

Request for Proposal (RfP) for engagement of Consultant to conduct Baseline Survey

Jayaprakash Institute of Social Change (JPISC) invites Request for Proposal (RfP) for conducting a Baseline Survey for a Project titled " **Mitigating the impact of Covid-19 through community resilience and improved access to treatment**" in five districts in West Bengal.

TERMS OF REFERENCE

Baseline Survey is commissioned to collect information for implementation of the project to mitigate the negative socio-economic and emotional impact of COVID-19 for the most vulnerable population groups in 5 districts of West Bengal to ensure their safety and wellbeing through awareness building, behavior change communication, counselling and referral to support institutions.

Location: 5 districts namely, Paschim Bardhaman, Purba Bardhaman, Birbhum, Paschim Medinipur and North 24 Parganas in West Bengal, India

District	Panchyats/Municipalities
Paschim Medinipur	Kharagpur and Midnapur Municipality
Paschim Bardhaman	Asansol Municipal Corporation and Jamuria Block
Purba Bardhaman	Katwa-I and Ketugram-II Blocks
North 24 Parganas	Madhyamgram Municipality
Birbhum	Suri-I and II Blocks

Duration of the Study: 40 days

Presence 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:

The deadly disease COVID-19 has affected the world in numerous ways. Since its arrival and outbreak in India more than two years ago, the conditions of day-to-day life have been deteriorating for the majority of the Indian population, particularly the most vulnerable and marginalized groups. The implications of the disease can be visualized in terms of physical and mental health, the unaffordability and inaccessibility of proper treatment, the continuous decline of the economy with rising poverty and unemployment. The disease had a serious economic impact on India's population. Numerous people have lost their work and income, while facing ongoing food insecurity and inadequate health service provision. The trauma and brutality experienced by the migrant population during their long walks returning to their hometowns, is going to stay with them for a substantial period of time shattering their mental health. The COVID-19 pandemic brought a complex array of challenges with mental health repercussions for nearly everyone, in particular children and adolescents. Grief, fear, uncertainty, social isolation, increased screen time, and parental fatigue have negatively affected the mental health of children. The planned project therefore envisages building resilient and adaptable service delivery systems that will be able to withstand crises, which engulf the entire society, but especially underserved and marginalised communities.

Project Objectives

1. Improvement of the capacity of 25,000 people in the target location to mitigate the negative effects of Covid-19 through community resilience building.

2. Improvement of the social and economic life situations of 3,000 vulnerable families (due to Covid-19 and other health challenges) through access and usage of healthcare services, social protection and livelihoods schemes of the government

3. Improvement of physical, social and psychological well-being of 20,000 schoolchildren and adolescents in 100 schools in five districts who have been affected by Covid-19.

Target group

The direct target group includes the vulnerable communities in slum areas, close to market places, bus stations, and railway platforms, daily wage labourers and homeless people, children who lost their parents due to COVID-19, children who face or witness abuse, as well as families in need of psychosocial support. The project's direct target group also includes people who will be linked to social protection services of the government, e.g. food security, health insurance, social security benefits, and disability and other pension. The project also targets school children whose learning was seriously disrupted because of no access to internet-based learning during the lockdown periods. The project also intends to build capacities of the frontline workers e.g. ASHA workers, AWWs, Childline team members, schoolteachers, local media persons and members of PRIs and Municipalities.

Scope of the Baseline Study

The project focuses primarily on the health sector to respond to urgent needs related to Covid-19, including challenges related to the availability of medical services and supplies. The baseline would primarily focus on the following:

- Community's perception about the safety protocol, negative impact of the pandemic, access to treatment and health insurance, access to social protection services, children and adolescents affected by mental health challenges etc.
- Vaccination status including booster dose especially among the marginalized communities and vulnerable populations and those who are under-vaccinated and unvaccinated.
- Information on the children and adolescents affected by mental health challenges in schools, children who have reported mental health issues among peer to counsellor from class V-XII, 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, children who have lost one or both parents due to the pandemic, 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.
- Information on the 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.
- Information about health care facilities, health insurance coverage, drug abuse prevention, disability certificates etc availed by the poor families, gaps in the availability and accessibility of health care services.
- Information about social protection services availed by the poor families, gaps in the availability and accessibility of social protection services and other social security benefits for marginalized groups for linkages with the government support services to bring about a change in their life situations.
- Information about women or female headed households who find difficulty in accessing testing, vaccination and accessing treatment including access to health insurance.

- Information about the incidences of gender based violence, its nature, and magnitude and causes to plan for mitigating the risk through social and economic rehabilitation.
- Information about children mostly in the lower class who could not access online classes during the prolonged pandemic period and the need for remedial coaching classes.

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 baselines figures for the project, therefore Consultant/Agency may suggest any appropriate study design which can best serve the purpose of this project. 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 data, quantitative and qualitative, 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 the donor.

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. However, Consultant/Agency is free to recommend a methodology for the study with a clear justification for it. Tools like semi-structured questionnaire, In-depth interviews (IDI) format, FGD pointers/guides, observation checklist and similar relevant study techniques can be used. The Consultant/Agency is also encouraged to suggest innovative study techniques for achieving desired study output. 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) in schools :

B. Teachers, School Management Committee members, Parents, Guardians .:

C. Community people, Panchayet Members, Municipal Councillors, School Teachers, Health Service Providers (Doctors, nursing staff, Anganwadi Workers, ASHA, Anwasha counsellors, clinicians etc), SHGs, Front Line Workers, NGOs/CSOs, Political leaders, Religious leaders, Faith healers/Quacks, Pharmacists:

Plan for the Study:

- Desk review: A desk review will be done on the basis of the objectives of the study.
- Design Research Framework: Conceptual framework and analytical framework will be finalized, on the basis of the desk review finding and objectives of study.
- 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 interviewers 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.
- Procedures for data collection and management: Data collection would require expertise in Household Survey, School 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.
- The size of the proposal may be limited to 2-3 pages.

Survey Instruments

All survey instruments will be developed by selected Consultant/Agency. The translation of survey tools into local language i.e., Bengali, if needed, 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 for a period of 40 days and it is expected that Consultant/Agency will complete all aspects of the RD 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 line
a. Desk Review and Inception Report	5 days
b. Planning meeting and discussion	2 days
c. Data Collection	15 days
d. Preparation and Submission of draft report	10 days after completion of the Data Collection
e. Final Report	7 days after receiving the feedback from JPISC
f. Sharing of the report findings and recommendations with JPISC 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 writing and speaking 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. Overall supervision will be provided by the Project Coordinator and functional supervision 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

1. The Consultant/Agency will provide with a specified set of deliverables. The deliverables include, but are not limited to:
2. Inception Report of 5-6 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)
3. Final version of Survey tools (English)
4. 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.)
5. Submission of draft report following the reporting structure finalized in consultation with JPISC and Donor for feedback
6. Final report (around 30 pages) incorporating suggestions from JPISC and Donor
7. Dissemination materials – PPT or slide deck on the report (briefing key methodology, findings and recommendation) and executive summary
8. 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 assignment. This is to be interwoven into all aspects of the work.

The outcomes and conclusions of the Study must be correct, trustworthy, cross checked and open to scrutiny without embarrassment to JPISC, donor and the participants 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. Not only during the data collection but also while processing and coding the data, these ethical principles will be adhered to.

Informed consent should be given before participating in a 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 should be sent through email. The Application comprising financial proposal should be on Consultant's / Agency's / organization's letterhead (signed and scanned pdf version) and shared via email.

Please send proposal 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), V) contacts of 3 references (One must be current or most recent employer). Key persons proposed in the application can't be replaced while conducting the survey.

Last date for submission: 25th April, 2023 at jpisc1973@gmail.com

The subject line of the e-mail should read: **'Baseline for mitigating the impact of Covid-19 through community resilience and improved access to treatment in five districts in West Bengal'**

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