Save the Children

SERVICE AGREEMENT (Contract/SCBR/ NSO / 2022-23/289)

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 **02.02.2023 to 30.04.2023** 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: Dr Saurabh Singh	Contact Person: Dr. P R Sodani
Mailing address: s.singh@savethechildren.in	Mailing address: sodani@iihmr.edu.in
Contact No: Tel No: +91 9771413634	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. 12,49,284/- (including Taxes).** Payment schedule as follows

- 10% on signing of Contract
- 20% on the submission of Inception Report and tools formation.
- 30% on the submission of Draft Report
- 40% on the submission of Final Report and 2 pager document of each intervention with PPT.

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 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 07.02.2023.

For SAVE THE CHILDREN-BRB

Save the Children Bal Raksha Bharat

Name: Kamal Gaur
Designation: Deputy Director Education, PPI
Date: Email approval on 7th Feb-2023
Place: Gurgaon

For IIHMR University

Name: Dr P R Sodani
Designation: President

Date: _____
Place: Jaipur

PRESIDENT
THE IIHMR UNIVERSITY
1, PRABHU DAYAL MARG
NEAR SANGANER AIRPORT, JAIPUR 302029

Registrar
The IIHMR University
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INCEPTION REPORT

Proposal for Documenting and Assessing Urban Resilience Interventions in West Bengal and Bihar

Submitted to

Save the Children
100 YEARS

Save the Children- Bal Raksha Bharat (SC-BRB)
New Delhi

Submitted by

IIHMR UNIVERSITY

Institute of Health Management Research (IIHMR), Jaipur
1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029
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Web: http://www.iihmr.edu.in

Understanding of TOR for Documentation and Assessment of Urban Resilience Interventions in West Bengal and Bihar

1.0 Rationale

IIHMR University, Jaipur, puts forward a highly experienced multidisciplinary team understanding the urban context of India with a child-centric urban resilience approach. The team comprises Disaster Risk Reduction and Management, Behaviour Science, Economics, I.T., and Human and Child rights specialists consenting with TOR advertised by Save the Children- Bal Raksha Bharat (SC-BRB). The team proposes to conduct **"Documentation and Assessment of Urban Resilience Interventions in West Bengal and Bihar."** The team agreed to the advertised scope of work and objectives of the prospective assignment. This proposal document suggests documentation and assessment design, methodology, sampling, timeline, steps, and other components to complete the project.

Save the Children has rich experience in implementing resilience programs across India. Under the Urban resilience project, the agency continued implementing diverse resilience interventions and creating models aimed at urban resilience in Kolkata and Patna cities for five years. These include specific and interrelated resilience intervention at the community, ward, and city levels, in schools, informal settlements with children, families, key government stakeholders and officials, and civil society organizations.

SC decided to document and assess these five years of resilience interventions. The study design will be vital to the overall learning and evaluation strategy. The comprehensive design approach will primarily explore, identify and capture the essential multilateral processes and outcomes of right-based interventions concerning the project intervention log frame vis-à-vis effectiveness, relevance, efficiency, scalability, sustainability, impact, and learnings.

Learnings and findings drawn from assessing different resilience interventions will be used to improve future project designs and strategies, determine progress among benchmarks for crucial results areas, measure changes, and evidence the impact. It will offer precise information against which program outcomes and outputs will be assessed.

The documentation will display and highlight the resilience intervention done within the project. Some of these will be examined as part of learning and serve as a reference in urban resilience interventions in a consolidated and accessible manner by users within Save the Children India. Other Save the Children countries will make the same and exchange approaches in cross-country evidence-building. Results will also be used for **communication and advocacy** with the government and other stakeholders to make them consciously informed on the situation and the lessons learned.

2.0 Urban Resilience Project Background

India, from a disaster point of view, is amongst the most risk-prone and vulnerable countries in the world. Children in disaster situations are often affected as their education, nutrition, safety, and overall care and protection are jeopardized. SC recognizes a need to build people's resilience in a more comprehensive, participatory, and sustainable manner.

Save the Children has undertaken the Urban DRR intervention in selected cities (Delhi, Mumbai, Kolkata, and Patna). The project is based on the Sendai Framework for Disaster

Risk Reduction 2015 – 2030 in India in its endeavors to support the government to ensure disaster risk reduction (DRR) in urban areas, including schools and ICDS. The intervention aims to engage multi-stakeholders through an integrated approach to develop resilient communities in urban locations, which have emerged to be highly vulnerable besides facing unprecedented growth rates in population, geographic expansion, and economic development.

Target and Study Area: Save the Children has implemented a project called "Increase preparedness and resilience in urban communities in India" in Kolkata and Patna. Ward No. 65 and 59 of Kolkata Municipal Corporation have been selected for the intervention in Kolkata. In Patna, Ward 19 and 20 have been selected. The four wards are vulnerable to earthquakes (Zone IV), cyclones, flooding, water logging by heavy rain, overflowing of adjacent canals, fire hazards, and health epidemics. Infrastructural facilities like roads, electricity, water connections, and toilet facilities are available in the notified slums, though the functional status is quite deplorable.

The goal of the intervention project

Child-friendly, gender-sensitive, and inclusive risk reduction and resilience1 are adopted and mainstreamed in urban communities, schools, and city governance in India, by urban government bodies in Kolkata and Patna.

Expected Outcomes of the project

1. Schools and other local institutions engage with, adapt, incorporate, and demonstrate child-friendly, gender-sensitive, and inclusive risk reduction and resilience through their improved service delivery and entitlements2
2. Enhanced capacities of children and communities for advocacy and engaging with local institutions in demanding effective service delivery to the most vulnerable (Success is about how the weak and marginalized drive their access to entitlements with their advocacy)
3. Government policy and frameworks incorporate child-friendly, gender-sensitive, and inclusive urban risk reduction and resilience

2.1 Project and Study Target Group and Geographical Coverage

The study will be done in the project's intervention areas in Patna & Kolkata. The program is being implemented in 20 intervention slums covering four wards in Patna and Kolkata.

Primary Stakeholder	Secondary Stakeholders
• Adolescents (boys and girls - 15-18 years) • Youth (Men and women -19 to 24 years) • Community Members • Youth Groups • Mothers Group • Water Management Committee Members •	• SC-Project Staff • Ward Members •

[1] This covers every last child, as well as the most marginalised and excluded members of society.

[2] Urban Situational Analysis will support baselines for outcomes 1 and 2.

Ward-level Service Providers • AWW • ASHAs • ANMs • School Teachers	**Ward Level** • Park Conservationists • CSO Alliance • Community Influencers

3.0 Study and Documentation Objectives

Under this urban resilience project, Save the Children India has worked on several critical resilience interventions and created resilience models, which provide an overview of urban resilience interventions implemented by Save the Children India at the community, school, and local government levels.

The documentation and study serve as a reference for tracking the result level indicators for resilience models, which contribute towards improving the well-being of the target group at the community, school, and local governments.

The primary objective and purpose of the learning research and documentation is:

- To document and assess all different resilience interventions, identify their strengths, effectiveness, impact, sustainability, scalability, and cost-efficiency, and make recommendations to address the findings.
- To present information on urban resilience interventions and resilience models in a consolidated and accessible manner to users within Save the Children India and the alliance members elsewhere.

Thus, the document can be a reference for those interested in undertaking these interventions and models. This documentation will help the Save the Children programs team capture the critical interventions, which will be a guidance document for any other cities in or outside of any Save the Children member country.

Wider Scope: Besides the above-referred discussions, the documentation under the project entitled "Increase preparedness and resilience in urban communities in India" has a more extensive scope to capture the last five years of resilience interventions, especially in an urban context, and evaluate them to examine their effectiveness, impact, sustainability, scalability, and cost-efficiency by Save the Children India. Also, within this project, the project team has worked on various school safety components. This documentation will also help capture critical school safety interventions and evaluate them on effectiveness, impact, sustainability, scalability, and efficiency. Save the Children has identified some vital resilience interventions below Table 1.00. The IIHMR Team would evaluate this resilience intervention's effectiveness, impact, sustainability, scalability, and efficiency approach.

Table 1.0 – Identified Urban resilience interventions and Study Target Group with Methodology

Sr. No	Urban resilience intervention	Level	Methodology: whom to Interview (Questionnaire, KII and FGD)	
			SC Staff and Tool	Community Members and Service Providers and Tools

1	Childhood Poverty Vulnerability Mapping	Community/Slum level	Save the Children employees who designed and carried out the survey	One Questionnaire / Checklist to be filled in by Patna and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff, 1 Project manager 1 Project Specialist 1 National staff	Community members, Children comprising: (Participants from Mothers group, Child Champions, Children Group, Family Preparedness Volunteers, Water management committee members, and other adults involved in the project from the community)	Questionnaire and FGD
2	Community scorecard	Community/Slum level	Save the Children employees	One Questionnaire / Checklist to be filled in by Patna and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff, 1 Project manager 1 Project Specialist 1 National staff	Community members, Children	Questionnaire for women, adolescents and adults
3	Strengthening local governance and inclusion of children's voice in local governance.	Ward level	Save the Children employees	One Questionnaire / Checklist to be filled in by Patna and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff, 1 Project manager 1 Project Specialist 1 National staff	Ward councillors, Child Champions, Mother group members, CRPC/Youth Group	From each state KII for Ward Councillors (2); FGDs for Child Champions (2), Mother group members (2), CRPC/Youth Group (2)
4	Community-based management of	Community /slum level	Save the Children employees	One Questionnaire / Checklist to be filled in by Patna	Community members & Ward councillors, members of the	From each state KII for Ward Councillors (2);

	safe drinking water facility			and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff, 1 Project manager 1 Project Specialist 1 National staff	water management committee	Questionnaire for women, adolescents and adults FGDs for members of the water management committee (2)
5	Green Space	City /ward level	Save the Children employees	One Questionnaire / Checklist to be filled in by Patna and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff, 1 Project manager 1 Project Specialist 1 National staff	From each state Ward Councillors (2), Representatives of the municipal corporation, (1); conservancy officers (1), community local influencers (1) Women, adolescents and adults	From each state KII for Ward Councillors, Representatives of the municipal corporation, (1); conservancy officers (1), community local influencers (1); Questionnaire for women, adolescents and adults
6	CSO alliance	Ward /City level	Save the Children employees	One Questionnaire / Checklist to be filled in by Patna and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff, 1 Project manager 1 Project Specialist 1 National staff	Members of CSO Alliance,	From each state KII for Members of CSO Alliance (2),
7	Family Preparedness	Slum/community level	Save the Children employees	One Questionnaire / Checklist to be filled in by Patna and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff,	Community members/Volunteers/Family members	Questionnaire: Community members/Volunteers /Family members

				1 Project manager 1 Project Specialist 1 National staff		
8	School Safety	School level	Save the Children employees	One Questionnaire / Checklist to be filled in by Patna and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff, 1 Project manager 1 Project Specialist 1 National staff	From each state School Teachers, and Children in schools	From each state School Teachers (3), and Children in schools
9	Skill & Capacity enhancement of service providers, children and youth	Slum/community level/ward level	Save the Children employees	One Questionnaire / Checklist is to be filled in by Patna and Kolkata program staff jointly. For each state. They comprised of : 2 Field Staff, 1 Project manager 1 Project Specialist 1 National staff	ANM, Asha, AWW, green space staff	From each state KII for Govt., stakeholders related to service delivery such as ANM (1) AWW (2), Asha (1)

4.0 Documentation and Study Design (framework)

The documentation and assessment design of the referred 5-year intervention project will form a vital part of the overall learning and evaluation strategy. Under this urban resilience project, Save the Children India has worked on several key resilience interventions and created resilience models, which provide an overview of urban resilience interventions implemented by Save the Children India at the community, school, and local government levels. The strategy highlights SC's commitment to strengthening community resilience, greater accountability, and the impact of programming as part of these interventions and wishes to scale up community-based DRR, using a range of decision-support tools to target maximum impact and cost-effectiveness.

The rights-based approaches primarily focus on empowering the communities to attain resilience by accessing their entitlements and improving the quality of public services promised to be delivered by the state. Most of the development interventions for poor or socially excluded communities are organized to understand the reasons for their

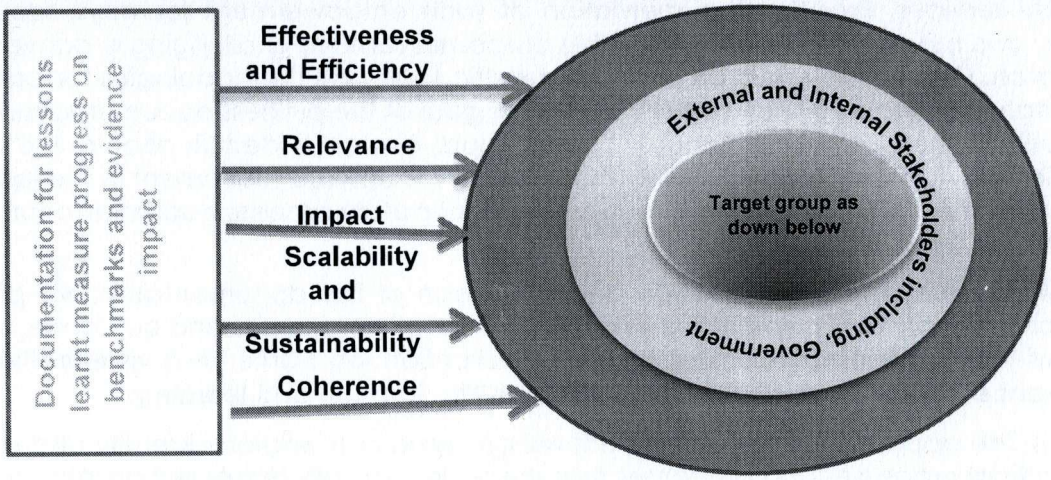
deprivation and act upon it in an organized manner, to remove the barriers to accessing quality services. Process documentation of such empowerment journeys, leadership styles, and many tangible and intangible outcomes remains challenging in conventional research. Qualitative research provides specific tools and methodologies for capturing qualitative outcomes and impact[3]. The larger goal of the process documentation of the maturity of the Community Groups/ Youth Groups as well as identification of the current challenges, is primarily to empower them further for upward movement in the ladder of empowerment. This is possible through the participatory process documentation of the journey of the CBOs.

The Approach: The overall design and approach of the documentation will primarily explore, identify and capture the essential multilateral processes and outcomes of right-based interventions concerning project intervention log frame vis-à-vis **effectiveness[4], relevance[5], efficiency[6], sustainability,[7] scalability, impact, and learning.**

That is, the approach of the assignment will be primarily to explore, identify and capture the critical processes and outcomes that the team typically misses out on implementing the project/activities from a 'participant outsiders' perspective. This will ensure that the temper of the document is not detached from the processes that the community went through for developing the resilience models/strategies while keeping objectivity in the analysis. There is a larger audience within the development policymakers, media, and academia interested in learning about the transformational changes and a more nuanced understanding of success or failure/constraints in the given socio-political context. The external facilitation by engaging the team in a participatory method, provided by this assignment, will help them recall the critical processes, strategies, and outputs that the team and the primary stakeholders perceived as necessary for achieving the project's outcomes.

[3] Outcome and Impact: Evaluating Change in Social Development, Peter Oakley, Brian Pratt and A Clayton, INTRAC,UK
[4] an activity's overall success in producing desired outcomes
5 how closely an activity is relevant to socio-cultural, economic, and political context
[6] an activity's capacity to produce desired results with a minimum of expenditure
[7] ability of a program to be adapted to meet similar needs in other settings

Figure 1: Framework for Documentation and Study Capture Lessons and Results



Learnings and findings drawn from assessing different resilience interventions will be used to improve future project designs and strategies and determine progress among benchmarks for key results areas to measure changes and evidence the impact. It will offer precise information against which program outcomes and outputs will be assessed.

The other approach of the assignment is primarily to 'promote' learning so that the primary stakeholder groups i.e., the representatives of the community groups (CBOs), actively participate in the reflection process[8]. This will also empower them to identify factors of successes and failures vis. a vis. critical functions /triggers that provided a significant push to the growth of the CBO or retarded the progress.

The Design

The overall design of the assignment will be primarily to identify promising stories of empowerment, and the impact of the various forms of resilience models in both Patna and Kolkata (different states), naturally reflecting different socio-cultural and political settings. The assignment's design will primarily analyze the existing reports and relevant documents prepared by the SC/CBO, SC management teams through its own learning system. The first round of meetings will help us zero down the rich cases worth consideration in consultation with SC's national and state-level teams. Based on the literature review of the selected Communities/ Service Providers and telephonic conversations with the concerned grassroots workers/project teams, a the final list will be developed where there is a more significant potential for documentation of processes / 'journey' and arrived and desired destinations.

A common framework for documenting the journey will be based on a "process outcome and 'output-outcome' matrix. Broad parameters of empowerment and effectiveness of resilience will be prepared beforehand. Similarly, tools of data collection and interview guides will be developed using the analysis of the secondary literature/project documents. The framework will be discussed with the SC relevant staff and project leads to customize the indicators and tools for data collection. Standard instruments will be applied across the selected target groups, while some indicators and

[8] Process documentation in Social Development Programme, PRIA Publication, 1993

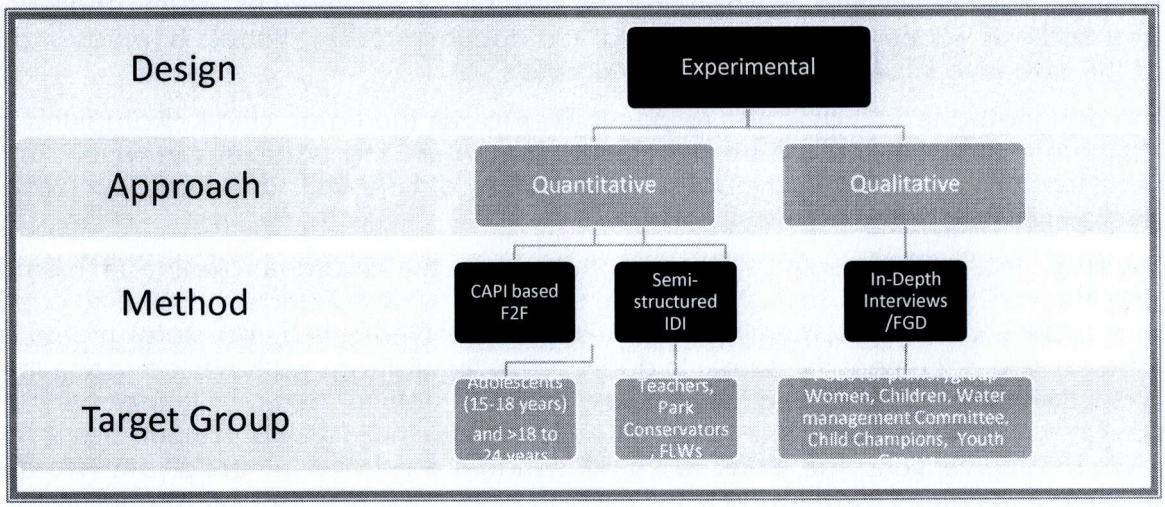
tools will be intervention specific. While finalizing the research tools and the sampling strategy, the importance of capturing the diversity of experiences, issues, challenges, and contexts will be kept in mind so that the documentation process is representative of the extensive knowledge of the CSO partners.

The designated team's assigned responsibilities to visit the Patna and Kolkata slums and concerned stakeholders will be oriented to document the processes in which the SC representatives will also participate. The schedule of field visits and interview plan will also be finalized in this meeting.

The IIHMR Team will be able to interact with the save the children project team members and the more significant Save the Children DRR team (National and state level) to capture their experience of implementing these resilience interventions across states (Patna and Kolkata) and document the same. In addition, the IIHMR Team will have the scope to visit project intervention areas and interact with children, mothers, community members, local government officials, and other stakeholders to capture their views and inputs about these resilience interventions. The IIHMR team will conduct a field survey in Kolkata (Ward **no, 59 & 65) and Patna (Ward no. 19 & 21**) cities to collect the relevant information from the concerned stakeholders.

However, the above study and documentation design will be **experimental in the same cohort with a proper mix of quantitative and qualitative approaches to assess the output and outcomes of different resilience interventions. SC will provide the log frame of all the interventions.** It will include an assessment (evaluation) of the project aim and objectives, differential of planned results, mapping of unintended consequences; relevance & effectiveness of internal / strategies; degree of synergy with SC, India, and other stakeholders' programs for enhancing resilience. The documentation will also answer the research questions mentioned in the Table.

Figure 2: Research Design



4.1 Sampling Methodology

A multistage sampling method is proposed. In the first stage, Slums from Patna and Kolkata will be selected using the probability to proportion (PPS) method. In the second stage, the beneficiaries will be selected using Simple Random Sampling from the sampling frame.

Development of sampling frame and identification of study participants: The list of all the beneficiaries and slums will be developed after consultation with the SC-India.

The selection criteria of the project will be provided due attention while selecting beneficiaries and developing the sampling frame i.e. The selection criteria will ensure that:

Selection of PSU (urban slum) and sample size

PSUs (slums in urban) will be selected for the interventions using 30 cluster sampling techniques with PPS inherent in them, considering the census-2011 population. It is worth mentioning that all slums will be regarded as PSUs. Hence, 20 PSUs will be selected for this study and documentation. After selecting the PSUs, the field team will go to the field, and in consultation with the Project staff/ASHA/AWW, they will approach the middle of the PSU. They will randomly select a household and ask about the availability/presence of any eligible respondent that is 15-18 years boys or girls, or adult men or women. They will do the exercise till they reach the desired sample size. The desired sample size for Patna is 15 respondents in the category of 15-18 years of youth and 15 men or women. Overall, it will be 150 boys and girls and 150 and six hundred adults comprising men and women. The total number of respondents comes to 300. The boys and girls could also be randomly selected from school if they are unavailable at home.

Table 2: Sample Size

City	No of Youth 15-8 years	No of adults (men and women)	Total
Kolkata (Ward no, 59 & 65) and Patna (Ward no. 19 & 21)	315	315	630 questionnaires will be administered

Number of Beneficiaries Interviews, KIIs, FGDs, and I.D.s to be Conducted for the Study: Please see table No-1 and Table 3

Table 3: Method and Stakeholders (Qualitative)

Method	Category	Patna	Kolkata
IDI/KII for 9 Project Interventions	**From each state:** **A) SC Staff Jointly:** ➢ Field staff. ➢ Project Managers, ➢ Project Specialists ➢ National Staff **B) Service Providers** a) Teachers b) ANM/ Asha /AWW/ Park Conservationist/ family preparedness volunteers C) Ward Members /Counselor D) CSO Alliance -	• 1 SC Staff tool for 9 interventions: to be filled up by SC staff jointly comprising of the Project Manager, Project Specialists, and National Staff. IIHMR Team will send the tool. The SC team will fill and discuss with them during the field visit. • 2 teachers in each of the two wards i.e. 4 for school safety • 3 in each ward equal to 6 in the district. • 1 Ward member in each ward i.e. 2 • 2 members of CSO alliance	• 1 SC Staff tool for 9 interventions: to be filled up by SC staff jointly comprising of the Project Manager, Project Specialists, and National Staff. IIHMR Team will send the tool. the SC team will fill and discuss with them during the field visit. • 2 teachers in each of the two wards i.e. 4 for school safety • 3 in each ward equal to 6 in the district. • 1 Ward member in each ward i.e. 2 • 2 members of CSO alliance
Total KII/IDI	**Total IDI's _ 17 in each district.**	1 for SC staff jointly, 12 IDIs for service providers, 2 IDI for Ward Counsellors, 2 CSWO members for respective 9 project interventions done in the operational area.	1 for SC staff jointly, 12 IDIs for service providers, 2 IDI for Ward Counsellors, 2 CSWO members for respective 9 project interventions done in the operational area.

FGDs	From each state Water Management Committee Child Champions Youth Groups/ Adolescents Women Groups Community Members	1 FGD from each ward i.e.2 1 FGD from each ward with community members comprises of mothers group, members of the water management committee, and volunteers for family preparedness. = 2 1 FGD from adolescents, Child groups, and champions = 2	No water management committee 1 FGD from each ward with community members comprises of mothers group, members of the water management committee, and volunteers for family preparedness: 2 1 FGD from adolescents, Child groups, and champions: 4
Total FGDs	**10**	**6**	**4**
Total quantitative interviews	**630**	**315**	**315**

Methods and Steps

IIHMR Team proposes a **mixed method approach for study** and documentation I.e., a quantitative and qualitative methodology for this study. A quantitative questionnaire will be canvassed over 300 boys, and girls, members of the water management committee, mothers group, and youth group members. Trained Field investigators will administer the questionnaire to the target selected people. Key informant interviews will be conducted with SC staff, Teachers, Ward Counsellors, and Service providers such as ANM, AWW, Asha, etc.

FGDs will be organized as per the above table.

The list of use of tools and methodology is depicted in Table: 2 and 3

a) **Desk Review:** Desk review is being conducted for a better understanding of identified nine interventions on resilience models among the target group in both the project sites with reference study subject and objectives; identifying key themes, gaps, opportunities, desired outcomes, and outputs in the project. **The review will include scanning SC project reports, MIS, and log frames,** examining the literature, analyzing secondary data and creating a reference list so that all documents are organized and easily accessible to all stakeholders. The analysis of secondary data; and gathering of quantitative and qualitative inputs, data, and information will further contribute to the final report, outlining gaps and possible opportunities presented by the study.

Arrive at a common understanding of some of the terms and challenges as mentioned in Table:

Limitations: Need to develop a shared experience with Save the Children
The Cost Benefit Analysis (CBA) can play a critical role, but its use and applicability are also constrained by an equally crucial necessary limitation **(identified below)** including:

1. **The dynamic (changing) nature of hazards and vulnerability and therefore risk**: Unless future risk patterns are known, the costs and benefits of risk management cannot be accurately calculated.
2. **Difficulties in assessing avoided losses and the often-non-market nature of benefits from many disaster risk reduction investments**: While techniques exist for quantifying avoided losses and valuing non-market benefits or costs, measurement challenges are major and, more fundamentally, techniques for valuation are often controversial.
3. Variety coupled with lack of unanimity regarding the types of activities that contribute to disaster risk reduction: The location specific nature of risk patterns coupled with divergent perspectives on the effectiveness of risk reduction strategies complicates evaluation of costs and benefits.
4. **Absence of methodologies for valuing systemic and process based as opposed to targeted, hazard-specific, approaches to risk management:** Most CBA methods focus on risk-specific interventions. Most disaster management programs involve a portfolio of interventions implemented within complex and dynamic developmental contexts. Furthermore, the functioning of regional economic, land use, transport, communication, educational and other systems may have more fundamental implications for exposure, vulnerability, and risk than hazard-focused interventions.
5. **The distribution of costs and benefits.** Aggregate cost-benefit analyses often ignore or give limited attention to the way costs and benefits are distributed among groups.
6. **Indirect costs and benefits:** Many of the costs and benefits from DRM can be indirect, but these can be difficult to identify and quantify for inclusion in CBA.
7. **The lifetime of a mitigation investment:** Particularly with infrequent (but significant) hazards, the period over which mitigation investments are likely to be effective has a significant impact on potential benefits.
8. **Limited Data availability:** Data are not available in many contexts and, more importantly, on many values. Values, where data are lacking, are often omitted from CBAs resulting in biased outcomes.
9. Limited familiarity with economic efficiency discourses by donor agencies and field staff. Care is essential in interpreting the implications of CBA for policy making, but many key actors have little exposure to the nuances critical for such interpretation.
10. **Costing Heads for efficiency i.e., direct, or indirect cost or what else e.g., time and resources.**

❖ **Development of study tools (Tools Attached) :** In consultation with SC, India, IIHMR Team developed quantitative questionnaires for the community including 15-18 years and 18 years above semi-structured In-Depth Interviews (IDIs) checklists as well as FGD checklist pre-identified key indicators for quantitative and qualitative survey. The tools will be focused and tuned toward the framework of **effectiveness[9], relevance[10], efficiency[11], sustainability,[12] and impact as described in earlier section.** Save the Children, was proactively involved in the discussions and finalization. After finalization,

[9] an activity's overall success in producing desired outcomes
10 how closely an activity is relevant to socio-cultural, economic and political context
[11] an activity's capacity to produce desired results with a minimum of expenditure
[12] ability of a program to be adapted to meet similar needs in other settings

the tools will be translated into Hindi.

- **The Key questions and output, outcome-based illustrative questions, are reflected in the Table below**
- **Mode of Data Collection:** Entire data collection process would be online, if possible, using methods such as Computer Assisted Personal Interviewing (CAPI); all allied operations like software development and handling of devices will be the responsibility of IIHMR. The University has a vast I.T. Department and adequate equipment and human resources.
- Under this pandemic, IIHMR Team is open for face-to-face and online (Zoom/ Phone call/Skype) data collection depending upon the availability of study participants and restrictions imposed by the respective state/ Federal government.

Key Study Questions: Details of the key study questions with interventions have been annexed as Annexure 1: Final Mapping of R.I. Interventions

Criteria	Key Study Questions
Effectiveness, impact, sustainability, scalability	What is/has been the effectiveness, impact, and sustainability of these resilience interventions and are these resilience interventions scalable to other locations, especially in India? Examine whether resilience interventions identify any unintended outcomes within the project.
Cost efficiency	• Which of these interventions delivers the best value for money? • What is the cost of carrying out each intervention? • Can cost-benefit/social return on investment analysis of all interventions be done in a more cost-efficient manner? • If we had to pick the most value-for-money interventions, which ones have the most value for money? • Are some of these interventions too costly in relation to the outcomes they deliver? (Note: This should include staff and community time as well as resources invested and a comparison with the resilience outcomes for the community, families, and individuals.)
Replicability and sustainability	• Can urban resilience intervention be sustainable and replicable? If Yes? How? • What are the measurable indicators of replicability and sustainability of urban resilience intervention that follow the theory of change?
Utility and Redundancy	• Has the purpose/aim of these resilience interventions been fulfilled and to what extent? • How did each of these interventions benefit the beneficiaries? • Can the intervention's aim be reached in a different way that is more efficient or effective? If Yes How? • Are some of these interventions redundant/unnecessary? • How is the data gathered been used for each intervention?
Frequency of Interventions	• How often each of these interventions should be carried out?
Acceptability and appropriateness	• was the intended project acceptable to the local community and stakeholders? Were they willing to participate and engaged?

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	• Is the intended project appropriate to this particular context?

- **Study Team training and data collection training:** All members of the field research teams will be trained jointly with the staff of the University implementing the study. The training agenda will be developed and finalized collaboratively with the SC India team, including a session on the Child Safeguarding Policy (CSP) of Save the Children, India. Three days of training will be organised for investigators.
- **Data Collection Plan**: IIHMR Team has developed a field data collection and monitoring plan and requested the SC team to fix meetings with service providers in the study areas and the state. The senior study team members of IIHMR will do the FGDs and IDIs to get a feel of the situation. Investigators will collect the data through a questionnaire, and Research Officer and supervisors will also conduct the IDIs and interview.
- **Data Analysis:** Statistical program Strata or SPSS will be used for data analysis.

5.0 Confidentiality

- All interviews will be conducted one-to-one basis. Access to filled-up questionnaire/checklists will be limited to IIHMR Study Team members. Utmost care will be taken by the study team to maintain the confidentiality of the information provided by the respondent during each interview / FGDs. The information collected will be used for the study purpose only. After the submission of study instruments to SC, India, it will be the responsibility of SC, India to maintain confidentiality.
- **Clients (Individual) Consent:** The IIHMR Team will make clear to all participating stakeholders 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. To inform the design and development of the assessment protocol, collect data, be key informants, and support the analysis of the results, a format of "consent form" from the respondent client was developed and incorporated in the respective tool in consultation with SC, India. The investigators will read the form in the client's own language and facilitate their understanding of the study objectives and their role in the study. Seek written consent from individual respondents prior to starting the interview. In case an individual refuses to participate, s/he would not be compelled to participate.
- **Adherence to Child Safeguarding Policy:** IIHMR team will adhere to the Child Safeguarding Policy and ethical guidelines. The IIHMR and the study team engaged in the review will receive orientation on and sign the Save the Children's Child Safeguarding Policy.
- **Prior Permission for Moving Images:** The IIHMR team will receive prior permission to take and use visual still/moving images for specific purposes. The team will ensure the anonymity and confidentiality of participants' data and will ensure that visual data is protected and used for the agreed purposes only.

7.0. Time Frame/Work Plan

The study will be completed within a period of 5 months from the date of initiation of the project. The activity-wise time required, and the output is mentioned below:

S.N.	Study Activties	Output/Comments			
		Feb	March	April	
1	• Contract signed between SC India & IIHMR and preliminary meetings with SC, India officials, and orientation of the study team. • Inception Report				Orientation of the study team to kick off the study.
2	Preparation of Study tools and finalization.		March 15 to March 18		Study tools will be ready for data collection.
3	Development of fieldwork plan & data analysis plan and sharing the same to SC, India in advance for its use/information.		March 18-March 22		Tools, Field Work Plan & Data Analysis plan will be shared with SC, India
4	Organize study team for study Bihar and WB state and conduct 3 days of training for them to equip them for data collection		March 30th & 31st		State-specific field information collection team is ready for fieldwork.
5	Starting the fieldwork and completing fieldwork		3rd to 7th April in Patna and 10 to 14th April in Kolkata		All the data quality assurance plans will be implemented during these days.
6	Data Analysis & Draft and Final report and dissemination/Sharing of findings through ppt (Virtually /physically)		April 29th to 30th ,2023		Report will be shared with SC, India

Annexure 1: Final Mapping of R.I. Intervention

Annexure 2: Quantitative Questionnaire for Participants from Mothers group, Child Champions, Children Group, Family Preparedness Volunteers, Water management committee members, and other adults involved in the project from the community

Annexure 3: FGD Checklist -Community and Young People

Annexure **4**: IDI for Service Provider and Ward Councilor
Annexure 5: IDI for Teachers – School Safety
Annexure 6: IDI for CSO Alliance Members
Annexure 7 : SC Staff (Manager, Programme Specialist, MIS, Field Worker Jointly)