Save the Children

CONSULTANCY AGREEMENT (Contract/SCBR/ NSO / 2021-22/159)

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 **05.12.2021 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 Ayoosh Srivastava	Contact Person: Dr. P R Sodani
Mailing address: ayoosh.srivastava@savethechildren.in	Mailing address: sodani@iihmr.edu.in
Contact No: Tel No: +91 7827671964	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. 13,02,283/- (including Taxes).** Payment schedule as follows

- 20% on signing of Contract
- 20% on the submission of Inception Report
- 30% on the submission of Draft Report
- 30% on the submission of Final Report

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 that the Service Provider is not, by virtue of this Agreement, rendered a representative

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

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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 08.12.2021.

SAVE THE CHILDREN-BRB

Sangeeta Narula
Name: Sangeeta Narula
Designation: Director HR& Procurement

Date: 08.12.2021

Place: Gurgaon

For IIHMR University

Name: Dr P. R Sodani
Designation: President

Date: 10/12/2021

Place: Delhi - Jaipur

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100 YEARS

Terms of Reference

Endline Study of the project 'Health Services for Children and Families during the COVID-19 Pandemic in Delhi & Mumbai'

Contents

Introduction: 3

Context: 3

About the Project: 3

Endline Study: 4

Scope of the Work to Agency 6

Duration of study: 6

Deliverables: 7

Consultant/Agency profile (Eligibility criteria): 7

Ethics, child safeguarding and Code of Conduct: 7

Support to be provided by Save the Children team: 8

Terms of payment 8

Timeline 8

Ownership of Materials 8

Proposal Development Protocol 8

Proposal Submission Protocol 9

Annex-1: Budget Template 10

Annex 2: Indicators 11

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Introduction:

Save the Children- Bal Raksha Bharat (SC-BRB) is India's leading independent child rights organization and has been functional in the country for over 70 years. In April 2008, SC India became a fully-fledged independent member of SC Alliance and is registered as 'Bal Raksha Bharat'. Since then, it has changed lives of more than 11.7 million children, across 19 states, reaching them directly and indirectly through through 4 core thematic areas: Child Survival, Education, Child Protection and Humanitarian & 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.

Context:

The first case of COVID 19 in India was reported on January 30, 2020. As of 19th January, 2021, the MoHFW had confirmed a total of 200528 active cases, 10228753 recoveries, and 152556 deaths in India. Delhi and Maharashtra are two of the hardest hit states, with the latter accounting for nearly one third of India's cases and 40% of all deaths. Mumbai is the worst hit city in the state, accounting for 66% of all cases and 828 containment zones.[1]

The pandemic has challenged India's health system as well. Restricted movements, overwhelmed health facilities, equipment and supply shortages compounded with fear, stigma and misinformation have disrupted delivery of all health care services. Recent estimates[2] suggest that disruptions in essential maternal newborn and child health (MNCH) services[3] coupled with poorer access to food security and nutrition will result in an additional 12,200 maternal and 60,720 child deaths over the next six months in India. With a 45% reduction in service coverage, the number of deaths will increase to 67,200 for mothers and 299,100 for children over the same period. Estimates by GAVI, The Vaccine Alliance, indicate that delays in vaccination campaigns and routine immunization will leave 13 million children in 13 of the world's least-developed countries, including India, unprotected against diseases like diphtheria, measles and polio. If we are to protect a generation from the effects of the pandemic and prevent deaths caused by a disruption of essential health services, it is critical that we strengthen public health systems.

About the Project:

a. Overall Goal

To prevent the indirect maternal and child morbidity and mortality caused by a disruption of essential health services during the ongoing COVID-19 pandemic

b. Intended Outcomes of the Project

[1] https://www.india.com/news/india/lockdown-in-mumbai-june-16-update-list-of-containment-zones-in-mumbai-total-count-now-828-full-list-of-hotspots-here-4059097/

[2] Roberton T, Carter ED, Chou VB, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Glob Health 2020; published online May 12. https://doi.org/10.1016/ S2214-109X(20)30229-1.

[3] Essential MNCH services include immunization, new-born care and childhood illness management and management of malnourished children along with maternal services during antenatal, intra-natal and post-natal period

Outcome 1 - To re-initiate delivery of essential Maternal, Newborn, Child health and Nutrition (MNCHN) services closer to homes in the target communities;

Outcome 2 - To strengthen community-based detection and care seeking by target communities for COVID 19;

Outcome 3 - To support the most vulnerable and marginalized children, their families and primary service providers with immediate food, hygiene and infection protection supplies

Outcome 4 - To engage and advocate with the state government/municipal corporation for mobilized commitments and resources for continuation of essential health services during the ongoing COVID 19 pandemic.

c. Intervention Geography

- Mumbai (11 slums of N ward, Mumbai, namely, Rajawadi, Ramabai Nagar, Pant Nagar, Ganesh Nagar, Sarvodaya Nagar, Barve Nagar, Sainath Nagar, Kirol Village, Vikhroli Park Site, Varsha Nagar & Kamraj Nagar)
- Delhi (five slums in the South East District, including Janta Jeeven Camp - C43 & C38, Okhla Phase II, Sanjay Colony I, II and III, and Indrani Kalyan Vihar)

d. Timeline of intervention: 12 months

Endline Study:

a. Goal of the Study

The study intends to understand the impact our 12 months long intervention.

b. Study Objectives:

1. To measure the preparedness of health care facilities, ICDS centres and outreach sessions for providing essential MNCHN and COVID 19 services (as described in the Government of India guidelines[4],[5] or state specific guidelines basis the GoI guidelines)
2. To assess the skills, capacities and challenges of health care providers and ICDS functionaries on providing services related to MNCHN & COVID 19. And training need assessment for better service delivery.
3. To measure the access and use of health services (MNCHN and COVID 19) at health care facilities, ICDS centres and outreach sessions by the community (high risk pregnant and lactating mothers, sick new-borns and under-5 children, suspected COVID 19 Patients)
4. To understand community needs, challenges, behaviour and perceptions on COVID 19 prevention and protection measures including COVID vaccine, service utilization and care seeking.

c. **Study Methodology and Study Geography:**

[4] https://www.mohfw.gov.in/pdf/GuidanceNoteonProvisionofessentialRMNCAHNServices24052020.pdf
[5] https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf

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In continuation with study rationale detailed in preceding section and considering operational convenience, it is decided that study would be conducted in intervention geography only using mixed methods of data collection. 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 before proposing any approach for data collection.

d. **Target Audience, Sample Size and Survey Tools:**

Since it is endline study, sample size covered in baseline as detailed in table below will be covered to showcase the impact through change in indicator values.

S. No.	Respondent		Sample Delhi	Sample Mumbai	Total
Quantitative Survey					
1	Geography	Slums Covered	5	11	16
		Clusters	20	20	40
2	Women	Total Women	**440**	**440**	**880**
		Pregnant Women	100	100	200
		Lactating Women	100	100	200
		Mothers of Children 6 Months to 5 Years	240	240	480
3	Men	Husbands of eligible women	**100**	**100**	**200**
Structured Interviews					
4	Frontline Workers	Anganwadi Workers	10	9	19
		ASHA / ANM	2	4	6
		Staff Nurse /Public Health Nurse	2	12	14
5	Centre Assessments	Anganwadi Assessment	10	9	19
		Health Centre Assessment	2	8	10
Qualitative Survey					
6	In Depth Interviews	Child Development Project Officer	2	0	2
		Medical Officer In-Charge	2	8	10
7	Focus Group Discussions	Pregnant Women	2	2	4
		Lactating Women	2	2	4
		Mothers of Children 6 months to 5 years	2	2	4
		Community Members	2	2	4

e. **Support from Save The Children:**

Selected agency will be provided following support/documents from SC India

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- Baseline Report for Delhi
- Baseline Report for Mumbai
- Baseline Report for combine both satte
- Endline report structre
- Baseline Raw Data fiels
- Baseline Indicator value factsheet
- All project related and baseline related docuemnts

Scope of the Work to Agency

1. **Finetuning of survey instruments:** All the tools will be provided by SC India and selected agency needs to contextulize from endline prespective.
2. **Method of Data collection:** It is proposed that the data be collected through CAPI and all allied operations like software development and handing of devices/survey software and server will be agency's responsibility.
3. **Constitution of field team:** The agency should propose a Team Leader/Principal Investigator, 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.
4. **Data collection training:** All members of the field research teams will be trained staff of the organization implementing the study. 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.
5. **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 analysed. Field work and collection of data can only start after acquiring all ethical approvals.
6. **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 and report would be reviewed by SC for quality assurance and finalized only after SC inputs. The report should highlight recommendation or suggestion for effectiveness of intervention.

Duration of study:

The time duration of the study will be 1.5 month from the award of the contract with top line findings latest by 25th December 2021. The dates are sacrosanct and last date of topline findings and report submission is non-negotiable.

S. No.	Activities	Timeline
1	Publish of TOR	16 Nov
2	Deadline for proposal submission	22 Nov
3	Agency/Consultant Presentation and onboard	23 Nov
4	Tool Finalization	25 Nov
5	Data Collection	1 December
6	Top Line Findings- PPT	25 December
7	Draft Report	26 December
7	Final Report	31 December

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e. Quality Control Mechanism:

Agency need to elaborate the quality control mechanism to be followed during study implementation. This will include quality control mechanism for data management, coordination & reporting at every stage of project life cycle.

Deliverables:

1. There will be three reports that agency need to submit. (Report for Maharashtra, Report for Delhi and Combined Report for two states;

The key deliverables apart from above would include the following:

1. Inception Report (Covering objectives of the study, detailed methodology, operational plan for primary data collection, type of survey instruments, plan for data analysis and outline of the final reports)
2. Work plan/chronogram (a draft should be included in the proposal, but should be refined and finalized in collaboration with SC)
3. Final version of tools (English, Hindi and Marathi)
4. Draft tabulation & data analysis plan and outline of the report for SC's feedback for finalization
5. Raw data and processed data in excel and SPSS with proper labeling and coding of variables
6. Submission of draft reports for SC's feedback
7. Presentation on the Study
8. Data Factsheets for both the State/UT

Consultant/Agency profile (Eligibility criteria):

Applicants should be groups of individuals with a designated team lead, or consultants. Applicants must have at a minimum the following qualifications:

- Experience in conducting Research/Evaluation studies preferably in the thematic areas of Health & Nutrition.
- Ability to write good quality report in English (should be able to provide two sample reports on request of Save the Children).
- Strong facilitation skills and proven ability to lead participatory processes
- Sound Knowledge of Maternal and Child Health issues
- Proven ability to work within multi-disciplinary team
- Willingness to travel to urban communities where the project operates
- No conflict of interest with Save the Children
- Local experience and exposure (study states) will be preferred
- All claims cited by the Consultant/Agency should be adequately substantiated in the proposal.
- Agency must abide by SC's child safeguarding policies.

Ethics, child safeguarding and Code of Conduct:

As the selected Consultant/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 Consultant/Agency and the study team 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 Consultant/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 Consultant/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 Consultant/Agency must receive prior permission for taking and use of visual still/moving images for specific purposes. The Consultant/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 Consultant/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 anonymised.

Support to be provided by Save the Children team:

SC Staff in the State and National Support Office will extend the required support during the survey in terms of information/approvals required; an appropriate project staff will be assigned to support the survey team.

Terms of payment

- 20% on signing of Contract
- 20% on the submission of Inception Report
- 30% on the submission of Draft Report
- 30% on the submission of Final Report

Timeline

It is anticipated that the consultancy period would be a period of **1.5 month** starting from the date of contract signing and it is expected that Consultant/Agency will complete all aspect of project within this period. It is recommended that the Consultant/agency should provide a Gantt chart/timeline showing clearly the steps of the study and the time assigned to each step.

Ownership of Materials

The Consultant/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 India. The raw data and filled-in interview schedules would become property of SC India. The data files should be submitted to SC India.

Proposal Development Protocol

Save the Children is seeking proposals from interested organizations/individuals as per outlined structured below:

A. Technical Proposal

A narrative proposal including the following sections:

a) **Study Methodology:** Describe your overall approach and methodology including, and not limited to, research questions, evaluation design and technical specifications like an estimate of the sample size, methods to be used for collecting data from different categories of stakeholders and in data analysis and validation, in ethical considerations.
b) **Relevant Experience:** Provide details of projects of similar scope, complexity and nature you have worked on previously. Please include any experience with formative and summative evaluation.
c) **Specific Expertise:** Describe your level of knowledge and expertise conducting quantitative and qualitative evaluations, particularly in India.

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d) **Key Personnel and Staffing:** Describe the key personnel. Include CVs (no more than 2 pages each and attach as annex) of key personnel who would be part of the proposed plan.

e) **Timeline:** Include a detailed timeline of key activities.

B. Financial proposal

The financial proposal should include a line-item budget and a budget narrative (specimen template is in Annexure 1). The consultant needs to prepare a financial proposal taking into consideration the following heads of expenses as a broad reference. The consultant is free to add or reduce the heads depending on the nature of the evaluation design. However, it is preferable for the budget to be prepared with more details taking into account realistic cost estimation.

Proposal Submission Protocol

The Application should be sent through email. The Application comprising of technical and financial proposal should be addressed to Dr. Jatinder Beer Singh at (jatinder.singh@savethechildren.in) with copy to Dr. OP Singh at (o.singh@savethechildren.in) and Ayoosh Srivastava at (ayoosh.srivastava@savethechildren.in) via e-mail by 22 November 2021. The subject line of the e-mail should read: "Endline Study for Project - Health Services for Children and Families during the COVID-19 Pandemic in Mumbai and Delhi".

Submission timeline of the proposal – **22th November 2021.** As the selected consultant needs to interact with children s/he needs to sign and abide by Save the Children's Child Safe Guarding Policy.

Only short-listed consultant / organizations will receive an acknowledgment and will be called for personal interactions. Consultants who do not hear from us within two weeks may assume that their application has not been successful.

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Annex-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	Any Other				
	Sub Total of F				
	TOTAL OF DIRECT COST (A to F)				
G	**Applicable Tax (@XX%) on Total Direct Cost**				
I	**Total (A to F)+G**				

Registrar
The IIHMR University
1, Prabhu Dayal Marg
Near Sanganer Airport, Jaipur-302029

Annex 2: Indicators

i. Number of primary care providers that receive capacity building trainings on essential MNCH services, disaggregated by provider type, gender and age;
ii. Number of high risk pregnant and lactating mothers identified and linked to a health facility by a primary care provider, disaggregated by age;
iii. Number of sick newborns and under-5 children including SAM children identified and linked to a health facility by a primary care provider, disaggregated by gender and age; and
iv. Number of government health facilities that receive logistics, disinfection and repair support.

v. Number of primary care providers that received capacity building on COVID-19 community based surveillance, management and referral, disaggregated by primary care provider type, gender and age;
vi. Number of suspected COVID0-19 cases linked to a health facility as per protocol by a primary care provider, disaggregated by gender and age;
vii. Number of home quarantined people who received counselling support by a primary care provider, disaggregated by gender and age ;
viii. Number of awareness campaigns conducted in target communities on COVID-19
ix. Number of functional community groups (MAS, Mother to Mother support groups, Child Champions) active in the target communities.

x. Number of beneficiaries who received food assistance, disaggregated by gender and age;
xi. Number of beneficiaries who received hygiene assistance, disaggregated by gender and age;
xii. Number of pregnant and lactating mothers who received IPC materials, disaggregated by age; and
xiii. Number of primary care providers who received PPE support, disaggregated by gender and age.

xiv. Number of workshops or meetings, including virtual ones, conducted with relevant government authorities; and
xv. Number of dissemination meetings with professional associations and technical groups.

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