Request for Proposal

on

Impact Assessment of ITC's Mother and Child Health (MCH) Programme in Assam, Bihar, Uttar Pradesh and West Bengal

Last date for Application: 20th January, 2020

1. Introduction and Background of the Project

The status of Mother and Child Health (MCH) in India is a challenge and the major determinants identified are poor maternal health care services, low socio-economic status of women, early age of marriage, illiteracy, lack of knowledge & awareness about health care programmes/schemes and cultural norms. In India, the maternal mortality rate (MMR) has declined from 301 per 100,000 live births in 2001-03 to 130 in 2014-16; similarly, infant mortality rate (IMR) declined from 68 per 1,000 live births in 2000-01 to 34 in 2016-17. Institutional deliveries at all India level has increased from 38.7% in 2005-06 to 78.9% in 2015-16. As per the National Family Health Survey (NFHS)-4 (2015-16) data, stunting of children in the age group of 0-5 years declined from 48% in 2004-05 to 38.4% in 2015-16 and underweight children decreased from 43% in 2004-05 to 38% in 2015-16. The statistics clearly exhibit improvement in key MCH indicators at an All India level; however, the rate of progress and universal access to proper health care services by all is still a challenge for the Government of India.

In this background, ITC's Social Investments Programme, 'Mission Sunehra Kal' (MSK) designs and implements a holistic Mother and Child Health (MCH) programme with the intent "to reduce infant/maternal mortality and child malnutrition by increasing access of the community to government health, nutrition and child protection services". The MCH Programme focuses on empowering the community to generate demand for government health care services while, at the same time, strengthening the government systems to improve service delivery and accountability. The programme's primary target group are pregnant and lactating women, children (age 0-6 years), adolescent girls & boys and eligible couples. In addition to this, other stakeholders involved are Anganwadi workers, ASHA workers and health workers who actively participate in the intervention. The Interventions are largely around Community awareness for change in behavior like- nutrition, feeding, contraception, etc. and Strengthening Anganwadi for their role, mobilizing community, sensitizing them on different issues and organizing events like Annaprashan, Sneh Sibir, Saat Khua etc.

ITC now plans to undertake an impact assessment of the MCH programme across its locations and compare the same with pre-intervention and control population.

2. Objectives of the Study

The study's main objectives are illustrated below:

- Assessment of ITC's MCH Programme against the baseline on key MCH parameters. Compare the findings with control population and with secondary data points.
- Assessing the institutional set up and the effectiveness of the programme in leveraging government schemes/programmes.

3. Geographical Spread

The Survey agency to cover all the listed districts and sampling to be done using Random Sampling methodology.

Table: State and District Coverage

State Name	District	Total Beneficiaries	Beneficiaries Category			
			Pregnant & Lactating Women	Children (0-6 yrs)	Adolescent Girls	Eligible Couples
Assam	Darang	**8,065**	669	2,070	2,742	2,586
Bihar	Munger	**30,251**	5,130	9,284	12,131	3,706
Uttar Pradesh	Saharanpur	**19,252**	2,309	1,805	7,919	7,219
West Bengal	Hooghly, Howrah & Kolkata	**12,826**	732	3,327	5,856	2,911
All India		**70,394**	**8,840**	**16,486**	**28,648**	**16,422**

Note: Data for FY 2019-20

4. Scope of the Study

The study to carry out an in-depth analysis of the ITC's MCH Programme keeping in mind the following scope of work:

a) Assessment of Key MCH indicators including availability and access to health care services & medicines, timely doctor consultation and regular follow-ups in project villages and its trickling down effect on the health of other family members.

b) Capture the perception of the target beneficiaries with regard to the role & responsibility of the Panchayat, Anganwadi/ASHA workers, and other stakeholders.

c) Assess the household expenditure patterns on health care services- pre and post the intervention and identify the areas of success & improvement.

d) Document the level of awareness of the targeted population with regard to MCH indicators, health care services, government programmes/schemes and good hygiene practices.

e) Capture what have been the drivers/triggers for success of ITC's Mother & Child Health Programme.

f) Gauge the perception of the targeted population with regard to areas of improvement and recommendations to strengthen the Mother & Child Health (MCH) intervention.

Key Mother & Child Health (MCH) Key Indicators:

Pregnant & Lactating Mother & Children (age <5 yrs)	1. Infant Mortality Rate (IMR)
	2. Maternal Mortality Rate (MMR)
	3. Institutional Deliverables
	4. Immunisation
	5. Mothers who had received any Ante Natal Care (ANC)
	6. IFA tablet consumed for 100 days
	7. Child Malnutrition
	8. Underweight children (age <5 yrs)
	9. Stunting in children
Adolescent Girls	10. Knowledge about Mensural Hygiene
	11. Awareness on Reproductive and Sexual Health
	12. Aware about Weekly Iron and Folic Acid Supplementation Programme
	13. Nutritional Supplements
	14. Access to Public Health Centres
	15. Access to government scheme/programme *(including health insurance)*

Kindly refer to the Annexure 1, for the list of specific indicators on which ITC Mission Sunehra Kal, regularly collects data for internal assessment with outcome focus.

5. Sampling Design

The Agency to use a multi-stage stratified random sampling design to select villages and beneficiaries in each district.

Selection of reference periods for the study:

Pre intervention period: Use baseline data with NGO and further data collection to be done during survey.

Post intervention period: Collect current status.

6. Research Tools

The following tools need to be developed by the agency and finalized in discussion with ITC before start of fieldwork and should be part of inception report -

a) Master database of sample villages/ wards and beneficiaries to be selected from each district and corresponding control samples;

b) Interview Questionnaires;

c) Group discussion guidelines; and

d) Case study format.

7. Requirements from the agency

i. The agency selected for this project should have expertise in assessment of similar projects and have prior experience in conducting sampling methodology, data collection, collation, compilation and analysis.

ii. The agency is required to prepare a comprehensive assessment tools covering each of the scope mentioned above (Point 1 to 6) and develop indicators based on the list Mother & Child Health Programme guidelines/National Policies as applicable to the nature of intervention.

iii. The agency to conduct a preliminary visit to the project area to understand programme in detail. Based on the observations, the agency to plan the sampling methodology, questionnaires for field interviews and logistics (translator etc.), Focused Group Discussions and Case Study documentation.

iv. Each of the quantitative parameters considered for assessment to be compared against decided proportion of control population (Non-ITC intervention population).

v. The sampling methodology to take care of neutralizing all external factors so as to ensure that the results are the most accurate representation of the field situation. Proportionate selection of control cases to be planned as per statistical methodology.

vi. Field testing of the questionnaire to be done with initial set of MCH beneficiaries and based on the feedback, entire study to be executed.

vii. Group discussion and other modules to be taken up as per plans and conducted through structured questionnaires and checklists. These exercises are meant for extraction of qualitative data and cross tabulation and validation of the quantitative survey results.

viii. Time to time sharing of emerging data and trends based on field data with ITC. Subsequent to discussions with ITC, these findings and analysis will be fine-tuned and taken into consideration for the study report.

ix. Submission of draft report and final reports with all raw data backups and analysed data tables in excel spreadsheets, along with pictures.

8. Expected Outcome

I. Inception report to be shared within 15 days from the date of signing the contract in consultation with ITC.

II. Field data files to be submitted in excel format along with all output tables.

III. Draft report to be shared covering all scopes. Report to be finalized after incorporating changes suggested by ITC.

IV. The final study report will be submitted in 2 hard copies (A4 Size preferably with bond paper and colored prints) and soft copy in form of CDs/pen drives. All field data back-up to be submitted along with analytical tables.

V. The agency to deliver a final presentation to ITC explaining the findings, recommendations and way forward based on the study.

VI. The data and information collected during the study, including photographs, will be the property of ITC Limited and the agency shall not use it in any form without the written permission from a competent authority in ITC.

9. Payment Conditions

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

10. Rejection Clause

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

ITC also reserves the right to reject the offer without assigning any reason if found that the party has submitted false information or found to promote vendors.

11. Contact Details:

For submission of RFP or any further queries all correspondence may be directed to: itcmsk@itc.in

Annexure 1: ITC MSK's Key Indicators for MCH Programme

No	Indicators	Definition	Frequency
1	Pregnant women registered for ANC in the 1st Trimester	Percentage of women age 15-29 years who registered their pregnancy within the 1st trimester	Quarterly
2	Pregnant Women received 4 Ante Natal Checkup (ANC)	Percentage of pregnant women aged 15-29 years who received 4 ANC among the total number of deliveries.	Quarterly
3	Pregnant Women consumed IFA tablets 100 days or more	Percentage of women age 15-29 year who took minimum 100 IFA among the total number of reported delivery	Quarterly
4	Institutional Deliveries	Percentage of women of 15-29 who had institutional delivery among the total no of delivery.	Quarterly
5	Married women adopted modern method of contraception	Percentage of currently married women (15-29 years) using modern contraceptive methods like condom, oral pil, Intrauterine device ,injection.	Quarterly
6	Pregnant & lactating women receiving supplementary food from Anganwadi.	Percentage of pregnant and lactating women (up to 6 months post-delivery) receiving supplementary food from AWCs for 21+ days in a month.	Quarterly
7	New born having birth weight less than 2.5 Kg	Percent of live births with a reported birth weight of less than 2.5 kg.	Quarterly
8	New Born Breast fed within 1 hour of birth	Percent of new born breast fed within1 hour of delivery out of total no. of delivery.	Quarterly
9	Children (0-6) months) exclusive breastfed upto six months.	Percentage of children who were exclusively breastfed for six months out of total children (0-6 months)	Quarterly

10	Children (0-6 month) receiving semi solid food along with breast milk.	Percentage of children aged 6-8 months getting homemade complimentary food two times a day.	Quarterly
11	Infant with full Immunization.	Percentage of children (9-11 months) fully immunized as prescribed by Govt. of India.	Quarterly
12	Under 5 children who are underweight	Percentage of children under 5 years (60 months) with weight for age is below -2SD	Quarterly
13	Mothers collecting supplementary food from Anganwadi for children	Percentage of children (6 months - 3 years) receiving supplementary food from AWC for at least 21 days in a month.	Quarterly
14	Married Adolescent Girls (10 - 18 years)	Percentage of adolescent girls (10-18 years) married before 18 years.	Quarterly
15	Women Childbearing <20 years.	Percentage of adolescent girls giving childbearing before 20 years	Quarterly
16	Adolescent Girls (10 -19 years) consuming 12 IFA tablets per quarter.	Percentage of adolescent girls (10-19 years) consuming at least 12 IFA tablets in a quarter.	Quarterly
17	Married and unmarried women with Low BMI.	Percentage of adolescent girls (10-19 years), both married and unmarried, with BMI < 18.5 kg/m2.	Quarterly

Annexure 2: Format for Submission of Proposal Plan

1. **Agency Details**

   a) Name of agency, address, Web site address and telephone number.

   b) Number of the principal office that will manage this project.

   c) Brief background of the agency and history. Include years in the sector/business and number of employees and details of projects handled.

   d) A copy of the agency's most recent Annual Report or Financial Statement, and/or any other documentation that demonstrates financial solvency.

   e) Any additional information that agency considers to be relevant.

2. **Plan for Conducting Study**

   a. Proposed Sampling methodology and Focused Group Discussion plans.

   b. Proposed time-plan in detail (including preparatory phase visit).

   c. Study Proposal highlighting technical aspects, strategies, statistical or economic model *(if any)* to be used for collecting, collating and analyzing the data.

3. **Identify the primary Executive point of contact for the work stated in this RFP.**

Annexure 3: Format for Submission of Financial Estimate

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

Note:

- The agency will submit final bills as per the agreed unit rates as mentioned above.
- In case of Travel, Boarding and Lodging Expenses, costs will be reimbursed based on submission of actual bills. The upper limit for reimbursement to be restricted to the budgeted limit mentioned in the estimate.
- Taxes will be paid extra as applicable.