All participants will be assured that there will be no negative consequences if they choose not to participate. The Agency must obtain informed consent from all adult participants. For children, informed assent will be sought as well as consent from their care-givers if a child is to be interviewed or to participate in a focus group discussion. The Agency must receive prior permission for taking and use of visual still/moving images for specific purposes. The Agency will assure the anonymity and confidentiality of participants' data and will assure the visual data is protected and used for agreed purposes only. As the shortlisted Agency needs to interact with children s/he needs to sign and abide by Save the Children's Child Safeguarding Policy.
Data protection protocols must be developed for the storage and analysis of household data and child profile data. All transcripts must be anonymized.

Terms of payment

- 20% on signing of contract
- 20% on the submission of Inception Report
- 40% on completion of fieldwork and top line findings
- 20% on submission of Final Report incorporating comments from STC along with cleaned data files in SPSS

Timeline

It is anticipated that the assignment period would be of 02 months, starting from 1st of December, **2021 to 31st January, 2022** and it is expected that agency will complete all aspect of project within this period. It is recommended that the Consultant/agency should provide a Gantt chart showing clearly the steps of the study and the time assigned to each step.

Ownership of Materials

Agency may note that all outputs including the study data, reports, sets of tools, training manuals, any other allied materials etc. produced as part of this study will fully remain the exclusive property of SC. The raw data and filled-in interview schedules (PAPI) would become property of SC. The data files should be submitted to SC, in SPSS with proper labeling and coding of variables.

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Proposal Submission Protocol

The Application should be addressed to **Dr. Abhik Dutta** (abhik.dutta**@savethechildren.in)** and **Mr. Ayoosh Srivastava** (**ayoosh.srivastava@savethechildren.in**) **with a cc to Dr. O P Singh** (**o.singh@savethechildren.in)** via e-mail by 22nd November 2021, 20:00 hours IST. The subject line of the e-mail should read: "**Application for Endline Study for Reduction in Pneumonia specific under 5 mortality in Rajasthan and Uttar Pradesh**".

The following set of documents required to be enclosed as part of application.

- Brief proposal (which includes providing the technical specifications like study design justifying its appropriateness, estimate of the study design, sample size, data quality assurance, ethical measures and proposed timeframe to be taken/ adherence to Save the Children's Child Protection Policy).
- Experience of similar assignments with weblinks /softcopy of report available in public domain
- Earlier Experience with Save the Children, India
- Financial proposal (budget breakup).-Refer **Annexure 1**
- Capability document of the organisation (in case the applicant is an agency)
- CVs of the core team members (PI and Co-investigators) involved in the assignment.
- Team structure
- Copy of PAN and GST Certificate etc.
- Details of 2 agencies / references (to be contacted upon request)

It may be noted that the selected agency will be awarded endline evaluation based on satisfactory completion of the baseline evaluation at a mutually agreed contract value.

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Annexure-1

Budget Template

Financial Proposal					
	Particulars	**Person Days**	**Rate**	**Total**	**Remarks**
A	**SALARIES/PROFESSIONAL FEES**				
A1	Professionals				
A2	Field Staff/Consultants				
	Sub Total of A				
B	**TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance**				
B1	Local Conveyance for field work				
B2	Local Conveyance for Professional Staff				
B3	Local Conveyance for Field Researchers				
	Sub Total of B				
C	**In-Country Travel (Travel expenses for Professional staff from base station to states/districts:**				
C1	Air Travel				
C2	Train Travel				
	Sub Total of C				
D	**DAILY ALLOWNACE/LODGING EXPENSES**				
D1	Professional staff				
D2	Field researcher				
	Sub Total of D				
E	**OFFICE EXPENSES**				
E1	Stationary				
E2	Communication & any other				
	Sub Total of E				
F	**Other EXPENSES (specify)**				
F1	Training				
F2	IRB Approval				
	Sub Total of F				
	TOTAL OF DIRECT COST (A to F)				
G	**Management Cost ....% on Total Direct Cost**				
H	**Applicable Tax (@XX%) on Total Direct Cost & Management Cost**				
I	**Total (A to F)+G+H**				

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