

## **Request for Proposal (RfP) for engagement of Consultant**

Jayaprakash Institute of Social Change (JPISC) invites Request for Proposal (RfP) for conducting a Baseline Survey for a mental health project in the schools and communities in Howrah Municipal Corporation (HMC) and Bally Municipality, West Bengal.

### **TERMS OF REFERENCE**

Baseline Survey on mental health problems of children and adolescents in schools and community settings in Howrah Municipal Corporation (HMC) and Bally Municipality, West Bengal.

**Project:** Comprehensive Mental Health Care Programme for children and adolescents in school and community settings in the district of Howrah.

**Duration of the Study:** 40days

### **Presentation of Jayaprakash Institute of Social Change(JPISC)**

Founded in 1973, the non-governmental organization *Jayaprakash Institute of Social Change* (JPISC) operates as a leading social research institute in eastern and northeastern India. JPISC offers degree programs in social work, psychological counseling, and child protection affiliated to Vidyasagar University, which are accredited by UGC. JPISC is active in the areas of child protection, mental and physical health, gender issues, and livelihood security, and thus contributes to shaping the policy framework. To this end, JPISC works with a wide range of relevant actors at different levels.

### **Background:**

JPISC is implementing a project titled 'Comprehensive Mental Health Care Program for Children and Adolescents in the district of Howrah. The project addresses mental health challenges such as psychological and emotional challenges faced by the children and adolescents through school and community mental health programme interventions. The project is based on the premise that the planned interventions on mental health and psycho-social support during the post pandemic period in schools and community will help mitigating the trauma and stresses caused due to Covid-19 and/or who are susceptible to various forms of emotional and psychological illness. The project aims at bringing about sustained behavior changes among children and adolescents to cope with trauma through counselling including tele-counselling, therapeutic interventions, referrals etc and create a renewed interest among children in education through school sensitisation, parent's/caregiver's education and community mobilisation. The project further aims at capacity building of the teachers, parents, guardians, health service providers, CSOs, political leaders with a focus on mental health issues, understanding and responding to needs of children.

### **Target group**

The target groups of the project are children and adolescents in schools in the Howrah district, who are affected by psychological distress due to Covid-19 and/or susceptible to various forms of emotional and psychological illness. The project's target group also includes teachers and members of school committees, parents and guardians of children and adolescents as well as community members, mental health service providers, CSOs, media and CHILDLINE who are sensitized and trained on psycho-social issues.

### **Objective of the Baseline Study**

The study will be focused on collecting qualitative quantitative data to understand the basic mental health needs of children and adolescents in general who need the mental health care support services. The study will assess the services available at the community and district level to address the treatment gaps. The research will also look into the children's and teacher's awareness about mental health and mental well being, stigma attached to mental illness, community's perception about mental health, involvement of the

community mental health providers including outpatient mental health programs, hospital-based programs, local health departments, and individual mental health clinicians, parents and families, the kinds of services provided by the government or NGOs, need for strengthening vulnerable families through linkages with social protection services, treatment possibility (e.g. via national health insurance) and to understand the current mechanism for mental health care delivery system.

The aim of the Study is to gather baseline values for the project indicators (which will be finalized until the start of the baseline study) for better mental health care for children and adolescents and to identify what resources are needed to better support them and avoid their future marginalization in society. The Study will look into both Governmental and Non –Governmental agencies providing support services.

### **Design and Methodology of the Baseline**

We request prospective bidder to propose a study design which is most appropriate to achieve the study objectives. However, current study only intends to serve as baseline figures for the project, therefore Consultant/Agency may suggest any appropriate study design which can best serve the purpose of this evaluation. Consultant/Agency is encouraged to suggest innovative study design for achieving desired study output. The study design should include a matrix denoting the key objectives and respective techniques to be used along with the respective target respondents to be interacted.

Discussions will be conducted with children, teachers, parents, communities and key stakeholders, as mentioned in the target group. Emphasis should be given on quality assurance during the data collection. Standardized procedure of triangulation of gathered data will be followed before report finalization.

The Consultant/Agency needs to provide detailed methodology and sample design based on the objective and scope of the work. The proposed methodology and sample design will be the key criteria for the proposal assessment. Detailed methodology of the study and plan will be reviewed (where the sample plan will be validated and tools finalized) and finalized in consultation with JPISC and donor and consulting Consultant/Agency.

JPISC presumes mix method of data collection (entailing both quantitative and qualitative survey methodology) would be suitable to measure all indicators as well as to generate soft inputs against study objectives. Tools like semi-structured questionnaire, In-depth interviews (IDI) format, FGD pointers/guides, observation checklist and similar relevant study techniques can be used. JPISC strongly recommends conducting desk review and policy analysis for said subject before proposing any approach for data collection.

### **Sources of Information:**

Some of the information that needs to be collected will be at various levels:

**A. Individual level (children and young people)** : No. of children have reported mental health issues among peer to counsellor from class 5-12, children sharing their mental health problems with the peers (healthy inter-personal relationship), children aware of the stigma associated with mental health and mental illness what are the major mental health needs of the children and adolescents, their perception about various forms mental illnesses, their experiences of dealing with such illnesses, the kinds of support they would require, role of stakeholders and quality and accessibility of service vis a vis the wishes and needs of the children.

**B. Teachers, School Management Committee members, Parents, Guardians** : Knowledge of the Teachers on mental health, their ability in the identification of mental health challenges among children, children referred to specialised services, exploring the needs from the perspective of managing children with mental illness or behavior problems in schools and families, common psychological and emotional problems manifested by the children, support facilities available in the school, nature of services needed for to ensure better care and support.

**C. Community people, Municipal Councillors, Mental Health Service Providers (Doctors, nursing staff, Anganwadi Workers, ASHA, Anvesha counsellors, clinicians etc), NGOs/CSOs, Political leaders, Religious leaders, Faith healers/Quacks, Pharmacists:** The study will explore the kind of mental services that is being provided, quality of the services, accessibility issues of those services, stigma attached to mental illness, availability and accessibility of social protection services, specialized treatment facilities, health insurance coverage, drug abuse prevention, disability certificates etc especially for the vulnerable children and families.

### **Scope of Work**

- Desk review: A desk review will be done on the basis of the objectives of the study.
- Inception report including research design, sampling frame, tools etc to be submitted
- Development of sampling frame and identification of study participants: The Consultant/Agency should outline a method for developing a sampling frame to study.
- Development and piloting of survey instruments: Quantitative and qualitative tools, like household survey questionnaire, FGD and KII guides, etc. (or others as proposed by Consultant/Agency) will be developed, finalised and piloted. The selected Consultant/Agency needs to develop questionnaires on the basis of pre-identified key indicators for quantitative and qualitative survey.
- Constitution of field study team: The Consultant/Agency should propose a Team Leader/Principal Investigator, describe the size and composition of the field study teams and supervisory staff that would be employed along with data collection staff (including their minimum qualifications) and describe in detail the roles of each staff member. Since the study will involve interaction with vulnerable children, the interviewer must be sensitive and maintain confidentiality. All the members of the study team must be aware of all Child Safeguarding components before going to the field and they need to have the quality to ensure the aforesaid.
- Data collection training: Training on the tools will be done to make them understand on the process of data collection and to capture the underlying key aspects related to the study objectives. All members of the field study teams will be trained jointly by JPISC, Donor representatives and staff of the Consultant/Agency implementing the study. Plans for ethical training and procedures for protection of participants will be included.
- Procedures for data collection and management: Data collection would require expertise in Household Survey, Focus Group Discussions, In-depth Interviews (IDI) and other established methods of data collection with key stakeholders like Children and adolescents, Teachers and School Committee members, Parents and care givers, community people, representatives and service providers, Political and Religious leaders. The Consultant/Agency shall submit an outline on methods for supervision of the data collection teams.
- Data analysis, report writing and recommendation: The Consultant/Agency should propose the software for data analysis and a process for joint reviews with JPISC and Donor. Data analysis plan and report would be reviewed by JPISC and Donor for quality assurance and finalized only after JPISC/Donor inputs. The report should highlight recommendation or suggestion for effectiveness of intervention and all aforementioned questions.

### **Survey Instruments**

All survey instruments will be developed by selected Consultant/Agency. The translation of survey tools into local language i.e., Bengali will also be done by selected Consultant/Agency only.

### **Tasks and products of the Baseline study:**

It is anticipated that the consultancy period would be a period of 40 days 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.

Activities	Time frame (Working Days)
a. Desk Review and Inception Report	5 days
b. Planning meeting and discussion	2 days
c. Data Collection	20 days
d. Preparation and Submission of draft report	10 days after completion of the Data Collection
e. Final Report	2 days after receiving the feedback from JPISC
f. Sharing of the report findings and recommendations with JPISC and Donor (online) through a presentation	1 day

### **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 JPISC. The raw data and filled-in interview schedules would become property of JPISC. The data files should be submitted to JPISC.

### **Qualifications of the Consultant**

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

- Candidates should have a Master's Degree in Social Work, Psychology, Sociology or significant professional qualification in related field.
- At least 10 years of experience of conducting study, survey or assessment particularly on the issues of children and young people
- Experience of working in child protection issues
- Experience of conducting research and study with INGOs
- Fluent speaking skill in Bengali and Hindi
- Good speaking and writing skill in English
- Strong facilitation skills and proven ability to lead participatory processes
- The candidate will work in collaboration with JPISC on the field, and finalize all tools to be used in the survey in consultation with JPISC and representatives of Donor.

### **Management of the Baseline Survey**

The Consultant will work closely with the Child Protection Programme Team of JPISC for overall coordination. Functional Supervision will be provided by the project officers of the project. The consultant will also be requested to provide the details of the Study team to be engaged for the study with their name, designation, qualification and relevant field experience and contact details. Consultant/Agency needs to elaborate the quality control mechanism to be followed during study implementation.

### **Deliverables**

The Consultant/Agency will provide with a specified set of deliverables. The deliverables include, but are not limited to:

1. Inception Report of 4 pages (covering objectives of the study, detailed methodology, work plan/chronogram/operational plan for primary data collection, type of survey instruments, plan for data analysis and outline of the final reports) in English
2. Final version of Survey tools (English)

3. Submission of raw data and tables (both quantitative data in Excel / SPSS and qualitative data in forms of Audio recording of FGDs/IDIs, transcripts, etc.) and Final datasets of quantitative data and qualitative analysis (soft copy of dataset and variable file in SPSS / excel format, content analysis, etc.)
4. Submission of draft report following the reporting structure finalized in consultation with JPISC and Donor for feedback
5. Final report (around 30 pages) incorporating suggestions from JPISC and Donor in English
6. Dissemination materials – PPT or slide deck on the report (briefing key methodology, findings and recommendation) and executive summary
7. Dissemination of findings – The consultant is expected to make an interim presentation of study findings and learning and also shall be involved in dissemination of the final report to JPISC and Donor as may be required by JPISC

### **Ethical Consideration**

The Study will be guided by the following ethical principles and considerations:

JPISC has 'the best interests of the child' as its central theme of the research. This is to be interwoven into all aspects of the research.

The consultant must sign the JPISC's Child Safeguarding Policy and Code of Conduct and be willing to adhere to its principles and expected practices. If a breach of the policy or code of conduct takes place the consultancy will be terminated immediately without any financial burden on JPISC.

The study will also ensure that all the universally accepted principles of research, viz. respect for the confidentiality of identity of respondents, respect for their right to refuse an interview, end the conversation at any stage or refuse to share a particular detail, respect for privacy and personal dignity of respondents, etc. are duly observed. Informed consent from the respondents may be ensured before participating in the study, and the participants should be able to withdraw at any moment. Respondents should be explained how the Study findings are likely to be used. They must then be asked, and must be free to choose, whether or not: they can be quoted in materials; photographs can be taken and used, name can be used in material. Their choices must be clearly recorded and always kept with their testimony and/or the relevant media.

### **Application Procedures**

. The Application (signed and scanned pdf version) comprising of technical and financial proposal in not more than 3 pages should be addressed to The Executive Director, Jayaprakash Institute of Social Change via e-mail at **jpisc1973@gmail.com**

The subject line of the e-mail should read: '**Baseline for Comprehensive Mental Health Care for Children and Adolescent in Howrah**'

Please send proposal in not more than three pages in pdf version I) Request for Proposal (RfP) including methodology including, and not limited to, study/research questions, study design and methodology which includes 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, II) an updated CV of the Key Person(s) who will be engaged for the survey, III) a financial proposal detailing consultant (s) itemised fees, data collection and administrative costs, IV) an example of similar studies carried out (if possible). Key persons proposed in the application can't be replaced while conducting the survey.

**Last date for submission: 10.06.2024**

Recruitment procedure follows the JPISC's Child Safeguarding Policy, including reference checks. Only short-listed candidates will be contacted for an interview.