



Nandita Saikia <nanditasts@gmail.com>

Award letter for writing Monograph in the series on Empirical Studies on the Social Impact on Mann Ki Baat

Mahesh Madhukar <madhukar806@gmail.com>

Thu, Mar 23, 2023 at 5:35 PM

To: Nandita Saikia <nanditasts@gmail.com>

File No. ICSSR- MKB/Monographs-2023

Dear Prof. Saikia,

This is in continuation of our earlier e-mail regarding working on the theme as given to you for which you have already initiated the work. We are pleased to convey the approval of the ICSSR to work on a Monograph in the series on "Empirical Studies on the Social Impact of Mann Ki Baat". The theme on which you have been working is **PM's Engagement with Different Manifestations of Women Power in Mann Ki Baat and Its Transformative Impact.**

The Competent Authority of the ICSSR has recommended an amount of Rs.3,30,000/- for the proposed work on writing the Monographs. The said amount will be released in two instalments. The first instalment will be 75% of the total amount sanctioned and the remaining will be released on submission of the final text of the document. The allocated amount may be utilized for data collection with the help of research scholars, visiting libraries, archives, travel and other logistic support and for contingent expenses.

The sanctioned amount will be released through the affiliating institution where you are presently associated with. The proposed work has to be completed by 15th April 2023.

We are attaching herewith the grant-in-aid bill and the PFMS form with a request to kindly get it filled and signed by the competent authority of the institution for the transfer of the grant. All payments and transfers are to be done through the PFMS only.

With regards,

M.P. Madhukar
Deputy Director
Incharge, International Collaboration Programme
ICSSR, New Delhi

2 attachments



PFMS FORM.pdf
147K



GIB.docx
13K

MFO/2019/ 258

19.12.19

Prof (Dr). R.B. Bhagat,
Head of Department,
Department of Migration and Urban Studies,
International Institute for Population Sciences (IIPS),
Govandi Station Road,
Deonar, Mumbai 4000088

Dear Professor Bhagat,

UNICEF Partnership with IIPS for 'Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra'

This has reference to your letter dated 16/12/2019 forwarding the budget and technical proposal for the study on children of seasonal migrants in Jalna.

We have reviewed the budget and confirm our acceptance of the budget; with UNICEF's total contribution of Rs. INR 91,47,120 as follows:

| Sr. | Heads | Approved Budget |
|--------------------|--|---------------------|
| 1. | Staff salaries | 32,40,000.00 |
| 2. | Qualitative tool development and training workshop | 47,000.00 |
| 3. | Training workshop quantitative | 16,21,000.00 |
| 4. | Quantitative data collection | 16,79,600.00 |
| 5. | Qualitative data collection | 3,84,100.00 |
| 6. | Consultation | 3,77,500.00 |
| 7. | Research advisory group meetings | 1,40,000.00 |
| 8. | Direct programme support costs | 16,57,920.00 |
| GRAND TOTAL | | 91,47,120.00 |

The approved budget is in the attached annex. The expenditure shall be guided as follows:

1. The cash assistance released should be utilized only for those activities indicated above and in accordance with the approved detailed budget attached that was submitted by your office.
2. The cash assistance released by UNICEF cannot be used for procurement of any supplies and equipment except as specified in the budget.

3. The cash assistance released should be utilized within three months from the date of release of funds.
4. If your department / organization is not in a position to utilize UNICEF's cash assistance within a period of four months from the date of release of the funds, the unutilized cash assistance should be refunded to UNICEF.
5. Deviation in any budget line item should not exceed 20%. Deviations, if any, should be agreed to in writing by UNICEF prior to expenditure and provided that the total approved budget is not exceeded.

As per our financial norms, on completion of the project, we would request you to let us have the completed FACE form, a budget vs actual expenditure statement (SOE), and an activity report to enable us release reimbursement, as appropriate.

As a part of our standard operating procedure, we need to undertake the financial assessment of implementing partners. In this regards, UNICEF operation and finance team may visit your office on periodic basis, upon mutually convenient dates, and review the financial process and systems with your accounts and finance staff.

We look forward to partnering with IIPS for this Study.

With best wishes,

Yours sincerely,


Rajeshwar Chandrasekar
Chief, Mumbai Field Office

Terms of Reference

Integrating Aging Research in Policy and Program in India

A. Background

UNFPA is the lead agency on population data and its use and advocates that everyone everywhere is counted and accounted for, in the pursuit of sustainable development. It promotes a better understanding of linkages between population dynamics and the achievement of the sustainable development goals to inform national and state policies and programmes. The core output of the UNFPA's work in the Population and Development is to strengthen national capacities to include population dynamics in sustainable development planning efforts and in rights based policies and programmes at national and state levels by a) improving the quality of data and its use including the data on SDG; and b) evidence generation and advocacy on current and emerging population issues such as demographic dividend, ageing, urbanisation etc.

India has witnessed remarkable changes in demographic arena in recent decades. From a high fertility-mortality scenario to one of low fertility-mortality, India has witnessed significant changes in the age structure of population. With 30 per cent of country's population in the age group 10-24 years, India is the youngest nation in the world. But on the other hand is the issue of ageing. Though currently only 8.4 percent population in India is above the age of 60 years but this amounts to approximately 102 million people in actual numbers. The population projections by UNFPA show that the elderly population (of and above 60 years) will increase from the 104 million in 2011 to 425 million in India by 2061. Every fourth person in India in 2061 will be of 60 years or more. Due to the sheer large number as well as diversity of conditions of the elderly people, ageing is going to assume even more importance in the years to come. UNFPA plans to deepen its engagement with Ageing through evidence generation for policy advocacy.

B. Objectives

The key objective of the service contract will be to strengthen the evidence on ageing, explore setting up of a centre on ageing and publication of the India Aging Report 2021, policy relevant evidence generation based on the newly released LASI data and to build the capacities of young scholars in the area of ageing.

C. Key Tasks

The selected institution will be required to undertake the following tasks:

- 1) India Ageing Report - finalize various chapters prepared by experts, finalize India Ageing Report 2021 including edit, layout design and printing. In addition, the institution will also endeavour to disseminate the India Aging Report 2021 through different media and on different online platforms.
- 2) Publication of a Series on LASI Data – Develop four policy relevant technical papers on data from LASI. The work will include conceptualisation, literature review, data analysis, writing, editing and publication. The selected institution will also encourage and guide young scholars to use LASI data for relevant policy and programmatic research by inviting research proposals from them. Selected three proposals to be extended technical guidance and financial support to complete and publish the paper.

प्रोफेसर के.एस. जेम्स / Prof. K.S. James
निदेशक एवं वरिष्ठ प्रोफेसर / Director & Sr. Professor
अन्तर्राष्ट्रीय जनसंख्या विज्ञान संस्थान



International Institute for Population Sciences
गोवन्दी स्टेशन रोड, देवणर / Govandi Station Road, Deonar
मुंबई / Mumbai - 400 069.

D. Deliverables & completion timelines:

- 1) India Ageing Report 2021 (To be designed and published by January, 2022)
- 2) Three papers on data from LASI (To be completed by March, 2022)
- 3) Finalization of three papers by young researchers (To be completed by March, 2022)

E. Duration:

1st July 2021 to 31st March 2022

F. Payment Terms

Payments will be made against the deliverables given below and on submission of a Tax invoice in favour of UNFPA including UNFPA GST Number.

Payments and Deliverables:

1. 40% on receipt of the following deliverables:
 - a. Outline of the India Ageing Report
 - b. Scope and outline of the three papers on LASI data
2. 40% on receipt of the following deliverables:
 - a. Draft of India Aging Report 2021
 - b. Tabulation of three thematic papers using LASI data
 - c. Three research proposal by young researchers
3. 10% on receipt of following deliverables:
 - a. Designed India Aging Report
4. 10% on receipt of following deliverables:
 - a. Final three thematic papers
 - b. Research articles by three young researchers



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GENERAL CONDITIONS OF CONTRACT

CONTRACTS FOR THE PROVISION OF SERVICES

1. **LEGAL STATUS OF THE PARTIES:** UNFPA (a subsidiary organ of the United Nations established by the General Assembly in resolution 3019 (XXVII)) and the Contractor shall also each be referred to as a "Party" hereunder, and:
 - 1.1 Pursuant, *inter alia*, to the Charter of the United Nations and the Convention on the Privileges and Immunities of the United Nations, the United Nations, including its subsidiary organs, has full juridical personality and enjoys such privileges and immunities as are necessary for the independent fulfillment of its purposes.
 - 1.2 The Contractor shall have the legal status of an independent contractor *vis-à-vis* UNFPA, and nothing contained in or relating to the Contract shall be construed as establishing or creating between the Parties the relationship of employer and employee or of principal and agent. The officials, representatives, employees, or subcontractors of each of the Parties shall not be considered in any respect as being the employees or agents of the other Party, and each Party shall be solely responsible for all claims arising out of or relating to its engagement of such persons or entities.
2. **RESPONSIBILITY FOR EMPLOYEES:** To the extent that the Contract involves the provision of any services to UNFPA by the Contractor's officials, employees, agents, servants, subcontractors and other representatives (collectively, the Contractor's "personnel"), the following provisions shall apply:
 - 2.1 The Contractor shall be responsible for the professional and technical competence of the personnel it assigns to perform work under the Contract and will select reliable and competent individuals who will be able to effectively perform the obligations under the Contract and who, while doing so, will respect the local laws and customs and conform to a high standard of moral and ethical conduct.
 - 2.2 Such Contractor personnel shall be professionally qualified and, if required to work with officials or staff of UNFPA, shall be able to do so effectively. The qualifications of any personnel whom the Contractor may assign or may propose to assign to perform any obligations under the Contract shall be substantially the same, or better, as the qualifications of any personnel originally proposed by the Contractor.
 - 2.3 At the option of and in the sole discretion of UNFPA:
 - 2.3.1 the qualifications of personnel proposed by the Contractor (e.g., a curriculum vitae) may be reviewed by UNFPA prior to such personnel's performing any obligations under the Contract;
 - 2.3.2 any personnel proposed by the Contractor to perform obligations under the Contract may be interviewed by qualified staff or officials of UNFPA prior to such personnel's performing any obligations under the Contract; and,
 - 2.3.3 in cases in which, pursuant to Article 2.3.1 or 2.3.2, above, UNFPA has reviewed the qualifications of such Contractor's personnel, UNFPA may reasonably refuse to accept any such personnel.
 - 2.4 Requirements specified in the Contract regarding the number or qualifications of the Contractor's personnel may change during the course of performance of the Contract. Any such change shall be made only following written notice of such proposed change and upon written agreement between the Parties regarding such change, subject to the following:
 - 2.4.1 UNFPA may, at any time, request, in writing, the withdrawal or replacement of any of the Contractor's personnel, and such request shall not be unreasonably refused by the Contractor.
 - 2.4.2 Any of the Contractor's personnel assigned to perform obligations under the Contract shall not be withdrawn or replaced without the prior written consent of UNFPA, which shall not be unreasonably withheld.
 - 2.4.3 The withdrawal or replacement of the Contractor's personnel shall be carried out as quickly as possible and in a manner that will not adversely affect the performance of obligations under the Contract.

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- 2.4.4 All expenses related to the withdrawal or replacement of the Contractor's personnel shall, in all cases, be borne exclusively by the Contractor.
- 2.4.5 Any request by UNFPA for the withdrawal or replacement of the Contractor's personnel shall not be considered to be a termination, in whole or in part, of the Contract, and UNFPA shall not bear any liability in respect of such withdrawn or replaced personnel.
- 2.4.6 If a request for the withdrawal or replacement of the Contractor's personnel is *not* based upon a default by or failure on the part of the Contractor to perform its obligations in accordance with the Contract, the misconduct of the personnel, or the inability of such personnel to reasonably work together with UNFPA officials and staff, then the Contractor shall not be liable by reason of any such request for the withdrawal or replacement of the Contractor's personnel for any delay in the performance by the Contractor of its obligations under the Contract that is substantially the result of such personnel's being withdrawn or replaced.
- 2.5 Nothing in Articles 2.2, 2.3 and 2.4, above, shall be construed to create any obligations on the part of UNFPA with respect to the Contractor's personnel assigned to perform work under the Contract, and such personnel shall remain the sole responsibility of the Contractor.
- 2.6 The Contractor shall be responsible for requiring that all personnel assigned by it to perform any obligations under the Contract and who may have access to any premises or other property of UNFPA shall:
- 2.6.1 undergo or comply with security screening requirements made known to the Contractor by UNFPA, including but not limited to, a review of any criminal history;
- 2.6.2 when within UNFPA premises or on UNFPA property, display such identification as may be approved and furnished by UNFPA, and that upon the withdrawal or replacement of any such personnel or upon termination or completion of the Contract, such personnel shall immediately return any such identification to UNFPA for cancellation.
- 2.7 Within one working day after learning that any of Contractor's personnel who have access to any UNFPA premises have been charged by law enforcement authorities with an offense other than a minor traffic offense, the Contractor shall provide written notice to inform UNFPA about the particulars of the charges then known and shall continue to inform UNFPA concerning all substantial developments regarding the disposition of such charges.
- 2.8 All operations of the Contractor, including without limitation, storage of equipment, materials, supplies and parts, within UNFPA premises or on UNFPA property shall be confined to areas authorized or approved by UNFPA. The Contractor's personnel shall not enter or pass through and shall not store or dispose of any of its equipment or materials in any areas within UNFPA premises or on UNFPA property without appropriate authorization from UNFPA.

3. ASSIGNMENT:

- 3.1 Except as provided in Article 3.2, below, the Contractor may not assign, transfer, pledge or make any other disposition of the Contract, of any part of the Contract, or of any of the rights, claims or obligations under the Contract except with the prior written authorization of UNFPA. Any such unauthorized assignment, transfer, pledge or other disposition, or any attempt to do so, shall not be binding on UNFPA. Except as permitted with respect to any approved subcontractors, the Contractor shall not delegate any of its obligations under this Contract, except with the prior written consent of UNFPA. Any such unauthorized delegation, or attempt to do so, shall not be binding on UNFPA.
- 3.2 The Contractor may assign or otherwise transfer the Contract to the surviving entity resulting from a reorganization of the Contractor's operations, *provided that*:
- 3.2.1 such reorganization is not the result of any bankruptcy, receivership or other similar proceedings; *and*,
- 3.2.2 such reorganization arises from a sale, merger, or acquisition of all or substantially all of the Contractor's assets or ownership interests; *and*,
- 3.2.3 the Contractor promptly notifies UNFPA about such assignment or transfer at the earliest opportunity; *and*,



3.2.4 the assignee or transferee agrees in writing to be bound by all of the terms and conditions of the Contract, and such writing is promptly provided to UNFPA following the assignment or transfer.

4. **SUBCONTRACTING:** In the event that the Contractor requires the services of subcontractors to perform any obligations under the Contract, the Contractor shall obtain the prior written approval of UNFPA. UNFPA shall be entitled, in its sole discretion, to review the qualifications of any subcontractors and to reject any proposed subcontractor that UNFPA reasonably considers is not qualified to perform obligations under the Contract. UNFPA shall have the right to require any subcontractor's removal from UNFPA premises without having to give any justification therefor. Any such rejection or request for removal shall not, in and of itself, entitle the Contractor to claim any delays in the performance, or to assert any excuses for the non-performance, of any of its obligations under the Contract, and the Contractor shall be solely responsible for all services and obligations performed by its subcontractors. The terms of any subcontract shall be subject to, and shall be construed in a manner that is fully in accordance with, all of the terms and conditions of the Contract.

5. **INDEMNIFICATION:**

- 5.1 The Contractor shall indemnify, defend, and hold and save harmless, UNFPA, and its officials, agents and employees, from and against all suits, proceedings, claims, demands, losses and liability of any kind or nature brought by any third party against UNFPA, including, but not limited to, all litigation costs and expenses, attorney's fees, settlement payments and damages, based on, arising from, or relating to:

5.1.1 allegations or claims that the possession of or use by UNFPA of any patented device, any copyrighted material, or any other goods, property or services provided or licensed to UNFPA under the terms of the Contract, in whole or in part, separately or in a combination contemplated by the Contractor's published specifications therefor, or otherwise specifically approved by the Contractor, constitutes an infringement of any patent, copyright, trademark, or other intellectual property right of any third party; or,

5.1.2 any acts or omissions of the Contractor, or of any subcontractor or anyone directly or indirectly employed by them in the performance of the Contract, which give rise to legal liability to anyone not a party to the Contract, including, without limitation, claims and liability in the nature of a claim for workers' compensation.

- 5.2 The indemnity set forth in Article 5.1.1, above, shall not apply to:

5.2.1 A claim of infringement resulting from the Contractor's compliance with specific written instructions by UNFPA directing a change in the specifications for the goods, property, materials, equipment or supplies to be or used, or directing a manner of performance of the Contract or requiring the use of specifications not normally used by the Contractor; or

5.2.2 A claim of infringement resulting from additions to or changes in any goods, property, materials, equipment, supplies or any components thereof furnished under the Contract if UNFPA or another party acting under the direction of UNFPA made such changes.

- 5.3 In addition to the indemnity obligations set forth in this Article 5, the Contractor shall be obligated, at its sole expense, to defend UNFPA and its officials, agents and employees, pursuant to this Article 5, regardless of whether the suits, proceedings, claims and demands in question actually give rise to or otherwise result in any loss or liability.

- 5.4 UNFPA shall advise the Contractor about any such suits, proceedings, claims, demands, losses or liability within a reasonable period of time after having received actual notice thereof. The Contractor shall have sole control of the defense of any such suit, proceeding, claim or demand and of all negotiations in connection with the settlement or compromise thereof, except with respect to the assertion or defense of the privileges and immunities of the United Nations, including its subsidiary organs, or any matter relating thereto, for which only UNFPA itself is authorized to assert and maintain. UNFPA shall have the right, at its own expense, to be represented in any such suit, proceeding, claim or demand by independent counsel of its own choosing.

5.5 In the event the use by UNFPA of any goods, property or services provided or licensed to UNFPA by the Contractor, in whole or in part, in any suit or proceeding, is for any reason enjoined, temporarily or permanently, or is found to infringe any patent, copyright, trademark or other intellectual property right, or in the event of a settlement, is enjoined, limited or otherwise interfered with, then the Contractor, at its sole cost and expense, shall, promptly, either:

5.5.1 procure for UNFPA the unrestricted right to continue using such goods or services provided to UNFPA;

5.5.2 replace or modify the goods or services provided to UNFPA, or part thereof, with the equivalent or better goods or services, or part thereof, that is non-infringing; *or*,

5.5.3 refund to UNFPA the full price paid by UNFPA for the right to have or use such goods, property or services, or part thereof.

6. INSURANCE AND LIABILITY:

6.1 The Contractor shall pay UNFPA promptly for all loss, destruction, or damage to the property of UNFPA caused by the Contractor's personnel or by any of its subcontractors or anyone else directly or indirectly employed by the Contractor or any of its subcontractors in the performance of the Contract.

6.2 Unless otherwise provided in the Contract, prior to commencement of performance of any other obligations under the Contract, and subject to any limits set forth in the Contract, the Contractor shall take out and shall maintain for the entire term of the Contract, for any extension thereof, and for a period following any termination of the Contract reasonably adequate to deal with losses:

6.2.1 insurance against all risks in respect of its property and any equipment used for the performance of the Contract;

6.2.2 workers' compensation insurance, or its equivalent, or employer's liability insurance, or its equivalent, with respect to the Contractor's personnel sufficient to cover all claims for injury, death and disability, or any other benefits required to be paid by law, in connection with the performance of the Contract;

6.2.3 liability insurance in an adequate amount to cover all claims, including, but not limited to, claims for death and bodily injury, products and completed operations liability, loss of or damage to property, and personal and advertising injury, arising from or in connection with the Contractor's performance under the Contract; including, but not limited to, liability arising out of or in connection with the acts or omissions of the Contractor, its personnel, agents, or invitees, or the use, during the performance of the Contract, of any vehicles, boats, airplanes or other transportation vehicles and equipment, whether or not owned by the Contractor; *and*,

6.2.4 such other insurance as may be agreed upon in writing between UNFPA and the Contractor.

6.3 The Contractor's liability policies shall also cover subcontractors and all defense costs and shall contain a standard "cross liability" clause.

6.4 The Contractor acknowledges and agrees that UNFPA accepts no responsibility for providing life, health, accident, travel or any other insurance coverage which may be necessary or desirable in respect of any personnel performing services for the Contractor in connection with the Contract.

6.5 Except for the workers' compensation insurance or any self-insurance program maintained by the Contractor and approved by UNFPA, in its sole discretion, for purposes of fulfilling the Contractor's requirements for providing insurance under the Contract, the insurance policies required under the Contract shall:

6.5.1 name UNFPA as an additional insured under the liability policies, including, if required, as a separate endorsement under the policy;

6.5.2 include a waiver of subrogation of the Contractor's insurance carrier's rights against UNFPA;

6.5.3 provide that UNFPA shall receive written notice from the Contractor's insurance carrier not less than thirty (30) days prior to any cancellation or material change of coverage; *and*,

6.5.4 include a provision for response on a primary and non-contributing basis with respect to any other insurance that may be available to UNFPA.



- 6.6 The Contractor shall be responsible to fund all amounts within any policy deductible or retention.
- 6.7 Except for any self-insurance program maintained by the Contractor and approved by UNFPA for purposes of fulfilling the Contractor's requirements for maintaining insurance under the Contract, the Contractor shall maintain the insurance taken out under the Contract with reputable insurers that are in good financial standing and that are acceptable to UNFPA. Prior to the commencement of any obligations under the Contract, the Contractor shall provide UNFPA with evidence, in the form of certificate of insurance or such other form as UNFPA may reasonably require, that demonstrates that the Contractor has taken out insurance in accordance with the requirements of the Contract. UNFPA reserves the right, upon written notice to the Contractor, to obtain copies of any insurance policies or insurance program descriptions required to be maintained by the Contractor under the Contract. Notwithstanding the provisions of Article 6.5.3, above, the Contractor shall promptly notify UNFPA concerning any cancellation or material change of insurance coverage required under the Contract.
- 6.8 The Contractor acknowledges and agrees that neither the requirement for taking out and maintaining insurance as set forth in the Contract nor the amount of any such insurance, including, but not limited to, any deductible or retention relating thereto, shall in any way be construed as limiting the Contractor's liability arising under or relating to the Contract.
7. **ENCUMBRANCES AND LIENS:** The Contractor shall not cause or permit any lien, attachment or other encumbrance by any person to be placed on file or to remain on file in any public office or on file with UNFPA against any monies due to the Contractor or that may become due for any work done or against any goods supplied or materials furnished under the Contract, or by reason of any other claim or demand against the Contractor or UNFPA.
8. **EQUIPMENT FURNISHED BY UNFPA TO THE CONTRACTOR:** Title to any equipment and supplies that may be furnished by UNFPA to the Contractor for the performance of any obligations under the Contract shall rest with UNFPA, and any such equipment shall be returned to UNFPA at the conclusion of the Contract or when no longer needed by the Contractor. Such equipment, when returned to UNFPA, shall be in the same condition as when delivered to the Contractor, subject to normal wear and tear, and the Contractor shall be liable to compensate UNFPA for the actual costs of any loss of, damage to, or degradation of the equipment that is beyond normal wear and tear.
9. **COPYRIGHT, PATENTS AND OTHER PROPRIETARY RIGHTS:**
- 9.1 Except as is otherwise expressly provided in writing in the Contract, UNFPA shall be entitled to all intellectual property and other proprietary rights including, but not limited to, patents, copyrights, and trademarks, with regard to products, processes, inventions, ideas, know-how, or documents and other materials which the Contractor has developed for UNFPA under the Contract and which bear a direct relation to or are produced or prepared or collected in consequence of, or during the course of, the performance of the Contract. The Contractor acknowledges and agrees that such products, documents and other materials constitute works made for hire for UNFPA.
- 9.2 To the extent that any such intellectual property or other proprietary rights consist of any intellectual property or other proprietary rights of the Contractor: (i) that pre-existed the performance by the Contractor of its obligations under the Contract, or (ii) that the Contractor may develop or acquire, or may have developed or acquired, independently of the performance of its obligations under the Contract, UNFPA does not and shall not claim any ownership interest thereto, and the Contractor grants to UNFPA a perpetual license to use such intellectual property or other proprietary right solely for the purposes of and in accordance with the requirements of the Contract.
- 9.3 At the request of UNFPA, the Contractor shall take all necessary steps, execute all necessary documents and generally assist in securing such proprietary rights and transferring or licensing them to UNFPA in compliance with the requirements of the applicable law and of the Contract.
- 9.4 Subject to the foregoing provisions, all maps, drawings, photographs, mosaics, plans, reports, estimates, recommendations, documents, and all other data compiled by or received by the Contractor under the Contract shall be the property of UNFPA, shall be made available for use or inspection by UNFPA at reasonable times and in reasonable places, shall be treated as confidential, and shall be delivered only to UNFPA authorized officials on completion of work under the Contract.
10. **PUBLICITY, AND USE OF THE NAME, EMBLEM OR OFFICIAL SEAL:** The Contractor shall not advertise or otherwise make public for purposes of commercial advantage or goodwill that it has a contractual relationship with UNFPA, nor shall the Contractor, in any manner whatsoever use the name, emblem or official seal of the United Nations

and UNFPA, or any abbreviation of the name of the United Nations and UNFPA in connection with its business or otherwise without the written permission of the United Nations and UNFPA.

11. **CONFIDENTIAL NATURE OF DOCUMENTS AND INFORMATION:** Information and data that is considered proprietary by either Party or that is delivered or disclosed by one Party ("Discloser") to the other Party ("Recipient") during the course of performance of the Contract, and that is designated as confidential ("Information"), shall be held in confidence by that Party and shall be handled as follows:

11.1 The Recipient shall:

- 11.1.1 use the same care and discretion to avoid disclosure, publication or dissemination of the Discloser's Information as it uses with its own similar Information that it does not wish to disclose, publish or disseminate; *and*,
- 11.1.2 use the Discloser's Information solely for the purpose for which it was disclosed.

- 11.2 Provided that the Recipient has a written agreement with the following persons or entities requiring them to treat the Information confidential in accordance with the Contract and this Article 11, the Recipient may disclose Information to:

- 11.2.1 any other party with the Discloser's prior written consent; *and*,
- 11.2.2 the Recipient's employees, officials, representatives and agents who have a need to know such Information for purposes of performing obligations under the Contract, and employees, officials, representatives and agents of any legal entity that it controls, controls it, or with which it is under common control, who have a need to know such Information for purposes of performing obligations under the Contract, *provided that*, for these purposes a controlled legal entity means:
 - 11.2.2.1 a corporate entity in which the Party owns or otherwise controls, whether directly or indirectly, over fifty percent (50%) of voting shares thereof; *or*,
 - 11.2.2.2 any entity over which the Party exercises effective managerial control; *or*,
 - 11.2.2.3 for the United Nations, a principal or subsidiary organ of the United Nations established in accordance with the Charter of the United Nations.

- 11.3 The Contractor may disclose Information to the extent required by law, *provided that*, subject to and without any waiver of the privileges and immunities of the United Nations, including its subsidiary organs, the Contractor will give UNFPA sufficient prior notice of a request for the disclosure of Information in order to allow UNFPA to have a reasonable opportunity to take protective measures or such other action as may be appropriate before any such disclosure is made.

- 11.4 UNFPA may disclose Information to the extent as required pursuant to the Charter of the United Nations, or pursuant to resolutions or regulations of the General Assembly or rules promulgated thereunder.

- 11.5 The Recipient shall not be precluded from disclosing Information that is obtained by the Recipient from a third party without restriction, is disclosed by the Discloser to a third party without any obligation of confidentiality, is previously known by the Recipient, or at any time is developed by the Recipient completely independently of any disclosures hereunder.

- 11.6 These obligations and restrictions of confidentiality shall be effective during the term of the Contract, including any extension thereof, and, unless otherwise provided in the Contract, shall remain effective following any termination of the Contract.

12. **FORCE MAJEURE; OTHER CHANGES IN CONDITIONS:**

- 12.1 In the event of and as soon as possible after the occurrence of any cause constituting *force majeure*, the affected Party shall give notice and full particulars in writing to the other Party, of such occurrence or cause if the affected Party is thereby rendered unable, wholly or in part, to perform its obligations and meet its responsibilities under the Contract. The affected Party shall also notify the other Party of any other changes in condition or the occurrence of any event which interferes or threatens to interfere with its performance of the Contract. Not more than fifteen (15) days following the provision of such notice of *force majeure* or other changes in condition or occurrence, the affected Party shall also submit a statement to the other Party of estimated expenditures that will likely be incurred for the duration of the change in condition or the event of *force majeure*. On receipt of the notice or notices required hereunder, the Party not affected by the occurrence



of a cause constituting *force majeure* shall take such action as it reasonably considers to be appropriate or necessary in the circumstances, including the granting to the affected Party of a reasonable extension of time in which to perform any obligations under the Contract.

12.2 If the Contractor is rendered unable, wholly or in part, by reason of *force majeure* to perform its obligations and meet its responsibilities under the Contract, UNFPA shall have the right to suspend or terminate the Contract on the same terms and conditions as are provided for in Article 13, "Termination," except that the period of notice shall be seven (7) days instead of thirty (30) days. In any case, UNFPA shall be entitled to consider the Contractor permanently unable to perform its obligations under the Contract in case the Contractor is unable to perform its obligations, wholly or in part, by reason of *force majeure* for any period in excess of ninety (90) days.

12.3 *Force majeure* as used herein means any unforeseeable and irresistible act of nature, any act of war (whether declared or not), invasion, revolution, insurrection, terrorism, or any other acts of a similar nature or force, provided that such acts arise from causes beyond the control and without the fault or negligence of the Contractor. The Contractor acknowledges and agrees that, with respect to any obligations under the Contract that the Contractor must perform in areas in which UNFPA is engaged in, preparing to engage in, or disengaging from any humanitarian or similar operations, any delays or failure to perform such obligations arising from or relating to harsh conditions within such areas, or to any incidents of civil unrest occurring in such areas, shall not, in and of itself, constitute *force majeure* under the Contract.

13. TERMINATION:

13.1 Either Party may terminate the Contract for cause, in whole or in part, upon thirty (30) day's notice, in writing, to the other Party. The initiation of conciliation or arbitral proceedings in accordance with Article 16 "Settlement of Disputes," below, shall not be deemed to be a "cause" for or otherwise to be in itself a termination of the Contract.

13.2 UNFPA may terminate the Contract at any time by providing written notice to the Contractor in any case in which the mandate of UNFPA applicable to the performance of the Contract or the funding of UNFPA applicable to the Contract is curtailed or terminated, whether in whole or in part. In addition, unless otherwise provided by the Contract, upon sixty (60) day's advance written notice to the Contractor, UNFPA may terminate the Contract without having to provide any justification therefor.

13.3 In the event of any termination of the Contract, upon receipt of notice of termination that has been issued by UNFPA, the Contractor shall, except as may be directed by UNFPA in the notice of termination or otherwise in writing:

13.3.1 take immediate steps to bring the performance of any obligations under the Contract to a close in a prompt and orderly manner, and in doing so, reduce expenses to a minimum;

13.3.2 refrain from undertaking any further or additional commitments under the Contract as of and following the date of receipt of such notice;

13.3.3 place no further subcontracts or orders for materials, services, or facilities, except as UNFPA and the Contractor agree in writing are necessary to complete any portion of the Contract that is not terminated;

13.3.4 terminate all subcontracts or orders to the extent they relate to the portion of the Contract terminated;

13.3.5 transfer title and deliver to UNFPA the fabricated or unfabricated parts, work in process, completed work, supplies, and other material produced or acquired for the portion of the Contract terminated;

13.3.6 deliver all completed or partially completed plans, drawings, information, and other property that, if the Contract had been completed, would be required to be furnished to UNFPA thereunder;

13.3.7 complete performance of the work not terminated; and,

13.3.8 take any other action that may be necessary, or that UNFPA may direct in writing, for the minimization of losses and for the protection and preservation of any property, whether tangible or intangible, related to the Contract that is in the possession of the Contractor and in which UNFPA has or may be reasonably expected to acquire an interest.

- 13.4 In the event of any termination of the Contract, UNFPA shall be entitled to obtain reasonable written accountings from the Contractor concerning all obligations performed or pending in accordance with the Contract. In addition, UNFPA shall not be liable to pay the Contractor except for those goods delivered and services provided to UNFPA in accordance with the requirements of the Contract, but only if such goods or services were ordered, requested or otherwise provided prior to the Contractor's receipt of notice of termination from UNFPA or prior to the Contractor's tendering of notice of termination to UNFPA.
- 13.5 UNFPA may, without prejudice to any other right or remedy available to it, terminate the Contract forthwith in the event that:
- 13.5.1 the Contractor is adjudged bankrupt, or is liquidated, or becomes insolvent, or applies for a moratorium or stay on any payment or repayment obligations, or applies to be declared insolvent;
 - 13.5.2 the Contractor is granted a moratorium or a stay, or is declared insolvent;
 - 13.5.3 the Contractor makes an assignment for the benefit of one or more of its creditors;
 - 13.5.4 a Receiver is appointed on account of the insolvency of the Contractor;
 - 13.5.5 the Contractor offers a settlement in lieu of bankruptcy or receivership; or,
 - 13.5.6 UNFPA reasonably determines that the Contractor has become subject to a materially adverse change in its financial condition that threatens to substantially affect the ability of the Contractor to perform any of its obligations under the Contract.
- 13.6 Except as prohibited by law, the Contractor shall be bound to compensate UNFPA for all damages and costs, including, but not limited to, all costs incurred by UNFPA in any legal or non-legal proceedings, as a result of any of the events specified in Article 13.5, above, and resulting from or relating to a termination of the Contract, even if the Contractor is adjudged bankrupt, or is granted a moratorium or stay or is declared insolvent. The Contractor shall immediately inform UNFPA of the occurrence of any of the events specified in Article 13.5, above, and shall provide UNFPA with any information pertinent thereto.
- 13.7 The provisions of this Article 13 are without prejudice to any other rights or remedies of UNFPA under the Contract or otherwise.
14. **NON-WAIVER OF RIGHTS:** The failure by either Party to exercise any rights available to it, whether under the Contract or otherwise, shall not be deemed for any purposes to constitute a waiver by the other Party of any such right or any remedy associated therewith, and shall not relieve the Parties of any of their obligations under the Contract.
15. **NON-EXCLUSIVITY:** Unless otherwise specified in the Contract, UNFPA shall have no obligation to purchase any minimum quantities of goods or services from the Contractor, and UNFPA shall have no limitation on its right to obtain goods or services of the same kind, quality and quantity described in the Contract, from any other source at any time.
16. **SETTLEMENT OF DISPUTES:**
- 16.1 **AMICABLE SETTLEMENT:** The Parties shall use their best efforts to amicably settle any dispute, controversy, or claim arising out of the Contract or the breach, termination, or invalidity thereof. Where the Parties wish to seek such an amicable settlement through conciliation, the conciliation shall take place in accordance with the Conciliation Rules then obtaining of the United Nations Commission on International Trade Law ("UNCITRAL"), or according to such other procedure as may be agreed between the Parties in writing.
- 16.2 **ARBITRATION:** Any dispute, controversy, or claim between the Parties arising out of the Contract or the breach, termination, or invalidity thereof, unless settled amicably under Article 16.1, above, within sixty (60) days after receipt by one Party of the other Party's written request for such amicable settlement, shall be referred by either Party to arbitration in accordance with the UNCITRAL Arbitration Rules then obtaining. The decisions of the arbitral tribunal shall be based on general principles of international commercial law. The arbitral tribunal shall be empowered to order the return or destruction of goods or any property, whether tangible or intangible, or of any confidential information provided under the Contract, order the termination of the Contract, or order that any other protective measures be taken with respect to the goods, services or any other property, whether tangible or intangible, or of any confidential information provided under the Contract, as appropriate, all in accordance with the authority of the arbitral tribunal pursuant to Article 26 ("Interim measures") and Article 34 ("Form and effect of the award") of the UNCITRAL Arbitration Rules. The arbitral tribunal shall have no authority to award punitive damages. In addition, unless otherwise expressly provided in



the Contract, the arbitral tribunal shall have no authority to award interest in excess of the London Inter-Bank Offered Rate ("LIBOR") then prevailing, and any such interest shall be simple interest only. The Parties shall be bound by any arbitration award rendered as a result of such arbitration as the final adjudication of any such dispute, controversy, or claim.

17. **PRIVILEGES AND IMMUNITIES:** Nothing in or relating to the Contract shall be deemed a waiver, express or implied, of any of the privileges and immunities of the United Nations, including its subsidiary organs.

18. **TAX EXEMPTION:**

18.1 Article II, Section 7, of the Convention on the Privileges and Immunities of the United Nations provides, *inter alia*, that the United Nations, including its subsidiary organs, is exempt from all direct taxes, except charges for public utility services; and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. In the event any governmental authority refuses to recognize the exemptions of UNFPA from such taxes, restrictions, duties, or charges, the Contractor shall immediately consult with UNFPA to determine a mutually acceptable procedure.

18.2 The Contractor authorizes UNFPA to deduct from the Contractor's invoices any amount representing such taxes, duties or charges, unless the Contractor has consulted with UNFPA before the payment thereof and UNFPA has, in each instance, specifically authorized the Contractor to pay such taxes, duties, or charges under written protest. In that event, the Contractor shall provide UNFPA with written evidence that payment of such taxes, duties or charges has been made and appropriately authorized, and UNFPA shall reimburse the Contractor for any such taxes, duties, or charges so authorized by UNFPA and paid by the Contractor under written protest.

19. **MODIFICATIONS:**

19.1 Pursuant to the Financial Regulations and Rules of UNFPA, only the Chief of the Procurement Services Branch of UNFPA or such other contracting authority as made known to the Contractor in writing, possesses the authority to agree on behalf of UNFPA to any modification of or change in the Contract, to a waiver of any of its provisions or to any additional contractual relationship of any kind with the Contractor. Accordingly, no modification or change in the Contract shall be valid and enforceable against UNFPA unless provided by a valid written amendment to the Contract signed by the Contractor and the Chief of the Procurement Services Branch of UNFPA or such other contracting authority.

19.2 If the Contract shall be extended for additional periods in accordance with the terms and conditions of the Contract, the terms and conditions applicable to any such extended term of the Contract shall be the same terms and conditions as set forth in the Contract, unless the Parties shall have agreed otherwise pursuant to a valid amendment concluded in accordance with Article 19.1, above.

19.3 The terms or conditions of any supplemental undertakings, licenses, or other forms of agreement concerning any goods or services provided under the Contract shall not be valid and enforceable against UNFPA nor in any way shall constitute an agreement by UNFPA thereto unless any such undertakings, licenses or other forms are the subject of a valid amendment concluded in accordance with Article 19.1, above.

20. **AUDITS AND INVESTIGATIONS:**

20.1 Each invoice paid by UNFPA shall be subject to a post-payment audit by auditors, whether internal or external, of UNFPA or the United Nations or by other authorized and qualified agents of UNFPA or the United Nations at any time during the term of the Contract and for a period of three (3) years following the expiration or prior termination of the Contract. UNFPA shall be entitled to a refund from the Contractor for any amounts shown by such audits to have been paid by UNFPA other than in accordance with the terms and conditions of the Contract.

20.2 UNFPA may conduct investigations relating to any aspect of the Contract or the award thereof, the obligations performed under the Contract, and the operations of the Contractor generally relating to performance of the Contract at any time during the term of the Contract and for a period of three (3) years following the expiration or prior termination of the Contract.

20.3 The Contractor shall provide its full and timely cooperation with any such inspections, post-payment audits or investigations. Such cooperation shall include, but shall not be limited to, the Contractor's obligation to make available its personnel and any relevant documentation for such purposes at reasonable times and on reasonable conditions and to grant to UNFPA access to the Contractor's premises at reasonable times and on

reasonable conditions in connection with such access to the Contractor's personnel and relevant documentation. The Contractor shall require its agents, including, but not limited to, the Contractor's attorneys, accountants or other advisers, to reasonably cooperate with any inspections, post-payment audits or investigations carried out by UNFPA or the United Nations hereunder.

21. LIMITATION ON ACTIONS:

21.1 Except with respect to any indemnification obligations in Article 5, above, or as are otherwise set forth in the Contract, any arbitral proceedings in accordance with Article 16.2, above, arising out of the Contract must be commenced within three years after the cause of action has accrued.

21.2 The Parties further acknowledge and agree that, for these purposes, a cause of action shall accrue when the breach actually occurs, or, in the case of latent defects, when the injured Party knew or should have known all of the essential elements of the cause of action, or in the case of a breach of warranty, when tender of delivery is made, except that, if a warranty extends to future performance of the goods or any process or system and the discovery of the breach consequently must await the time when such goods or other process or system is ready to perform in accordance with the requirements of the Contract, the cause of action accrues when such time of future performance actually begins.

22. ESSENTIAL TERMS: The Contractor acknowledges and agrees that each of the provisions in Articles 23 to 28 hereof constitutes an essential term of the Contract and that any breach of any of these provisions shall entitle UNFPA to terminate the Contract or any other contract with UNFPA immediately upon notice to the Contractor, without any liability for termination charges or any other liability of any kind.

23. SOURCE OF INSTRUCTIONS: The Contractor shall neither seek nor accept instructions from any authority external to UNFPA in connection with the performance of its obligations under the Contract. Should any authority external to UNFPA seek to impose any instructions concerning or restrictions on the Contractor's performance under the Contract, the Contractor shall promptly notify UNFPA and provide all reasonable assistance required by UNFPA. The Contractor shall not take any action in respect of the performance of its obligations under the Contract that may adversely affect the interests of UNFPA, and the Contractor shall perform its obligations under the Contract with the fullest regard to the interests of the United Nations and UNFPA.

24. OFFICIALS NOT TO BENEFIT: The Contractor warrants that it has not and shall not offer to any representative, official, employee, or other agent of UNFPA any direct or indirect benefit arising from or related to the performance of the Contract or of any other contract with UNFPA or the award thereof or for any other purpose intended to gain an advantage for the Contractor.

25. OBSERVANCE OF THE LAW: The Contractor shall comply with all laws, ordinances, rules, and regulations bearing upon the performance of its obligations under the Contract. In addition, the Contractor shall maintain compliance with all obligations relating to its registration as a qualified vendor of goods or services to UNFPA, as such obligations are set forth in the United Nations and UNFPA vendor registration procedures.

26. CHILD LABOR: The Contractor represents and warrants that neither it, its parent entities (if any), nor any of the Contractor's subsidiary or affiliated entities (if any) is engaged in any practice inconsistent with the rights set forth in the Convention on the Rights of the Child, including Article 32 thereof, which, *inter alia*, requires that a child shall be protected from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral, or social development.

27. MINES: The Contractor represents and warrants that neither it, its parent entities (if any), nor any of the Contractor's subsidiaries or affiliated entities (if any) is engaged in the sale or manufacture of anti-personnel mines or components utilized in the manufacture of anti-personnel mines.

28. SEXUAL EXPLOITATION:

28.1 The Contractor shall take all appropriate measures to prevent sexual exploitation or abuse of anyone by its employees or any other persons engaged and controlled by the Contractor to perform any services under the Contract. For these purposes, sexual activity with any person less than eighteen years of age, regardless of any laws relating to consent, shall constitute the sexual exploitation and abuse of such person. In addition, the Contractor shall refrain from, and shall take all reasonable and appropriate measures to prohibit its employees or other persons engaged and controlled by it from exchanging any money, goods, services, or other things of value, for sexual favors or activities, or from engaging any sexual activities that are exploitive or degrading to any person.

- 28.2 UNFPA shall not apply the foregoing standard relating to age in any case in which the Contractor's personnel or any other person who may be engaged by the Contractor to perform any services under the Contract is married to the person less than the age of eighteen years with whom sexual activity has occurred and in which such marriage is recognized as valid under the laws of the country of citizenship of such Contractor's personnel or such other person who may be engaged by the Contractor to perform any services under the Contract.

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BUDGET

Programme Cooperation Agreement Title: Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra

Location: Maharashtra
 Responsible Officer(s): Prof. Kailash Chandra Das, Prof. R. B. Bhagat, Prof. Archana Roy
 Implementing Partner: IIPS, Mumbai
 Project Period: 18 months

Amount in Indian Rupees*

| Programme Costs | | | | | | | | UNICEF Contribution | | | | | |
|-----------------|---|----------|----------|-----------|----------------------|------------------------|---------------------------|---------------------|--------------|--------------|--------------|--------------|--------------|
| No. | Items | Unit | Quantity | Unit cost | Total budgeted (D+E) | Partner's contribution | Total UNICEF Contribution | Dec 19 - Mar 20 | Mar - Jun 20 | Jul - Sep 20 | Oct - Dec 20 | Jan - Mar 21 | Apr - Jun 21 |
| A | B | C | D | E | F | G | H | I | J | K | L | M | N |
| 1.0 | Staff | | | | | | | | | | | | |
| 1.1 | Senior Project Officer (1 @ 60000/ month x 18 months) | Months | 18 | 60,000 | 1,080,000.00 | - | 1,080,000.00 | 180,000 | 180,000 | 180,000 | 180,000 | 180,000 | 180,000 |
| 1.2 | Project Officer (3 @ 40000/ month x 18 months) | Person/M | 54 | 40,000 | 2,160,000.00 | - | 2,160,000.00 | 360,000 | 360,000 | 360,000 | 360,000 | 360,000 | 360,000 |
| 2.0 | Training workshop (Qualitative 4 days) | | | | | | | | | | | 0 | 0 |
| 2.1 | Food (@ 400 x 15 persons x 4 days, as per actuals) | Nos/day | 60 | 400 | 24,000.00 | - | 24,000.00 | 24,000 | | | | | |
| 2.2 | Travel (for 02 Resource persons @1500/person as per actuals) | Nos | 2 | 1,500 | 3,000.00 | - | 3,000.00 | 3,000 | | | | | |
| 2.3 | Honorarium to resource persons (02 @ 5000/day) | Nos | 2 | 5,000 | 10,000.00 | - | 10,000.00 | 10,000 | | | | | |
| 2.4 | Stationery, handouts and pen drives (as per actuals) | Nos | 10 | 1,000 | 10,000.00 | - | 10,000.00 | 10,000 | | | | | |
| 3.0 | Training workshop (Quantitative, 1 week in January and 1 week in June at Jalna) | | | | | | | | | | | 0 | 0 |
| 3.1 | Venue @ 5000/day x 5 days x 2 times (as per actuals) | Days | 10 | 5,000 | 50,000.00 | - | 50,000.00 | 25,000 | | 25,000 | | | |
| 3.2 | LCD Projector and audio system (if hired separately) @ 2000/day x 5 days (as per actuals) | | 10 | 2,500 | 25,000.00 | - | 25,000.00 | 12,500 | | 12,500 | | | |

K. Das
 16/12/2019



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|------|---|---------|-----|--------|--------------|---|--------------|---------|---|---------|---|---|---|
| 3.3 | Food and accommodation (@ 2700/day x 30 data collectors, IPS staff, Jaina team etc for 2 rounds of 8 days each, as per actuals) | Nos/day | 480 | 2,700 | 1,296,000.00 | - | 1,296,000.00 | 648,000 | - | 648,000 | - | - | - |
| 3.4 | Travel (to Jaina for data collectors @ 250/ person x 2 ways x 15 people x 2 rounds, as per actuals) | Nos | 60 | 250 | 15,000.00 | - | 15,000.00 | 7,500 | - | 7,500 | - | - | - |
| 3.5 | DA for resource persons (@ 1200 x 5 days x 2 rounds x 3 persons) | Nos | 30 | 1,200 | 36,000.00 | - | 36,000.00 | 18,000 | - | 18,000 | - | - | - |
| 3.6 | Conveyance vehicle hire for tool testing field trip (As per actuals, 2 vehicles x 2 days x 2 times) | Nos | 8 | 4,000 | 32,000.00 | - | 32,000.00 | 16,000 | - | 16,000 | - | - | - |
| 3.7 | Travel to Jaina (airfare for IPS faculty, as per actuals) | Nos | 6 | 15,000 | 90,000.00 | - | 90,000.00 | 45,000 | - | 45,000 | - | - | - |
| 3.8 | Travel to Jaina (IPS team, 4 persons @ 3000/ person/ roundtrip train x 2 times, as per actuals) | Nos | 8 | 3,000 | 24,000.00 | - | 24,000.00 | 12,000 | - | 12,000 | - | - | - |
| 3.9 | Weighing machine and stadiometer for BMI (@ Rs 5000/ set/ data collector x 10) | Nos | 10 | 5,000 | 50,000.00 | - | 50,000.00 | 50,000 | - | - | - | - | - |
| 3.10 | Stationery and handouts (as per actuals) | Nos | 30 | 100 | 3,000.00 | - | 3,000.00 | 1,500 | - | 1,500 | - | - | - |
| 4.0 | Data Collection (Quantitative, two rounds, one each in Jan-Feb and July-Aug) | | | | | | | 0 | - | - | - | - | - |
| 4.1 | Honorarium to data collectors @ 500/person/day x 50 days x 10 data collectors) | Nos/day | 500 | 500 | 250,000.00 | - | 250,000.00 | 75,000 | - | 175,000 | - | - | - |
| 4.2 | Food for data collectors (@ 350/day x 50 days x 10 data collectors, as per actuals) | | 350 | 350 | 175,000.00 | - | 175,000.00 | 52,500 | - | 122,500 | - | - | - |



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16/12/2019

| | | | | | | | | | | | | | | | |
|------|--|----------|-----|--------|------------|---|------------|---------|--------|---------|--------|--------|--------|--------|--------|
| 4.3 | Acomodation for data collectors @ 500/day x 50 days x 10 data collectors | Nos/days | 500 | 500 | 250,000.00 | - | 250,000.00 | 75,000 | - | 175,000 | - | - | - | - | - |
| 4.4 | Data cards to data collectors @200/month x 10 data collectors x 3 times | Nos | 30 | 300 | 6,000.00 | - | 6,000.00 | 2,000 | - | 4,000 | - | - | - | - | - |
| 4.5 | Travel to Jaina for data collection team (7 seater vehicles x 2 @4000/day x 50 days, as per actuals) | Nos/days | 100 | 4,000 | 400,000.00 | - | 400,000.00 | 120,000 | - | 280,000 | - | - | - | - | - |
| 4.6 | DA and Accomodation for SPO @ 3000 x 15 days | Days | 15 | 3,000 | 45,000.00 | - | 45,000.00 | 15,000 | - | 30,000 | - | - | - | - | - |
| 4.7 | DA and Accomodation for 3 PO @ 2500 x 50 days | Days | 150 | 2,000 | 300,000.00 | - | 300,000.00 | 90,000 | - | 210,000 | - | - | - | - | - |
| 4.8 | DA for IPS for data monitoring and supervision @1200 x 4 days x 3 rounds | Nos | 8 | 1,200 | 9,600.00 | - | 9,600.00 | 4,800 | - | 4,800 | - | - | - | - | - |
| 4.9 | Accommodation for coordinators @ 4000 x 4 x 2 rounds, as per actuals | | 8 | 4,000 | 32,000.00 | - | 32,000.00 | 16,000 | - | 16,000 | - | - | - | - | - |
| 4.10 | Travel to Jaina (airfare for IPS faculty, as per actuals) | Nos | 1 | 15,000 | 15,000.00 | - | 15,000.00 | - | - | 15,000 | - | - | - | - | - |
| 4.11 | Local travel coordinator (1 vehicle x 4 days x 2 rounds, as per actuals) | Days | 8 | 3,000 | 24,000.00 | - | 24,000.00 | 12,000 | - | 12,000 | - | - | - | - | - |
| 4.12 | Travel to Jaina (IPS team, 1 persons @ 3000/ person/ roundtrip train, as per actuals) | Nos | 1 | 3,000 | 3,000.00 | - | 3,000.00 | - | - | 3,000 | - | - | - | - | - |
| 4.13 | Digitization of quantitative tools | Nos | 1 | 40,000 | 40,000.00 | - | 40,000.00 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 |
| 4.14 | Development of the mobile app | Nos | 1 | 40,000 | 40,000.00 | - | 40,000.00 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 |
| 4.15 | Hosting Infrastructure, Source Code Management and Support | Nos | 18 | 5,000 | 90,000.00 | - | 90,000.00 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 |
| 5.0 | Data Collection (Qualitative, three rounds in Jan- Feb, April-May and July- Aug) | | | | | - | - | - | - | - | - | - | - | - | - |



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|-----|---|----------|-----|--------|------------|---|------------|--------|--------|--------|--------|---------|
| 5.1 | Travel to Jaina (IPS team, 4 persons @ 3000/ person/ roundtrip train x 3 trips, as per actuals) | Times | 12 | 3,000 | 36,000.00 | - | 36,000.00 | 12,000 | 12,000 | 12,000 | - | - |
| 5.2 | DA and Accommodation for SPO @ 3500 x 15 days) | Days | 15 | 3,500 | 52,500.00 | - | 52,500.00 | 17,500 | 17,500 | 17,500 | - | - |
| 5.3 | DA and Accommodation for PO @ 3500 x 25 daysx 2 POS) | Person/c | 50 | 2,500 | 125,000.00 | - | 125,000.00 | 50,000 | 25,000 | 50,000 | - | - |
| 5.4 | DA for IPS for data supervision (@1200 x 4 days x 3 rounds) | Nos | 8 | 1,200 | 9,600.00 | - | 9,600.00 | 4,800 | - | 4,800 | - | - |
| 5.5 | Accommodation for coordinators (@ 4000 x 4 x 2 rounds, as per actuals) | Nos | 8 | 4,000 | 32,000.00 | - | 32,000.00 | 16,000 | - | 16,000 | - | - |
| 5.6 | Travel to Jaina (airfare for IPS faculty 2 rounds, as per actuals) | Nos | 2 | 15,000 | 30,000.00 | - | 30,000.00 | 15,000 | - | 15,000 | - | - |
| 5.7 | Local travel coordinator (1 vehicle x 4 days x 2 rounds, as per actuals) | Days | 8 | 3,000 | 24,000.00 | - | 24,000.00 | 12,000 | - | 12,000 | - | - |
| 5.8 | Local travel (1 vehicle x 25 days, as per actuals) | Days | 25 | 3,000 | 75,000.00 | - | 75,000.00 | 30,000 | 15,000 | 30,000 | - | - |
| 6.0 | Consultation for dissemination | | | | - | - | - | - | - | - | - | 0 |
| 6.1 | Venue | Times | 1 | 35,000 | 35,000.00 | - | 35,000.00 | - | - | - | - | 35,000 |
| 6.2 | Food @1500/person x 125 people as per actuals | Nos | 125 | 1,500 | 187,500.00 | - | 187,500.00 | - | - | - | - | 187,500 |
| 6.3 | Design and layout of the document (4 colours, including graphs) | Nos | 1 | 80,000 | 80,000.00 | - | 80,000.00 | - | - | - | - | 80,000 |
| 6.4 | Printing (300 copies, as per actuals) | Nos | 300 | 250 | 75,000.00 | - | 75,000.00 | - | - | - | - | 75,000 |
| 7.0 | Technical Advisory Committee | | | | | | | | | | | 0 |
| 7.1 | Honarium @5000/person x 2 times | Nos | 10 | 5,000 | 50,000.00 | - | 50,000.00 | 25,000 | - | - | 25,000 | 0 |
| 7.2 | Food @350x 20 persons x 2 times as per actuals | Nos | 40 | 350 | 14,000.00 | - | 14,000.00 | 7,000 | - | - | 7,000 | 0 |
| 7.3 | Travel (outstation expert) @ 15000 x 2 persons x 2 times, as per actuals | | 4 | 15,000 | 60,000.00 | - | 60,000.00 | 30,000 | - | 0 | 0 | 30,000 |



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16/12/2019

| | | | | | | | | | | | | | |
|-----|--|-----|---|------|--------------|------|--------------|-----------|---------|-----------|---------|---------|---------|
| 7.4 | Accommodation for outstation expert (@ 4000 x 1 night x 2 persons x 2 times, as per actuals) | Nos | 4 | 4000 | 16,000.00 | - | 16,000.00 | 8,000 | 0 | 0 | 8,000 | 0 | |
| | SubTotal | | | | 7,489,200.00 | 0.00 | 7,489,200.00 | 2,140,433 | 637,833 | 2,558,433 | 568,333 | 638,333 | 945,833 |

Direct Programme Support Costs

| No. | Items | Unit | Quantity | Unit cost | Total budgeted | Partner's contribution | UNICEF Contribution | UNICEF Contribution | | | | | |
|-----|--|---------------------|----------|-----------|---------------------|------------------------|---------------------|---------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | | | | | | | | Dec 19 - Mar 20 | Mar - Jun 20 | Jun - Sep 20 | Oct - Dec 20 | Jan - Mar 21 | Apr - Jun 21 |
| | | | | | | | | 1st tranche | 2nd tranche | 3rd tranche | 4th tranche | 5th tranche | 6th tranche |
| A | B | C | D | E | F | G | H | I | J | K | L | K | L |
| 8.1 | Office Expenditure | Months | 18 | 3,500 | 63,000.00 | - | 63,000.00 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 |
| 8.2 | Tea and refreshments for meeting (at least 2 meeting a month x 18 months) | Months | 18 | 3,500 | 63,000.00 | - | 63,000.00 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 |
| 8.3 | Office communication including data cards (for core staff) | Months | 18 | 3,500 | 63,000.00 | - | 63,000.00 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 |
| 8.4 | Accountant cum office assistant | Months | 18 | 40,000 | 720,000.00 | - | 720,000.00 | 120,000 | 120,000 | 120,000 | 120,000 | 120,000 | 120,000 |
| 8.5 | Institutional overhead such as office space and facilities like electricity, water, Air conditioning, library, computer center, data center and other material and non-material resources including staff time | 10% of total budget | - | - | 748,920.00 | - | 748,920.00 | 124,820 | 124,820 | 124,820 | 124,820 | 124,820 | 124,820 |
| | SubTotal | | | | 1,657,920.00 | - | 1,657,920.00 | 276,320.00 | 276,320.00 | 276,320.00 | 276,320.00 | 276,320.00 | 276,320.00 |

Budget Summary

| Budget Category | Total budgeted | Partner's contribution | Total UNICEF Contribution | UNICEF Contribution | | | | | |
|--------------------------------|---------------------|------------------------|---------------------------|---------------------|----------------|------------------|----------------|----------------|------------------|
| | | | | Dec 19 - Mar 20 | Mar - Jun 20 | Jun - Sep 20 | Oct - Dec 20 | Jan - Mar 21 | Apr - Jun 21 |
| Programme Costs | 7,489,200.00 | - | 7,489,200.00 | 2,140,433 | 637,833 | 2,558,433 | 568,333 | 638,333 | 945,833 |
| Direct Programme Support Costs | 1,657,920.00 | - | 1,657,920.00 | 276,320 | 276,320 | 276,320 | 276,320 | 276,320 | 276,320 |
| TOTAL BUDGET | 9,147,120.00 | - | 9,147,120.00 | 2,416,753 | 914,153 | 2,834,753 | 844,653 | 914,653 | 1,222,153 |

129,014.39

129,014.39

34,086.79

12,893.56

30,682.42

11,913.31

12,000.61

17,237.71

Including of monitoring and supervision of initial days of fieldwork.

34,086.79

84,789.28

58,876.07

Dr. Anus
16/12/2019



| India Aging Budget | | |
|--------------------|---|----------------|
| Sr no. | Activities | Amount |
| 1 | Principal Investigator | 330000 |
| 2 | Consultant | 500000 |
| 3 | Accountant | 100000 |
| 4 | Senior Project Officer (1 person @70,000 per month) | 830000 |
| 5 | Meetings (fortnight meeting) | 20000 |
| 6 | English Editing and Designing Layout | 250000 |
| | LASI Papers | |
| 7 | English Editing of Research papers | 100000 |
| 8 | Young scholars research award using LASI Data 3 scholars @ Rs. 1L per scholar | 300000 |
| 9 | Publication fee for Research papers | 300000 |
| | Supplies | |
| 10 | Computer supplies | 650000 |
| 11 | Stationary/supplies | 100000 |
| 12 | Miscellaneous | 20000 |
| | Subtotal | 3300000 |
| 13 | Support Cost 9% | 297000 |
| | Grand Total | 3597000 |

Acharya
AFO

Comm
Director 9/9/21

UNICEF/Nutrition/2020
7 September 2020

To,
Dr. Sayeed Unisa
PI-Swabhimaan Project
And Head of Dept. of Mathematics
Lady Irwin College, New Delhi

Sub: Endline Survey- Swabhimaan
Your proposal received by us on 29.7.2020


Dear Dr. Unisa,

Thank you for your proposal for endline survey for swabhimaan for Bihar state for the period October 2020-April, 2021 for 47,59,400 INR (~61,000 USD) in three phases –

| Phase | Activity | Time period | Amount |
|-------|---|-----------------------|---------------|
| I | Preparation, ethical approval, mapping and listing and TOT | October-December 2020 | 7,21,050 INR |
| II | Data collection and Cleaning | January-February 2021 | 34,75,300 INR |
| III | Data Entry, Analysis and Fact Sheet Development and power point for dissemination | March-April, 2021 | 5,63,050 INR |
| | | | 47,59,400 INR |

We agree and shall be releasing the funds, for phase I at this stage. You are kindly requested to share the FACE form.

Yours Sincerely,

(Robert Johnston) 
OIC,
Nutrition Section, UNICEF India
rojohnston@unicef.org

PROJECT PROPOSAL

**ENDLINE SURVEY for SWABHIMAAN Women's Nutrition Demonstration Programme
in BIHAR**

Submitted to

UNICEF India

By

International Institute for Population Sciences, Mumbai



Principal Investigator

Prof. Sayeed Unisa, Professor, IIPS

Co-Principal Investigators for Endline survey

Dr. Reshmi R.S., Assistant Professor, IIPS

Dr. L.K. Dwivedi, Assistant Professor, IIPS

Dr. Sarang Pedgaonkar, Assistant Professor, IIPS

October 2020-April 2021

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SWABHIMAAN (2016-2021)

1. BACKGROUND

The Swabhimaan evaluation design is a prospective, non-randomized controlled evaluation. It evaluates the delivery of a package of 18 essential nutrition (specific and sensitive) interventions via Aajeevika promoted village organisations (federation of women self-help groups) to improve the nutrition status of girls' and women (before conception, during pregnancy and after birth) in three Indian states: Bihar, Chhattisgarh and Odisha in 2016-2017.

The target groups focussed interventions are delivered through systems-based and Village Organizations (VO) led approaches grouped under four pillars such as system strengthening, VO led interventions for adolescents, women and village Resource Person (VRP)/women farmers club. The geographical sites of Swabhimaan are all 356 revenue villages of five scheduled caste/tribe dominated blocks of four districts (Bihar: Purnea; Chhattisgarh: Bastar; Odisha: Angul and Koraput).

UNICEF India started a partnership with the International Institute for Population Sciences (IIPS) in 2016 for the baseline survey of Swabhimaan demonstration programme. IIPS is playing a crucial role in the impact evaluation of Swabhimaan intervention. In the baseline evaluation survey conducted during 2016-2017, IIPS was the lead technical support agency of Swabhimaan Women's Nutrition Demonstration Programme. IIPS team published technical papers along with UNICEF and AIIMS using baseline data, technical papers in peer-reviewed international journals in the area of nutrition, WASH, and women empowerment.

In order to examine the intervention process and the extent of the reach of beneficiaries, UNICEF entrusted IIPS for conducting the Midline process evaluation survey which was conducted during September 2018 to June 2019. A mixed method design approach was used which comprised of a cross-sectional survey and qualitative data collection in five blocks of three Indian states (Bihar, Chhattisgarh, and Odisha). The cross-sectional survey aimed to assess the system strengthening process and coverage of VO led interventions among beneficiaries. Qualitative data collection included in-depth interviews and focus group discussions of target groups, community cadres and service providers. Dissemination of the

midline survey findings in Bihar was conducted on November 13, 2019 in Bihar. Dissemination of the midline survey findings in Chhattisgarh and Odisha were done on 10th and 17th December 2019, respectively.

1.1 About the IIPS

The International Institute for Population Sciences (IIPS) serves as a regional Institute for Training and Research in Population Studies for the ESCAP region. It has been started in 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations. It was declared as a 'Deemed University' on August 19, 1985. The Institute is under the administrative control of the Ministry of Health and Family Welfare, Government of India. The functions of the IIPS can be classified into four categories: teaching, research, consultative services, and documentation. The institute has seven academic departments with well-qualified faculty members.

The Institute has the expertise and vast experience of carrying out various large-scale population-based research projects. The most prominent among them are the National Family Health Survey (NFHS), District Level Household Survey (DLHS), Concurrent Evaluation of National Rural Health Mission, and Global Tobacco Survey.

IIPS has completed comprehensive nutrition surveys in the states of Maharashtra and Gujarat namely Comprehensive Nutrition Survey in Maharashtra (CNSM), Comprehensive Nutrition Survey in Gujarat (CNSG). UNICEF funded CNSM project in Maharashtra, and CNSG project was funded by Department of Women and Child Development, Government of Gujarat. These surveys provided valuable data on the nutrition status of under two/five children, mothers, and feeding/food intake practices, food consumption pattern, diet during pregnancy and lactation, health and hygiene related parameters, food security at household level and status of *Anganwadis*.

Previously, IIPS had provided technical support for the Swabhimaan baseline survey. Later, the midline process evaluation of the Swabhimaan intervention program in Bihar, Chhattisgarh and Odisha has also been carried out by IIPS.

1.2 About SWABHIMAAN

SWABHIMAAN multi-state, multi-sector women's nutrition demonstration intervention programme with direct cash grant was started with an aim to improve the nutritional status of

adolescent girls, pregnant women and mothers of children under two years, covering the most vulnerable populations in National Rural Livelihood Mission (NRLM) resource blocks.

The impact evaluation of this project was led by AIIMS in Bihar, Odisha and Chhattisgarh with technical support from IIPS and University College London (UCL). The data collection of the baseline (2016) and midline surveys in all the three states were conducted between July-December 2016 and September 2018-June 2019, respectively and the results of the surveys were disseminated.

Interventions which can improve nutrition of women are well known (lancet nutrition services, 2013). Delivery mechanisms to deliver these interventions also exist but are managed by at least five departments (Social Welfare, Civil supplies, Rural development, Public Health Engineering-PHED and Health), with weak or no institutional convergence mechanisms. Additionally, some of the critical interventions are not included in the antenatal package (e.g. maternal calcium supplementation, maternal deworming). There is also no mechanism to identify pregnant women at nutrition risk and providing them a special package of feeding and care. Those nutrition interventions that are present also need quality strengthening to address operational challenges in service delivery owing to capacity building, monitoring and huge vacancy load.

One delivery platform untapped to reach out to adolescents and pregnant women with special package of reproductive, health and nutrition messages as well as services is the women Self-Help Groups (SHGs) and Village Organizations (VO) under the NRLM. Evidence suggests that these community organisations and their federations have the potential to manage grants for improving last mile delivery of essential nutrition services for women, provided they are enabled, supervised, and provided protection against violence and exploitation (UNICEF, 2016).

Community cash grant is a mechanism by which organised community groups, with active bank accounts, such as VOs directly receive and manage money to deliver services as per community needs-based plans approved by the funding agency.

In context to Indian public health services, the field workers critical to improve the last mile delivery of health services and undertaking a range of activities like community mobilisation, counselling, record keeping, to name a few, have largely been considered

honorary workers. SWABHIMAAN project shifts this approach of strengthening the last mile delivery of services into an invested service that can be sustained through VO's and higher federated institutions rather than being voluntary work. Some of the basic findings of the SWABHIMAAN baseline survey are given below

1.3 SWABHIMAAN Surveys in Bihar

The baseline survey of Swabhimaan in Bihar was conducted during July to December 2016. A sample of 1704 adolescent girls (10-19 years), 936 pregnant women (15-49 years) and 2612 mothers of children under age two years (15-49 years) were interviewed from Jalalgarh and Kasba blocks of Purnea district. The dissemination of findings from the baseline survey in Bihar was held on 12th July 2017. Swabhimaan midline survey was done during September to December 2018 in Bihar. A total of 963 adolescent girls (10-19 years), 628 pregnant women (15-49 years), 1042 mothers of children under age two years (15-49 years) and their children were interviewed from Jalalgarh and Kasba blocks of Purnea district.

Table 1: Key nutrition outcomes and coverage of selected nutrition relevant services, Swabhimaan baseline (2016) and midline surveys (2018), Bihar.

| Indicators | Intervention | | Control | |
|--|--------------|-------------|--------------|-------------|
| | Baseline (%) | Midline (%) | Baseline (%) | Midline (%) |
| Stunting (adolescent girls aged 10-19 years) | 43.5 | 29.9 | 42.2 | 33.4 |
| Chronic under nutrition (mother), BMI <18.5 kg/m ² | 45.2 | 42.0 | 44.8 | 42.1 |
| Pregnant women with MUAC 23 cm and above | 49.8 | 63.6 | 42.4 | 63.5 |
| Use of modern contraceptives (mother) | 9.2 | 13.5 | 7.7 | 10.7 |
| Pregnant women receiving antenatal check-ups in first trimester | 36.3 | 39.5 | 33.5 | 35.1 |
| <i>Pregnant women</i> | 25.1 | 26.5 | 22.3 | 17.5 |
| <i>Mother of children under two years</i> | 24.9 | 27.7 | 25.3 | 33.5 |
| Access to improved sanitation facility#/ no open defecation | | | | |
| <i>Adolescent</i> | 25.5 | 40.1 | 15.7 | 43.0 |
| <i>Pregnant women</i> | 21.4 | 40.1 | 8.8 | 32.5 |
| <i>Mother of children under two years</i> | 20.4 | 30.1 | 9.3 | 27.0 |
| Adolescent girls who have attended at least two Kishori group meetings in the six months preceding the survey* | 1.1 | 19.0 | - | - |
| Self Help Group (SHG) membership | | | | |
| <i>Pregnant women</i> | 27.6 | 34.3 | 17.7 | 25.0 |
| <i>Mother of children under two years</i> | 35.4 | 43.7 | 24.1 | 26.6 |
| VHSND | | | | |

| | | | | |
|--|-----|------|-----|------|
| <i>Pregnant women</i> | 9.2 | 49.1 | 7.3 | 38.8 |
| <i>Mother of children under two years</i> | 7.1 | 51.5 | 6.4 | 40.8 |
| Source: SWABHIMAAN Baseline Survey, Bihar 2016 and Midline Survey, Bihar 2018. * Intervention activity specific to intervention areas only. | | | | |

2 OBJECTIVES AND ACTIVITIES OF IIPS FOR ENDLINE SURVEY, BIHAR

The main objectives of the IIPS are:

1. To assess the reduction in the proportion of adolescent girls and mothers of children under two years with a BMI<18.5.
2. To examine the improvement in mean mid-upper arm circumference (MUAC) among pregnant women over the intervention period (2016-2021).
3. To compare the baseline and endline data for estimating improvements in the coverage of key nutrition-specific and nutrition-sensitive interventions.
4. To assess the change in utilization of maternal health and nutrition services before and after the COVID 19 pandemic.

Activities of IIPS for the endline survey are:

1. To formulate sampling design and carry out sampling for selection of sample for the endline survey in Bihar.
2. To review and modify tools and instruments for the endline survey of Swabhimaan programme.
3. To organise training of mapper listers and field investigators for endline survey in Bihar.
4. To conduct the endline survey of the Swabhimaan programme in Bihar.
5. To validate and manage data and prepare fact sheets for Bihar.

3. TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) will be constituted to guide and approve the survey design, tools, and protocols for the proposed Endline Impact Evaluation of SWABHIMAAN Demonstration Programme. The members will include technical experts in nutrition, intervention, sampling and survey methodology. The TAG will meet to review and approve methodology, survey protocols, monitor progress and review survey findings.

Under the overall guidance of the UNICEF, TAG, a national and an international consultant, the proposed endline survey will be carried out by the team of IIPS consisting of Faculty members, Junior Project Manager (JPM), Programmer and Data Analysts.

4. PHASE I: PREPARATORY WORK FOR THE ENDLINE SURVEY

The phase I will be carried out during October to December 2020. The following specific activities are envisaged by IIPS in phase I:

4.1 Preparing Protocol

Principal Investigator (PI), Co-Principal Investigators (Co-PIs) and research staff will revise the tools and instruments of the Swabhimaan to make necessary modifications for the endline survey as discussed below.

4.1.1 Discussion with Survey Collaborators

Meeting will be arranged with UNICEF and State Rural Livelihood Mission officials to discuss the current situation in the study area. This discussion will also account for any amendments made to the Swabhimaan programme, challenges, or issues particularly post Covid-19 outbreak that collaborators would like to address through the endline questionnaire.

4.1.2 Sampling and Sample Size

The estimated sample size for the endline survey in Bihar will be same as the baseline survey for comparison purposes. However, the sampling design and sample selection technique will be modified to study the impact evaluation of system strengthening and community action interventions. PI and Co-PI along with an external sampling expert will formulate an appropriate sampling design for the representative selection of the respondents from each target group in Bihar.

Table 2. Sample size of target groups

| Sample Size | Intervention (Estimated) | Control (Estimated) | Total |
|-----------------------------|-----------------------------|------------------------|-------|
| Adolescent girls | 875 | 875 | 1750 |
| Pregnant women | 374 | 374 | 748 |
| Mothers of children under 2 | 1424 | 1424 | 2848 |

4.1.3 Tools for Data Collection

Quantitative data will be collected using Computer Assisted Personal Interview (CAPI). The questionnaires of baseline and midline surveys will be reviewed to finalize the tools for the endline impact evaluation. The quantitative data tools will include separate structured and bilingual questionnaire for each target group. Additionally, there will be a separate interview schedule for household information.

Interview schedules: 1. Household schedule

2. Adolescent girls schedule

3. Pregnant women schedule

4. Mothers of children under two years schedule

Additionally, qualitative data from the officials (SPMU, DPMU, BPMU etc.) will be collected using telephonic interviews.

4.1.4 Coverage of Indicators in Beneficiary Survey

Identification of adolescent girls and women beneficiaries in the target groups will be done by Mapping and Listing. From each target group following information will be collected

Table 3. Coverage of Indicators in Beneficiary Survey

ADOLESCENT GIRLS (aged 10-19 years): *unmarried, not pregnant and not the mother of a child under two years*

1. Mean Dietary Diversity Score
2. Dietary Diversity Score (5 out of 10 food groups)
3. Consumed four or more IFA tablets in the month preceding the survey
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine

8. Using safe pads or sanitary pads
9. Accessing adolescent health services (Kishori Diwas) in six months preceding the survey
10. Attended at least three Kishori meetings in six months
11. Questions related to intervention activities

PREGNANT WOMEN (aged 15-49 years): *if she is pregnant, a girl or woman will join this category whether she is an adolescent or the mother of any child under two*

1. Pregnant women in the 2nd or 3rd trimester consuming at least 25 IFA tablets in the month preceding the survey (Pregnant women in 2nd or 3rd trimester)
2. Mean Dietary Diversity Score
3. Dietary Diversity (5 out of 10 food groups)
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine
8. Received ICDS entitlement for supplementary food in month preceding the survey (Pregnant women entitled to ICDS rations)
9. Had one antenatal check-up in the first trimester
10. Weighed at least once in first trimester
11. Received one dose of albendazole in second trimester (Pregnant women in 2nd or 3rd trimester)
12. Taken two calcium tablets in 2nd trimester (Pregnant women in 2nd or 3rd trimester)
13. Below the age of eighteen

MOTHERS OF CHILDREN UNDER TWO YEARS (aged 15-49 years)

1. Mean Dietary Diversity Score
2. Receiving minimum Dietary Diversity (5 out of 10 food groups)
3. Living in a household with iodized salt
4. Living in food secure households
5. Living in households with a kitchen garden
6. Living in households with a toilet or covered pit latrine
7. Receiving minimum PDS entitlement in month preceding survey
8. Receiving ICDS entitlement for supplementary food in month preceding survey
9. Received at least four ANC in last pregnancy
10. Consumed 100 or more IFA tablets during last pregnancy
11. Weighed at least four times in last pregnancy
12. Using a modern family planning method
13. Accessed at least one of three social protection schemes (JSY, Adarsh Dampati Yojana)
14. Delivered in a health facility in last pregnancy
15. Attended at least three Maitri baithak meetings and three VHND meetings in last year
16. Attended at least three Maitri baithak meetings and three VHND meetings in last year (As above, from underprivileged groups)

17. Members of women's Ag-producer groups and have adopted at least 1 mix micronutrient-rich cropping methods, against previous practice (Mothers of children under two, who are members of farmer producer groups)
18. Questions related to intervention activities

Also, any suggestions risen out of the meeting with survey collaborators will be included in the endline survey questionnaire. Possible inclusion of questions addressing impact of COVID-19 on the services and their utilisation.

4.1.5 Pre-testing of Survey Instruments

To understand the pattern of questions, skip and filter pattern or any other problem in understanding or administration of questionnaires, a pretesting of questionnaires will be done in Kasba and Jalalgarh blocks of Purnea district in Bihar. Further modifications will be done in the questionnaires based on the results of pre-testing.

4.1.6 Ethical Consideration

- An Institutional Review Board (IRB) meeting will be held, and survey protocol will be presented in the meeting for the approval. Ethical aspects such as privacy, confidentiality, anonymity, informed consent, and right to withdraw from participation will be included in the ethical disclosure of survey protocol.
- Key personnel are assigned solely for implementation of this project. Any change will be made in consultation with UNICEF. Proper financial and accounting records will be maintained.

5. PHASE II: IMPLEMENTATION OF THE ENDLINE SURVEY IN BIHAR

5.1 Team Composition

All the administrative work related to the project will be the responsibility of the Co-PI, JPM, and Data analyst. This team will be responsible for monitoring all administrative and field activities of the project including accounting, preparation of budget, face form, Statement of Expenditure (SOE), project-related communication and purchases, advertisement, appointments, and meetings and programmes in the field level. The field related work of the project will be co-ordinated by the JPM and Programmer. Swabhimaan cadre will conduct the listing operation for the endline survey in Bihar. The interviews will be carried out by 24 field investigators and supervised by the JPMs and other IIPS staff and officials. PI, Co-PIs,

Data Analysts/Technical Writers, and Experts will review the protocols, monitor field activities and prepare and review the factsheets.

5.2 Training

The training will be conducted at two levels:

- Training for mapping and listing will be carried. Post-training, mappers and listers will be sent to nearby village for field practice and the errors and issues will be discussed with the field staff and Co-PIs and resolved.
- Training of field investigators will be conducted on quantitative interview techniques, data collection tools, and anthropometric data collection. Apart from this, training of CAPI will be given to the field investigators. The standardised training manuals will be developed for conducting the training. Field investigators will be trained in the gold standard procedure for anthropometric measurements.
- A core team of PI, Co-PIs, JPM and programmer along with the support of the state-level staff from UNICEF will facilitate and execute the training programmes.
- Only those investigators who meet the standard eligibility criteria given in the advertisement will be recruited for the data collection activity.

5.3 Data Collection

The qualitative and quantitative data collections are proposed to be conducted during January to February 2021. Informed consent will be taken from the respondents before filling the tool. In case of adolescent girls an informed consent from the guardian and assent of participants' will also be taken before interview.

5.4 Field Monitoring

The quality of data being collected will be regularly monitored using checklists and specially developed formats for same, by the project officials placed in the states as well as regular field visits by PI and Co-PI from IIPS. At the beginning of the survey, 2% of spot checks will be done to correct any errors done by the investigators. IIPS will do the back-check of previously collected data. Overall, back-checks will be done for 3% of the total sample (i.e. adolescent girls, pregnant women and mothers with children under two years). Specially developed back check formats will be used to check the consistency of information collected by the investigators.

Table 4. Sample Size and Estimated Checks by IIPS

| Target Groups | Sample Size | Quality check | |
|------------------------------------|-------------|--------------------|--------------------|
| | | Back Check (3%) | Spot Check (2%) |
| Adolescent girls | 1750 | 53 | 35 |
| Pregnant women | 748 | 22 | 15 |
| Mothers of children under 2 | 2848 | 85 | 57 |
| Total | 5346 | 160 | 107 |
| Total sample for quality assurance | | 267 | |

Table 5. Field and Data Monitoring Components

| Key features | Process | Components | IIPS |
|-------------------------------|---|---|--|
| Handholding | Spot-checks tables – Initial stage of survey | Spot-Checks and reorientation | Coordinator and JPM |
| Validation | Back-checks tables – Daily | Matching with soft data and filled questionnaire | JPM, Programmer Matching by IIPS |
| Validity and consistency | Field-checks tables- teams Weekly | Household, and target groups response and measurement | Data Analyst/Technical Writer, Co-PI |
| Validation and consistency | Data consistency intervention and control villages Bi-weekly | Higher level analysis of age and anthropometric | Data Analyst/Technical Writer and PI/CO- PI/JPM |

Each interviewer should be regularly observed during field work as spot checks. To accomplish this, JPM, Programmer, quality assurance team, and senior staff will have to be present during interviews and give feedback to interviewers. They will not interrupt during the interview, rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the course of the fieldwork, field editors should observe at least one interview per day.

JPM and Programmer will share the task to ensure that all filled in schedules are thoroughly scrutinized, and all errors are tactfully discussed with the interviewer.

5.5 Data Quality Analysis

Computer Assisted Personal Interviewing (CAPI) will be done in all three states. CAPI surveys have shown to improve data quality through less missing data and fewer errors due to functions built into the data entry programme. Data will be uploaded directly into the database. IIPS research team will carry out cleaning of data, validation of data and checking for internal consistency and management of missing cases. Team wise age and outcome

variable frequencies will be checked. The pattern of missing cases by caste/tribe and economic characteristics will be examined.

6. PHASE III: DATA ANALYSIS AND DISSEMINATION

During the third and final phase the gathered data will be analysed, compiled in factsheets and the findings will be shared with stakeholders, researchers, and others.

6.1 Analysis and Management of Data

IIPS will develop a tabulation plan and indicators for the fact sheets. The validity of indicators will be tested, and confidence interval will be provided for all outcome indicators. Comparison will be made with available data sets from the baseline surveys. Household files will be merged with the individual files of target groups. IIPS will convert the data into different formats (SPSS and STATA) for public use.

6.2 Fact Sheet and Dissemination of Results

IIPS will prepare facts sheet for Bihar based on quantitative data analysis. Three fact sheets will be prepared one for each block (Kasba and Jalalgarh) and one for district (Purnea). Dissemination of fact sheets will be done at the state and the national level.

7. LIMITATION

It is important to note that till March 2020 the endline data may reflect the real scenario in the study area; however, due to the COVID 19 crisis, we might not get the true impact of interventions in the subsequent months and also a considerable change in the study indicators can be expected.

8. MODE OF PAYMENT

The release of funds to IIPS from UNICEF for endline survey of Swabhimaan will be done according to the requirement.

9. LOGISTIC SUPPORT FROM UNICEF

To carry out anthropometric measurements of, IIPS team will need stadiometers, weighing machines and MUAC tapes from UNICEF Office.

10. PROJECT DURATION AND TIMELINE (October 2020- April 2021)

The assignment of IIPS for the SWABHIMAAN Program Endline Impact Evaluation would be implemented from the month of October 2020 and it will be completed by April 2021. The details are given as under along with timeline.

11. DELIVERABLES FROM IIPS

| Activity | Duration | Deliverables |
|--|--------------|--|
| Phase I: Preparatory work | Oct-Dec 2020 | <ul style="list-style-type: none">• Revision of protocol: meeting with collaborators, questionnaire, pre-testing, sampling• TAG meeting for protocol• IRB approval for study |
| Phase II: Implementation of Bihar endline survey | Jan-Feb 2021 | <ul style="list-style-type: none">• Phone-based qualitative data collection• Training of trainers and investigators• Conducting endline survey in Bihar |
| Phase III: Data analysis and Dissemination | Mar-Apr 2021 | <ul style="list-style-type: none">• Data cleaning, analysis, and management• Preparing fact sheets• Preparing PPT for dissemination |

12. TIMELINE (October 2020- April 2021)

| ACTIVITIES | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
|--|-----|-----|-----|-----|-----|-----|-----|
| PHASE I (October-December 2020) | | | | | | | |
| Review and finalisation of tools | | | | | | | |
| Sampling | | | | | | | |
| Pre-testing | | | | | | | |
| Technical Advisory Group (TAG) meeting for Endline study | | | | | | | |
| IRB approval for the study | | | | | | | |
| PHASE II (January-February 2021) | | | | | | | |
| Training | | | | | | | |
| Phone-based qualitative data collection from Officials | | | | | | | |
| Survey | | | | | | | |
| PHASE III (March-April 2021) | | | | | | | |
| Data cleaning | | | | | | | |
| Data analysis and management | | | | | | | |
| Fact sheets | | | | | | | |
| Preparing PPT for dissemination | | | | | | | |

UNICEF/Nutrition/2020
16 November 2020

To,
Dr. Sayeed Unisa
PI-Swabhimaan Project
And Head of Dept. of Mathematics
Lady Irwin College, New Delhi

Sub: Endline Survey- Swabhimaan
Your proposal received by us on 12.11.2020

Dear Dr. Unisa,

Thank you for your proposal for endline survey for swabhimaan for Chhattisgarh state for the period December 2020-April, 2021 for 41,08,700 INR in two phases –

| Phase | Activity | Time period | Amount |
|-------|---|-----------------------------|---------------|
| I | Preparation, ethical approval, mapping and listing and TOT | December 2020-February 2021 | 33,53,300 INR |
| | Data collection and Cleaning | | |
| II | Data Entry, Analysis and Fact Sheet Development and power point for dissemination | March-April, 2021 | 7,55,400 INR |
| | | | 41,08,700 INR |

We agree. You are kindly requested to share the FACE form for phase 1.



Yours Sincerely,

(Gayatri Singh)
OIC,
Nutrition Section, UNICEF India
gasingh@unicef.org

PROJECT PROPOSAL

**ENDLINE SURVEY for SWABHIMAAN Women's Nutrition Demonstration Programme
in CHHATTISGARH State and Support for ODISHA and BIHAR State Work**

Submitted to

UNICEF India

By

International Institute for Population Sciences, Mumbai



Principal Investigator

Prof. Sayeed Unisa, Professor, IIPS

Co-Principal Investigators for Endline survey

Dr. Reshmi R.S., Assistant Professor, IIPS

Dr. L.K. Dwivedi, Assistant Professor, IIPS

Dr. Sarang Pedgaonkar, Assistant Professor, IIPS

1 September 2021 – 31 March 2022

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SWABHIMAAN (2016-2021)

1. BACKGROUND

The Swabhimaan evaluation design is a prospective, non-randomized controlled evaluation. It evaluates the delivery of a package of 18 essential nutrition (specific and sensitive) interventions via Aajeevika promoted village organisations (federation of women self-help groups) to improve the nutrition status of girls' and women (before conception, during pregnancy and after birth) in three Indian states: Bihar, Chhattisgarh and Odisha in 2016-2017.

The target groups focussed interventions are delivered through systems-based and Village Organizations (VO) led approaches grouped under four pillars such as system strengthening, VO led interventions for adolescents, women and village Resource Person (VRP)/women farmers club. The geographical sites of Swabhimaan are all 356 revenue villages of five scheduled caste/tribe dominated blocks of four districts (Bihar: Purnea; Chhattisgarh: Bastar; Odisha: Angul and Koraput).

UNICEF India started a partnership with the International Institute for Population Sciences (IIPS) in 2016 for the baseline survey of Swabhimaan demonstration programme. IIPS is playing a crucial role in the impact evaluation of Swabhimaan intervention. In the baseline evaluation survey conducted during 2016-2017, IIPS was the lead technical support agency of Swabhimaan Women's Nutrition Demonstration Programme. IIPS team published technical papers along with UNICEF and AIIMS using baseline data, technical papers in peer-reviewed international journals in the area of nutrition, WASH, and women empowerment.

In order to examine the intervention process and the extent of the reach of beneficiaries, UNICEF entrusted IIPS for conducting the Midline process evaluation survey which was conducted during September 2018 to June 2019. A mixed method design approach was used which comprised of a cross-sectional survey and qualitative data collection in five blocks of three Indian states (Bihar, Chhattisgarh, and Odisha). The cross-sectional survey aimed to assess the system strengthening process and coverage of VO led interventions among beneficiaries. Qualitative data collection included in-depth interviews and focus group discussions of target groups, community cadres and service providers. Dissemination of the midline survey findings in Bihar was conducted on November 13, 2019 in Bihar. Dissemination of the midline survey findings in Chhattisgarh and Odisha were done on 10th and 17th December 2019, respectively.

1.1 About the IIPS

The International Institute for Population Sciences (IIPS) serves as a regional Institute for Training and Research in Population Studies for the ESCAP region. It has been started in 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations. It was declared as a 'Deemed University' on August 19, 1985. The Institute is under the administrative control of the Ministry of Health and Family Welfare, Government of India. The functions of the IIPS can be classified into four categories: teaching, research, consultative services, and documentation. The institute has seven academic departments with well-qualified faculty members.

The Institute has the expertise and vast experience of carrying out various large-scale population-based research projects. The most prominent among them are the National Family Health Survey (NFHS), District Level Household Survey (DLHS), Concurrent Evaluation of National Rural Health Mission, and Global Tobacco Survey.

IIPS has completed comprehensive nutrition surveys in the states of Maharashtra and Gujarat namely Comprehensive Nutrition Survey in Maharashtra (CNSM), Comprehensive Nutrition Survey in Gujarat (CNSG). UNICEF funded CNSM project in Maharashtra, and CNSG project was funded by Department of Women and Child Development, Government of Gujarat. These surveys provided valuable data on the nutrition status of under two/five children, mothers, and feeding/food intake practices, food consumption pattern, diet during pregnancy and lactation, health and hygiene related parameters, food security at household level and status of *Anganwadis*.

Previously, IIPS had provided technical support for the Swabhimaan baseline survey. Later, the midline process evaluation of the Swabhimaan intervention program in Bihar, Chhattisgarh and Odisha has also been carried out by IIPS.

1.2 About SWABHIMAAN

SWABHIMAAN multi-state, multi-sector women's nutrition demonstration intervention programme with direct cash grant was started with an aim to improve the nutritional status of adolescent girls, pregnant women and mothers of children under two years, covering the most vulnerable populations in National Rural Livelihood Mission (NRLM) resource blocks.

The impact evaluation of this project was led by AIIMS in Bihar, Odisha and Chhattisgarh with technical support from IIPS and University College London (UCL). The data collection of the

baseline (2016) and midline surveys in all the three states were conducted between July-December 2016 and September 2018-June 2019, respectively and the results of the surveys were disseminated.

Interventions which can improve nutrition of women are well known (lancet nutrition services, 2013). Delivery mechanisms to deliver these interventions also exist but are managed by at least five departments (Social Welfare, Civil supplies, Rural development, Public Health Engineering-PHED and Health), with weak or no institutional convergence mechanisms. Additionally, some of the critical interventions are not included in the antenatal package (e.g. maternal calcium supplementation, maternal deworming). There is also no mechanism to identify pregnant women at nutrition risk and providing them a special package of feeding and care. Those nutrition interventions that are present also need quality strengthening to address operational challenges in service delivery owing to capacity building, monitoring and huge vacancy load.

One delivery platform untapped to reach out to adolescents and pregnant women with special package of reproductive, health and nutrition messages as well as services is the women Self-Help Groups (SHGs) and Village Organizations (VO) under the NRLM. Evidence suggests that these community organisations and their federations have the potential to manage grants for improving last mile delivery of essential nutrition services for women, provided they are enabled, supervised, and provided protection against violence and exploitation (UNICEF, 2016).

Community cash grant is a mechanism by which organised community groups, with active bank accounts, such as VOs directly receive and manage money to deliver services as per community needs-based plans approved by the funding agency.

In context to Indian public health services, the field workers critical to improve the last mile delivery of health services and undertaking a range of activities like community mobilisation, counselling, record keeping, to name a few, have largely been considered honorary workers. SWABHIMAAN project shifts this approach of strengthening the last mile delivery of services into an invested service that can be sustained through VOs and higher federated institutions rather than being voluntary work. Some of the basic findings of the SWABHIMAAN baseline and midline surveys in Chhattisgarh are given below.

1.3 SWABHIMAAN Surveys in Chhattisgarh

The baseline survey of Swabhimaan in Chhattisgarh was conducted during January to April 2017. A sample of 2921 adolescent girls (10-19 years), 823 pregnant women (15-49 years) and 2539 mothers of children under age two years (15-49 years) were interviewed from Bastar and Bakawand blocks of Bastar district. The dissemination of findings from the baseline survey in Chhattisgarh was held in August 2017. Swabhimaan midline survey was done during May to June 2019 in Chhattisgarh. A total of 1017 adolescent girls (10-19 years), 614 pregnant women (15-49 years), 1051 mothers of children under age two years (15-49 years) and their children were interviewed. The dissemination of findings from midline survey in Chhattisgarh was done on 10th December 2019.

Table 1: Key nutrition outcomes and coverage of selected nutrition relevant services, Swabhimaan baseline (2017) and midline surveys (2019), Chhattisgarh.

| Indicators | Intervention | | Control | |
|--|--------------|-------------|--------------|-------------|
| | Baseline (%) | Midline (%) | Baseline (%) | Midline (%) |
| Stunting (adolescent girls aged 10-19 years) | 29.6 | 29.5 | 25.8 | 22.5 |
| Chronic under nutrition (mother), BMI <18.5 kg/m ² | 54.4 | 50.3 | 55.8 | 53.1 |
| Pregnant women with MUAC 23 cm and above | 61.2 | 62.4 | 60.4 | 65.3 |
| Use of modern contraceptives (mother) | 5.5 | 10.0 | 9.5 | 15.9 |
| Pregnant women receiving antenatal check-ups in first trimester | 28.1 | 55.6 | 42.0 | 61.4 |
| <i>Pregnant women</i> | 21.8 | 26.8 | 21.8 | 27.9 |
| <i>Mother of children under two years</i> | 21.7 | 25.2 | 18.9 | 25.6 |
| Access to improved sanitation facility#/ no open defecation | | | | |
| <i>Adolescent</i> | 14.8 | 59.8 | 18.9 | 62.7 |
| <i>Pregnant women</i> | 5.4 | 53.5 | 17.6 | 59.4 |
| <i>Mother of children under two years</i> | 16.1 | 56.6 | 17.6 | 59.7 |
| Adolescent girls who have attended at least two Kishori group meetings in the six months preceding the survey* | 2.5 | 4.4 | 3.6 | 0.4 |
| Self Help Group (SHG) membership | | | | |
| <i>Pregnant women</i> | 28.1 | 32.6 | 22.8 | 36.4 |
| <i>Mother of children under two years</i> | 32.2 | 39.8 | 22.9 | 45.1 |
| VHSND | | | | |
| <i>Pregnant women</i> | 53.2 | 27.1 | 53.8 | 25.3 |
| <i>Mother of children under two years</i> | 66.8 | 35.1 | 59.0 | 29.5 |
| Source: SWABHIMAAN Baseline Survey, Chhattisgarh 2017 and Midline Survey, Chhattisgarh 2019. | | | | |
| * Intervention activity specific to intervention areas only. | | | | |

2 OBJECTIVES AND ACTIVITIES OF IIPS FOR ENDLINE SURVEY, CHHATTISGARH

The main objectives of the IIPS are:

1. To assess the reduction in the proportion of adolescent girls and mothers of children under two years with a BMI<18.5.
2. To examine the improvement in mean mid-upper arm circumference (MUAC) among pregnant women over the intervention period (2016-2021).
3. To compare the baseline and endline data for estimating improvements in the coverage of key nutrition-specific and nutrition-sensitive interventions.
4. To assess the change in utilization of maternal health and nutrition services before and after the COVID 19 pandemic.

Activities of IIPS for the endline survey are:

1. To formulate sampling design and carry out sampling for selection of sample for the endline survey in Chhattisgarh.
2. To review and modify tools and instruments for endline survey and synchronise them to state-specific programmes.
3. To organise training of mapper listers and field investigators for endline survey in Chhattisgarh.
4. To conduct the endline survey of the Swabhimaan programme in Chhattisgarh.
5. To validate and manage data and prepare fact sheets for Chhattisgarh.

3. TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) will be constituted to review survey findings and design and structure of the factsheets of the endline survey. The TAG will also determine the topics and review research papers based on the data of endline survey. The members will include technical experts in nutrition, intervention, sampling and survey methodology.

Under the overall guidance of the UNICEF, TAG, a national and an international consultant, the proposed endline survey will be carried out by the team of IIPS consisting of Faculty members, Junior Project Manager (JPM), Programmer, Data Analyst and Technical Writer.

4. PHASE I: PREPARATORY WORK FOR THE ENDLINE SURVEY

The phase I was carried out in February 2021. The following specific activities were completed by IIPS in phase I:

4.1 Preparing Protocol

Principal Investigator (PI), Co-Principal Investigators (Co-PIs) and research staff revised the tools and instruments of the Swabhimaan to make necessary modifications for the endline survey in the state as discussed below.

4.1.1 Discussion with Survey Collaborators

Meeting were arranged with UNICEF and State Rural Livelihood Mission officials to discuss the current situation in the study area. This discussion accounted for any amendments made to the Swabhimaan programme, challenges, or issues particularly post Covid-19 outbreak that needed to be addressed through the endline questionnaire.

4.1.2 Sampling and Sample Size

The estimated sample size for the endline survey in Chhattisgarh will be same as the baseline survey for comparison purposes. However, the sampling design and sample selection technique will be modified to study the impact evaluation of system strengthening and community action interventions. The sampling design used for the representative selection of the respondents from each target group in Chhattisgarh will be the same as the one used in endline survey in Odisha and Bihar.

Table 2. Sample size of target groups

| Sample Size | Intervention (Estimated) | Control (Estimated) | Total |
|-----------------------------|-----------------------------|------------------------|-------|
| Adolescent girls | 1098 | 1098 | 2196 |
| Pregnant women | 374 | 374 | 748 |
| Mothers of children under 2 | 1098 | 1098 | 2196 |

4.1.3 Tools for Data Collection

Quantitative data will be collected using Computer Assisted Personal Interview (CAPI). The questionnaires of baseline and midline surveys were reviewed to finalize the tools for the

endline impact evaluation. The quantitative data tools include separate structured and bilingual questionnaire for each target group. Additionally, there will be a separate interview schedule for household information. The questionnaires will be synchronised to state-specific programmes.

Interview schedules: 1. Household schedule

2. Adolescent girls schedule

3. Pregnant women schedule

4. Mothers of children under two years schedule

5. Children under age two years

4.1.4 Coverage of Indicators in Beneficiary Survey

Identification of adolescent girls and women beneficiaries in the target groups will be done by Mapping and Listing. From each target group following information will be collected

Table 3. Coverage of Indicators in Beneficiary Survey

ADOLESCENT GIRLS (aged 10-19 years): *unmarried, not pregnant and not the mother of a child under two years*

1. Mean Dietary Diversity Score
2. Dietary Diversity Score (5 out of 10 food groups)
3. Consumed four or more IFA tablets in the month preceding the survey
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine
8. Using safe pads or sanitary pads
9. Accessing adolescent health services (Kishori Diwas) in six months preceding the survey
10. Attended at least three Kishori meetings in six months
11. Questions related to intervention activities

PREGNANT WOMEN (aged 15-49 years): *if she is pregnant, a girl or woman will join this category whether she is an adolescent or the mother of any child under two*

1. Pregnant women in the 2nd or 3rd trimester consuming at least 25 IFA tablets in the month preceding the survey (Pregnant women in 2nd or 3rd trimester)
2. Mean Dietary Diversity Score
3. Dietary Diversity (5 out of 10 food groups)
4. Living in a household with iodized salt
5. Living in food secure households

6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine
8. Received ICDS entitlement for supplementary food in month preceding the survey (Pregnant women entitled to ICDS rations)
9. Had one antenatal check-up in the first trimester
10. Weighed at least once in first trimester
11. Received one dose of albendazole in second trimester (Pregnant women in 2nd or 3rd trimester)
12. Taken two calcium tablets in 2nd trimester (Pregnant women in 2nd or 3rd trimester)
13. Below the age of eighteen

MOTHERS OF CHILDREN UNDER TWO YEARS (aged 15-49 years)

1. Mean Dietary Diversity Score
2. Receiving minimum Dietary Diversity (5 out of 10 food groups)
3. Living in a household with iodized salt
4. Living in food secure households
5. Living in households with a kitchen garden
6. Living in households with a toilet or covered pit latrine
7. Receiving minimum PDS entitlement in month preceding survey
8. Receiving ICDS entitlement for supplementary food in month preceding survey
9. Received at least four ANC in last pregnancy
10. Consumed 100 or more IFA tablets during last pregnancy
11. Weighed at least four times in last pregnancy
12. Using a modern family planning method
13. Accessed at least one of three social protection schemes (JSY, Adarsh Dampati Yojana)
14. Delivered in a health facility in last pregnancy
15. Attended at least three Maitri baithak meetings and three VHND meetings in last year
16. Attended at least three Maitri baithak meetings and three VHND meetings in last year (As above, from underprivileged groups)
17. Members of women's Ag-producer groups and have adopted at least 1 mix micronutrient-rich cropping methods, against previous practice (Mothers of children under two, who are members of farmer producer groups)
18. Questions related to intervention activities

Also, any suggestions risen out of the meeting with survey collaborators will be included in the endline survey questionnaire. Possible inclusion of questions addressing impact of COVID-19 on the services and their utilisation. Additionally, indicators on assessment of gender disadvantage, psychological distress and resilience among adolescent girls and women will be included in the interview schedule for adolescent girls. These indicators will be based upon three scales, namely, Checklist for Assessment of Gender Disadvantage, Kessler Psychological Distress (K10) and Brief Resilience Scale (BRS).

4.1.5 Pre-testing of Survey Instruments

To understand the pattern of questions, skip and filter pattern or any other problem in understanding or administration of questionnaires, pretesting of questionnaires has been done.

4.1.6 Ethical Consideration

- An Institutional Review Board (IRB) meeting was held, and survey protocol was presented in the meeting and approved by the committee in February 2021. Ethical aspects such as privacy, confidentiality, anonymity, informed consent, and right to withdraw from participation are included in the ethical disclosure of survey protocol.
- Key personnel are assigned solely for implementation of this project. Any change will be made in consultation with UNICEF. Proper financial and accounting records will be maintained.

4.1.7 Survey Protocol on COVID-related Measures

Protective measures to be followed by the team

- During training team will be briefed on properly wearing masks and face shields, sanitizing and removing masks and gloves.
- Well-being of each investigator will be checked every morning before leaving for field work using the assessment by app and thermal screening using the handheld infrared thermometer.
- While getting ready to go for the field work investigators will make sure that they are carrying sanitizer and wearing protective masks, gloves, and face shields.
- If any member is unwell, team will stop the field work (consent from IIPS will be taken before resuming the field work), affected member will be diagnosed and field work will only be initiated if the member is found to be not a case of covid-19.
- If positive, the entire team and driver will be checked by respective COVID center and should be quarantined as per prevalent guidelines in the respective state.
- On visiting a household, it will be asked if any member of the household is COVID positive or has any symptoms; if yes, then interview in that household will not be carried out further.
- Every member of the household (even if they are not to be investigated) will first be screened for fever using thermal scanners.

- If any respondent is in self-quarantine (for symptoms/ high risk contact etc) then he/she will be excluded from the interview.
- Each household will be provided with an information brochure regarding Covid-19 along with the information of the nearest health facility where they can get more information and treatment.

Information on COVID

COVID-19 is the infectious disease caused by the most recently discovered corona virus. Corona viruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

| Do's | Don'ts |
|--|--|
| ✓ Stay protected, stay Safe | ✗ Don't panic, Don't rush, Don't overstock |
| ✓ Maintain social distancing | ✗ Visit crowded or public places |
| ✓ Wash hands before touching eyes, nose and mouth. | ✗ Spit in public places |
| ✓ Keep track of your symptoms | ✗ Shake hands and hug as a matter of greeting |
| ✓ People with fever, cough and difficulty breathing should seek medical attention | ✗ Have close contact with anyone, if you're experiencing cough and fever |
| ✓ Keep up to date on the latest COVID-19 hotspots and guidelines | ✗ Non-essential travel, Tourist trips |
| ✓ Use Aarogya Setu mobile app | ✗ Stigmatize against covid-19 patients and their families |

Anthropometric protocols to be followed

- The anthropometry equipment will be cleaned after the interview of each household. (70% alcohol/ 1% sodium hypochlorite etc.).
- If the family has any member practising special precautions or insists then the equipment will be cleaned before use for that member.
- All investigators must use sanitizer/soap and water to clean their hands before anthropometric investigations for each respondent.

- Investigators should always use protective gear like face shields, masks, aprons, gloves, etc. before starting investigation.
- The protocol wearing gloves prior to handling of supplies and equipment should be strictly adhered to.

5. PHASE II: IMPLEMENTATION OF THE ENDLINE SURVEY IN CHHATTISGARH

5.1 Team Composition

All the administrative work related to the project will be the responsibility of the Co-PI, JPM, and Data analyst. This team will be responsible for monitoring all administrative and field activities of the project including accounting, preparation of budget, face form, Statement of Expenditure (SOE), project-related communication and purchases, advertisement, appointments, and meetings and programmes in the field level. The field related work of the project will be co-ordinated by JPM and Programmer. Swabhimaan cadre will conduct the listing operation for the endline survey in CHHATTISGARH. The interviews will be carried out by 24 field investigators and supervised by the JPM and other IIPS staff and officials. PI, Co-PIs, Data Analysts and Experts will review the protocols, monitor field activities and prepare and review the factsheets. A Technical writer will be recruited to draft thematic papers based on the data of the endline survey; these papers will be published in peer reviewed journals.

5.2 Training

The training will be conducted at two levels:

- Training for mapping and listing will be carried. Post-training, mappers and listers will be sent to nearby village for field practice and the errors and issues will be discussed with the field staff and Co-PIs and resolved.
- Training of field investigators will be conducted on quantitative interview techniques, data collection tools, and anthropometric data collection. Apart from this, training of CAPI will be given to the field investigators. The standardised training manuals will be developed for conducting the training. Field investigators will be trained in the gold standard procedure for anthropometric measurements.
- A core team of PI, Co-PIs, JPM and Programmer along with the support of the state-level staff from UNICEF will facilitate and execute the training programmes.

- Only those investigators who meet the standard eligibility criteria given in the advertisement will be recruited for the data collection activity.
- ROSHNI team from Lady Irwin College, New Delhi will provide support in training field investigators to collect information and probe for questions related to mental health and gender related issues.

5.3 Data Collection

The quantitative data collections are proposed to be conducted during 1 September to 31 October 2021. Informed consent will be taken from the respondents before filling the tool. In case of adolescent girls an informed consent from the guardian and assent of participants' will also be taken before interview.

5.4 Field Monitoring

The quality of data being collected will be regularly monitored using checklists and specially developed formats for same, by the project officials placed in the states as well as regular field visits by PI and Co-PI from IIPS. At the beginning of the survey, 2% of spot checks will be done to correct any errors done by the investigators. IIPS will do the back-check of previously collected data. Overall, back-checks will be done for 3% of the total sample (i.e. adolescent girls, pregnant women and mothers with children under two years). Specially developed back check formats will be used to check the consistency of information collected by the investigators.

Table 4. Sample Size and Estimated Checks by IIPS

| Target Groups | Sample Size | Quality check | |
|------------------------------------|-------------|--------------------|--------------------|
| | | Back Check (3%) | Spot Check (2%) |
| Adolescent girls | 2196 | 66 | 44 |
| Pregnant women | 748 | 22 | 15 |
| Mothers of children under 2 | 2196 | 66 | 44 |
| Total | 5140 | 154 | 103 |
| Total sample for quality assurance | | 257 | |

| Table 5. Field and Data Monitoring Components | | | |
|--|---|---|-------------------------------------|
| Key features | Process | Components | IIPS |
| Handholding | Spot-checks tables – Initial stage of survey | Spot-Checks and reorientation | Coordinator and JPM |
| Validation | Back-checks tables – Daily | Matching with soft data and filled questionnaire | JPM, Programmer Matching by IIPS |
| Validity and consistency | Field-checks tables- teams Weekly | Household, and target groups response and measurement | Data Analyst, Co-PI |
| Validation and consistency | Data consistency intervention and control villages Bi-weekly | Higher level analysis of age and anthropometric | Data Analyst and PI/CO-PI/JPM |

Each interviewer should be regularly observed during field work as spot checks. To accomplish this, JPM, and Programmer will be present during interviews and give feedback to interviewers. They will not interrupt during the interview, rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the course of the fieldwork, field editors should observe at least one interview per day.

JPM and Programmer will share the task to ensure that all filled in schedules are thoroughly scrutinized, and all errors are tactfully discussed with the interviewer.

5.5 Data Quality Analysis

Computer Assisted Personal Interviewing (CAPI) will be done in all three states. CAPI surveys have shown to improve data quality through less missing data and fewer errors due to functions built into the data entry programme. Data will be uploaded directly into the database. IIPS research team will carry out cleaning of data, validation of data and checking for internal consistency and management of missing cases. Team wise age and outcome variable frequencies will be checked. The pattern of missing cases by caste/tribe and economic characteristics will be examined.

6. PHASE III: DATA ANALYSIS AND DISSEMINATION

During the third and final phase the gathered data will be analysed, compiled in factsheets and the findings will be shared with stakeholders, researchers, and others.

6.1 Analysis and Management of Data

IIPS will develop a tabulation plan and indicators for the fact sheets. The validity of indicators will be tested, and confidence interval will be provided for all outcome indicators. Comparison

will be made with available data sets from the baseline surveys. Household files will be merged with the individual files of target groups. IIPS will convert the data into different formats (SPSS and STATA) for public use.

6.2 Fact Sheet, Dissemination of Results and Thematic Papers

IIPS will prepare facts sheet for Chhattisgarh based on quantitative data analysis. Fact sheets will be prepared for Bastar district. Dissemination of fact sheets will be done at the state and the national level.

IIPS will also write 2thematic papers based on the data from the Swabhimaan survey. These paper will be published in peer reviewed journals.

7. LIMITATION

It is important to note that till March 2020 the endline data may reflect the real scenario in the study area; however, due to the COVID 19 crisis, we might not get the true impact of interventions in the subsequent months and also a considerable change in the study indicators can be expected.

8. MODE OF PAYMENT

The release of funds to IIPS from UNICEF for endline survey of Swabhimaan will be done according to the requirement.

9. LOGISTIC SUPPORT FROM UNICEF

To carry out anthropometric measurements of, IIPS team will need stadiometers, weighing machines and MUAC tapes from UNICEF Office. IIPS will hire experts to calibrate equipment prior to the survey.

10. PROJECT DURATION AND TIMELINE (1 September 2021 – 31 March 2022)

The assignment of IIPS for the SWABHIMAAN Program Endline Impact Evaluation, Chhattisgarh would be implemented from 1st September 2021 and it will be completed by 31st March 2021. After that data cleaning, analysis, factsheet preparation will be carried out. The details are given as under along with timeline.

11. DELIVERABLES FROM IIPS

| Activity | Duration | Deliverables |
|---|-------------------------|--|
| Phase I: Preparatory work | Feb 2021 (Completed) | <ul style="list-style-type: none"> Revision of protocol: meeting with collaborators, reviewing and synchronising questionnaire, pre-testing, sampling TAG meeting for protocol IRB approval for study |
| Phase II: Implementation of Chhattisgarh endline survey | Sep-Oct 2021 | <ul style="list-style-type: none"> Training of investigators Conducting endline survey in Chhattisgarh |
| Phase III: Data analysis, Dissemination and Thematic papers | Nov 2021- Mar 2022 | <ul style="list-style-type: none"> Data cleaning, analysis, and management Preparing fact sheets Preparing PPT for dissemination Writing thematic papers based on endline data |

12. TIMELINE (1 September 2021 – 31 March 2022)

| | 2021 | | | | | 2022 | | |
|--|------|-----|-----|-----|-----|------|-----|-----|
| ACTIVITIES | Feb | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| PHASE I (February 2021) | | | | | | | | |
| Review and finalisation of tools | | | | | | | | |
| Sampling | | | | | | | | |
| Pre-testing | | | | | | | | |
| Technical Advisory Group (TAG) meeting for reviewing factsheet structure | | | | | | | | |
| IRB approval for the study | | | | | | | | |
| PHASE II (September- October 2021) | | | | | | | | |
| Training | | | | | | | | |
| Survey | | | | | | | | |
| PHASE III (November 2021- March 2022) | | | | | | | | |
| Data cleaning | | | | | | | | |
| Data analysis and management | | | | | | | | |
| Fact sheets | | | | | | | | |
| Preparing PPT for dissemination | | | | | | | | |
| Writing thematic papers | | | | | | | | |

UNICEF/Nutrition/2020
4 November 2020

To,
Dr. Sayeed Unisa
PI-Swabhimaan Project
And Head of Dept. of Mathematics
Lady Irwin College, New Delhi

Sub: Endline Survey- Swabhimaan
Your proposal received by us on 3.11.2020

Dear Dr. Unisa,

Thank you for your proposal for endline survey for swabhimaan for Odisha state for the period 15 November 2020-April, 2020 for 53,52,900 INR (~74,000 USD) in two phases –

| Phase | Activity | Time period | Amount in INR |
|-------|---|---------------|---------------|
| I | Preparation, ethical approval, mapping and listing and TOT | Nov-Dec'20 | 44,43,100 |
| | Data collection and Cleaning | Jan-Feb'21 | |
| II | Data Entry, Analysis and Fact Sheet Development and power point for dissemination | Mar-Apr'21 | 9,09,800 |
| | | Nov'20-Apr'21 | 53,52,900 |

We agree. To enable us release the funds, for phase I you are kindly requested to share the FACE form.

Yours Sincerely,



(Gayatri Singh)
OIC,
Nutrition Section, UNICEF India
gasingh@unicef.org

PROJECT PROPOSAL

**ENDLINE SURVEY for SWABHIMAAN Women's Nutrition Demonstration Programme
in ODISHA**

Submitted to

UNICEF India

By

International Institute for Population Sciences, Mumbai



Principal Investigator

Prof. Sayeed Unisa, Professor, IIPS

Co-Principal Investigators for Endline survey

Dr. Reshmi R.S., Assistant Professor, IIPS

Dr. L.K. Dwivedi, Assistant Professor, IIPS

Dr. Sarang Pedgaonkar, Assistant Professor, IIPS

15 November 2020- 30 April 2021

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SWABHIMAAN (2016-2021)

1. BACKGROUND

The Swabhimaan evaluation design is a prospective, non-randomized controlled evaluation. It evaluates the delivery of a package of 18 essential nutrition (specific and sensitive) interventions via Aajeevika promoted village organisations (federation of women self-help groups) to improve the nutrition status of girls' and women (before conception, during pregnancy and after birth) in three Indian states: Bihar, Chhattisgarh and Odisha in 2016-2017.

The target groups focussed interventions are delivered through systems-based and Village Organizations (VO) led approaches grouped under four pillars such as system strengthening, VO led interventions for adolescents, women and village Resource Person (VRP)/women farmers club. The geographical sites of Swabhimaan are all 356 revenue villages of five scheduled caste/tribe dominated blocks of four districts (Bihar: Purnea; Chhattisgarh: Bastar; Odisha: Angul and Koraput).

UNICEF India started a partnership with the International Institute for Population Sciences (IIPS) in 2016 for the baseline survey of Swabhimaan demonstration programme. IIPS is playing a crucial role in the impact evaluation of Swabhimaan intervention. In the baseline evaluation survey conducted during 2016-2017, IIPS was the lead technical support agency of Swabhimaan Women's Nutrition Demonstration Programme. IIPS team published technical papers along with UNICEF and AIIMS using baseline data, technical papers in peer-reviewed international journals in the area of nutrition, WASH, and women empowerment.

In order to examine the intervention process and the extent of the reach of beneficiaries, UNICEF entrusted IIPS for conducting the Midline process evaluation survey which was conducted during September 2018 to June 2019. A mixed method design approach was used which comprised of a cross-sectional survey and qualitative data collection in five blocks of three Indian states (Bihar, Chhattisgarh, and Odisha). The cross-sectional survey aimed to assess the system strengthening process and coverage of VO led interventions among beneficiaries. Qualitative data collection included in-depth interviews and focus group discussions of target groups, community cadres and service providers. Dissemination of the midline survey findings in Bihar was conducted on November 13, 2019 in Bihar.

Dissemination of the midline survey findings in Chhattisgarh and Odisha were done on 10th and 17th December 2019, respectively.

1.1 About the IIPS

The International Institute for Population Sciences (IIPS) serves as a regional Institute for Training and Research in Population Studies for the ESCAP region. It has been started in 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations. It was declared as a 'Deemed University' on August 19, 1985. The Institute is under the administrative control of the Ministry of Health and Family Welfare, Government of India. The functions of the IIPS can be classified into four categories: teaching, research, consultative services, and documentation. The institute has seven academic departments with well-qualified faculty members.

The Institute has the expertise and vast experience of carrying out various large-scale population-based research projects. The most prominent among them are the National Family Health Survey (NFHS), District Level Household Survey (DLHS), Concurrent Evaluation of National Rural Health Mission, and Global Tobacco Survey.

IIPS has completed comprehensive nutrition surveys in the states of Maharashtra and Gujarat namely Comprehensive Nutrition Survey in Maharashtra (CNSM), Comprehensive Nutrition Survey in Gujarat (CNSG). UNICEF funded CNSM project in Maharashtra, and CNSG project was funded by Department of Women and Child Development, Government of Gujarat. These surveys provided valuable data on the nutrition status of under two/five children, mothers, and feeding/food intake practices, food consumption pattern, diet during pregnancy and lactation, health and hygiene related parameters, food security at household level and status of *Anganwadis*.

Previously, IIPS had provided technical support for the Swabhimaan baseline survey. Later, the midline process evaluation of the Swabhimaan intervention program in Bihar, Chhattisgarh and Odisha has also been carried out by IIPS.

1.2 About SWABHIMAAN

SWABHIMAAN multi-state, multi-sector women's nutrition demonstration intervention programme with direct cash grant was started with an aim to improve the nutritional status of adolescent girls, pregnant women and mothers of children under two years, covering the most vulnerable populations in National Rural Livelihood Mission (NRLM) resource blocks.

The impact evaluation of this project was led by AIIMS in Bihar, Odisha and Chhattisgarh with technical support from IIPS and University College London (UCL). The data collection of the baseline (2016) and midline surveys in all the three states were conducted between July-December 2016 and September 2018-June 2019, respectively and the results of the surveys were disseminated.

Interventions which can improve nutrition of women are well known (lancet nutrition services, 2013). Delivery mechanisms to deliver these interventions also exist but are managed by at least five departments (Social Welfare, Civil supplies, Rural development, Public Health Engineering-PHED and Health), with weak or no institutional convergence mechanisms. Additionally, some of the critical interventions are not included in the antenatal package (e.g. maternal calcium supplementation, maternal deworming). There is also no mechanism to identify pregnant women at nutrition risk and providing them a special package of feeding and care. Those nutrition interventions that are present also need quality strengthening to address operational challenges in service delivery owing to capacity building, monitoring and huge vacancy load.

One delivery platform untapped to reach out to adolescents and pregnant women with special package of reproductive, health and nutrition messages as well as services is the women Self-Help Groups (SHGs) and Village Organizations (VO) under the NRLM. Evidence suggests that these community organisations and their federations have the potential to manage grants for improving last mile delivery of essential nutrition services for women, provided they are enabled, supervised, and provided protection against violence and exploitation (UNICEF, 2016).

Community cash grant is a mechanism by which organised community groups, with active bank accounts, such as VOs directly receive and manage money to deliver services as per community needs-based plans approved by the funding agency.

In context to Indian public health services, the field workers critical to improve the last mile delivery of health services and undertaking a range of activities like community mobilisation, counselling, record keeping, to name a few, have largely been considered honorary workers. SWABHIMAAN project shifts this approach of strengthening the last mile delivery of services into an invested service that can be sustained through VOs and higher federated

institutions rather than being voluntary work. Some of the basic findings of the SWABHIMAAN baseline survey are given below

1.3 SWABHIMAAN Surveys in Odisha

The baseline survey of Swabhimaan in Odisha was conducted during October 2016 to January 2017. A sample of 1727 adolescent girls (10-19 years), 814 pregnant women (15-49 years) and 3604 mothers of children under age two years (15-49 years) were interviewed from Pallahara and Koraput Sadar blocks of Angul and Koraput districts, respectively. The dissemination of findings from the baseline survey in Odisha was held in July 2017. Swabhimaan midline survey was done during January to March 2019 in Odisha. A total of 1191 adolescent girls (10-19 years), 614 pregnant women (15-49 years), 1184 mothers of children under age two years (15-49 years) and their children were interviewed from Pallahara and Koraput Sadar blocks of Angul and Koraput districts, respectively.

Table 1: Key nutrition outcomes and coverage of selected nutrition relevant services, Swabhimaan baseline (2017) and midline surveys (2019), Odisha.

| Indicators | Intervention | | Control | |
|--|--------------|-------------|--------------|-------------|
| | Baseline (%) | Midline (%) | Baseline (%) | Midline (%) |
| Stunting (adolescent girls aged 10-19 years) | 35.1 | 36.6 | 34.9 | 35.7 |
| Chronic under nutrition (mother), BMI <18.5 kg/m ² | 45.8 | 44.3 | 46.9 | 38.6 |
| Pregnant women with MUAC 23 cm and above | 66.6 | 73.8 | 62.2 | 69.8 |
| Use of modern contraceptives (mother) | 22.6 | 28.2 | 20.7 | 25.3 |
| Pregnant women receiving antenatal check-ups in first trimester | 40.1 | 60.7 | 32.7 | 57.5 |
| <i>Pregnant women</i> | 30.1 | 37.9 | 31.4 | 33.8 |
| <i>Mother of children under two years</i> | 29.1 | 31.8 | 26.7 | 36.8 |
| Access to improved sanitation facility#/no open defecation | | | | |
| <i>Adolescent</i> | 16.6 | 24.4 | 17.3 | 20.9 |
| <i>Pregnant women</i> | 23.4 | 22.7 | 13.4 | 17.5 |
| <i>Mother of children under two years</i> | 21.7 | 25.4 | 15.4 | 17.1 |
| Adolescent girls who have attended at least two Kishori group meetings in the six months preceding the survey* | 6.5 | 4.9 | | |
| Self Help Group (SHG) membership | | | | |
| <i>Pregnant women</i> | 28.4 | 49.6 | 27.1 | 53.1 |
| <i>Mother of children under two years</i> | 28.1 | 56.4 | 31.8 | 58.7 |
| VHSND | | | | |
| <i>Pregnant women</i> | 59.9 | 59.9 | 55.3 | 51.3 |

| | | | | |
|--|------|------|------|------|
| <i>Mother of children under two years</i> | 59.4 | 65.1 | 57.4 | 54.6 |
| Source: SWABHIMAAN Baseline Survey, Odisha 2017 and Midline Survey, Odisha 2019. | | | | |
| * Intervention activity specific to intervention areas only. | | | | |

2 OBJECTIVES AND ACTIVITIES OF IIPS FOR ENDLINE SURVEY, ODISHA

The main objectives of the IIPS are:

1. To assess the reduction in the proportion of adolescent girls and mothers of children under two years with a BMI<18.5.
2. To examine the improvement in mean mid-upper arm circumference (MUAC) among pregnant women over the intervention period (2016-2021).
3. To compare the baseline and endline data for estimating improvements in the coverage of key nutrition-specific and nutrition-sensitive interventions.
4. To assess the change in utilization of maternal health and nutrition services before and after the COVID 19 pandemic.

Activities of IIPS for the endline survey are:

1. To formulate sampling design and carry out sampling for selection of sample for the endline survey in Odisha.
2. To translate questionnaires to Odia and synchronise them to state-specific programmes.
3. To organise training of mapper listers and field investigators for endline survey in Odisha.
4. To conduct the endline survey of the Swabhimaan programme in Odisha.
5. To validate and manage data and prepare fact sheets for Odisha.

3. TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) will be constituted to guide and approve the survey design, tools, and protocols for the proposed Endline Impact Evaluation of SWABHIMAAN Demonstration Programme. The members will include technical experts in nutrition, intervention, sampling and survey methodology. The TAG will meet to review and approve methodology, survey protocols, monitor progress and review survey findings.

Under the overall guidance of the UNICEF, TAG, a national and an international consultant, the proposed endline survey will be carried out by the team of IIPS consisting of Faculty members, Junior Project Manager (JPM), Programmer and Data Analysts.

4. PHASE I: PREPARATORY WORK FOR THE ENDLINE SURVEY

The phase I will be carried out during 15th November and 31st December 2020. The following specific activities are envisaged by IIPS in phase I:

4.1 Preparing Protocol

Principal Investigator (PI), Co-Principal Investigators (Co-PIs) and research staff will revise the tools and instruments of the Swabhimaan to make necessary modifications for the endline survey as discussed below.

4.1.1 Discussion with Survey Collaborators

Meeting will be arranged with UNICEF and State Rural Livelihood Mission officials to discuss the current situation in the study area. This discussion will also account for any amendments made to the Swabhimaan programme, challenges, or issues particularly post Covid-19 outbreak that collaborators would like to address through the endline questionnaire.

4.1.2 Sampling and Sample Size

The estimated sample size for the endline survey in Odisha will be same as the baseline survey for comparison purposes. However, the sampling design and sample selection technique will be modified to study the impact evaluation of system strengthening and community action interventions. PI and Co-PI along with an external sampling expert will formulate an appropriate sampling design for the representative selection of the respondents from each target group in Odisha.

Table 2. Sample size of target groups

| Sample Size | Intervention (Estimated) | Control (Estimated) | Total |
|-----------------------------|-----------------------------|------------------------|-------|
| Adolescent girls | 531 | 531 | 1062 |
| Pregnant women | 374 | 374 | 748 |
| Mothers of children under 2 | 1340 | 1340 | 2680 |

4.1.3 Tools for Data Collection

Quantitative data will be collected using Computer Assisted Personal Interview (CAPI). The questionnaires of baseline and midline surveys will be reviewed to finalize the tools for the endline impact evaluation. The quantitative data tools will include separate structured and bilingual questionnaire for each target group. Additionally, there will be a separate interview schedule for household information. The questionnaires will be translated to Odia and synchronised to state-specific programmes.

Interview schedules: 1. Household schedule

2. Adolescent girls schedule

3. Pregnant women schedule

4. Mothers of children under two years schedule

Additionally, qualitative data from the officials (SPMU, DPMU, BPMU etc.) will be collected using telephonic interviews.

4.1.4 Coverage of Indicators in Beneficiary Survey

Identification of adolescent girls and women beneficiaries in the target groups will be done by Mapping and Listing. From each target group following information will be collected

Table 3. Coverage of Indicators in Beneficiary Survey

ADOLESCENT GIRLS (aged 10-19 years): *unmarried, not pregnant and not the mother of a child under two years*

1. Mean Dietary Diversity Score
2. Dietary Diversity Score (5 out of 10 food groups)
3. Consumed four or more IFA tablets in the month preceding the survey
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden

7. Living in households with a toilet or covered pit latrine
8. Using safe pads or sanitary pads
9. Accessing adolescent health services (Kishori Diwas) in six months preceding the survey
10. Attended at least three Kishori meetings in six months
11. Questions related to intervention activities

PREGNANT WOMEN (aged 15-49 years): *if she is pregnant, a girl or woman will join this category whether she is an adolescent or the mother of any child under two*

1. Pregnant women in the 2nd or 3rd trimester consuming at least 25 IFA tablets in the month preceding the survey (Pregnant women in 2nd or 3rd trimester)
2. Mean Dietary Diversity Score
3. Dietary Diversity (5 out of 10 food groups)
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine
8. Received ICDS entitlement for supplementary food in month preceding the survey (Pregnant women entitled to ICDS rations)
9. Had one antenatal check-up in the first trimester
10. Weighed at least once in first trimester
11. Received one dose of albendazole in second trimester (Pregnant women in 2nd or 3rd trimester)
12. Taken two calcium tablets in 2nd trimester (Pregnant women in 2nd or 3rd trimester)
13. Below the age of eighteen

MOTHERS OF CHILDREN UNDER TWO YEARS (aged 15-49 years)

1. Mean Dietary Diversity Score
2. Receiving minimum Dietary Diversity (5 out of 10 food groups)
3. Living in a household with iodized salt
4. Living in food secure households
5. Living in households with a kitchen garden
6. Living in households with a toilet or covered pit latrine
7. Receiving minimum PDS entitlement in month preceding survey
8. Receiving ICDS entitlement for supplementary food in month preceding survey
9. Received at least four ANC in last pregnancy
10. Consumed 100 or more IFA tablets during last pregnancy
11. Weighed at least four times in last pregnancy
12. Using a modern family planning method
13. Accessed at least one of three social protection schemes (JSY, Adarsh Dampati Yojana)
14. Delivered in a health facility in last pregnancy
15. Attended at least three Maitri baithak meetings and three VHND meetings in last year
16. Attended at least three Maitri baithak meetings and three VHND meetings in last year (As above, from underprivileged groups)

17. Members of women's Ag-producer groups and have adopted at least 1 mix micronutrient-rich cropping methods, against previous practice (Mothers of children under two, who are members of farmer producer groups)
18. Questions related to intervention activities

Also, any suggestions risen out of the meeting with survey collaborators will be included in the endline survey questionnaire. Possible inclusion of questions addressing impact of COVID-19 on the services and their utilisation.

4.1.5 Pre-testing of Survey Instruments

To understand the pattern of questions, skip and filter pattern or any other problem in understanding or administration of questionnaires, a pretesting of questionnaires will be done in study area. Further modifications will be done in the questionnaires based on the results of pre-testing.

4.1.6 Ethical Consideration

- An Institutional Review Board (IRB) meeting will be held, and survey protocol will be presented in the meeting for the approval. Ethical aspects such as privacy, confidentiality, anonymity, informed consent, and right to withdraw from participation will be included in the ethical disclosure of survey protocol.
- Key personnel are assigned solely for implementation of this project. Any change will be made in consultation with UNICEF. Proper financial and accounting records will be maintained.

5. PHASE II: IMPLEMENTATION OF THE ENDLINE SURVEY IN ODISHA

5.1 Team Composition

All the administrative work related to the project will be the responsibility of the Co-PI, JPMs, and Data analyst. This team will be responsible for monitoring all administrative and field activities of the project including accounting, preparation of budget, face form, Statement of Expenditure (SOE), project-related communication and purchases, advertisement, appointments, and meetings and programmes in the field level. The field related work of the project will be co-ordinated by two JPMs and two Programmers. Swabhimaan cadre will conduct the listing operation for the endline survey in ODISHA. The interviews will be carried out by 24 field investigators and supervised by the JPMs and other IIPS staff and officials. PI,

Co-PIs, Data Analysts/Technical Writers, and Experts will review the protocols, monitor field activities and prepare and review the factsheets.

5.2 Training

The training will be conducted at two levels:

- Training for mapping and listing will be carried. Post-training, mappers and listers will be sent to nearby village for field practice and the errors and issues will be discussed with the field staff and Co-PIs and resolved.
- Training of field investigators will be conducted on quantitative interview techniques, data collection tools, and anthropometric data collection. Apart from this, training of CAPI will be given to the field investigators. The standardised training manuals will be developed for conducting the training. Field investigators will be trained in the gold standard procedure for anthropometric measurements.
- A core team of PI, Co-PIs, JPMs and Programmers along with the support of the state-level staff from UNICEF will facilitate and execute the training programmes.
- Only those investigators who meet the standard eligibility criteria given in the advertisement will be recruited for the data collection activity.

5.3 Data Collection

The qualitative and quantitative data collections are proposed to be conducted during January to February 2021. Informed consent will be taken from the respondents before filling the tool. In case of adolescent girls an informed consent from the guardian and assent of participants' will also be taken before interview.

5.4 Field Monitoring

The quality of data being collected will be regularly monitored using checklists and specially developed formats for same, by the project officials placed in the states as well as regular field visits by PI and Co-PI from IIPS. At the beginning of the survey, 2% of spot checks will be done to correct any errors done by the investigators. IIPS will do the back-check of previously collected data. Overall, back-checks will be done for 3% of the total sample (i.e. adolescent girls, pregnant women and mothers with children under two years). Specially developed back check formats will be used to check the consistency of information collected by the investigators.

Table 4. Sample Size and Estimated Checks by IIPS

| Target Groups | Sample Size | Quality check | |
|------------------------------------|-------------|--------------------|--------------------|
| | | Back Check (3%) | Spot Check (2%) |
| Adolescent girls | 1062 | 32 | 21 |
| Pregnant women | 748 | 22 | 15 |
| Mothers of children under 2 | 2680 | 80 | 54 |
| Total | 4490 | 135 | 90 |
| Total sample for quality assurance | | 225 | |

Table 5. Field and Data Monitoring Components

| Key features | Process | Components | IIPS |
|----------------------------|---|---|---|
| Handholding | Spot-checks tables – Initial stage of survey | Spot-Checks and reorientation | Coordinator and JPMs |
| Validation | Back-checks tables – Daily | Matching with soft data and filled questionnaire | JPMs, Programmers Matching by IIPS |
| Validity and consistency | Field-checks tables- teams Weekly | Household, and target groups response and measurement | Data Analyst/Technical Writer, Co-PI |
| Validation and consistency | Data consistency intervention and control villages Bi-weekly | Higher level analysis of age and anthropometric | Data Analyst/Technical Writer and PI/CO-PI/JPMs |

Each interviewer should be regularly observed during field work as spot checks. To accomplish this, JPMs, Programmers, quality assurance team, and senior staff will have to be present during interviews and give feedback to interviewers. They will not interrupt during the interview, rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the course of the fieldwork, field editors should observe at least one interview per day.

JPMs and Programmers will share the task to ensure that all filled in schedules are thoroughly scrutinized, and all errors are tactfully discussed with the interviewer.

5.5 Data Quality Analysis

Computer Assisted Personal Interviewing (CAPI) will be done in all three states. CAPI surveys have shown to improve data quality through less missing data and fewer errors due to functions built into the data entry programme. Data will be uploaded directly into the database. IIPS research team will carry out cleaning of data, validation of data and checking for internal consistency and management of missing cases. Team wise age and outcome variable

frequencies will be checked. The pattern of missing cases by caste/tribe and economic characteristics will be examined.

6. PHASE III: DATA ANALYSIS AND DISSEMINATION

During the third and final phase the gathered data will be analysed, compiled in factsheets and the findings will be shared with stakeholders, researchers, and others.

6.1 Analysis and Management of Data

IIPS will develop a tabulation plan and indicators for the fact sheets. The validity of indicators will be tested, and confidence interval will be provided for all outcome indicators. Comparison will be made with available data sets from the baseline surveys. Household files will be merged with the individual files of target groups. IIPS will convert the data into different formats (SPSS and STATA) for public use.

6.2 Fact Sheet and Dissemination of Results

IIPS will prepare facts sheet for Odisha based on quantitative data analysis. Fact sheets will be prepared separately for each block (Pallahara and Koraput Sadar). Dissemination of fact sheets will be done at the state and the national level.

7. LIMITATION

It is important to note that till March 2020 the endline data may reflect the real scenario in the study area; however, due to the COVID 19 crisis, we might not get the true impact of interventions in the subsequent months and also a considerable change in the study indicators can be expected.

8. MODE OF PAYMENT

The release of funds to IIPS from UNICEF for endline survey of Swabhimaan will be done according to the requirement.

9. LOGISTIC SUPPORT FROM UNICEF

To carry out anthropometric measurements of, IIPS team will need stadiometers, weighing machines and MUAC tapes from UNICEF Office. IIPS will hire experts to calibrate equipment prior to the survey.

10. PROJECT DURATION AND TIMELINE (15 November 2020- 30 April 2021)

The assignment of IIPS for the SWABHIMAAN Program Endline Impact Evaluation would be implemented from 15th November 2020 and it will be completed by 30th April 2021. The details are given as under along with timeline.

11. DELIVERABLES FROM IIPS

| Activity | Duration | Deliverables |
|---|-------------------------------|--|
| Phase I: Preparatory work | 15 th Nov-Dec 2020 | <ul style="list-style-type: none">• Revision of protocol: meeting with collaborators, translating and synchronising questionnaire, pre-testing, sampling• TAG meeting for protocol• IRB approval for study |
| Phase II: Implementation of Odisha endline survey | Jan-Feb 2021 | <ul style="list-style-type: none">• Phone-based qualitative data collection• Training of trainers and investigators• Conducting endline survey in Odisha |
| Phase III: Data analysis and Dissemination | Mar-Apr 2021 | <ul style="list-style-type: none">• Data cleaning, analysis, and management• Preparing fact sheets• Preparing PPT for dissemination |

12. TIMELINE (15 November 2020- 30 April 2021)

| ACTIVITIES | Nov | Dec | Jan | Feb | Mar | Apr |
|--|-----|-----|-----|-----|-----|-----|
| PHASE I (15th November -December 2020) | | | | | | |
| Review and finalisation of tools | | | | | | |
| Sampling | | | | | | |
| Pre-testing | | | | | | |
| Technical Advisory Group (TAG) meeting for Endline study | | | | | | |
| IRB approval for the study | | | | | | |
| PHASE II (January-February 2021) | | | | | | |
| Training | | | | | | |
| Phone-based qualitative data collection from Officials | | | | | | |
| Survey | | | | | | |
| PHASE III (March- 30th April 2021) | | | | | | |
| Data cleaning | | | | | | |
| Data analysis and management | | | | | | |
| Fact sheets | | | | | | |
| Preparing PPT for dissemination | | | | | | |

अन्तर्राष्ट्रीय जनसंख्या
विज्ञान संस्थान
(विश्वविद्यालय समतुल्य)*

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार का स्वायत्त संगठन
गोवर्द्धी स्टेशन रोड, देवनागर, मुम्बई - 400 088, भारत



(स्थापना/ Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

1332
International Institute for
Population Sciences
(Deemed University)*

An Autonomous Organization of Ministry of Health & Family Welfare, Govt. of India
Govardhi Station Road, Deonar, Mumbai - 400 088, INDIA

BY COURIER

IIPS/ UNICEF/ 287/2019

16/12/2019

To

Ms. Rajeshwari Chandrasekar

Chief, Mumbai Field Office, UNICEF

4th Floor, Atrium 215, B Wing,

Behind Courtyard Marriot,

Chakala, Andheri East,

Mumbai - 400093.



Sub: Submission of signed copy of technical proposal, ToR, budget and Face form of the project titled
"Protection of children affected by seasonal migration: A study in Jalna district of Maharashtra"

Madam

Greetings from IIPS.

Attached please find the of signed copy of technical proposal, budget and Face form of the project
titled "Protection of children affected by seasonal migration: A study in Jalna district of Maharashtra"
for your kind perusal and needful action.

Yours sincerely

K. C. Das

Project Coordinator



Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra

| | | |
|------------------------------------|---|------------|
| Project title | Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra | |
| Geographical Coverage | Jalna, Maharashtra | |
| Funds requested from UNICEF | INR 91,47,120 | |
| Organization Contribution | | |
| Applicant Organization | International Institute for Population Sciences | |
| Address | Govandi Station Road, Deonar, Mumbai-88 | |
| Contact Person | Prof Kailash Chandra Das, Prof R. B. Bhagat Prof. Archana Roy | |
| Phone and Email | 6370205856/02242372424; kcdas@iips.net/dasilic@yahoo.com | |
| Time Frame | Project duration | 18 Months |
| | Start date | 20/12/2019 |
| | Completion date | 19/06/2021 |

Introduction

Jalna is a district in the Aurangabad division of Maharashtra, home to 19 million people in 2011. There is both in-migration and out-migration from this area, parts of which are highly fertile and densely worked in. Families come from various parts of Maharashtra and Madhya Pradesh for seasonal work in brick kilns, stone quarries, cotton ginning factories and the sugarcane industry.

Children migrate with parents that work in sugarcane factories, cotton ginning, brick kilns and stone quarries. For all of them, these conditions present several challenges. The makeshift accommodations in which many families live constitute high risk areas for young children and adolescent girls, all the more so as they are often left alone while parents are out at work. Living accommodation is often precarious, easily accessible to outsiders. These areas often have no basic amenities including electricity, water or sanitation, and teem with insects and other animals in temperatures that often exceed 40 degrees. Children often work, helping their parents with the harvesting and with domestic chores. This contributes to low school attendance, which is further exacerbated by lack of information about the right to enroll in local schools at the destination and the process.

Children that stay behind in their home villages for the months that parents migrate, face a related set of challenges. Some of these children are cared for by grandparents or other relatives, while others fend for themselves. Many are without resources to meet their basic needs: parents paying down debt on a piecemeal basis are not always able to send back sufficient support and earning opportunities in source villages are often scarce. Children living alone or in families under increased strain are vulnerable to child labor, deteriorating mental health, sporadic school attendance, school dropout, and child marriage.

Although Jalna has high rates of out migration, field research by UNICEF revealed that many families migrated into Jalna from other parts of Maharashtra. In 2017-18, approximately 17940 families

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migrated into 153 worksites across all eight blocks of Jalna for seasonal work at four work sectors (sugar cane harvesting, brick kilns, cotton ginning factories, stone quarries). Although 85 percent of the families are internal migrants from different parts of Maharashtra, most children did not have access to education at the destination points. A rapid assessment of the situation of children at work sites in Jalna conducted by UNICEF in 2017-2018 revealed that living conditions at the work sites were poor, few work sites provided drinking water, toilets, safe bathing spaces or electricity. Children and their families did not have access to services of education, health, nutrition or protection at most of the worksites.

The proposed study will rigorously explore the child protection and child rights challenges generated by these patterns of seasonal migration, the policies and programmes established to address them and what can be improved and strengthened.

Objectives of the study

1. To understand the situation of children affected by seasonal migration in Jalna, including who they are, where they come from, their living conditions, and daily activities.
2. To identify the challenges faced by seasonal child migrants and their needs.
3. To ascertain the consequences of seasonal migration on children.
4. To identify gaps in existing strategies and solutions for children affected by seasonal migration and find more sustainable solutions.
5. To develop recommendations for strengthening policy and programmes for children affected by seasonal migration.

Key Questions

In particular, the study will investigate the following three key research questions that is linked to one or more objectives.

1. What is the situation of children affected by migration and what are their needs?

This research question covers Objective 1: To understand the situation of children affected by seasonal migration and their needs. The sub questions are:

- ≠ What are demographics of child migrants in Jalna?
- ≠ Is there a difference in the socio-economic characteristics of the children who migrate with their parents (both in and out of Jalna) or stay back?
- ≠ Are there families who have children who migrate with them and also stay back?
- ≠ What are the factors that affect such decisions?
- ≠ What are the reasons that children migrate with their parents or chose to stay back?
- ≠ Which children affected by migration are most impacted?
 - o Age, gender, caste, disabilities etc
- ≠ How do children experience seasonal migration?
 - o Are they aware of what seasonal migration is and what it means?
 - o Do they have a say in decisions related to migration?
 - o How do they talk about and experience seasonal migration?

The experiences of children will be examined through the use of a gender and age lens.



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2. How does seasonal migration impact children?

This research question covers Objective 2: To ascertain the impact of seasonal migration on children. The sub questions are:

- * In what way does seasonal migration have an impact on children?
 - o How does seasonal migration improve/deteriorate the basic rights of children such as education, health, nutrition and protection?
 - o How does seasonal migration affect children physically, socially, psychologically and emotionally?
- * What existing social services do children affected by migration have access to?
 - o How does this vary by geography, socio-demographic group?
 - o How is access made possible/ensured?
- * What existing social services children affected by migration do not have access to?
 - o How does this vary by geography, socio-demographic group?
 - o Why do children affected by migration not have access to these services?
 - o What challenges do migrant children and their caregivers/ parents face when accessing social services?
- * How did access to social services change for children when they are affected by migration?

The above will include a comparison of children who migrate with their parents with children who stay back with grandparents/caregivers when their parents migrate.

3. What solutions already exist?

This research question covers Objectives 3 and 4: to explore existing solutions and identify gaps that exist and to develop recommendations for policy and planning. The sub questions are:

- * What strategies or solutions have been designed for children affected by migration in Jalna or nationally and globally, if any?
 - o How do these strategies/solutions attempt to address the negative impact of migration on children?
 - o How do these strategies/solutions attempt to address the lack of access to services of children affect by migration?
 - o What perceptions do migrant parents have of these strategies/solutions? What challenges so they experience?
 - o What are the existing policies and programmes being implemented by government as well as NGOs and through partnerships that already exist on the ground?
 - o What are the solutions, if any, that have been developed by the communities/villages?
- * What are the gaps of existing strategies and solutions?
- * What are the recommendations for policy imperatives?

Project Overview

The proposed collaboration between UNICEF and IIPS will involve the collection and analysis of data at three levels:

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A. A desk review of the existing literature & administrative data for Jalna

Academic and grey literature on the links between seasonal migration and child rights and child protection will be reviewed to examine patterns and trends of seasonal migration in Jalna or nationally and globally. Gram Panchayat data on access to services by children affected by seasonal migration will also be sought and analysed for this purpose. Existing government and UNICEF schemes, policies and programs addressing seasonal migration in Jalna or nationally and globally will be mapped. The relevant budgetary allocations for Jalna district for all seasonal migrants will also be determined.

B. Cross Sectional Data Collection and Analysis

In order to gain new insights into the challenges faced by children affected by migration and their parents, a cross sectional data collection and analysis has been planned. This study will focus on four groups of children, three of which are affected by seasonal migration, i.e.

- Children from Jalna who stay at home when their parents migrate
- Children from Jalna who migrate with their parents
- In migrant children (from other parts of the state and country) at work sites in Jalna

A fourth group comprising children from non-migrant households will also be included to allow for a comparison of indicators related to child protection, health, nutrition and education and ascertain the impact of seasonal migration on children.

Data would be collected through the use of multiple tools that include Quantitative household surveys, qualitative data collection methods with children and households, focus group discussions and observation guides. The survey instruments will be aligned with efforts underway in other states by UNICEF to enable comparison across states. Please refer to table below for details of the same.

| Data collection method | Respondent group | Number of respondents | Key components covered |
|---|--|--|--|
| Quantitative household surveys | <ul style="list-style-type: none">• Households with children who migrate with parents• Households with children who stay back when parents migrate,• Households with children that migrate into Jalna for seasonal work• Households with children that do not migrate | 400 in each of the four categories. (1 adult and 1 child would be covered in each household) | Key demographics, drivers of migration, key outcomes for children, access to services of education, health, nutrition (including anthropometric measurements for child respondents) and protection |
| Qualitative data collection methods with children | <ul style="list-style-type: none">• children who migrate with parents• children who stay back when parents migrate• children from in-migrant families | | Perception and experience around migration, Any changes and challenges faced in terms of access to services, Social, psychological and emotional impact of migration |

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|---|---|--|
| Qualitative data collection methods with households | <ul style="list-style-type: none"> • Migrant households: <ul style="list-style-type: none"> ○ children who migrate with parents ○ children who stay back when parents migrate, ○ children from in-migrant families | Any changes and challenges faced in terms of access to services Any changes in family relations/dynamics due to migration |
|---|---|--|

Every care will be taken to ensure that the sample covers an equal number of girls and boys as well as children of different ages so as to ensure a comprehensive understanding of the impact of seasonal migration on children across age and gender. However, data will not be collected from children aged less than 10 as such young children may not be able to respond to some of the questions and express their views.

Stratified sampling will be used to ensure that the sample covers an equal number of girls and boys as well as children of different ages so as to ensure a comprehensive understanding of the impact of seasonal migration on children across age and gender. The quantitative sample will include a random selection of households. Listing of households at the selected worksites and villages will be done as part of the sampling strategy. Qualitative samples will be selected purposively.

In addition to the qualitative methods with children and households, focus group discussions will be conducted with village stakeholders, frontline workers and service providers to examine their perceptions of the engagement with children who stay back during the season of migration as below.

| Respondent Group to examine access to services as well as strategies and solutions for children affected by seasonal migration | Total |
|--|-----------|
| Balmitras (in intervention villages alone) | 4 |
| Caregivers (in both intervention and non-intervention villages) | 4 |
| Multi-stakeholders (VCPC, SMC, Asha, AWW) at village level (in both intervention and non-intervention villages) | 4 |
| Total FGDs | 12 |

C. In-depth qualitative interviews or Key Informant Interviews with child protection stakeholders
In-depth or Key Informant Interviews (KIIs) will be conducted with district level stakeholders to assess current implementation of policies, understand challenges faced and identify existing gaps. Additionally, members of the factory management at the work sites (one in each sector) will also be interviewed as would the Mukadams at these work sites.

| KII Respondents | No of respondents |
|---|-------------------|
| Secretaries from Departments of Labour, WCD, Education, RDD | 4 |
| Commissioners from Departments of Labour, WCD, Education, RDD | 4 |
| District Collector and CEO | 2 |
| Management of factory sites (two per work sector) | 8 |
| Mukaddams (two per work sector) | 8 |
| Total | 26 |

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Deliverables

1. **Interim report.** One interim report will be submitted halfway through the project and will contain a summary of the desk review, the literature review, an update of work done in the preceding months as well as an eyeball analysis of data collected.
2. **Desk review report**
3. **Final report.** Will summarize lessons learned, analysis over time.
4. **Policy deliverables.** Practical, advocacy focused outputs that support UNICEF in its work to improve policies for children of seasonal migrants in Maharashtra and throughout India, collaborating with the private sector (factories), government (education, police, labour, DSW, WCD), and local bodies (village level child protection committees, gram panchayats, school management committees and youth groups).
5. **Conference.** A conference in Delhi or Bombay that brings together relevant stakeholders to share findings of the research and best practices from other areas of India, and to encourage future collaboration around strengthened child protection policy in the context seasonal migration. This forum can also be used to help decide questions that the Census 2021 can include on internal migration. Select practitioners, academicians and policy makers will be brought together to form a learning community that will further the policy and programming on children on the move.
6. **Journal Article:** An article will be written jointly by the research agency and UNICEF and submitted for published in an academic journal

Q. D. Desai
16/12/2019



BUDGET

Programme Cooperation Agreement Title: Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra

Location: Maharashtra
 Responsible Officer(s): Prof. Kailash Chandra Das, Prof. R. B. Bhagat, Prof. Archana Roy
 Implementing Partner: IIPS, Mumbai
 Project Period: 18 months

Amount in Indian Rupees*

| Programme Costs | | | | | | | | UNICEF Contribution | | | | | |
|-----------------|---|----------|----------|-----------|----------------------|------------------------|---------------------------|---------------------|--------------|--------------|--------------|--------------|--------------|
| No. | Items | Unit | Quantity | Unit cost | Total budgeted (D+E) | Partner's contribution | Total UNICEF Contribution | Dec 19 - Mar 20 | Mar - Jun 20 | Jul - Sep 20 | Oct - Dec 20 | Jan - Mar 21 | Apr - Jun 21 |
| A | B | C | D | E | F | G | H | I | J | K | L | M | N |
| 1.0 | Staff | | | | | | | | | | | | |
| 1.1 | Senior Project Officer (1 @ 60000/ month x 18 months) | Months | 18 | 60,000 | 1,080,000.00 | - | 1,080,000.00 | 180,000 | 180,000 | 180,000 | 180,000 | 180,000 | 180,000 |
| 1.2 | Project Officer (3 @ 40000/ month x 18 months) | Person/M | 54 | 40,000 | 2,160,000.00 | - | 2,160,000.00 | 360,000 | 360,000 | 360,000 | 360,000 | 360,000 | 360,000 |
| 2.0 | Training workshop (Qualitative 4 days) | | | | | | | | | | | 0 | 0 |
| 2.1 | Food (@ 400 x 15 persons x 4 days, as per actuals) | Nos/day | 60 | 400 | 24,000.00 | - | 24,000.00 | 24,000 | | | | | |
| 2.2 | Travel (for 02 Resource persons @ 1500/person as per actuals) | Nos | 2 | 1,500 | 3,000.00 | - | 3,000.00 | 3,000 | | | | | |
| 2.3 | Honorarium to resource persons (02 @ 5000/day) | Nos | 2 | 5,000 | 10,000.00 | - | 10,000.00 | 10,000 | | | | | |
| 2.4 | Stationery, handouts and pen drives (as per actuals) | Nos | 10 | 1,000 | 10,000.00 | - | 10,000.00 | 10,000 | | | | | |
| 3.0 | Training workshop (Quantitative, 1 week in January and 1 week in June at Jalna) | | | | | | | | | | | 0 | 0 |
| 3.1 | Venue @ 5000/day x 5 days x 2 times (as per actuals) | Days | 10 | 5,000 | 50,000.00 | - | 50,000.00 | 25,000 | | 25,000 | | | |
| 3.2 | LCD Projector and audio system (if hired separately) @ 2000/day x 5 days (as per actuals) | | 10 | 2,500 | 25,000.00 | - | 25,000.00 | 12,500 | | 12,500 | | | |

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|------|---|---------|-----|--------|--------------|---|--------------|---------|---|---------|---|---|---|
| 3.3 | Food and accommodation (@ 2700/day x 30 data collectors, IPS staff, Jaina team etc for 2 rounds of 8 days each, as per actuals) | Nos/day | 480 | 2,700 | 1,296,000.00 | - | 1,296,000.00 | 648,000 | - | 648,000 | - | - | - |
| 3.4 | Travel (to Jaina for data collectors @ 250/ person x 2 ways x 15 people x 2 rounds, as per actuals) | Nos | 60 | 250 | 15,000.00 | - | 15,000.00 | 7,500 | - | 7,500 | - | - | - |
| 3.5 | DA for resource persons (@ 1200 x 5 days x 2 rounds x 3 persons) | Nos | 30 | 1,200 | 36,000.00 | - | 36,000.00 | 18,000 | - | 18,000 | - | - | - |
| 3.6 | Conveyance vehicle hire for tool testing field trip (As per actuals, 2 vehicles x 2 days x 2 times) | Nos | 8 | 4,000 | 32,000.00 | - | 32,000.00 | 16,000 | - | 16,000 | - | - | - |
| 3.7 | Travel to Jaina (airfare for IPS faculty, as per actuals) | Nos | 6 | 15,000 | 90,000.00 | - | 90,000.00 | 45,000 | - | 45,000 | - | - | - |
| 3.8 | Travel to Jaina (IPS team, 4 persons @ 3000/ person/ roundtrip train x 2 times, as per actuals) | Nos | 8 | 3,000 | 24,000.00 | - | 24,000.00 | 12,000 | - | 12,000 | - | - | - |
| 3.9 | Weighing machine and stadiometer for BMI (@ Rs 5000/ set/ data collector x 10) | Nos | 10 | 5,000 | 50,000.00 | - | 50,000.00 | 50,000 | - | - | - | - | - |
| 3.10 | Stationery and handouts (as per actuals) | Nos | 30 | 100 | 3,000.00 | - | 3,000.00 | 1,500 | - | 1,500 | - | - | - |
| 4.0 | Data Collection (Quantitative, two rounds, one each in Jan-Feb and July-Aug) | | | | | | | 0 | - | - | - | - | - |
| 4.1 | Honorarium to data collectors @ 500/person/day x 50 days x 10 data collectors) | Nos/day | 500 | 500 | 250,000.00 | - | 250,000.00 | 75,000 | - | 175,000 | - | - | - |
| 4.2 | Food for data collectors (@ 350/day x 50 days x 10 data collectors, as per actuals) | | 350 | 350 | 175,000.00 | - | 175,000.00 | 52,500 | - | 122,500 | - | - | - |



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| | | | | | | | | | | | | | | | |
|------|--|----------|-----|--------|------------|---|------------|---------|--------|---------|--------|--------|--------|--------|--------|
| 4.3 | Acomodation for data collectors @ 500/day x 50 days x 10 data collectors | Nos/days | 500 | 500 | 250,000.00 | - | 250,000.00 | 75,000 | - | 175,000 | - | - | - | - | - |
| 4.4 | Data cards to data collectors @200/month x 10 data collectors x 3 times | Nos | 30 | 300 | 6,000.00 | - | 6,000.00 | 2,000 | - | 4,000 | - | - | - | - | - |
| 4.5 | Travel to Jaina for data collection team (7 seater vehicles x 2 @4000/day x 50 days, as per actuals) | Nos/days | 100 | 4,000 | 400,000.00 | - | 400,000.00 | 120,000 | - | 280,000 | - | - | - | - | - |
| 4.6 | DA and Accomodation for SPO @ 3000 x 15 days | Days | 15 | 3,000 | 45,000.00 | - | 45,000.00 | 15,000 | - | 30,000 | - | - | - | - | - |
| 4.7 | DA and Accomodation for 3 PO @ 2500 x 50 days | Days | 150 | 2,000 | 300,000.00 | - | 300,000.00 | 90,000 | - | 210,000 | - | - | - | - | - |
| 4.8 | DA for IPS for data monitoring and supervision @1200 x 4 days x 3 rounds | Nos | 8 | 1,200 | 9,600.00 | - | 9,600.00 | 4,800 | - | 4,800 | - | - | - | - | - |
| 4.9 | Accommodation for coordinators @ 4000 x 4 x 2 rounds, as per actuals | | 8 | 4,000 | 32,000.00 | - | 32,000.00 | 16,000 | - | 16,000 | - | - | - | - | - |
| 4.10 | Travel to Jaina (airfare for IPS faculty, as per actuals) | Nos | 1 | 15,000 | 15,000.00 | - | 15,000.00 | - | - | 15,000 | - | - | - | - | - |
| 4.11 | Local travel coordinator (1 vehicle x 4 days x 2 rounds, as per actuals) | Days | 8 | 3,000 | 24,000.00 | - | 24,000.00 | 12,000 | - | 12,000 | - | - | - | - | - |
| 4.12 | Travel to Jaina (IPS team, 1 persons @ 3000/ person/ roundtrip train, as per actuals) | Nos | 1 | 3,000 | 3,000.00 | - | 3,000.00 | - | - | 3,000 | - | - | - | - | - |
| 4.13 | Digitization of quantitative tools | Nos | 1 | 40,000 | 40,000.00 | - | 40,000.00 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 |
| 4.14 | Development of the mobile app | Nos | 1 | 40,000 | 40,000.00 | - | 40,000.00 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 | 6,667 |
| 4.15 | Hosting Infrastructure, Source Code Management and Support | Nos | 18 | 5,000 | 90,000.00 | - | 90,000.00 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 |
| 5.0 | Data Collection (Qualitative, three rounds in Jan- Feb, April-May and July- Aug) | | | | | - | - | - | - | - | - | - | - | - | - |



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| | | | | | | | | | | | | |
|-----|---|----------|-----|--------|------------|---|------------|--------|--------|--------|--------|---------|
| 5.1 | Travel to Jaina (IPS team, 4 persons @ 3000/ person/ roundtrip train x 3 trips, as per actuals) | Times | 12 | 3,000 | 36,000.00 | - | 36,000.00 | 12,000 | 12,000 | 12,000 | - | - |
| 5.2 | DA and Accommodation for SPO @ 3500 x 15 days) | Days | 15 | 3,500 | 52,500.00 | - | 52,500.00 | 17,500 | 17,500 | 17,500 | - | - |
| 5.3 | DA and Accommodation for PO @ 3500 x 25 daysx 2 POS) | Person/c | 50 | 2,500 | 125,000.00 | - | 125,000.00 | 50,000 | 25,000 | 50,000 | - | - |
| 5.4 | DA for IPS for data supervision (@1200 x 4 days x 3 rounds) | Nos | 8 | 1,200 | 9,600.00 | - | 9,600.00 | 4,800 | - | 4,800 | - | - |
| 5.5 | Accommodation for coordinators (@ 4000 x 4 x 2 rounds, as per actuals) | Nos | 8 | 4,000 | 32,000.00 | - | 32,000.00 | 16,000 | - | 16,000 | - | - |
| 5.6 | Travel to Jaina (airfare for IPS faculty 2 rounds, as per actuals) | Nos | 2 | 15,000 | 30,000.00 | - | 30,000.00 | 15,000 | - | 15,000 | - | - |
| 5.7 | Local travel coordinator (1 vehicle x 4 days x 2 rounds, as per actuals) | Days | 8 | 3,000 | 24,000.00 | - | 24,000.00 | 12,000 | - | 12,000 | - | - |
| 5.8 | Local travel (1 vehicle x 25 days, as per actuals) | Days | 25 | 3,000 | 75,000.00 | - | 75,000.00 | 30,000 | 15,000 | 30,000 | - | - |
| 6.0 | Consultation for dissemination | | | | - | - | - | - | - | - | - | 0 |
| 6.1 | Venue | Times | 1 | 35,000 | 35,000.00 | - | 35,000.00 | - | - | - | - | 35,000 |
| 6.2 | Food @1500/person x 125 people as per actuals | Nos | 125 | 1,500 | 187,500.00 | - | 187,500.00 | - | - | - | - | 187,500 |
| 6.3 | Design and layout of the document (4 colours, including graphs) | Nos | 1 | 80,000 | 80,000.00 | - | 80,000.00 | - | - | - | - | 80,000 |
| 6.4 | Printing (300 copies, as per actuals) | Nos | 300 | 250 | 75,000.00 | - | 75,000.00 | - | - | - | - | 75,000 |
| 7.0 | Technical Advisory Committee | | | | | | | | | | | 0 |
| 7.1 | Honarium @5000/person x 2 times | Nos | 10 | 5,000 | 50,000.00 | - | 50,000.00 | 25,000 | - | - | 25,000 | 0 |
| 7.2 | Food @350x 20 persons x 2 times as per actuals | Nos | 40 | 350 | 14,000.00 | - | 14,000.00 | 7,000 | - | - | 7,000 | 0 |
| 7.3 | Travel (outstation expert) @ 15000 x 2 persons times, as per actuals | | 4 | 15,000 | 60,000.00 | - | 60,000.00 | 30,000 | - | 0 | 0 | 30,000 |



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| | | | | | | | | | | | | | |
|-----|--|-----|---|------|--------------|------|--------------|-----------|---------|-----------|---------|---------|---------|
| 7.4 | Accommodation for outstation expert (@ 4000 x 1 night x 2 persons x 2 times, as per actuals) | Nos | 4 | 4000 | 16,000.00 | - | 16,000.00 | 8,000 | 0 | 0 | 8,000 | 0 | |
| | SubTotal | | | | 7,489,200.00 | 0.00 | 7,489,200.00 | 2,140,433 | 637,833 | 2,558,433 | 568,333 | 638,333 | 945,833 |

Direct Programme Support Costs

| No. | Items | Unit | Quantity | Unit cost | Total budgeted | Partner's contribution | UNICEF Contribution | UNICEF Contribution | | | | | |
|-----|--|---------------------|----------|-----------|---------------------|------------------------|---------------------|---------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | | | | | | | | Dec 19 - Mar 20 | Mar - Jun 20 | Jun - Sep 20 | Oct - Dec 20 | Jan - Mar 21 | Apr - Jun 21 |
| | | | | | | | | 1st tranche | 2nd tranche | 3rd tranche | 4th tranche | 5th tranche | 6th tranche |
| A | B | C | D | E | F | G | H | I | J | K | L | K | L |
| 8.1 | Office Expenditure | Months | 18 | 3,500 | 63,000.00 | - | 63,000.00 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 |
| 8.2 | Tea and refreshments for meeting (at least 2 meeting a month x 18 months) | Months | 18 | 3,500 | 63,000.00 | - | 63,000.00 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 |
| 8.3 | Office communication including data cards (for core staff) | Months | 18 | 3,500 | 63,000.00 | - | 63,000.00 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 | 10,500 |
| 8.4 | Accountant cum office assistant | Months | 18 | 40,000 | 720,000.00 | - | 720,000.00 | 120,000 | 120,000 | 120,000 | 120,000 | 120,000 | 120,000 |
| 8.5 | Institutional overhead such as office space and facilities like electricity, water, Air conditioning, library, computer center, data center and other material and non-material resources including staff time | 10% of total budget | - | - | 748,920.00 | - | 748,920.00 | 124,820 | 124,820 | 124,820 | 124,820 | 124,820 | 124,820 |
| | SubTotal | | | | 1,657,920.00 | - | 1,657,920.00 | 276,320.00 | 276,320.00 | 276,320.00 | 276,320.00 | 276,320.00 | 276,320.00 |

Budget Summary

| Budget Category | Total budgeted | Partner's contribution | Total UNICEF Contribution | UNICEF Contribution | | | | | |
|--------------------------------|---------------------|------------------------|---------------------------|---------------------|----------------|------------------|----------------|----------------|------------------|
| | | | | Dec 19 - Mar 20 | Mar - Jun 20 | Jun - Sep 20 | Oct - Dec 20 | Jan - Mar 21 | Apr - Jun 21 |
| Programme Costs | 7,489,200.00 | - | 7,489,200.00 | 2,140,433 | 637,833 | 2,558,433 | 568,333 | 638,333 | 945,833 |
| Direct Programme Support Costs | 1,657,920.00 | - | 1,657,920.00 | 276,320 | 276,320 | 276,320 | 276,320 | 276,320 | 276,320 |
| TOTAL BUDGET | 9,147,120.00 | - | 9,147,120.00 | 2,416,753 | 914,153 | 2,834,753 | 844,653 | 914,653 | 1,222,153 |

129,014.39

129,014.39

34,086.79

12,893.56

30,682.42

11,913.31

12,000.61

17,237.71

Including of monitoring and supervision of initial days of fieldwork.

34,086.79

84,789.28

58,876.07

Dr. Anus
16/12/2019



| India Aging Budget | | |
|--------------------|---|----------------|
| Sr no. | Activities | Amount |
| 1 | Principal Investigator | 330000 |
| 2 | Consultant | 500000 |
| 3 | Accountant | 100000 |
| 4 | Senior Project Officer (1 person @70,000 per month) | 830000 |
| 5 | Meetings (fortnight meeting) | 20000 |
| 6 | English Editing and Designing Layout | 250000 |
| | LASI Papers | |
| 7 | English Editing of Research papers | 100000 |
| 8 | Young scholars research award using LASI Data 3 scholars @ Rs. 1L per scholar | 300000 |
| 9 | Publication fee for Research papers | 300000 |
| | Supplies | |
| 10 | Computer supplies | 650000 |
| 11 | Stationary/supplies | 100000 |
| 12 | Miscellaneous | 20000 |
| | Subtotal | 3300000 |
| 13 | Support Cost 9% | 297000 |
| | Grand Total | 3597000 |

Acharya
AFO

Comm
Director 9/9/21

MFO/2019/ 258

19.12.19

Prof (Dr). R.B. Bhagat,
Head of Department,
Department of Migration and Urban Studies,
International Institute for Population Sciences (IIPS),
Govandi Station Road,
Deonar, Mumbai 4000088

Dear Professor Bhagat,

UNICEF Partnership with IIPS for 'Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra'

This has reference to your letter dated 16/12/2019 forwarding the budget and technical proposal for the study on children of seasonal migrants in Jalna.

We have reviewed the budget and confirm our acceptance of the budget; with UNICEF's total contribution of Rs. INR 91,47,120 as follows:

| Sr. | Heads | Approved Budget |
|--------------------|--|---------------------|
| 1. | Staff salaries | 32,40,000.00 |
| 2. | Qualitative tool development and training workshop | 47,000.00 |
| 3. | Training workshop quantitative | 16,21,000.00 |
| 4. | Quantitative data collection | 16,79,600.00 |
| 5. | Qualitative data collection | 3,84,100.00 |
| 6. | Consultation | 3,77,500.00 |
| 7. | Research advisory group meetings | 1,40,000.00 |
| 8. | Direct programme support costs | 16,57,920.00 |
| GRAND TOTAL | | 91,47,120.00 |

The approved budget is in the attached annex. The expenditure shall be guided as follows:

1. The cash assistance released should be utilized only for those activities indicated above and in accordance with the approved detailed budget attached that was submitted by your office.
2. The cash assistance released by UNICEF cannot be used for procurement of any supplies and equipment except as specified in the budget.

3. The cash assistance released should be utilized within three months from the date of release of funds.
4. If your department / organization is not in a position to utilize UNICEF's cash assistance within a period of four months from the date of release of the funds, the unutilized cash assistance should be refunded to UNICEF.
5. Deviation in any budget line item should not exceed 20%. Deviations, if any, should be agreed to in writing by UNICEF prior to expenditure and provided that the total approved budget is not exceeded.

As per our financial norms, on completion of the project, we would request you to let us have the completed FACE form, a budget vs actual expenditure statement (SOE), and an activity report to enable us release reimbursement, as appropriate.

As a part of our standard operating procedure, we need to undertake the financial assessment of implementing partners. In this regards, UNICEF operation and finance team may visit your office on periodic basis, upon mutually convenient dates, and review the financial process and systems with your accounts and finance staff.

We look forward to partnering with IIPS for this Study.

With best wishes,

Yours sincerely,


Rajeshwar Chandrasekar
Chief, Mumbai Field Office

अन्तर्राष्ट्रीय जनसंख्या
विज्ञान संस्थान
(विश्वविद्यालय समतुल्य)*

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार का स्वायत्त संगठन
गोवर्द्धी स्टेशन रोड, देवनागर, मुम्बई - 400 088, भारत



(स्थापना/ Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

1332
International Institute for
Population Sciences
(Deemed University)*

An Autonomous Organization of Ministry of Health & Family Welfare, Govt. of India
Govardhi Station Road, Deonar, Mumbai - 400 088, INDIA

BY COURIER

IIPS/ UNICEF/ 287/2019

16/12/2019

To

Ms. Rajeshwari Chandrasekar

Chief, Mumbai Field Office, UNICEF

4th Floor, Atrium 215, B Wing,

Behind Courtyard Marriot,

Chakala, Andheri East,

Mumbai - 400093.



Sub: Submission of signed copy of technical proposal, ToR, budget and Face form of the project titled
"Protection of children affected by seasonal migration: A study in Jalna district of Maharashtra"

Madam

Greetings from IIPS.

Attached please find the of signed copy of technical proposal, budget and Face form of the project
titled "Protection of children affected by seasonal migration: A study in Jalna district of Maharashtra"
for your kind perusal and needful action.

Yours sincerely

K. C. Das

Project Coordinator



Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra

| | | |
|-----------------------------|---|------------|
| Project title | Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra | |
| Geographical Coverage | Jalna, Maharashtra | |
| Funds requested from UNICEF | INR 91,47,120 | |
| Organization Contribution | | |
| Applicant Organization | International Institute for Population Sciences | |
| Address | Govandi Station Road, Deonar, Mumbai-88 | |
| Contact Person | Prof Kailash Chandra Das, Prof R. B. Bhagat Prof. Archana Roy | |
| Phone and Email | 6370205856/02242372424; kcdas@iips.net/dasilic@yahoo.com | |
| Time Frame | Project duration | 18 Months |
| | Start date | 20/12/2019 |
| | Completion date | 19/06/2021 |

Introduction

Jalna is a district in the Aurangabad division of Maharashtra, home to 19 million people in 2011. There is both in-migration and out-migration from this area, parts of which are highly fertile and densely worked in. Families come from various parts of Maharashtra and Madhya Pradesh for seasonal work in brick kilns, stone quarries, cotton ginning factories and the sugarcane industry.

Children migrate with parents that work in sugarcane factories, cotton ginning, brick kilns and stone quarries. For all of them, these conditions present several challenges. The makeshift accommodations in which many families live constitute high risk areas for young children and adolescent girls, all the more so as they are often left alone while parents are out at work. Living accommodation is often precarious, easily accessible to outsiders. These areas often have no basic amenities including electricity, water or sanitation, and teem with insects and other animals in temperatures that often exceed 40 degrees. Children often work, helping their parents with the harvesting and with domestic chores. This contributes to low school attendance, which is further exacerbated by lack of information about the right to enroll in local schools at the destination and the process.

Children that stay behind in their home villages for the months that parents migrate, face a related set of challenges. Some of these children are cared for by grandparents or other relatives, while others fend for themselves. Many are without resources to meet their basic needs: parents paying down debt on a piecemeal basis are not always able to send back sufficient support and earning opportunities in source villages are often scarce. Children living alone or in families under increased strain are vulnerable to child labor, deteriorating mental health, sporadic school attendance, school dropout, and child marriage.

Although Jalna has high rates of out migration, field research by UNICEF revealed that many families migrated into Jalna from other parts of Maharashtra. In 2017-18, approximately 17940 families

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migrated into 153 worksites across all eight blocks of Jalna for seasonal work at four work sectors (sugar cane harvesting, brick kilns, cotton ginning factories, stone quarries). Although 85 percent of the families are internal migrants from different parts of Maharashtra, most children did not have access to education at the destination points. A rapid assessment of the situation of children at work sites in Jalna conducted by UNICEF in 2017-2018 revealed that living conditions at the work sites were poor, few work sites provided drinking water, toilets, safe bathing spaces or electricity. Children and their families did not have access to services of education, health, nutrition or protection at most of the worksites.

The proposed study will rigorously explore the child protection and child rights challenges generated by these patterns of seasonal migration, the policies and programmes established to address them and what can be improved and strengthened.

Objectives of the study

1. To understand the situation of children affected by seasonal migration in Jalna, including who they are, where they come from, their living conditions, and daily activities.
2. To identify the challenges faced by seasonal child migrants and their needs.
3. To ascertain the consequences of seasonal migration on children.
4. To identify gaps in existing strategies and solutions for children affected by seasonal migration and find more sustainable solutions.
5. To develop recommendations for strengthening policy and programmes for children affected by seasonal migration.

Key Questions

In particular, the study will investigate the following three key research questions that is linked to one or more objectives.

1. What is the situation of children affected by migration and what are their needs?

This research question covers Objective 1: To understand the situation of children affected by seasonal migration and their needs. The sub questions are:

- ≠ What are demographics of child migrants in Jalna?
- ≠ Is there a difference in the socio-economic characteristics of the children who migrate with their parents (both in and out of Jalna) or stay back?
- ≠ Are there families who have children who migrate with them and also stay back?
- ≠ What are the factors that affect such decisions?
- ≠ What are the reasons that children migrate with their parents or chose to stay back?
- ≠ Which children affected by migration are most impacted?
 - o Age, gender, caste, disabilities etc
- ≠ How do children experience seasonal migration?
 - o Are they aware of what seasonal migration is and what it means?
 - o Do they have a say in decisions related to migration?
 - o How do they talk about and experience seasonal migration?

The experiences of children will be examined through the use of a gender and age lens.



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2. How does seasonal migration impact children?

This research question covers Objective 2: To ascertain the impact of seasonal migration on children. The sub questions are:

- * In what way does seasonal migration have an impact on children?
 - o How does seasonal migration improve/deteriorate the basic rights of children such as education, health, nutrition and protection?
 - o How does seasonal migration affect children physically, socially, psychologically and emotionally?
- * What existing social services do children affected by migration have access to?
 - o How does this vary by geography, socio-demographic group?
 - o How is access made possible/ensured?
- * What existing social services children affected by migration do not have access to?
 - o How does this vary by geography, socio-demographic group?
 - o Why do children affected by migration not have access to these services?
 - o What challenges do migrant children and their caregivers/ parents face when accessing social services?
- * How did access to social services change for children when they are affected by migration?

The above will include a comparison of children who migrate with their parents with children who stay back with grandparents/caregivers when their parents migrate.

3. What solutions already exist?

This research question covers Objectives 3 and 4: to explore existing solutions and identify gaps that exist and to develop recommendations for policy and planning. The sub questions are:

- * What strategies or solutions have been designed for children affected by migration in Jalna or nationally and globally, if any?
 - o How do these strategies/solutions attempt to address the negative impact of migration on children?
 - o How do these strategies/solutions attempt to address the lack of access to services of children affect by migration?
 - o What perceptions do migrant parents have of these strategies/solutions? What challenges so they experience?
 - o What are the existing policies and programmes being implemented by government as well as NGOs and through partnerships that already exist on the ground?
 - o What are the solutions, if any, that have been developed by the communities/villages?
- * What are the gaps of existing strategies and solutions?
- * What are the recommendations for policy imperatives?

Project Overview

The proposed collaboration between UNICEF and IIPS will involve the collection and analysis of data at three levels:

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A. A desk review of the existing literature & administrative data for Jalna

Academic and grey literature on the links between seasonal migration and child rights and child protection will be reviewed to examine patterns and trends of seasonal migration in Jalna or nationally and globally. Gram Panchayat data on access to services by children affected by seasonal migration will also be sought and analysed for this purpose. Existing government and UNICEF schemes, policies and programs addressing seasonal migration in Jalna or nationally and globally will be mapped. The relevant budgetary allocations for Jalna district for all seasonal migrants will also be determined.

B. Cross Sectional Data Collection and Analysis

In order to gain new insights into the challenges faced by children affected by migration and their parents, a cross sectional data collection and analysis has been planned. This study will focus on four groups of children, three of which are affected by seasonal migration, i.e.

- Children from Jalna who stay at home when their parents migrate
- Children from Jalna who migrate with their parents
- In migrant children (from other parts of the state and country) at work sites in Jalna

A fourth group comprising children from non-migrant households will also be included to allow for a comparison of indicators related to child protection, health, nutrition and education and ascertain the impact of seasonal migration on children.

Data would be collected through the use of multiple tools that include Quantitative household surveys, qualitative data collection methods with children and households, focus group discussions and observation guides. The survey instruments will be aligned with efforts underway in other states by UNICEF to enable comparison across states. Please refer to table below for details of the same.

| Data collection method | Respondent group | Number of respondents | Key components covered |
|---|--|--|--|
| Quantitative household surveys | <ul style="list-style-type: none">• Households with children who migrate with parents• Households with children who stay back when parents migrate,• Households with children that migrate into Jalna for seasonal work• Households with children that do not migrate | 400 in each of the four categories. (1 adult and 1 child would be covered in each household) | Key demographics, drivers of migration, key outcomes for children, access to services of education, health, nutrition (including anthropometric measurements for child respondents) and protection |
| Qualitative data collection methods with children | <ul style="list-style-type: none">• children who migrate with parents• children who stay back when parents migrate• children from in-migrant families | | Perception and experience around migration, Any changes and challenges faced in terms of access to services, Social, psychological and emotional impact of migration |

Q. D. A. S.
16/12/2019



| | | |
|---|---|--|
| Qualitative data collection methods with households | <ul style="list-style-type: none"> • Migrant households: <ul style="list-style-type: none"> ○ children who migrate with parents ○ children who stay back when parents migrate, ○ children from in-migrant families | Any changes and challenges faced in terms of access to services Any changes in family relations/dynamics due to migration |
|---|---|--|

Every care will be taken to ensure that the sample covers an equal number of girls and boys as well as children of different ages so as to ensure a comprehensive understanding of the impact of seasonal migration on children across age and gender. However, data will not be collected from children aged less than 10 as such young children may not be able to respond to some of the questions and express their views.

Stratified sampling will be used to ensure that the sample covers an equal number of girls and boys as well as children of different ages so as to ensure a comprehensive understanding of the impact of seasonal migration on children across age and gender. The quantitative sample will include a random selection of households. Listing of households at the selected worksites and villages will be done as part of the sampling strategy. Qualitative samples will be selected purposively.

In addition to the qualitative methods with children and households, focus group discussions will be conducted with village stakeholders, frontline workers and service providers to examine their perceptions of the engagement with children who stay back during the season of migration as below.

| Respondent Group to examine access to services as well as strategies and solutions for children affected by seasonal migration | Total |
|--|-----------|
| Balmitras (in intervention villages alone) | 4 |
| Caregivers (in both intervention and non-intervention villages) | 4 |
| Multi-stakeholders (VCPC, SMC, Asha, AWW) at village level (in both intervention and non-intervention villages) | 4 |
| Total FGDs | 12 |

C. In-depth qualitative interviews or Key Informant Interviews with child protection stakeholders
In-depth or Key Informant Interviews (KIIs) will be conducted with district level stakeholders to assess current implementation of policies, understand challenges faced and identify existing gaps. Additionally, members of the factory management at the work sites (one in each sector) will also be interviewed as would the Mukadams at these work sites.

| KII Respondents | No of respondents |
|---|-------------------|
| Secretaries from Departments of Labour, WCD, Education, RDD | 4 |
| Commissioners from Departments of Labour, WCD, Education, RDD | 4 |
| District Collector and CEO | 2 |
| Management of factory sites (two per work sector) | 8 |
| Mukaddams (two per work sector) | 8 |
| Total | 26 |

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Deliverables

1. **Interim report.** One interim report will be submitted halfway through the project and will contain a summary of the desk review, the literature review, an update of work done in the preceding months as well as an eyeball analysis of data collected.
2. **Desk review report**
3. **Final report.** Will summarize lessons learned, analysis over time.
4. **Policy deliverables.** Practical, advocacy focused outputs that support UNICEF in its work to improve policies for children of seasonal migrants in Maharashtra and throughout India, collaborating with the private sector (factories), government (education, police, labour, DSW, WCD), and local bodies (village level child protection committees, gram panchayats, school management committees and youth groups).
5. **Conference.** A conference in Delhi or Bombay that brings together relevant stakeholders to share findings of the research and best practices from other areas of India, and to encourage future collaboration around strengthened child protection policy in the context seasonal migration. This forum can also be used to help decide questions that the Census 2021 can include on internal migration. Select practitioners, academicians and policy makers will be brought together to form a learning community that will further the policy and programming on children on the move.
6. **Journal Article:** An article will be written jointly by the research agency and UNICEF and submitted for published in an academic journal

Q. D. Desai
16/12/2019



Forwarding Letter by the Head of Affiliating Institution/University

The In-charge,

Research Projects (RP) Division

Indian Council of Social Science Research (ICSSR)

JNU Institutional Area Aruna Asaf Ali Marg,

New Delhi - 110067

The JNU, NEW DELHI-110067 forwards the application of Professor Nandita Saikia (for ICSSR Research Project).

We agree to administer the funds, provide basic research infrastructure facilities, and make available all its research facilities such as library, laboratory and other equipment and required office assistance for the smooth completion of the Research Programme /Project. We shall open and maintain a dedicated bank account duly registered at PFMS portal for release of the ICSSR Research Grant (Scheme Code 0877) without any delay. (Please refer notification given on ICSSR website - www.icssr.org).

If the scholar undertaking the Research Project leaves our institution due to valid reasons, we would have no objection to the transfer of the Programme/Project to a new institution, subject to the approval of the ICSSR. The institution, however, shall be responsible for submitting the audited statement of accounts and utilisation certificate for the grant received and utilised. Overhead charges will be apportioned as per ICSSR rules.


On completion of the Project, the institution will make sure that all books/periodicals/equipment etc. purchased out of the project grant by the scholar are deposited with us as the affiliating institution. We would also acknowledge the receipt of books/periodicals/equipment etc. from ICSSR in our records or book entries, and communicate the same to ICSSR, New Delhi. Signature of the Director of the Institute / Principal/ Registrar (with name and stamp) Place: Name:

Place Mumbai

Name 30th June, 2022

Signature of the Director of the Institute / Principal/ Registrar

(with name and stamp)


प्रोफेसर के.एस. जेम्स / Prof. K.S. Jamne
निदेशक एवं वरिष्ठ प्रोफेसर / Director & Sr. Professor
अंतर्राष्ट्रीय जनसंख्या विज्ञान संस्थान
International Institute for Population Sciences
गोवन्दी स्टेशन रोड, देणार / Govandi Station Road, Deonar
मुंबई / Mumbai - 400 088

India/SPSP/2022/010

09 August 2022

Professor K. S. James
Director, International Institute for Population Sciences (IIPS),
Govandi Station Road, Opposite Sanjona Chamber, Deonar,
Mumbai-400088, Maharashtra

Sub: DCT for the project "State of India's Children Report: Status and Trends in Multi-dimensional Child Development" 'August 16, 2022 to August 15, 2023.'

Dear Prof. James,

Greetings from UNICEF!

This has reference to your Budget details dated 9 August, 2022, regarding the partnership proposal for the project on **"State of India's Children Report: Status and Trends in Multi-dimensional Child Development" 'August 16, 2022 to August 15, 2023.'**

We are pleased to confirm that the proposed activities and budget for UNICEF contribution are agreeable to us. UNICEF contribution will be Rs. 19,937,160 (Rupees nineteen million nine hundred thirty-seven thousand one hundred sixty only) in line with the detailed budget shared by you. The amount contributed by IIPS will be Rs. 1,908,000 (One million nine hundred eight only).

UNICEF as per process will disburse the following tranches of the contribution (in INR):

| Item | Total budget | Partner contribution | UNICEF contribution | 16-8-2022 | 15-11-2022 | 15-02-2023 | 15-05-2023 |
|---|--------------|----------------------|---------------------|-----------|------------|------------|------------|
| 'State of India's Children Report: Status and Trends in Multidimensional Child Development' | 21,845,160 | 1,908,000 | 19,937,160 | 6,397,493 | 3,941,327 | 4,670,087 | 4,928,253 |

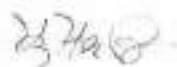
Kindly submit a FACE form with quarterly budget release prior the start of the activities each quarter.

Expenditure statement should be submitted with voucher number, FACE Form along with detailed activity report upon completion of activities at the end of each quarter against the advance being raised. Any deviation from the agreed upon budget and activities may be informed to UNICEF in advance and only with written approvals the changes will be incorporated.

Kindly note that the accounts for the above release should be settled no later than August 31, 2023. Please note that all the original vouchers/bills related to this project should be retained at your Office for a period of (5) five years for audit/review by UNICEF staff/auditors. We request you to adhere to the timely liquidation of funds and proper submission of supporting documents.

We look forward to collaborate on developing comprehensive measure of multidimensional child development and provide policy recommendations to regain any lost ground due to the COVID-19 pandemic and accelerate progress towards the SDGs to "leave no child behind."

Yours Sincerely



Hyun Hee Ban
Chief, Social Policy, Monitoring & Evaluation

अन्तर्राष्ट्रीय जनसंख्या
विज्ञान संस्थान
(विश्वविद्यालय समतुल्य)

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार का स्वायत्त संगठन
बी.एस. देववशी मार्ग, देवनगर, मुंबई - ४०० ०६८, भारत



International Institute for
Population Sciences
(Deemed to be University)

An autonomous Organisation of Ministry of Health & Family Welfare, Govt. of India
B.S. Devashi Marg, Deonar, Mumbai - 400 068, INDIA

प्रोफेसर के. एस. जेम्स / Professor K. S. James
निदेशक एवं वरिष्ठ प्रोफेसर / DIRECTOR & Sr. PROFESSOR

No. IIPS/DIR/UNICEF/ Dir-198 /2022
Date: August 12, 2022

To,
Ms. Hyun Hee Ban
The Chief, Social Policy, Monitoring & Evaluation
UNICEF House, 73 Lodi Estate, New Delhi- 110003.

Subject: Collaboration of IIPS with UNICEF for the project "State of India's Children Report: Status and Trends in Multi-dimensional Child Development" "August 16, 2022 to August 15, 2023".

Dear Ms. Hyun,

This is with reference to your letter no. India/SPSP/2022/010 dated August 9, 2022 regarding collaboration with UNICEF for the project "State of India's Children Report: Status and Trends in Multi-dimensional Child Development" "August 16, 2022 to August 15, 2023".

We are happy to accept this offer and please consider this letter as a formal confirmation of the contract. As requested, we are also enclosing the FACE form and ICF form for the period 16-08-2022 to 31-12-2022.

We look forward to work with you on the aforementioned project.

Thanking You,

Yours Sincerely

(Prof. K.S. James)
Director & Sr. Professor

Developing 'State of India's Children Report: Status and Trends in Multidimensional Child Development' – UNICEF and NITI Aayog, Government of India 2022

- ☐ Study (an initiative to establish current knowledge around a specific topic through the descriptive summarization, interpretation or assessment of information and data)
- ☒ Research (systematic process of the collection and analysis of data and information, in order to generate new knowledge, to answer a specific question or to test a hypothesis)
- ☐ Evaluation (rigorous, systematic and objective process in the design, analysis and interpretation of information to answer specific questions)

IR# Type IR# and description here and Activity no. :

Outcome 600. Social Policy / Inclusion: Child Deprivations and Public Finance for Children

Background

As the world entered the Decade of Action on the Sustainable Development Goals (SDG) framework amidst the COVID-19 pandemic, the unprecedented global commitment (SDG 1) to end poverty in all its forms everywhere assumes even greater salience to the global development agenda. SDG Target 1.2 further stresses on significant reduction of multidimensional poverty for everyone, including children. The journey towards achieving these outcomes has been challenging. The combined effect due to the global pandemic, of lost learning, lowered income, food security and access to health services are estimated to result in a 4.5 per cent drop in human capital for children of school age, reducing the productivity and growth prospects of countries around the globe for decades¹. At the same time, the National Family Health Survey (NFHS) 2019-21 has pointed out remarkable improvements in areas such as health and nutrition, education, and basic infrastructure. Routine measurement of factors impacting multidimensional development of children and mainstreaming the use of such analysis is therefore an essential input to steer appropriate policy action to achieve the SDGs. In its efforts to achieve the Sustainable Development Goals, while 'leaving no one behind', the Government of India, through NITI Aayog, has developed the annual SDG India Index & Dashboard since 2018, and India's first National Multidimensional Poverty Index (MPI) in November 2021. At the global level, UNICEF's "The State of the World's Children 2021" focusses on multiple dimensions of child well-being. UNICEF's "child-related SDG indicators" highlights the most recent status and analyses the progress towards achieving the relevant SDG targets. To achieve the child development priorities under the SDGs, UNICEF India is committed to support the Government of India in developing a comprehensive measure to understand the multidimensional deprivations among children and launch a joint report analysing the status of children around critical child related SDGs to establish recent trends. UNICEF hopes that this effort will contribute to the realization of the Government's commitments on the Convention of the Rights of the Child (CRC) and the SDG 1; and provide a set of policy recommendations for concerted action to regain any lost ground in terms of achieving the holistic development of every child, due to the COVID-19 pandemic and accelerate progress towards the SDGs to "leave no child behind."²

Rationale

A multidimensional approach applies well to children as lack of access to basic rights as enshrined in international treaties and national commitments is inherently multi-sectoral in nature.

¹ <https://www.unicef.org/coronavirus/3-critical-actions-finance-inclusive-recovery-children>

² <https://data.unicef.org/sdgs/country/ind/>

- Establishing a multidimensional measure to monitor the development outcomes for children is in line with SDG 1 target to report and monitor multidimensional child development.
- A recent mapping of the recent country VNRs reflects that while the number of countries reporting on child multidimensional deprivations is increasing, it remains low². Developing comprehensive, comparable, simple and inexpensive measures is the need of the hour, an essential input to effectively report and plan for the SDGs, and will be a pioneering action for India to undertake.
- Child related indicators are commonly seen sectorally, making it challenging to track progress on overall child wellbeing. Understanding the factors impacting child development, holistically, is a crucial imperative to begin addressing them adequately to achieve the SDGs by the year 2030. Visualizing intrahousehold inequalities and understanding gender gaps, based on data availability and feasibility, are other important perspectives.

The proposed joint action will attempt to develop a report to appropriately reflect the current status and recent trends on child development in India as viewed from the inter-sectoral lens of nutrition, health, education, child protection, and access to basic standard of living, and also offer policy prescriptions drawn from good practices from the global experience.

Objectives

Develop and launch a report to reflect the current status of children in India as viewed from the inter-sectoral lens of nutrition, health, education, child protection and access to basic standard of living, and analyse the deprivations faced by children, and also offer policy prescriptions drawn from good practices from the global experience, jointly with the Government of India and stakeholders in a consultative manner to establish the following:

- An analysis of the multidimensional factors impacting child development in India across child rights domains of consensus. What is the deprivation profile in the various dimensions? How has that changed from 2015-16 to 2019-20?
- A disaggregated analysis, on gender, age, urban-rural, disability, and state, of the multidimensional deprivations being faced by children, based on data availability.

Use of findings

- The findings will be launched in a joint report by NITI Aayog, UNICEF and technical partners at the national level, and in selected states as appropriate.
- An interactive report will be developed and placed on government and UNICEF websites for open access distilling data by any or more indicators and disaggregation and so on.
- Consultations with line ministries and State governments will be held in the lead up to and after the report is launched to articulate and advocate for policy responses by ministries and at state levels.
- UNICEF may use the analysis in advocacy briefs and may publish additional analysis as thematic briefs in the form of knowledge products, as mutually agreed up on by both parties.
- The findings will provide impetus for cross-sectoral collaboration, planning and budgeting including through child and gender budgets, and UNICEF, NITI Aayog and partners may undertake dedicated advocacy efforts to integrate the recommendations into relevant national and state policies for children/action plans.

Publication plan

The findings will be published in the form of a joint report by NITI Aayog, UNICEF and partners.

²<https://static1.squarespace.com/static/56588879e4b0060cedb607883/t/5616c2b62718fa376e6982d18/1634478957943/VNR+brief+2021.pdf>

The report will be published on NITI Aayog and UNICEF's websites as well as other appropriate fora targeting national and state level policy makers and stakeholders including children and young people. Any publication will follow NITI Aayog's, UNICEF's and technical partner organization guidelines. The methodology note will also be published.

Academic publishing of findings shall be done jointly by NITI Aayog and UNICEF. Additional analytical academic papers may be developed and submitted for academic publication on mutually agreed terms between the parties. For academic publishing, UNICEF's Guidance on External Publishing, subject to the standards of Government of India and NITI Aayog, will be followed.

Scope of the Research

Data and methods

The research will analyse microdata from NFHS 4 and 5, and other data sources including survey and administrative data to first develop a methodology identifying the key indicators through a review of international literature as well as experts' consultation. All possible disaggregation in line with the stated objectives will be attempted.

The analysis will consider the age group 0-17 years. Different age strata within this to develop age specific indicators in all dimensions will have to be considered. Life stages will have to be defined potentially on 0-6, 6-11, 11-19 years / 0-4, 5-9, 10-14, 15-19 years.

The effort will also conduct consultations with stakeholders including line ministries, state governments and children and adolescents to build consensus on the proposed methodology and finalize a commonly accepted approach. Stakeholder consultations will be held with state governments, children and adolescents to understand concerns and develop policy responses.

Stakeholder Consultations

Pre-launch consultations: Consultations with government stakeholders and experts, the civil society organisations, and children, adolescents and youth shall be conducted before the launch of the report.

Post-launch Consultations: NITI Aayog and UNICEF will work together to present the report and its findings to the relevant ministries of the Government of India and the state governments. UNICEF will support these workshops in states where UNICEF has Field presence and will pair up with the ongoing planned visits at NITI's Aayog's end.

Governance and Processes

An advisory group will be formed comprising representatives of (a) NITI Aayog (b) UNICEF (c) MoSPI (d) M/WCD (e) IIPS. The group will be anchored at NITI Aayog, and will be tasked to provide technical and advisory support to develop the report.

Geographic focus and scope

National, all states and UTs

Time period

8-10 months from start of the project. 1st March 2022 onward.

Limitations & Risks

This exercise will rely on secondary data sources from national government surveys. Even though maximal care will be taken to develop a robust methodology, any challenges related to the datasets will invariably be part of this exercise as well.

Methodology

The research team will propose a detailed methodology and finalize in consultation with NITI Aayog and UNICEF. Broad main steps are outlined below (not exhaustive and may be iterative).

1. Identify the various dimensions to include in the measure with relevance to child development
2. Map and select indicators and datasets, mix of household, child and child related indicators
3. Articulate life stages and reference population
4. Identify criteria for deprivation
5. Estimate child deprivation by dimensions and indicators, and by characteristic of interest
6. Consultations at multiple levels

Ethical considerations

The research agency is expected to follow the ethical principles and considerations outlined in the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis. In addition, the UNEG norms and standards will be observed. Sensitive information may derive from data collection and the research team will ensure the utmost confidentiality when conducting such research.

Schedule of Tasks, deliverables and timelines [Ten months]

| Tasks | Milestone | May | Jun | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Inception/kick-off consultations | Finalize workplan/implementation plan | | | | | | | | | | |
| Review of literature, experts' consultation, recommend methodology | Draft Technical methodology note | | | | | | | | | | |
| Consensus building stakeholder consultations 4 – line ministries, state governments, CSOs, and children | Recommended final methodology note | | | | | | | | | | |
| Conduct data analysis | First cut of analysis with detailed data tables | | | | | | | | | | |
| Review of findings, articulation of findings, validation | Final findings | | | | | | | | | | |

Annexure 1.

Proposed Table of Contents of the National Child Multidimensional Development Report for India
[approximate 300 pages]

- Forewords / Messages / Acknowledgement
 - VC, NITI Aayog
 - CEO, NITI Aayog
 - UNICEF India Country Representative
 - Acknowledgements – Adviser (SDGs), NITI Aayog and Chief of Social Policy, UNICEF India
- 1. Executive Summary- [key highlights- numbers- will be a part of this]
 - Voices of children and youth
 - Introduction – rationale and relevance
- 2. Process of developing the report: NITI Aayog-UNICEF India collaboration, onboarding of partner, collaboration with others, data collection, analysis, national consultations (with ministries and CSOs), review, finalization, post-launch state consultations
- 3. Methodology
- 4. Overall results – national and states
- 5. Analysis-focused chapters on each dimension
- 6. Perspectives - write-ups from experts – economists, child rights experts, academicians, researchers, bureaucrats, UNICEF global leadership etc.
- 7. CSO Action so far and Impact
- 8. What's Being Done by government and Framework for Action
 - Policies
 - Programmes/ schemes
 - Resources
- 9. Annexures / Data tables
 - State tables
 - District tables



Souvik Mondal <souvikilps@gmail.com>

Fwd: Award Letter of Major Research Project 2021-22

1 message

Dr Nandita Saikia <nanditasaiikajnu@gmail.com>
To: souvikilps@gmail.com, nanditasts@gmail.com

10 June 2022 at 17:23

----- Forwarded message -----

From: **icssr researchproject** <mmp2016rpr@gmail.com>
Date: Sat, Mar 12, 2022 at 6:10 PM
Subject: Award Letter of Major Research Project 2021-22
To: <nanditasaiikajnu@gmail.com>

Indian Council of Social Science Research
Revathy Vishwanath
Development)
Deputy Director
Marg
RP Division Incharge
110067
Tel #011-26716690
Website: www.icssr.org
E-mail: rpicssr@gmail.com,

(Ministry of Human Resource

JNU Institutional Area, Aruna Asaf Ali

New Delhi -

File No. 02/11971/OBC/2021-22/ICSSR/RP/MJ
Dated: 12/March/2022

Award Letter of Major Research Project

Dear Dr.Dr Nandita Saikia ,

Please refer to your interaction with Expert Committee regarding Major Research Project under the Major Research Project Scheme of the ICSSR. Although you have made a presentation for the Major Research Project , the final selection is made on the basis of recommendations of the Expert Committee.

Title Proposed: " The impact of lifestyle habits and disaster on the health of the tribal population in eastern India. "

Revised Title approved by the Expert Committee: NA.

Budget Approved: ₹ 800,000.00(Rupees Eight Lakh Only)

First Instalment: 40% of the awarded grant, detailed Budget in break-up will be sent along with the
sanction order of 320000/-

The above has been approved by the Competent Authority on the recommendations of the Expert Committee. **You are requested to commence the study immediately.**

You are required to give an undertaking on a non-judicial stamp paper of Rs. 100/- (copy enclosed), declaration on a non-judicial stamp paper, original forwarding letter and send us the grant- in-aid bill (copy enclosed) of 40% of the awarded grant. All Payments and Transfers are to be done through EAT module hence the institution has to open a dedicated account as per the notification of ICSSR.

You are once again required to go through the eligibility criteria in the guidelines and make sure you fulfil them in all respect both in case of individual and institution. In case you have awarded a project under any other programme of ICSSR and sanction letter for the same has been issued you are requested to continue with earlier sanction and inform accordingly. This award in that case will not stand operational. In case you have already been awarded a project and sanction letter has not been issued you may make an option between the two awards and inform us clearly which project you would like to start. If there is any change in terms of original proposal you need to clarify and take approval from ICSSR in the beginning itself.

Kindly send us all the desired documents (attached herewith) to the undersigned within at the earliest to enable us to issue the formal sanction order as per the checklist enclosed.

https://docs.google.com/document/d/1k-HcceLTMQWUGH9xx50RAgKiEq_bxYcs/edit?usp=sharing&oid=113099032980940284236&rtopof=true&sd=true

<https://docs.google.com/document/d/1hCw768wzYBql8f0p7Co-yhLaf6tBheeO/edit?usp=sharing&oid=113099032980940284236&rtopof=true&sd=true>

<https://docs.google.com/document/d/1CzwMLyekwAh2w8Qj3vQYCh9m1pAs5g/edit?usp=sharing&oid=113099032980940284236&rtopof=true&sd=true>

<https://docs.google.com/document/d/1lpNNVgeb2CwEF5gWZRJLOVXxyqWpASY/edit?usp=sharing&oid=113099032980940284236&rtopof=true&sd=true>

<https://drive.google.com/file/d/1xu21akAqH8RJAJc0o9NAWqfnue8quN9C/view?usp=sharing>

With Regards
Revathy Vishwanath
Deputy Director (Research)
Research Project Division
Indian Council of Social Science Research
New Delhi-110067
011-26716690



ICSSR Project Budget

Project Title: " The impact of lifestyle habits and disaster on the health of the tribal population in eastern India. "

ICSSR File No: File No. 02/11971/OBC/2021-22/ICSSR/RP/MJ

| S.No. | Heads of Expenditure | ICSSR Rules | Actual Budget Allotment |
|-------|--|--|-------------------------|
| 1 | Research Staff : | Not exceeding 45% of the total budget. | 360000 |
| | Full time/Part-time/Hired Services | | |
| 2 | Fieldwork: Travel/Logistics/Boarding, Survey Preparation or Consultancy etc. | Not exceeding 35% | 280000 |
| 3 | Equipment and Study material: Computer, Printer, Source Material, Books, Journals, Software, Data Sets etc. | Not exceeding 12% | 80000 |
| 4 | Contingency: | Not exceeding 5% | 40000 |
| 5 | Publication of Report | App. 5-6%* | |
| | TOTAL | ICSSR will finally make it 100% | |
| 6 | Institutional Overheads (over and above the total cost of the project) | Affiliating Institutional overheads @ 5% of the approved budget, subject to a maximum limit of Rs.1,00,000/- | 40000 |
| | Total | Total | 800000 |

Dairis

Dairis
2022

Prof. Nandita Sankar
Department of Public Health and Mortality Studies
International Institute for Population Sciences (IIPS)
Professor Nandita Sankar, M.Sc., M.Phil., Ph.D.
Department of Public Health and Mortality Studies
International Institute for Population Sciences (IIPS)
(Deemed University)
(Ministry of Health and Family Welfare, Government of India)
Gowandi Station Road, Deonar, Mumbai, Pin - 400088

icssr researchproject <mmp2016pr@gmail.com>
To: nanditasaikia1nu@gmail.com

Wed, Aug 17, 2022 at 4:18 AM

RP Team

F.No.02/162/OBC/2021-2022/ICSSR/RP/MJ

Dated 17/8/2022

Subject: Release of first instalment of Rs.3,20,000/- for the Research Project sanctioned to you by ICSSR.

Dear Sir,

Please find Payment Advice no. C082200675701 dated 4/8/2022 PFMS ID C082200681282 towards release of first instalment of Rs.3,20,000/- for the research project mentioned above.

Kindly inform your affiliating institute and acknowledge the receipt.

With best regards,

Email- nanditasaikiajnu@gmail.com

13/09/2022
 Professor Nandita Sankhita, MSc, MPhil & PhD
 Department of Public Health and Mortality Studies
 International Institute for Population Sciences (IIPS)
 (Deemed University)
 Ministry of Health and Family Welfare, Government of India
 Ganga Science Road, Dhule, Maharashtra 424005

1. Title of the project: —

The impact of lifestyle habits and disaster on the health of the tribal population in eastern India"

<https://mail.google.com/mail/u/0/?ik=153cf084c&view=pt&search=all&permmsgid=msg-f%3A1741401872897759289&siml=msg-f%3A1741401872897759289>

MR. Glover

All amount is 8,200/- received in
11P's main A/c 1029554199 on dated 10/3/22

Achy 14/9

15/9/22

UNICEF/Nutrition/2020
7 September 2020

To,
Dr. Sayeed Unisa
PI-Swabhimaan Project
And Head of Dept. of Mathematics
Lady Irwin College, New Delhi

Sub: Endline Survey- Swabhimaan
Your proposal received by us on 29.7.2020

Dear Dr. Unisa,

Thank you for your proposal for endline survey for swabhimaan for Bihar state for the period October 2020-April, 2021 for 47,59,400 INR (~61,000 USD) in three phases –

| Phase | Activity | Time period | Amount |
|-------|---|-----------------------|---------------|
| I | Preparation, ethical approval, mapping and listing and TOT | October-December 2020 | 7,21,050 INR |
| II | Data collection and Cleaning | January-February 2021 | 34,75,300 INR |
| III | Data Entry, Analysis and Fact Sheet Development and power point for dissemination | March-April, 2021 | 5,63,050 INR |
| | | | 47,59,400 INR |

We agree and shall be releasing the funds, for phase I at this stage. You are kindly requested to share the FACE form.

Yours Sincerely,

(Robert Johnston) 
OIC,
Nutrition Section, UNICEF India
rojohnston@unicef.org

PROJECT PROPOSAL

ENDLINE SURVEY for SWABHIMAAN Women's Nutrition Demonstration Programme
in BIHAR

Submitted to

UNICEF India

By

International Institute for Population Sciences, Mumbai



Principal Investigator

Prof. Sayeed Unisa, Professor, IIPS

Co-Principal Investigators for Endline survey

Dr. Reshmi R.S., Assistant Professor, IIPS

Dr. L.K. Dwivedi, Assistant Professor, IIPS

Dr. Sarang Pedgaonkar, Assistant Professor, IIPS

October 2020-April 2021

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SWABHIMAAN (2016-2021)

1. BACKGROUND

The Swabhimaan evaluation design is a prospective, non-randomized controlled evaluation. It evaluates the delivery of a package of 18 essential nutrition (specific and sensitive) interventions via Aajeevika promoted village organisations (federation of women self-help groups) to improve the nutrition status of girls' and women (before conception, during pregnancy and after birth) in three Indian states: Bihar, Chhattisgarh and Odisha in 2016-2017.

The target groups focussed interventions are delivered through systems-based and Village Organizations (VO) led approaches grouped under four pillars such as system strengthening, VO led interventions for adolescents, women and village Resource Person (VRP)/women farmers club. The geographical sites of Swabhimaan are all 356 revenue villages of five scheduled caste/tribe dominated blocks of four districts (Bihar: Purnea; Chhattisgarh: Bastar; Odisha: Angul and Koraput).

UNICEF India started a partnership with the International Institute for Population Sciences (IIPS) in 2016 for the baseline survey of Swabhimaan demonstration programme. IIPS is playing a crucial role in the impact evaluation of Swabhimaan intervention. In the baseline evaluation survey conducted during 2016-2017, IIPS was the lead technical support agency of Swabhimaan Women's Nutrition Demonstration Programme. IIPS team published technical papers along with UNICEF and AIIMS using baseline data, technical papers in peer-reviewed international journals in the area of nutrition, WASH, and women empowerment.

In order to examine the intervention process and the extent of the reach of beneficiaries, UNICEF entrusted IIPS for conducting the Midline process evaluation survey which was conducted during September 2018 to June 2019. A mixed method design approach was used which comprised of a cross-sectional survey and qualitative data collection in five blocks of three Indian states (Bihar, Chhattisgarh, and Odisha). The cross-sectional survey aimed to assess the system strengthening process and coverage of VO led interventions among beneficiaries. Qualitative data collection included in-depth interviews and focus group discussions of target groups, community cadres and service providers. Dissemination of the

midline survey findings in Bihar was conducted on November 13, 2019 in Bihar. Dissemination of the midline survey findings in Chhattisgarh and Odisha were done on 10th and 17th December 2019, respectively.

1.1 About the IIPS

The International Institute for Population Sciences (IIPS) serves as a regional Institute for Training and Research in Population Studies for the ESCAP region. It has been started in 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations. It was declared as a 'Deemed University' on August 19, 1985. The Institute is under the administrative control of the Ministry of Health and Family Welfare, Government of India. The functions of the IIPS can be classified into four categories: teaching, research, consultative services, and documentation. The institute has seven academic departments with well-qualified faculty members.

The Institute has the expertise and vast experience of carrying out various large-scale population-based research projects. The most prominent among them are the National Family Health Survey (NFHS), District Level Household Survey (DLHS), Concurrent Evaluation of National Rural Health Mission, and Global Tobacco Survey.

IIPS has completed comprehensive nutrition surveys in the states of Maharashtra and Gujarat namely Comprehensive Nutrition Survey in Maharashtra (CNSM), Comprehensive Nutrition Survey in Gujarat (CNSG). UNICEF funded CNSM project in Maharashtra, and CNSG project was funded by Department of Women and Child Development, Government of Gujarat. These surveys provided valuable data on the nutrition status of under two/five children, mothers, and feeding/food intake practices, food consumption pattern, diet during pregnancy and lactation, health and hygiene related parameters, food security at household level and status of *Anganwadis*.

Previously, IIPS had provided technical support for the Swabhimaan baseline survey. Later, the midline process evaluation of the Swabhimaan intervention program in Bihar, Chhattisgarh and Odisha has also been carried out by IIPS.

1.2 About SWABHIMAAN

SWABHIMAAN multi-state, multi-sector women's nutrition demonstration intervention programme with direct cash grant was started with an aim to improve the nutritional status of

adolescent girls, pregnant women and mothers of children under two years, covering the most vulnerable populations in National Rural Livelihood Mission (NRLM) resource blocks.

The impact evaluation of this project was led by AIIMS in Bihar, Odisha and Chhattisgarh with technical support from IIPS and University College London (UCL). The data collection of the baseline (2016) and midline surveys in all the three states were conducted between July-December 2016 and September 2018-June 2019, respectively and the results of the surveys were disseminated.

Interventions which can improve nutrition of women are well known (lancet nutrition services, 2013). Delivery mechanisms to deliver these interventions also exist but are managed by at least five departments (Social Welfare, Civil supplies, Rural development, Public Health Engineering-PHED and Health), with weak or no institutional convergence mechanisms. Additionally, some of the critical interventions are not included in the antenatal package (e.g. maternal calcium supplementation, maternal deworming). There is also no mechanism to identify pregnant women at nutrition risk and providing them a special package of feeding and care. Those nutrition interventions that are present also need quality strengthening to address operational challenges in service delivery owing to capacity building, monitoring and huge vacancy load.

One delivery platform untapped to reach out to adolescents and pregnant women with special package of reproductive, health and nutrition messages as well as services is the women Self-Help Groups (SHGs) and Village Organizations (VO) under the NRLM. Evidence suggests that these community organisations and their federations have the potential to manage grants for improving last mile delivery of essential nutrition services for women, provided they are enabled, supervised, and provided protection against violence and exploitation (UNICEF, 2016).

Community cash grant is a mechanism by which organised community groups, with active bank accounts, such as VOs directly receive and manage money to deliver services as per community needs-based plans approved by the funding agency.

In context to Indian public health services, the field workers critical to improve the last mile delivery of health services and undertaking a range of activities like community mobilisation, counselling, record keeping, to name a few, have largely been considered

honorary workers. SWABHIMAAN project shifts this approach of strengthening the last mile delivery of services into an invested service that can be sustained through VO's and higher federated institutions rather than being voluntary work. Some of the basic findings of the SWABHIMAAN baseline survey are given below

1.3 SWABHIMAAN Surveys in Bihar

The baseline survey of Swabhimaan in Bihar was conducted during July to December 2016. A sample of 1704 adolescent girls (10-19 years), 936 pregnant women (15-49 years) and 2612 mothers of children under age two years (15-49 years) were interviewed from Jalalgarh and Kasba blocks of Purnea district. The dissemination of findings from the baseline survey in Bihar was held on 12th July 2017. Swabhimaan midline survey was done during September to December 2018 in Bihar. A total of 963 adolescent girls (10-19 years), 628 pregnant women (15-49 years), 1042 mothers of children under age two years (15-49 years) and their children were interviewed from Jalalgarh and Kasba blocks of Purnea district.

Table 1: Key nutrition outcomes and coverage of selected nutrition relevant services, Swabhimaan baseline (2016) and midline surveys (2018), Bihar.

| Indicators | Intervention | | Control | |
|--|--------------|-------------|--------------|-------------|
| | Baseline (%) | Midline (%) | Baseline (%) | Midline (%) |
| Stunting (adolescent girls aged 10-19 years) | 43.5 | 29.9 | 42.2 | 33.4 |
| Chronic under nutrition (mother), BMI <18.5 kg/m ² | 45.2 | 42.0 | 44.8 | 42.1 |
| Pregnant women with MUAC 23 cm and above | 49.8 | 63.6 | 42.4 | 63.5 |
| Use of modern contraceptives (mother) | 9.2 | 13.5 | 7.7 | 10.7 |
| Pregnant women receiving antenatal check-ups in first trimester | 36.3 | 39.5 | 33.5 | 35.1 |
| <i>Pregnant women</i> | 25.1 | 26.5 | 22.3 | 17.5 |
| <i>Mother of children under two years</i> | 24.9 | 27.7 | 25.3 | 33.5 |
| Access to improved sanitation facility#/ no open defecation | | | | |
| <i>Adolescent</i> | 25.5 | 40.1 | 15.7 | 43.0 |
| <i>Pregnant women</i> | 21.4 | 40.1 | 8.8 | 32.5 |
| <i>Mother of children under two years</i> | 20.4 | 30.1 | 9.3 | 27.0 |
| Adolescent girls who have attended at least two Kishori group meetings in the six months preceding the survey* | 1.1 | 19.0 | - | - |
| Self Help Group (SHG) membership | | | | |
| <i>Pregnant women</i> | 27.6 | 34.3 | 17.7 | 25.0 |
| <i>Mother of children under two years</i> | 35.4 | 43.7 | 24.1 | 26.6 |
| VHSND | | | | |

| | | | | |
|--|-----|------|-----|------|
| <i>Pregnant women</i> | 9.2 | 49.1 | 7.3 | 38.8 |
| <i>Mother of children under two years</i> | 7.1 | 51.5 | 6.4 | 40.8 |
| Source: SWABHIMAAN Baseline Survey, Bihar 2016 and Midline Survey, Bihar 2018. * Intervention activity specific to intervention areas only. | | | | |

2 OBJECTIVES AND ACTIVITIES OF IIPS FOR ENDLINE SURVEY, BIHAR

The main objectives of the IIPS are:

1. To assess the reduction in the proportion of adolescent girls and mothers of children under two years with a BMI<18.5.
2. To examine the improvement in mean mid-upper arm circumference (MUAC) among pregnant women over the intervention period (2016-2021).
3. To compare the baseline and endline data for estimating improvements in the coverage of key nutrition-specific and nutrition-sensitive interventions.
4. To assess the change in utilization of maternal health and nutrition services before and after the COVID 19 pandemic.

Activities of IIPS for the endline survey are:

1. To formulate sampling design and carry out sampling for selection of sample for the endline survey in Bihar.
2. To review and modify tools and instruments for the endline survey of Swabhimaan programme.
3. To organise training of mapper listers and field investigators for endline survey in Bihar.
4. To conduct the endline survey of the Swabhimaan programme in Bihar.
5. To validate and manage data and prepare fact sheets for Bihar.

3. TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) will be constituted to guide and approve the survey design, tools, and protocols for the proposed Endline Impact Evaluation of SWABHIMAAN Demonstration Programme. The members will include technical experts in nutrition, intervention, sampling and survey methodology. The TAG will meet to review and approve methodology, survey protocols, monitor progress and review survey findings.

Under the overall guidance of the UNICEF, TAG, a national and an international consultant, the proposed endline survey will be carried out by the team of IIPS consisting of Faculty members, Junior Project Manager (JPM), Programmer and Data Analysts.

4. PHASE I: PREPARATORY WORK FOR THE ENDLINE SURVEY

The phase I will be carried out during October to December 2020. The following specific activities are envisaged by IIPS in phase I:

4.1 Preparing Protocol

Principal Investigator (PI), Co-Principal Investigators (Co-PIs) and research staff will revise the tools and instruments of the Swabhimaan to make necessary modifications for the endline survey as discussed below.

4.1.1 Discussion with Survey Collaborators

Meeting will be arranged with UNICEF and State Rural Livelihood Mission officials to discuss the current situation in the study area. This discussion will also account for any amendments made to the Swabhimaan programme, challenges, or issues particularly post Covid-19 outbreak that collaborators would like to address through the endline questionnaire.

4.1.2 Sampling and Sample Size

The estimated sample size for the endline survey in Bihar will be same as the baseline survey for comparison purposes. However, the sampling design and sample selection technique will be modified to study the impact evaluation of system strengthening and community action interventions. PI and Co-PI along with an external sampling expert will formulate an appropriate sampling design for the representative selection of the respondents from each target group in Bihar.

Table 2. Sample size of target groups

| Sample Size | Intervention (Estimated) | Control (Estimated) | Total |
|-----------------------------|-----------------------------|------------------------|-------|
| Adolescent girls | 875 | 875 | 1750 |
| Pregnant women | 374 | 374 | 748 |
| Mothers of children under 2 | 1424 | 1424 | 2848 |

4.1.3 Tools for Data Collection

Quantitative data will be collected using Computer Assisted Personal Interview (CAPI). The questionnaires of baseline and midline surveys will be reviewed to finalize the tools for the endline impact evaluation. The quantitative data tools will include separate structured and bilingual questionnaire for each target group. Additionally, there will be a separate interview schedule for household information.

Interview schedules: 1. Household schedule

2. Adolescent girls schedule

3. Pregnant women schedule

4. Mothers of children under two years schedule

Additionally, qualitative data from the officials (SPMU, DPMU, BPMU etc.) will be collected using telephonic interviews.

4.1.4 Coverage of Indicators in Beneficiary Survey

Identification of adolescent girls and women beneficiaries in the target groups will be done by Mapping and Listing. From each target group following information will be collected

Table 3. Coverage of Indicators in Beneficiary Survey

ADOLESCENT GIRLS (aged 10-19 years): *unmarried, not pregnant and not the mother of a child under two years*

1. Mean Dietary Diversity Score
2. Dietary Diversity Score (5 out of 10 food groups)
3. Consumed four or more IFA tablets in the month preceding the survey
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine

8. Using safe pads or sanitary pads
9. Accessing adolescent health services (Kishori Diwas) in six months preceding the survey
10. Attended at least three Kishori meetings in six months
11. Questions related to intervention activities

PREGNANT WOMEN (aged 15-49 years): *if she is pregnant, a girl or woman will join this category whether she is an adolescent or the mother of any child under two*

1. Pregnant women in the 2nd or 3rd trimester consuming at least 25 IFA tablets in the month preceding the survey (Pregnant women in 2nd or 3rd trimester)
2. Mean Dietary Diversity Score
3. Dietary Diversity (5 out of 10 food groups)
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine
8. Received ICDS entitlement for supplementary food in month preceding the survey (Pregnant women entitled to ICDS rations)
9. Had one antenatal check-up in the first trimester
10. Weighed at least once in first trimester
11. Received one dose of albendazole in second trimester (Pregnant women in 2nd or 3rd trimester)
12. Taken two calcium tablets in 2nd trimester (Pregnant women in 2nd or 3rd trimester)
13. Below the age of eighteen

MOTHERS OF CHILDREN UNDER TWO YEARS (aged 15-49 years)

1. Mean Dietary Diversity Score
2. Receiving minimum Dietary Diversity (5 out of 10 food groups)
3. Living in a household with iodized salt
4. Living in food secure households
5. Living in households with a kitchen garden
6. Living in households with a toilet or covered pit latrine
7. Receiving minimum PDS entitlement in month preceding survey
8. Receiving ICDS entitlement for supplementary food in month preceding survey
9. Received at least four ANC in last pregnancy
10. Consumed 100 or more IFA tablets during last pregnancy
11. Weighed at least four times in last pregnancy
12. Using a modern family planning method
13. Accessed at least one of three social protection schemes (JSY, Adarsh Dampati Yojana)
14. Delivered in a health facility in last pregnancy
15. Attended at least three Maitri baithak meetings and three VHND meetings in last year
16. Attended at least three Maitri baithak meetings and three VHND meetings in last year (As above, from underprivileged groups)

17. Members of women's Ag-producer groups and have adopted at least 1 mix micronutrient-rich cropping methods, against previous practice (Mothers of children under two, who are members of farmer producer groups)
18. Questions related to intervention activities

Also, any suggestions risen out of the meeting with survey collaborators will be included in the endline survey questionnaire. Possible inclusion of questions addressing impact of COVID-19 on the services and their utilisation.

4.1.5 Pre-testing of Survey Instruments

To understand the pattern of questions, skip and filter pattern or any other problem in understanding or administration of questionnaires, a pretesting of questionnaires will be done in Kasba and Jalalgarh blocks of Purnea district in Bihar. Further modifications will be done in the questionnaires based on the results of pre-testing.

4.1.6 Ethical Consideration

- An Institutional Review Board (IRB) meeting will be held, and survey protocol will be presented in the meeting for the approval. Ethical aspects such as privacy, confidentiality, anonymity, informed consent, and right to withdraw from participation will be included in the ethical disclosure of survey protocol.
- Key personnel are assigned solely for implementation of this project. Any change will be made in consultation with UNICEF. Proper financial and accounting records will be maintained.

5. PHASE II: IMPLEMENTATION OF THE ENDLINE SURVEY IN BIHAR

5.1 Team Composition

All the administrative work related to the project will be the responsibility of the Co-PI, JPM, and Data analyst. This team will be responsible for monitoring all administrative and field activities of the project including accounting, preparation of budget, face form, Statement of Expenditure (SOE), project-related communication and purchases, advertisement, appointments, and meetings and programmes in the field level. The field related work of the project will be co-ordinated by the JPM and Programmer. Swabhimaan cadre will conduct the listing operation for the endline survey in Bihar. The interviews will be carried out by 24 field investigators and supervised by the JPMs and other IIPS staff and officials. PI, Co-PIs,

Data Analysts/Technical Writers, and Experts will review the protocols, monitor field activities and prepare and review the factsheets.

5.2 Training

The training will be conducted at two levels:

- Training for mapping and listing will be carried. Post-training, mappers and listers will be sent to nearby village for field practice and the errors and issues will be discussed with the field staff and Co-PIs and resolved.
- Training of field investigators will be conducted on quantitative interview techniques, data collection tools, and anthropometric data collection. Apart from this, training of CAPI will be given to the field investigators. The standardised training manuals will be developed for conducting the training. Field investigators will be trained in the gold standard procedure for anthropometric measurements.
- A core team of PI, Co-PIs, JPM and programmer along with the support of the state-level staff from UNICEF will facilitate and execute the training programmes.
- Only those investigators who meet the standard eligibility criteria given in the advertisement will be recruited for the data collection activity.

5.3 Data Collection

The qualitative and quantitative data collections are proposed to be conducted during January to February 2021. Informed consent will be taken from the respondents before filling the tool. In case of adolescent girls an informed consent from the guardian and assent of participants' will also be taken before interview.

5.4 Field Monitoring

The quality of data being collected will be regularly monitored using checklists and specially developed formats for same, by the project officials placed in the states as well as regular field visits by PI and Co-PI from IIPS. At the beginning of the survey, 2% of spot checks will be done to correct any errors done by the investigators. IIPS will do the back-check of previously collected data. Overall, back-checks will be done for 3% of the total sample (i.e. adolescent girls, pregnant women and mothers with children under two years). Specially developed back check formats will be used to check the consistency of information collected by the investigators.

Table 4. Sample Size and Estimated Checks by IIPS

| Target Groups | Sample Size | Quality check | |
|------------------------------------|-------------|--------------------|--------------------|
| | | Back Check (3%) | Spot Check (2%) |
| Adolescent girls | 1750 | 53 | 35 |
| Pregnant women | 748 | 22 | 15 |
| Mothers of children under 2 | 2848 | 85 | 57 |
| Total | 5346 | 160 | 107 |
| Total sample for quality assurance | | 267 | |

Table 5. Field and Data Monitoring Components

| Key features | Process | Components | IIPS |
|----------------------------|---|---|--|
| Handholding | Spot-checks tables – Initial stage of survey | Spot-Checks and reorientation | Coordinator and JPM |
| Validation | Back-checks tables – Daily | Matching with soft data and filled questionnaire | JPM, Programmer Matching by IIPS |
| Validity and consistency | Field-checks tables- teams Weekly | Household, and target groups response and measurement | Data Analyst/Technical Writer, Co-PI |
| Validation and consistency | Data consistency intervention and control villages Bi-weekly | Higher level analysis of age and anthropometric | Data Analyst/Technical Writer and PI/CO-PI/JPM |

Each interviewer should be regularly observed during field work as spot checks. To accomplish this, JPM, Programmer, quality assurance team, and senior staff will have to be present during interviews and give feedback to interviewers. They will not interrupt during the interview, rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the course of the fieldwork, field editors should observe at least one interview per day.

JPM and Programmer will share the task to ensure that all filled in schedules are thoroughly scrutinized, and all errors are tactfully discussed with the interviewer.

5.5 Data Quality Analysis

Computer Assisted Personal Interviewing (CAPI) will be done in all three states. CAPI surveys have shown to improve data quality through less missing data and fewer errors due to functions built into the data entry programme. Data will be uploaded directly into the database. IIPS research team will carry out cleaning of data, validation of data and checking for internal consistency and management of missing cases. Team wise age and outcome

variable frequencies will be checked. The pattern of missing cases by caste/tribe and economic characteristics will be examined.

6. PHASE III: DATA ANALYSIS AND DISSEMINATION

During the third and final phase the gathered data will be analysed, compiled in factsheets and the findings will be shared with stakeholders, researchers, and others.

6.1 Analysis and Management of Data

IIPS will develop a tabulation plan and indicators for the fact sheets. The validity of indicators will be tested, and confidence interval will be provided for all outcome indicators. Comparison will be made with available data sets from the baseline surveys. Household files will be merged with the individual files of target groups. IIPS will convert the data into different formats (SPSS and STATA) for public use.

6.2 Fact Sheet and Dissemination of Results

IIPS will prepare facts sheet for Bihar based on quantitative data analysis. Three fact sheets will be prepared one for each block (Kasba and Jalalgarh) and one for district (Purnea). Dissemination of fact sheets will be done at the state and the national level.

7. LIMITATION

It is important to note that till March 2020 the endline data may reflect the real scenario in the study area; however, due to the COVID 19 crisis, we might not get the true impact of interventions in the subsequent months and also a considerable change in the study indicators can be expected.

8. MODE OF PAYMENT

The release of funds to IIPS from UNICEF for endline survey of Swabhimaan will be done according to the requirement.

9. LOGISTIC SUPPORT FROM UNICEF

To carry out anthropometric measurements of, IIPS team will need stadiometers, weighing machines and MUAC tapes from UNICEF Office.

10. PROJECT DURATION AND TIMELINE (October 2020- April 2021)

The assignment of IIPS for the SWABHIMAAN Program Endline Impact Evaluation would be implemented from the month of October 2020 and it will be completed by April 2021. The details are given as under along with timeline.

11. DELIVERABLES FROM IIPS

| Activity | Duration | Deliverables |
|--|--------------|--|
| Phase I: Preparatory work | Oct-Dec 2020 | <ul style="list-style-type: none">• Revision of protocol: meeting with collaborators, questionnaire, pre-testing, sampling• TAG meeting for protocol• IRB approval for study |
| Phase II: Implementation of Bihar endline survey | Jan-Feb 2021 | <ul style="list-style-type: none">• Phone-based qualitative data collection• Training of trainers and investigators• Conducting endline survey in Bihar |
| Phase III: Data analysis and Dissemination | Mar-Apr 2021 | <ul style="list-style-type: none">• Data cleaning, analysis, and management• Preparing fact sheets• Preparing PPT for dissemination |

12. TIMELINE (October 2020- April 2021)

| ACTIVITIES | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
|--|-----|-----|-----|-----|-----|-----|-----|
| PHASE I (October-December 2020) | | | | | | | |
| Review and finalisation of tools | | | | | | | |
| Sampling | | | | | | | |
| Pre-testing | | | | | | | |
| Technical Advisory Group (TAG) meeting for Endline study | | | | | | | |
| IRB approval for the study | | | | | | | |
| PHASE II (January-February 2021) | | | | | | | |
| Training | | | | | | | |
| Phone-based qualitative data collection from Officials | | | | | | | |
| Survey | | | | | | | |
| PHASE III (March-April 2021) | | | | | | | |
| Data cleaning | | | | | | | |
| Data analysis and management | | | | | | | |
| Fact sheets | | | | | | | |
| Preparing PPT for dissemination | | | | | | | |

UNICEF/Nutrition/2020
4 November 2020

To,
Dr. Sayeed Unisa
PI-Swabhimaan Project
And Head of Dept. of Mathematics
Lady Irwin College, New Delhi

Sub: Endline Survey- Swabhimaan
Your proposal received by us on 3.11.2020

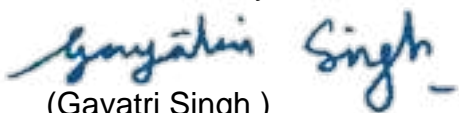
Dear Dr. Unisa,

Thank you for your proposal for endline survey for swabhimaan for Odisha state for the period 15 November 2020-April, 2020 for 53,52,900 INR (~74,000 USD) in two phases –

| Phase | Activity | Time period | Amount in INR |
|-------|---|---------------|---------------|
| I | Preparation, ethical approval, mapping and listing and TOT | Nov-Dec'20 | 44,43,100 |
| | Data collection and Cleaning | Jan-Feb'21 | |
| II | Data Entry, Analysis and Fact Sheet Development and power point for dissemination | Mar-Apr'21 | 9,09,800 |
| | | Nov'20-Apr'21 | 53,52,900 |

We agree. To enable us release the funds, for phase I you are kindly requested to share the FACE form.

Yours Sincerely,



(Gayatri Singh)
OIC,
Nutrition Section, UNICEF India
gasingh@unicef.org

PROJECT PROPOSAL

**ENDLINE SURVEY for SWABHIMAAN Women's Nutrition Demonstration Programme
in ODISHA**

Submitted to

UNICEF India

By

International Institute for Population Sciences, Mumbai



Principal Investigator

Prof. Sayeed Unisa, Professor, IIPS

Co-Principal Investigators for Endline survey

Dr. Reshmi R.S., Assistant Professor, IIPS

Dr. L.K. Dwivedi, Assistant Professor, IIPS

Dr. Sarang Pedgaonkar, Assistant Professor, IIPS

15 November 2020- 30 April 2021

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SWABHIMAAN (2016-2021)

1. BACKGROUND

The Swabhimaan evaluation design is a prospective, non-randomized controlled evaluation. It evaluates the delivery of a package of 18 essential nutrition (specific and sensitive) interventions via Aajeevika promoted village organisations (federation of women self-help groups) to improve the nutrition status of girls' and women (before conception, during pregnancy and after birth) in three Indian states: Bihar, Chhattisgarh and Odisha in 2016-2017.

The target groups focussed interventions are delivered through systems-based and Village Organizations (VO) led approaches grouped under four pillars such as system strengthening, VO led interventions for adolescents, women and village Resource Person (VRP)/women farmers club. The geographical sites of Swabhimaan are all 356 revenue villages of five scheduled caste/tribe dominated blocks of four districts (Bihar: Purnea; Chhattisgarh: Bastar; Odisha: Angul and Koraput).

UNICEF India started a partnership with the International Institute for Population Sciences (IIPS) in 2016 for the baseline survey of Swabhimaan demonstration programme. IIPS is playing a crucial role in the impact evaluation of Swabhimaan intervention. In the baseline evaluation survey conducted during 2016-2017, IIPS was the lead technical support agency of Swabhimaan Women's Nutrition Demonstration Programme. IIPS team published technical papers along with UNICEF and AIIMS using baseline data, technical papers in peer-reviewed international journals in the area of nutrition, WASH, and women empowerment.

In order to examine the intervention process and the extent of the reach of beneficiaries, UNICEF entrusted IIPS for conducting the Midline process evaluation survey which was conducted during September 2018 to June 2019. A mixed method design approach was used which comprised of a cross-sectional survey and qualitative data collection in five blocks of three Indian states (Bihar, Chhattisgarh, and Odisha). The cross-sectional survey aimed to assess the system strengthening process and coverage of VO led interventions among beneficiaries. Qualitative data collection included in-depth interviews and focus group discussions of target groups, community cadres and service providers. Dissemination of the midline survey findings in Bihar was conducted on November 13, 2019 in Bihar.

Dissemination of the midline survey findings in Chhattisgarh and Odisha were done on 10th and 17th December 2019, respectively.

1.1 About the IIPS

The International Institute for Population Sciences (IIPS) serves as a regional Institute for Training and Research in Population Studies for the ESCAP region. It has been started in 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations. It was declared as a 'Deemed University' on August 19, 1985. The Institute is under the administrative control of the Ministry of Health and Family Welfare, Government of India. The functions of the IIPS can be classified into four categories: teaching, research, consultative services, and documentation. The institute has seven academic departments with well-qualified faculty members.

The Institute has the expertise and vast experience of carrying out various large-scale population-based research projects. The most prominent among them are the National Family Health Survey (NFHS), District Level Household Survey (DLHS), Concurrent Evaluation of National Rural Health Mission, and Global Tobacco Survey.

IIPS has completed comprehensive nutrition surveys in the states of Maharashtra and Gujarat namely Comprehensive Nutrition Survey in Maharashtra (CNSM), Comprehensive Nutrition Survey in Gujarat (CNSG). UNICEF funded CNSM project in Maharashtra, and CNSG project was funded by Department of Women and Child Development, Government of Gujarat. These surveys provided valuable data on the nutrition status of under two/five children, mothers, and feeding/food intake practices, food consumption pattern, diet during pregnancy and lactation, health and hygiene related parameters, food security at household level and status of *Anganwadis*.

Previously, IIPS had provided technical support for the Swabhimaan baseline survey. Later, the midline process evaluation of the Swabhimaan intervention program in Bihar, Chhattisgarh and Odisha has also been carried out by IIPS.

1.2 About SWABHIMAAN

SWABHIMAAN multi-state, multi-sector women's nutrition demonstration intervention programme with direct cash grant was started with an aim to improve the nutritional status of adolescent girls, pregnant women and mothers of children under two years, covering the most vulnerable populations in National Rural Livelihood Mission (NRLM) resource blocks.

The impact evaluation of this project was led by AIIMS in Bihar, Odisha and Chhattisgarh with technical support from IIPS and University College London (UCL). The data collection of the baseline (2016) and midline surveys in all the three states were conducted between July-December 2016 and September 2018-June 2019, respectively and the results of the surveys were disseminated.

Interventions which can improve nutrition of women are well known (lancet nutrition services, 2013). Delivery mechanisms to deliver these interventions also exist but are managed by at least five departments (Social Welfare, Civil supplies, Rural development, Public Health Engineering-PHED and Health), with weak or no institutional convergence mechanisms. Additionally, some of the critical interventions are not included in the antenatal package (e.g. maternal calcium supplementation, maternal deworming). There is also no mechanism to identify pregnant women at nutrition risk and providing them a special package of feeding and care. Those nutrition interventions that are present also need quality strengthening to address operational challenges in service delivery owing to capacity building, monitoring and huge vacancy load.

One delivery platform untapped to reach out to adolescents and pregnant women with special package of reproductive, health and nutrition messages as well as services is the women Self-Help Groups (SHGs) and Village Organizations (VO) under the NRLM. Evidence suggests that these community organisations and their federations have the potential to manage grants for improving last mile delivery of essential nutrition services for women, provided they are enabled, supervised, and provided protection against violence and exploitation (UNICEF, 2016).

Community cash grant is a mechanism by which organised community groups, with active bank accounts, such as VOs directly receive and manage money to deliver services as per community needs-based plans approved by the funding agency.

In context to Indian public health services, the field workers critical to improve the last mile delivery of health services and undertaking a range of activities like community mobilisation, counselling, record keeping, to name a few, have largely been considered honorary workers. SWABHIMAAN project shifts this approach of strengthening the last mile delivery of services into an invested service that can be sustained through VOs and higher federated

institutions rather than being voluntary work. Some of the basic findings of the SWABHIMAAN baseline survey are given below

1.3 SWABHIMAAN Surveys in Odisha

The baseline survey of Swabhimaan in Odisha was conducted during October 2016 to January 2017. A sample of 1727 adolescent girls (10-19 years), 814 pregnant women (15-49 years) and 3604 mothers of children under age two years (15-49 years) were interviewed from Pallahara and Koraput Sadar blocks of Angul and Koraput districts, respectively. The dissemination of findings from the baseline survey in Odisha was held in July 2017. Swabhimaan midline survey was done during January to March 2019 in Odisha. A total of 1191 adolescent girls (10-19 years), 614 pregnant women (15-49 years), 1184 mothers of children under age two years (15-49 years) and their children were interviewed from Pallahara and Koraput Sadar blocks of Angul and Koraput districts, respectively.

Table 1: Key nutrition outcomes and coverage of selected nutrition relevant services, Swabhimaan baseline (2017) and midline surveys (2019), Odisha.

| Indicators | Intervention | | Control | |
|--|--------------|-------------|--------------|-------------|
| | Baseline (%) | Midline (%) | Baseline (%) | Midline (%) |
| Stunting (adolescent girls aged 10-19 years) | 35.1 | 36.6 | 34.9 | 35.7 |
| Chronic under nutrition (mother), BMI <18.5 kg/m ² | 45.8 | 44.3 | 46.9 | 38.6 |
| Pregnant women with MUAC 23 cm and above | 66.6 | 73.8 | 62.2 | 69.8 |
| Use of modern contraceptives (mother) | 22.6 | 28.2 | 20.7 | 25.3 |
| Pregnant women receiving antenatal check-ups in first trimester | 40.1 | 60.7 | 32.7 | 57.5 |
| <i>Pregnant women</i> | 30.1 | 37.9 | 31.4 | 33.8 |
| <i>Mother of children under two years</i> | 29.1 | 31.8 | 26.7 | 36.8 |
| Access to improved sanitation facility#/no open defecation | | | | |
| <i>Adolescent</i> | 16.6 | 24.4 | 17.3 | 20.9 |
| <i>Pregnant women</i> | 23.4 | 22.7 | 13.4 | 17.5 |
| <i>Mother of children under two years</i> | 21.7 | 25.4 | 15.4 | 17.1 |
| Adolescent girls who have attended at least two Kishori group meetings in the six months preceding the survey* | 6.5 | 4.9 | | |
| Self Help Group (SHG) membership | | | | |
| <i>Pregnant women</i> | 28.4 | 49.6 | 27.1 | 53.1 |
| <i>Mother of children under two years</i> | 28.1 | 56.4 | 31.8 | 58.7 |
| VHSND | | | | |
| <i>Pregnant women</i> | 59.9 | 59.9 | 55.3 | 51.3 |

| | | | | |
|--|------|------|------|------|
| <i>Mother of children under two years</i> | 59.4 | 65.1 | 57.4 | 54.6 |
| Source: SWABHIMAAN Baseline Survey, Odisha 2017 and Midline Survey, Odisha 2019. | | | | |
| * Intervention activity specific to intervention areas only. | | | | |

2 OBJECTIVES AND ACTIVITIES OF IIPS FOR ENDLINE SURVEY, ODISHA

The main objectives of the IIPS are:

1. To assess the reduction in the proportion of adolescent girls and mothers of children under two years with a BMI<18.5.
2. To examine the improvement in mean mid-upper arm circumference (MUAC) among pregnant women over the intervention period (2016-2021).
3. To compare the baseline and endline data for estimating improvements in the coverage of key nutrition-specific and nutrition-sensitive interventions.
4. To assess the change in utilization of maternal health and nutrition services before and after the COVID 19 pandemic.

Activities of IIPS for the endline survey are:

1. To formulate sampling design and carry out sampling for selection of sample for the endline survey in Odisha.
2. To translate questionnaires to Odia and synchronise them to state-specific programmes.
3. To organise training of mapper listers and field investigators for endline survey in Odisha.
4. To conduct the endline survey of the Swabhimaan programme in Odisha.
5. To validate and manage data and prepare fact sheets for Odisha.

3. TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) will be constituted to guide and approve the survey design, tools, and protocols for the proposed Endline Impact Evaluation of SWABHIMAAN Demonstration Programme. The members will include technical experts in nutrition, intervention, sampling and survey methodology. The TAG will meet to review and approve methodology, survey protocols, monitor progress and review survey findings.

Under the overall guidance of the UNICEF, TAG, a national and an international consultant, the proposed endline survey will be carried out by the team of IIPS consisting of Faculty members, Junior Project Manager (JPM), Programmer and Data Analysts.

4. PHASE I: PREPARATORY WORK FOR THE ENDLINE SURVEY

The phase I will be carried out during 15th November and 31st December 2020. The following specific activities are envisaged by IIPS in phase I:

4.1 Preparing Protocol

Principal Investigator (PI), Co-Principal Investigators (Co-PIs) and research staff will revise the tools and instruments of the Swabhimaan to make necessary modifications for the endline survey as discussed below.

4.1.1 Discussion with Survey Collaborators

Meeting will be arranged with UNICEF and State Rural Livelihood Mission officials to discuss the current situation in the study area. This discussion will also account for any amendments made to the Swabhimaan programme, challenges, or issues particularly post Covid-19 outbreak that collaborators would like to address through the endline questionnaire.

4.1.2 Sampling and Sample Size

The estimated sample size for the endline survey in Odisha will be same as the baseline survey for comparison purposes. However, the sampling design and sample selection technique will be modified to study the impact evaluation of system strengthening and community action interventions. PI and Co-PI along with an external sampling expert will formulate an appropriate sampling design for the representative selection of the respondents from each target group in Odisha.

Table 2. Sample size of target groups

| Sample Size | Intervention (Estimated) | Control (Estimated) | Total |
|-----------------------------|-----------------------------|------------------------|-------|
| Adolescent girls | 531 | 531 | 1062 |
| Pregnant women | 374 | 374 | 748 |
| Mothers of children under 2 | 1340 | 1340 | 2680 |

4.1.3 Tools for Data Collection

Quantitative data will be collected using Computer Assisted Personal Interview (CAPI). The questionnaires of baseline and midline surveys will be reviewed to finalize the tools for the endline impact evaluation. The quantitative data tools will include separate structured and bilingual questionnaire for each target group. Additionally, there will be a separate interview schedule for household information. The questionnaires will be translated to Odia and synchronised to state-specific programmes.

Interview schedules: 1. Household schedule

2. Adolescent girls schedule

3. Pregnant women schedule

4. Mothers of children under two years schedule

Additionally, qualitative data from the officials (SPMU, DPMU, BPMU etc.) will be collected using telephonic interviews.

4.1.4 Coverage of Indicators in Beneficiary Survey

Identification of adolescent girls and women beneficiaries in the target groups will be done by Mapping and Listing. From each target group following information will be collected

Table 3. Coverage of Indicators in Beneficiary Survey

ADOLESCENT GIRLS (aged 10-19 years): *unmarried, not pregnant and not the mother of a child under two years*

1. Mean Dietary Diversity Score
2. Dietary Diversity Score (5 out of 10 food groups)
3. Consumed four or more IFA tablets in the month preceding the survey
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden

7. Living in households with a toilet or covered pit latrine
8. Using safe pads or sanitary pads
9. Accessing adolescent health services (Kishori Diwas) in six months preceding the survey
10. Attended at least three Kishori meetings in six months
11. Questions related to intervention activities

PREGNANT WOMEN (aged 15-49 years): *if she is pregnant, a girl or woman will join this category whether she is an adolescent or the mother of any child under two*

1. Pregnant women in the 2nd or 3rd trimester consuming at least 25 IFA tablets in the month preceding the survey (Pregnant women in 2nd or 3rd trimester)
2. Mean Dietary Diversity Score
3. Dietary Diversity (5 out of 10 food groups)
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine
8. Received ICDS entitlement for supplementary food in month preceding the survey (Pregnant women entitled to ICDS rations)
9. Had one antenatal check-up in the first trimester
10. Weighed at least once in first trimester
11. Received one dose of albendazole in second trimester (Pregnant women in 2nd or 3rd trimester)
12. Taken two calcium tablets in 2nd trimester (Pregnant women in 2nd or 3rd trimester)
13. Below the age of eighteen

MOTHERS OF CHILDREN UNDER TWO YEARS (aged 15-49 years)

1. Mean Dietary Diversity Score
2. Receiving minimum Dietary Diversity (5 out of 10 food groups)
3. Living in a household with iodized salt
4. Living in food secure households
5. Living in households with a kitchen garden
6. Living in households with a toilet or covered pit latrine
7. Receiving minimum PDS entitlement in month preceding survey
8. Receiving ICDS entitlement for supplementary food in month preceding survey
9. Received at least four ANC in last pregnancy
10. Consumed 100 or more IFA tablets during last pregnancy
11. Weighed at least four times in last pregnancy
12. Using a modern family planning method
13. Accessed at least one of three social protection schemes (JSY, Adarsh Dampati Yojana)
14. Delivered in a health facility in last pregnancy
15. Attended at least three Maitri baithak meetings and three VHND meetings in last year
16. Attended at least three Maitri baithak meetings and three VHND meetings in last year (As above, from underprivileged groups)

17. Members of women's Ag-producer groups and have adopted at least 1 mix micronutrient-rich cropping methods, against previous practice (Mothers of children under two, who are members of farmer producer groups)
18. Questions related to intervention activities

Also, any suggestions risen out of the meeting with survey collaborators will be included in the endline survey questionnaire. Possible inclusion of questions addressing impact of COVID-19 on the services and their utilisation.

4.1.5 Pre-testing of Survey Instruments

To understand the pattern of questions, skip and filter pattern or any other problem in understanding or administration of questionnaires, a pretesting of questionnaires will be done in study area. Further modifications will be done in the questionnaires based on the results of pre-testing.

4.1.6 Ethical Consideration

- An Institutional Review Board (IRB) meeting will be held, and survey protocol will be presented in the meeting for the approval. Ethical aspects such as privacy, confidentiality, anonymity, informed consent, and right to withdraw from participation will be included in the ethical disclosure of survey protocol.
- Key personnel are assigned solely for implementation of this project. Any change will be made in consultation with UNICEF. Proper financial and accounting records will be maintained.

5. PHASE II: IMPLEMENTATION OF THE ENDLINE SURVEY IN ODISHA

5.1 Team Composition

All the administrative work related to the project will be the responsibility of the Co-PI, JPMs, and Data analyst. This team will be responsible for monitoring all administrative and field activities of the project including accounting, preparation of budget, face form, Statement of Expenditure (SOE), project-related communication and purchases, advertisement, appointments, and meetings and programmes in the field level. The field related work of the project will be co-ordinated by two JPMs and two Programmers. Swabhimaan cadre will conduct the listing operation for the endline survey in ODISHA. The interviews will be carried out by 24 field investigators and supervised by the JPMs and other IIPS staff and officials. PI,

Co-PIs, Data Analysts/Technical Writers, and Experts will review the protocols, monitor field activities and prepare and review the factsheets.

5.2 Training

The training will be conducted at two levels:

- Training for mapping and listing will be carried. Post-training, mappers and listers will be sent to nearby village for field practice and the errors and issues will be discussed with the field staff and Co-PIs and resolved.
- Training of field investigators will be conducted on quantitative interview techniques, data collection tools, and anthropometric data collection. Apart from this, training of CAPI will be given to the field investigators. The standardised training manuals will be developed for conducting the training. Field investigators will be trained in the gold standard procedure for anthropometric measurements.
- A core team of PI, Co-PIs, JPMs and Programmers along with the support of the state-level staff from UNICEF will facilitate and execute the training programmes.
- Only those investigators who meet the standard eligibility criteria given in the advertisement will be recruited for the data collection activity.

5.3 Data Collection

The qualitative and quantitative data collections are proposed to be conducted during January to February 2021. Informed consent will be taken from the respondents before filling the tool. In case of adolescent girls an informed consent from the guardian and assent of participants' will also be taken before interview.

5.4 Field Monitoring

The quality of data being collected will be regularly monitored using checklists and specially developed formats for same, by the project officials placed in the states as well as regular field visits by PI and Co-PI from IIPS. At the beginning of the survey, 2% of spot checks will be done to correct any errors done by the investigators. IIPS will do the back-check of previously collected data. Overall, back-checks will be done for 3% of the total sample (i.e. adolescent girls, pregnant women and mothers with children under two years). Specially developed back check formats will be used to check the consistency of information collected by the investigators.

Table 4. Sample Size and Estimated Checks by IIPS

| Target Groups | Sample Size | Quality check | |
|------------------------------------|-------------|--------------------|--------------------|
| | | Back Check (3%) | Spot Check (2%) |
| Adolescent girls | 1062 | 32 | 21 |
| Pregnant women | 748 | 22 | 15 |
| Mothers of children under 2 | 2680 | 80 | 54 |
| Total | 4490 | 135 | 90 |
| Total sample for quality assurance | | 225 | |

Table 5. Field and Data Monitoring Components

| Key features | Process | Components | IIPS |
|-------------------------------|---|---|---|
| Handholding | Spot-checks tables – Initial stage of survey | Spot-Checks and reorientation | Coordinator and JPMs |
| Validation | Back-checks tables – Daily | Matching with soft data and filled questionnaire | JPMs, Programmers Matching by IIPS |
| Validity and consistency | Field-checks tables- teams Weekly | Household, and target groups response and measurement | Data Analyst/Technical Writer, Co-PI |
| Validation and consistency | Data consistency intervention and control villages Bi-weekly | Higher level analysis of age and anthropometric | Data Analyst/Technical Writer and PI/CO- PI/JPMs |

Each interviewer should be regularly observed during field work as spot checks. To accomplish this, JPMs, Programmers, quality assurance team, and senior staff will have to be present during interviews and give feedback to interviewers. They will not interrupt during the interview, rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the course of the fieldwork, field editors should observe at least one interview per day.

JPMs and Programmers will share the task to ensure that all filled in schedules are thoroughly scrutinized, and all errors are tactfully discussed with the interviewer.

5.5 Data Quality Analysis

Computer Assisted Personal Interviewing (CAPI) will be done in all three states. CAPI surveys have shown to improve data quality through less missing data and fewer errors due to functions built into the data entry programme. Data will be uploaded directly into the database. IIPS research team will carry out cleaning of data, validation of data and checking for internal consistency and management of missing cases. Team wise age and outcome variable

frequencies will be checked. The pattern of missing cases by caste/tribe and economic characteristics will be examined.

6. PHASE III: DATA ANALYSIS AND DISSEMINATION

During the third and final phase the gathered data will be analysed, compiled in factsheets and the findings will be shared with stakeholders, researchers, and others.

6.1 Analysis and Management of Data

IIPS will develop a tabulation plan and indicators for the fact sheets. The validity of indicators will be tested, and confidence interval will be provided for all outcome indicators. Comparison will be made with available data sets from the baseline surveys. Household files will be merged with the individual files of target groups. IIPS will convert the data into different formats (SPSS and STATA) for public use.

6.2 Fact Sheet and Dissemination of Results

IIPS will prepare facts sheet for Odisha based on quantitative data analysis. Fact sheets will be prepared separately for each block (Pallahara and Koraput Sadar). Dissemination of fact sheets will be done at the state and the national level.

7. LIMITATION

It is important to note that till March 2020 the endline data may reflect the real scenario in the study area; however, due to the COVID 19 crisis, we might not get the true impact of interventions in the subsequent months and also a considerable change in the study indicators can be expected.

8. MODE OF PAYMENT

The release of funds to IIPS from UNICEF for endline survey of Swabhimaan will be done according to the requirement.

9. LOGISTIC SUPPORT FROM UNICEF

To carry out anthropometric measurements of, IIPS team will need stadiometers, weighing machines and MUAC tapes from UNICEF Office. IIPS will hire experts to calibrate equipment prior to the survey.

10. PROJECT DURATION AND TIMELINE (15 November 2020- 30 April 2021)

The assignment of IIPS for the SWABHIMAAN Program Endline Impact Evaluation would be implemented from 15th November 2020 and it will be completed by 30th April 2021. The details are given as under along with timeline.

11. DELIVERABLES FROM IIPS

| Activity | Duration | Deliverables |
|---|-------------------------------|--|
| Phase I: Preparatory work | 15 th Nov-Dec 2020 | <ul style="list-style-type: none">• Revision of protocol: meeting with collaborators, translating and synchronising questionnaire, pre-testing, sampling• TAG meeting for protocol• IRB approval for study |
| Phase II: Implementation of Odisha endline survey | Jan-Feb 2021 | <ul style="list-style-type: none">• Phone-based qualitative data collection• Training of trainers and investigators• Conducting endline survey in Odisha |
| Phase III: Data analysis and Dissemination | Mar-Apr 2021 | <ul style="list-style-type: none">• Data cleaning, analysis, and management• Preparing fact sheets• Preparing PPT for dissemination |

12. TIMELINE (15 November 2020- 30 April 2021)

| ACTIVITIES | Nov | Dec | Jan | Feb | Mar | Apr |
|--|-----|-----|-----|-----|-----|-----|
| PHASE I (15th November -December 2020) | | | | | | |
| Review and finalisation of tools | | | | | | |
| Sampling | | | | | | |
| Pre-testing | | | | | | |
| Technical Advisory Group (TAG) meeting for Endline study | | | | | | |
| IRB approval for the study | | | | | | |
| PHASE II (January-February 2021) | | | | | | |
| Training | | | | | | |
| Phone-based qualitative data collection from Officials | | | | | | |
| Survey | | | | | | |
| PHASE III (March- 30th April 2021) | | | | | | |
| Data cleaning | | | | | | |
| Data analysis and management | | | | | | |
| Fact sheets | | | | | | |
| Preparing PPT for dissemination | | | | | | |

UNICEF/Nutrition/2020
16 November 2020

To,
Dr. Sayeed Unisa
PI-Swabhimaan Project
And Head of Dept. of Mathematics
Lady Irwin College, New Delhi

Sub: Endline Survey- Swabhimaan
Your proposal received by us on 12.11.2020

Dear Dr. Unisa,

Thank you for your proposal for endline survey for swabhimaan for Chhattisgarh state for the period December 2020-April, 2021 for 41,08,700 INR in two phases –

| Phase | Activity | Time period | Amount |
|-------|---|-----------------------------|---------------|
| I | Preparation, ethical approval, mapping and listing and TOT | December 2020-February 2021 | 33,53,300 INR |
| | Data collection and Cleaning | | |
| II | Data Entry, Analysis and Fact Sheet Development and power point for dissemination | March-April, 2021 | 7,55,400 INR |
| | | | 41,08,700 INR |

We agree. You are kindly requested to share the FACE form for phase 1.



Yours Sincerely,

(Gayatri Singh)
OIC,
Nutrition Section, UNICEF India
gasingh@unicef.org

PROJECT PROPOSAL

**ENDLINE SURVEY for SWABHIMAAN Women's Nutrition Demonstration Programme
in CHHATTISGARH State and Support for ODISHA and BIHAR State Work**

Submitted to

UNICEF India

By

International Institute for Population Sciences, Mumbai



Principal Investigator

Prof. Sayeed Unisa, Professor, IIPS

Co-Principal Investigators for Endline survey

Dr. Reshmi R.S., Assistant Professor, IIPS

Dr. L.K. Dwivedi, Assistant Professor, IIPS

Dr. Sarang Pedgaonkar, Assistant Professor, IIPS

1 September 2021 – 31 March 2022

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SWABHIMAAN (2016-2021)

1. BACKGROUND

The Swabhimaan evaluation design is a prospective, non-randomized controlled evaluation. It evaluates the delivery of a package of 18 essential nutrition (specific and sensitive) interventions via Aajeevika promoted village organisations (federation of women self-help groups) to improve the nutrition status of girls' and women (before conception, during pregnancy and after birth) in three Indian states: Bihar, Chhattisgarh and Odisha in 2016-2017.

The target groups focussed interventions are delivered through systems-based and Village Organizations (VO) led approaches grouped under four pillars such as system strengthening, VO led interventions for adolescents, women and village Resource Person (VRP)/women farmers club. The geographical sites of Swabhimaan are all 356 revenue villages of five scheduled caste/tribe dominated blocks of four districts (Bihar: Purnea; Chhattisgarh: Bastar; Odisha: Angul and Koraput).

UNICEF India started a partnership with the International Institute for Population Sciences (IIPS) in 2016 for the baseline survey of Swabhimaan demonstration programme. IIPS is playing a crucial role in the impact evaluation of Swabhimaan intervention. In the baseline evaluation survey conducted during 2016-2017, IIPS was the lead technical support agency of Swabhimaan Women's Nutrition Demonstration Programme. IIPS team published technical papers along with UNICEF and AIIMS using baseline data, technical papers in peer-reviewed international journals in the area of nutrition, WASH, and women empowerment.

In order to examine the intervention process and the extent of the reach of beneficiaries, UNICEF entrusted IIPS for conducting the Midline process evaluation survey which was conducted during September 2018 to June 2019. A mixed method design approach was used which comprised of a cross-sectional survey and qualitative data collection in five blocks of three Indian states (Bihar, Chhattisgarh, and Odisha). The cross-sectional survey aimed to assess the system strengthening process and coverage of VO led interventions among beneficiaries. Qualitative data collection included in-depth interviews and focus group discussions of target groups, community cadres and service providers. Dissemination of the midline survey findings in Bihar was conducted on November 13, 2019 in Bihar. Dissemination of the midline survey findings in Chhattisgarh and Odisha were done on 10th and 17th December 2019, respectively.

1.1 About the IIPS

The International Institute for Population Sciences (IIPS) serves as a regional Institute for Training and Research in Population Studies for the ESCAP region. It has been started in 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations. It was declared as a 'Deemed University' on August 19, 1985. The Institute is under the administrative control of the Ministry of Health and Family Welfare, Government of India. The functions of the IIPS can be classified into four categories: teaching, research, consultative services, and documentation. The institute has seven academic departments with well-qualified faculty members.

The Institute has the expertise and vast experience of carrying out various large-scale population-based research projects. The most prominent among them are the National Family Health Survey (NFHS), District Level Household Survey (DLHS), Concurrent Evaluation of National Rural Health Mission, and Global Tobacco Survey.

IIPS has completed comprehensive nutrition surveys in the states of Maharashtra and Gujarat namely Comprehensive Nutrition Survey in Maharashtra (CNSM), Comprehensive Nutrition Survey in Gujarat (CNSG). UNICEF funded CNSM project in Maharashtra, and CNSG project was funded by Department of Women and Child Development, Government of Gujarat. These surveys provided valuable data on the nutrition status of under two/five children, mothers, and feeding/food intake practices, food consumption pattern, diet during pregnancy and lactation, health and hygiene related parameters, food security at household level and status of *Anganwadis*.

Previously, IIPS had provided technical support for the Swabhimaan baseline survey. Later, the midline process evaluation of the Swabhimaan intervention program in Bihar, Chhattisgarh and Odisha has also been carried out by IIPS.

1.2 About SWABHIMAAN

SWABHIMAAN multi-state, multi-sector women's nutrition demonstration intervention programme with direct cash grant was started with an aim to improve the nutritional status of adolescent girls, pregnant women and mothers of children under two years, covering the most vulnerable populations in National Rural Livelihood Mission (NRLM) resource blocks.

The impact evaluation of this project was led by AIIMS in Bihar, Odisha and Chhattisgarh with technical support from IIPS and University College London (UCL). The data collection of the

baseline (2016) and midline surveys in all the three states were conducted between July-December 2016 and September 2018-June 2019, respectively and the results of the surveys were disseminated.

Interventions which can improve nutrition of women are well known (lancet nutrition services, 2013). Delivery mechanisms to deliver these interventions also exist but are managed by at least five departments (Social Welfare, Civil supplies, Rural development, Public Health Engineering-PHED and Health), with weak or no institutional convergence mechanisms. Additionally, some of the critical interventions are not included in the antenatal package (e.g. maternal calcium supplementation, maternal deworming). There is also no mechanism to identify pregnant women at nutrition risk and providing them a special package of feeding and care. Those nutrition interventions that are present also need quality strengthening to address operational challenges in service delivery owing to capacity building, monitoring and huge vacancy load.

One delivery platform untapped to reach out to adolescents and pregnant women with special package of reproductive, health and nutrition messages as well as services is the women Self-Help Groups (SHGs) and Village Organizations (VO) under the NRLM. Evidence suggests that these community organisations and their federations have the potential to manage grants for improving last mile delivery of essential nutrition services for women, provided they are enabled, supervised, and provided protection against violence and exploitation (UNICEF, 2016).

Community cash grant is a mechanism by which organised community groups, with active bank accounts, such as VOs directly receive and manage money to deliver services as per community needs-based plans approved by the funding agency.

In context to Indian public health services, the field workers critical to improve the last mile delivery of health services and undertaking a range of activities like community mobilisation, counselling, record keeping, to name a few, have largely been considered honorary workers. SWABHIMAAN project shifts this approach of strengthening the last mile delivery of services into an invested service that can be sustained through VOs and higher federated institutions rather than being voluntary work. Some of the basic findings of the SWABHIMAAN baseline and midline surveys in Chhattisgarh are given below.

1.3 SWABHIMAAN Surveys in Chhattisgarh

The baseline survey of Swabhimaan in Chhattisgarh was conducted during January to April 2017. A sample of 2921 adolescent girls (10-19 years), 823 pregnant women (15-49 years) and 2539 mothers of children under age two years (15-49 years) were interviewed from Bastar and Bakawand blocks of Bastar district. The dissemination of findings from the baseline survey in Chhattisgarh was held in August 2017. Swabhimaan midline survey was done during May to June 2019 in Chhattisgarh. A total of 1017 adolescent girls (10-19 years), 614 pregnant women (15-49 years), 1051 mothers of children under age two years (15-49 years) and their children were interviewed. The dissemination of findings from midline survey in Chhattisgarh was done on 10th December 2019.

Table 1: Key nutrition outcomes and coverage of selected nutrition relevant services, Swabhimaan baseline (2017) and midline surveys (2019), Chhattisgarh.

| Indicators | Intervention | | Control | |
|--|--------------|-------------|--------------|-------------|
| | Baseline (%) | Midline (%) | Baseline (%) | Midline (%) |
| Stunting (adolescent girls aged 10-19 years) | 29.6 | 29.5 | 25.8 | 22.5 |
| Chronic under nutrition (mother), BMI <18.5 kg/m ² | 54.4 | 50.3 | 55.8 | 53.1 |
| Pregnant women with MUAC 23 cm and above | 61.2 | 62.4 | 60.4 | 65.3 |
| Use of modern contraceptives (mother) | 5.5 | 10.0 | 9.5 | 15.9 |
| Pregnant women receiving antenatal check-ups in first trimester | 28.1 | 55.6 | 42.0 | 61.4 |
| <i>Pregnant women</i> | 21.8 | 26.8 | 21.8 | 27.9 |
| <i>Mother of children under two years</i> | 21.7 | 25.2 | 18.9 | 25.6 |
| Access to improved sanitation facility#/ no open defecation | | | | |
| <i>Adolescent</i> | 14.8 | 59.8 | 18.9 | 62.7 |
| <i>Pregnant women</i> | 5.4 | 53.5 | 17.6 | 59.4 |
| <i>Mother of children under two years</i> | 16.1 | 56.6 | 17.6 | 59.7 |
| Adolescent girls who have attended at least two Kishori group meetings in the six months preceding the survey* | 2.5 | 4.4 | 3.6 | 0.4 |
| Self Help Group (SHG) membership | | | | |
| <i>Pregnant women</i> | 28.1 | 32.6 | 22.8 | 36.4 |
| <i>Mother of children under two years</i> | 32.2 | 39.8 | 22.9 | 45.1 |
| VHSND | | | | |
| <i>Pregnant women</i> | 53.2 | 27.1 | 53.8 | 25.3 |
| <i>Mother of children under two years</i> | 66.8 | 35.1 | 59.0 | 29.5 |
| Source: SWABHIMAAN Baseline Survey, Chhattisgarh 2017 and Midline Survey, Chhattisgarh 2019. | | | | |
| * Intervention activity specific to intervention areas only. | | | | |

2 OBJECTIVES AND ACTIVITIES OF IIPS FOR ENDLINE SURVEY, CHHATTISGARH

The main objectives of the IIPS are:

1. To assess the reduction in the proportion of adolescent girls and mothers of children under two years with a BMI<18.5.
2. To examine the improvement in mean mid-upper arm circumference (MUAC) among pregnant women over the intervention period (2016-2021).
3. To compare the baseline and endline data for estimating improvements in the coverage of key nutrition-specific and nutrition-sensitive interventions.
4. To assess the change in utilization of maternal health and nutrition services before and after the COVID 19 pandemic.

Activities of IIPS for the endline survey are:

1. To formulate sampling design and carry out sampling for selection of sample for the endline survey in Chhattisgarh.
2. To review and modify tools and instruments for endline survey and synchronise them to state-specific programmes.
3. To organise training of mapper listers and field investigators for endline survey in Chhattisgarh.
4. To conduct the endline survey of the Swabhimaan programme in Chhattisgarh.
5. To validate and manage data and prepare fact sheets for Chhattisgarh.

3. TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) will be constituted to review survey findings and design and structure of the factsheets of the endline survey. The TAG will also determine the topics and review research papers based on the data of endline survey. The members will include technical experts in nutrition, intervention, sampling and survey methodology.

Under the overall guidance of the UNICEF, TAG, a national and an international consultant, the proposed endline survey will be carried out by the team of IIPS consisting of Faculty members, Junior Project Manager (JPM), Programmer, Data Analyst and Technical Writer.

4. PHASE I: PREPARATORY WORK FOR THE ENDLINE SURVEY

The phase I was carried out in February 2021. The following specific activities were completed by IIPS in phase I:

4.1 Preparing Protocol

Principal Investigator (PI), Co-Principal Investigators (Co-PIs) and research staff revised the tools and instruments of the Swabhimaan to make necessary modifications for the endline survey in the state as discussed below.

4.1.1 Discussion with Survey Collaborators

Meeting were arranged with UNICEF and State Rural Livelihood Mission officials to discuss the current situation in the study area. This discussion accounted for any amendments made to the Swabhimaan programme, challenges, or issues particularly post Covid-19 outbreak that needed to be addressed through the endline questionnaire.

4.1.2 Sampling and Sample Size

The estimated sample size for the endline survey in Chhattisgarh will be same as the baseline survey for comparison purposes. However, the sampling design and sample selection technique will be modified to study the impact evaluation of system strengthening and community action interventions. The sampling design used for the representative selection of the respondents from each target group in Chhattisgarh will be the same as the one used in endline survey in Odisha and Bihar.

Table 2. Sample size of target groups

| Sample Size | Intervention (Estimated) | Control (Estimated) | Total |
|-----------------------------|-----------------------------|------------------------|-------|
| Adolescent girls | 1098 | 1098 | 2196 |
| Pregnant women | 374 | 374 | 748 |
| Mothers of children under 2 | 1098 | 1098 | 2196 |

4.1.3 Tools for Data Collection

Quantitative data will be collected using Computer Assisted Personal Interview (CAPI). The questionnaires of baseline and midline surveys were reviewed to finalize the tools for the

endline impact evaluation. The quantitative data tools include separate structured and bilingual questionnaire for each target group. Additionally, there will be a separate interview schedule for household information. The questionnaires will be synchronised to state-specific programmes.

Interview schedules: 1. Household schedule

2. Adolescent girls schedule

3. Pregnant women schedule

4. Mothers of children under two years schedule

5. Children under age two years

4.1.4 Coverage of Indicators in Beneficiary Survey

Identification of adolescent girls and women beneficiaries in the target groups will be done by Mapping and Listing. From each target group following information will be collected

Table 3. Coverage of Indicators in Beneficiary Survey

ADOLESCENT GIRLS (aged 10-19 years): *unmarried, not pregnant and not the mother of a child under two years*

1. Mean Dietary Diversity Score
2. Dietary Diversity Score (5out of 10 food groups)
3. Consumed four or more IFA tablets in the month preceding the survey
4. Living in a household with iodized salt
5. Living in food secure households
6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine
8. Using safe pads or sanitary pads
9. Accessing adolescent health services (Kishori Diwas) in six months preceding the survey
10. Attended at least three Kishori meetings in six months
11. Questions related to intervention activities

PREGNANT WOMEN (aged 15-49 years): *if she is pregnant, a girl or woman will join this category whether she is an adolescent or the mother of any child under two*

1. Pregnant women in the 2nd or 3rd trimester consuming at least 25 IFA tablets in the month preceding the survey (Pregnant women in 2nd or 3rd trimester)
2. Mean Dietary Diversity Score
3. Dietary Diversity (5out of 10 food groups)
4. Living in a household with iodized salt
5. Living in food secure households

6. Living in households with a kitchen garden
7. Living in households with a toilet or covered pit latrine
8. Received ICDS entitlement for supplementary food in month preceding the survey (Pregnant women entitled to ICDS rations)
9. Had one antenatal check-up in the first trimester
10. Weighed at least once in first trimester
11. Received one dose of albendazole in second trimester (Pregnant women in 2nd or 3rd trimester)
12. Taken two calcium tablets in 2nd trimester (Pregnant women in 2nd or 3rd trimester)
13. Below the age of eighteen

MOTHERS OF CHILDREN UNDER TWO YEARS (aged 15-49 years)

1. Mean Dietary Diversity Score
2. Receiving minimum Dietary Diversity (5 out of 10 food groups)
3. Living in a household with iodized salt
4. Living in food secure households
5. Living in households with a kitchen garden
6. Living in households with a toilet or covered pit latrine
7. Receiving minimum PDS entitlement in month preceding survey
8. Receiving ICDS entitlement for supplementary food in month preceding survey
9. Received at least four ANC in last pregnancy
10. Consumed 100 or more IFA tablets during last pregnancy
11. Weighed at least four times in last pregnancy
12. Using a modern family planning method
13. Accessed at least one of three social protection schemes (JSY, Adarsh Dampati Yojana)
14. Delivered in a health facility in last pregnancy
15. Attended at least three Maitri baithak meetings and three VHND meetings in last year
16. Attended at least three Maitri baithak meetings and three VHND meetings in last year (As above, from underprivileged groups)
17. Members of women's Ag-producer groups and have adopted at least 1 mix micronutrient-rich cropping methods, against previous practice (Mothers of children under two, who are members of farmer producer groups)
18. Questions related to intervention activities

Also, any suggestions risen out of the meeting with survey collaborators will be included in the endline survey questionnaire. Possible inclusion of questions addressing impact of COVID-19 on the services and their utilisation. Additionally, indicators on assessment of gender disadvantage, psychological distress and resilience among adolescent girls and women will be included in the interview schedule for adolescent girls. These indicators will be based upon three scales, namely, Checklist for Assessment of Gender Disadvantage, Kessler Psychological Distress (K10) and Brief Resilience Scale (BRS).

4.1.5 Pre-testing of Survey Instruments

To understand the pattern of questions, skip and filter pattern or any other problem in understanding or administration of questionnaires, pretesting of questionnaires has been done.

4.1.6 Ethical Consideration

- An Institutional Review Board (IRB) meeting was held, and survey protocol was presented in the meeting and approved by the committee in February 2021. Ethical aspects such as privacy, confidentiality, anonymity, informed consent, and right to withdraw from participation are included in the ethical disclosure of survey protocol.
- Key personnel are assigned solely for implementation of this project. Any change will be made in consultation with UNICEF. Proper financial and accounting records will be maintained.

4.1.7 Survey Protocol on COVID-related Measures

Protective measures to be followed by the team

- During training team will be briefed on properly wearing masks and face shields, sanitizing and removing masks and gloves.
- Well-being of each investigator will be checked every morning before leaving for field work using the assessment by app and thermal screening using the handheld infrared thermometer.
- While getting ready to go for the field work investigators will make sure that they are carrying sanitizer and wearing protective masks, gloves, and face shields.
- If any member is unwell, team will stop the field work (consent from IIPS will be taken before resuming the field work), affected member will be diagnosed and field work will only be initiated if the member is found to be not a case of covid-19.
- If positive, the entire team and driver will be checked by respective COVID center and should be quarantined as per prevalent guidelines in the respective state.
- On visiting a household, it will be asked if any member of the household is COVID positive or has any symptoms; if yes, then interview in that household will not be carried out further.
- Every member of the household (even if they are not to be investigated) will first be screened for fever using thermal scanners.

- If any respondent is in self-quarantine (for symptoms/ high risk contact etc) then he/she will be excluded from the interview.
- Each household will be provided with an information brochure regarding Covid-19 along with the information of the nearest health facility where they can get more information and treatment.

Information on COVID

COVID-19 is the infectious disease caused by the most recently discovered corona virus. Corona viruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

| Do's | Don'ts |
|--|--|
| ✓ Stay protected, stay Safe | ✗ Don't panic, Don't rush, Don't overstock |
| ✓ Maintain social distancing | ✗ Visit crowded or public places |
| ✓ Wash hands before touching eyes, nose and mouth. | ✗ Spit in public places |
| ✓ Keep track of your symptoms | ✗ Shake hands and hug as a matter of greeting |
| ✓ People with fever, cough and difficulty breathing should seek medical attention | ✗ Have close contact with anyone, if you're experiencing cough and fever |
| ✓ Keep up to date on the latest COVID-19 hotspots and guidelines | ✗ Non-essential travel, Tourist trips |
| ✓ Use Aarogya Setu mobile app | ✗ Stigmatize against covid-19 patients and their families |

Anthropometric protocols to be followed

- The anthropometry equipment will be cleaned after the interview of each household. (70% alcohol/ 1% sodium hypochlorite etc.).
- If the family has any member practising special precautions or insists then the equipment will be cleaned before use for that member.
- All investigators must use sanitizer/soap and water to clean their hands before anthropometric investigations for each respondent.

- Investigators should always use protective gear like face shields, masks, aprons, gloves, etc. before starting investigation.
- The protocol wearing gloves prior to handling of supplies and equipment should be strictly adhered to.

5. PHASE II: IMPLEMENTATION OF THE ENDLINE SURVEY IN CHHATTISGARH

5.1 Team Composition

All the administrative work related to the project will be the responsibility of the Co-PI, JPM, and Data analyst. This team will be responsible for monitoring all administrative and field activities of the project including accounting, preparation of budget, face form, Statement of Expenditure (SOE), project-related communication and purchases, advertisement, appointments, and meetings and programmes in the field level. The field related work of the project will be co-ordinated by JPM and Programmer. Swabhimaan cadre will conduct the listing operation for the endline survey in CHHATTISGARH. The interviews will be carried out by 24 field investigators and supervised by the JPM and other IIPS staff and officials. PI, Co-PIs, Data Analysts and Experts will review the protocols, monitor field activities and prepare and review the factsheets. A Technical writer will be recruited to draft thematic papers based on the data of the endline survey; these papers will be published in peer reviewed journals.

5.2 Training

The training will be conducted at two levels:

- Training for mapping and listing will be carried. Post-training, mappers and listers will be sent to nearby village for field practice and the errors and issues will be discussed with the field staff and Co-PIs and resolved.
- Training of field investigators will be conducted on quantitative interview techniques, data collection tools, and anthropometric data collection. Apart from this, training of CAPI will be given to the field investigators. The standardised training manuals will be developed for conducting the training. Field investigators will be trained in the gold standard procedure for anthropometric measurements.
- A core team of PI, Co-PIs, JPM and Programmer along with the support of the state-level staff from UNICEF will facilitate and execute the training programmes.

- Only those investigators who meet the standard eligibility criteria given in the advertisement will be recruited for the data collection activity.
- ROSHNI team from Lady Irwin College, New Delhi will provide support in training field investigators to collect information and probe for questions related to mental health and gender related issues.

5.3 Data Collection

The quantitative data collections are proposed to be conducted during 1 September to 31 October 2021. Informed consent will be taken from the respondents before filling the tool. In case of adolescent girls an informed consent from the guardian and assent of participants' will also be taken before interview.

5.4 Field Monitoring

The quality of data being collected will be regularly monitored using checklists and specially developed formats for same, by the project officials placed in the states as well as regular field visits by PI and Co-PI from IIPS. At the beginning of the survey, 2% of spot checks will be done to correct any errors done by the investigators. IIPS will do the back-check of previously collected data. Overall, back-checks will be done for 3% of the total sample (i.e. adolescent girls, pregnant women and mothers with children under two years). Specially developed back check formats will be used to check the consistency of information collected by the investigators.

Table 4. Sample Size and Estimated Checks by IIPS

| Target Groups | Sample Size | Quality check | |
|------------------------------------|-------------|--------------------|--------------------|
| | | Back Check (3%) | Spot Check (2%) |
| Adolescent girls | 2196 | 66 | 44 |
| Pregnant women | 748 | 22 | 15 |
| Mothers of children under 2 | 2196 | 66 | 44 |
| Total | 5140 | 154 | 103 |
| Total sample for quality assurance | | 257 | |

| Table 5. Field and Data Monitoring Components | | | |
|--|---|---|-------------------------------------|
| Key features | Process | Components | IIPS |
| Handholding | Spot-checks tables – Initial stage of survey | Spot-Checks and reorientation | Coordinator and JPM |
| Validation | Back-checks tables – Daily | Matching with soft data and filled questionnaire | JPM, Programmer Matching by IIPS |
| Validity and consistency | Field-checks tables- teams Weekly | Household, and target groups response and measurement | Data Analyst, Co-PI |
| Validation and consistency | Data consistency intervention and control villages Bi-weekly | Higher level analysis of age and anthropometric | Data Analyst and PI/CO-PI/JPM |

Each interviewer should be regularly observed during field work as spot checks. To accomplish this, JPM, and Programmer will be present during interviews and give feedback to interviewers. They will not interrupt during the interview, rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the course of the fieldwork, field editors should observe at least one interview per day.

JPM and Programmer will share the task to ensure that all filled in schedules are thoroughly scrutinized, and all errors are tactfully discussed with the interviewer.

5.5 Data Quality Analysis

Computer Assisted Personal Interviewing (CAPI) will be done in all three states. CAPI surveys have shown to improve data quality through less missing data and fewer errors due to functions built into the data entry programme. Data will be uploaded directly into the database. IIPS research team will carry out cleaning of data, validation of data and checking for internal consistency and management of missing cases. Team wise age and outcome variable frequencies will be checked. The pattern of missing cases by caste/tribe and economic characteristics will be examined.

6. PHASE III: DATA ANALYSIS AND DISSEMINATION

During the third and final phase the gathered data will be analysed, compiled in factsheets and the findings will be shared with stakeholders, researchers, and others.

6.1 Analysis and Management of Data

IIPS will develop a tabulation plan and indicators for the fact sheets. The validity of indicators will be tested, and confidence interval will be provided for all outcome indicators. Comparison

will be made with available data sets from the baseline surveys. Household files will be merged with the individual files of target groups. IIPS will convert the data into different formats (SPSS and STATA) for public use.

6.2 Fact Sheet, Dissemination of Results and Thematic Papers

IIPS will prepare facts sheet for Chhattisgarh based on quantitative data analysis. Fact sheets will be prepared for Bastar district. Dissemination of fact sheets will be done at the state and the national level.

IIPS will also write 2thematic papers based on the data from the Swabhimaan survey. These paper will be published in peer reviewed journals.

7. LIMITATION

It is important to note that till March 2020 the endline data may reflect the real scenario in the study area; however, due to the COVID 19 crisis, we might not get the true impact of interventions in the subsequent months and also a considerable change in the study indicators can be expected.

8. MODE OF PAYMENT

The release of funds to IIPS from UNICEF for endline survey of Swabhimaan will be done according to the requirement.

9. LOGISTIC SUPPORT FROM UNICEF

To carry out anthropometric measurements of, IIPS team will need stadiometers, weighing machines and MUAC tapes from UNICEF Office. IIPS will hire experts to calibrate equipment prior to the survey.

10. PROJECT DURATION AND TIMELINE (1 September 2021 – 31 March 2022)

The assignment of IIPS for the SWABHIMAAN Program Endline Impact Evaluation, Chhattisgarh would be implemented from 1st September 2021 and it will be completed by 31st March 2021. After that data cleaning, analysis, factsheet preparation will be carried out. The details are given as under along with timeline.

11. DELIVERABLES FROM IIPS

| Activity | Duration | Deliverables |
|---|-------------------------|--|
| Phase I: Preparatory work | Feb 2021 (Completed) | <ul style="list-style-type: none"> Revision of protocol: meeting with collaborators, reviewing and synchronising questionnaire, pre-testing, sampling TAG meeting for protocol IRB approval for study |
| Phase II: Implementation of Chhattisgarh endline survey | Sep-Oct 2021 | <ul style="list-style-type: none"> Training of investigators Conducting endline survey in Chhattisgarh |
| Phase III: Data analysis, Dissemination and Thematic papers | Nov 2021- Mar 2022 | <ul style="list-style-type: none"> Data cleaning, analysis, and management Preparing fact sheets Preparing PPT for dissemination Writing thematic papers based on endline data |

12. TIMELINE (1 September 2021 – 31 March 2022)

| | 2021 | | | | | 2022 | | |
|--|------|-----|-----|-----|-----|------|-----|-----|
| ACTIVITIES | Feb | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| PHASE I (February 2021) | | | | | | | | |
| Review and finalisation of tools | | | | | | | | |
| Sampling | | | | | | | | |
| Pre-testing | | | | | | | | |
| Technical Advisory Group (TAG) meeting for reviewing factsheet structure | | | | | | | | |
| IRB approval for the study | | | | | | | | |
| PHASE II (September- October 2021) | | | | | | | | |
| Training | | | | | | | | |
| Survey | | | | | | | | |
| PHASE III (November 2021- March 2022) | | | | | | | | |
| Data cleaning | | | | | | | | |
| Data analysis and management | | | | | | | | |
| Fact sheets | | | | | | | | |
| Preparing PPT for dissemination | | | | | | | | |
| Writing thematic papers | | | | | | | | |

UNICEF/Nutrition/2021
25 November 2021

To,
Dr. Sayeed Unisa
Institute of Population Sciences
Mumbai

Sub: Project Tele swabhimaan (December 2021- July 2022)- Approved
Ref: Your letter number IIPS/swabhimaan/15/2021 dated 22 November 2021

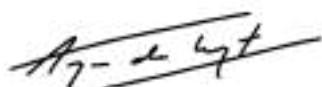
Dear Dr. Unisa,

Your proposal dated 22 November for 98,02, 400 INR for the tele-swabhimaan support for Telangana is approved.

| Time period | Amount |
|--------------------------------|---------------|
| December, 2021- February, 2022 | 11,57,400 INR |
| March-July 2022 | 86,45,000 INR |
| Total | 98,02,400 INR |
| USD | 132,464 USD |

Please submit your FACE form for the period December 2021- February, 2022. We shall review the progress in February, 2022 as well as financial spending for next tranche.

Yours Sincerely,



(Arjan de Wagt)
Chief, Nutrition Section, UNICEF India
adewagt@unicef.org

HFO/CDN/TS/2022/211
28 September 2022

Dr Reshmi R. S.,
Assistant Professor
Co-PI, Tele-Swabhimaan project
International Institute for Population Sciences (IIPS),
Govandi Station Road, Deonar, Mumbai, Maharashtra - 400088
Phone: 022-42372400 Fax: 25563257
E-mail: iipsswabhimaan@iipsindia.ac.in; reshmi@iips.net

Dear Dr. Reshmi,

UNICEF approval for project end date extension and realigned budget for Tele-Swabhimaan Women's Nutrition Demonstration programme in Telangana

Ref: IIPS's request letter no. IIPS/Swabhimaan/13/2022 dated 20 July 2022 with budget amendments
UNICEF Delhi's approval letter no. UNICEF/Nutrition/2021 dated 25 November 2021
UNICEF Hyderabad's letter no. HFO/CDN/TS/2022/156 dated 26 July 2022
IIPS's request letter no. IIPS/Swabhimaan/17/2022 dated 12 September 2022

With reference to the above references, UNICEF approves the re-aligned budget and no-cost project end date extension to 31 October 2022. The budget is attached for reference.

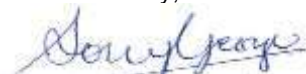
| Sl. | Budget Head | Earlier approved budget (in INR) | Realigned Budget (in INR) |
|-----|---|----------------------------------|---------------------------|
| 1 | Human Resource | 40,70,000 | 42,70,000 |
| 2 | Training/TAG/Workshop/Expert visit | 75,000 | 75,000 |
| 3 | Travel per diem/accommodation for field activities/monitoring meeting | 9,69,600 | 9,69,600 |
| 4 | Administrative and logistics | 3,47,600 | 3,47,600 |
| 5 | Documentation, Printing, Publication activity | 2,00,000 | 2,00,000 |
| 6 | Data collection | 48,23,000 | 46,23,000 |
| | Total (in INR) | 1,04,85,200 | 1,04,85,200 |

The above activity falls under Telangana AWP Output 203 Activity 2 (Health and Social Safety Systems approach to Support to State Governments for achieving set targets for antenatal nutrition services, with a focus on all health systems pillars - information systems, financing systems, training, demand generation, supplies, politico-governance).

Please note the following guidelines on cash assistance supported by UNICEF:

- For all cash transfers, the FACE form (Funding Authorization and Certificate of Expenditure) is to be used. Kindly note that the FACE form needs to be filled when requesting funds (advances, reimbursements) as well as while reporting on funds utilized.
- Submission of accounts: As per UNICEF norms, any cash assistance needs to be accounted for and liquidated within three months time frame. We would appreciate your ensuring timely submission of the FACE form (with Reporting column duly filled in) along with the itemized Statement of Expenditure and an activity report. Partial submission of accounts as and when activities are completed is strongly encouraged.
- Supplies: Kindly note that expenditure pertaining to supplies would be accepted by UNICEF, only if these have been approved in the agreement letter. Any supply-related expenditure that has not been approved will not be accepted or reimbursed. For the purchase of any approved supplies (goods or services), standard procurement process/norms need to be followed.
- Budget deviations: Please note that for any deviation from the approved budget, prior written approval needs to be taken from UNICEF.

Yours sincerely,



Sonykutty George
Officer in Charge and Child Protection Specialist
UNICEF Field Office for Andhra Pradesh, Karnataka and Telangana

HFO/CDN/TS/2022/156
26 July 2022

Dr Reshmi R. S.,
Assistant Professor
Co-PI, Tele-Swabhimaan project
International Institute for Population Sciences (IIPS),
Govandi Station Road, Deonar, Mumbai, Maharashtra - 400088
Phone: 022-42372400 Fax: 25563257
E-mail: iipsswabhimaan@iipsindia.ac.in; reshmi@iips.net

Dear Dr. Reshmi,

UNICEF approval for project end date extension and budget for survey work of Tele-Swabhimaan Women's Nutrition Demonstration programme in Telangana from December 2021 to September 2022

Ref: IIPS's request letter no. IIPS/Swabhimaan/13/2022 dated 20 July 2022 with budget amendments
UNICEF Delhi's approval letter no. UNICEF/Nutrition/2021 dated 25 November 2021

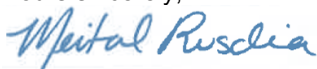
With reference to the above references, UNICEF has already given approval for a budget amounting to Rs.98,02,400/- (Rupees Ninety-Eight Lakhs Two Thousand Four Hundred Only) for a period from December 2021 to July 2022. Based on the new request, UNICEF approves the revised project end date to 30 September 2022 and agree in principle to support the additional budget of Rs.6,82,800/- (Rupees Six Lakhs Eighty-Two Thousand Eight Hundred Only), as per budget attached (please refer to the attached budget sheet).

The above activity falls under Telangana AWP Output 203 Activity 2 (Health and Social Safety Systems approach to Support to State Governments for achieving set targets for antenatal nutrition services, with a focus on all health systems pillars - information systems, financing systems, training, demand generation, supplies, politico-governance).

Please note the following guidelines on cash assistance supported by UNICEF:

1. For all cash transfers, the FACE form (Funding Authorization and Certificate of Expenditure) is to be used. Kindly note that the FACE form needs to be filled when requesting funds (advances, reimbursements) as well as while reporting on funds utilized.
2. Submission of accounts: As per UNICEF norms, any cash assistance needs to be accounted for and liquidated within three months time frame. We would appreciate your ensuring timely submission of the FACE form (with Reporting column duly filled in) along with the itemized Statement of Expenditure and an activity report. Partial submission of accounts as and when activities are completed is strongly encouraged.
3. Supplies: Kindly note that expenditure pertaining to supplies would be accepted by UNICEF, only if these have been approved in the agreement letter. Any supply-related expenditure that has not been approved will not be accepted or reimbursed. For the purchase of any approved supplies (goods or services), standard procurement process/norms need to be followed.
4. Budget deviations: Please note that for any deviation from the approved budget, prior written approval needs to be taken from UNICEF.

Yours sincerely,



Meital Rusdia
Chief of Field Office
UNICEF Field Office for Andhra Pradesh, Karnataka and Telangana

Encl: Revised approved budget

PROJECT PROPOSAL

Tele-SWABHIMAAN Women's Nutrition Demonstration Programme in TELANGANA
(2021-2025)

Submitted to

UNICEF India

By

International Institute for Population Sciences, Mumbai



Principal Investigator

Dr Sayeed Unisa, Professor, IIPS*

Co-Principal Investigators

Dr. L.K. Dwivedi, Professor, IIPS

Dr. William Joe, Professor, IIPS

Dr. Sarang Pedgaonkar, Assistant Professor, IIPS

Dr. Preeti Dhillon, Assistant Professor, IIPS

Dr. Reshmi R.S., Assistant Professor, IIPS

**(PI is likely to retire on June 30 2022. After her retirement, Prof. L.K. Dwivedi will
work as PI, and she will work as Senior Advisor)**

December 12021 – July 31 2022

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1. BACKGROUND

The Swabhimaan was started as a prospective, non-randomised controlled evaluation. The programme evaluated the delivery of a package of 18 essential nutrition (specific and sensitive) interventions. It aimed to improve the nutrition status of girls and women (before conception, during pregnancy and after birth). The target group-focused interventions were delivered through system-based and community-based actions in the five blocks of Bihar, Chhattisgarh and Odisha during 2016-2021. The baseline survey of Swabhimaan was conducted during 2016-2017, and the results were disseminated.

Further, midline survey was carried out from September 2018 to June 2019 to examine the intervention process and the extent of the reach of beneficiaries. The findings from the midline survey were disseminated during November-December 2019. The endline impact evaluation survey of the Swabhimaan Programme in Bihar and Odisha was completed in September 2021. The Chhattisgarh endline survey is scheduled to be conducted from November-December 2021. Survey tools of Chhattisgarh will serve as the base for the Tele-Swabhimaan survey in Telangana.

1.1 About the IIPS

The International Institute for Population Sciences (IIPS) serves as a regional Institute for Training and Research in Population Studies for the ESCAP region. It was started in 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations. It was declared as a 'Deemed University' on August 19, 1985. The institute is under the administrative control of the Ministry of Health and Family Welfare, Government of India. The functions of the IIPS can be classified into four categories: teaching, research, consultative services, and documentation.

IIPS has the expertise and vast experience of carrying out various large-scale population-based research projects. The most prominent are the National Family Health Survey (NFHS), District Level Household Survey (DLHS), Concurrent Evaluation of National Rural Health Mission, and Global Tobacco Survey. IIPS has also completed Comprehensive Nutrition Surveys in Maharashtra and Gujarat.

Previously, IIPS provided technical support for the Swabhimaan baseline survey. Later, the midline process evaluation of the Swabhimaan intervention program in Bihar, Chhattisgarh,

and Odisha was carried out by IIPS. The institute has also completed the endline impact evaluation of the Swabhimaan Programme in Bihar and Odisha and will start the endline survey in Chhattisgarh in November 2021.

IIPS has been an integral consortium member of the Swabhimaan Programme. Recently, UNICEF entrusted IIPS to conduct the Tele-Swabhimaan Programme in Telangana.

1.2 About Tele-Swabhimaan

COVID-19 has led health, nutrition systems to focus on COVID-19 vaccination drives, treatment and tracking, reducing prioritisation of maternal nutrition. Lockdown to contain the spread of the COVID-19 virus led to the disruption of women-collectives led interventions. Evidence suggests COVID-19 has severely impacted the mental health of children, adolescents and women. The pandemic has affected multiple outcomes such as education, livelihoods, sexual and reproductive health, the burden of unpaid care, and early and forced marriage. Pre-existing risk factors such as gendered roles, domestic violence and disrupted access to health and nutrition services aggravated the psychological impacts of the pandemic. The consequent shocks to income and food insecurity also impacted existing gender inequalities.

Thus, there is a need for an integrated package addressing multiple deprivations and supporting access to food safety nets, nutrition services, obstetric advice and mental health support to adolescents, pregnant women (including pregnant adolescents) and mothers, with a gender transformative approach. Therefore, the Tele-Swabhimaan programme will strengthen the existing Food, Nutrition, Health and WASH (FNHW) and gender package under Swabhimaan by integrating interventions to address gender disadvantage and mental health risks. It will focus on increasing knowledge of women and men on health and nutrition services, male involvement in shared workload, enhancing perceived familial support by women, as well as women's self-efficacy, empowerment, decision making power.

Tele-Swabhimaan aims to:

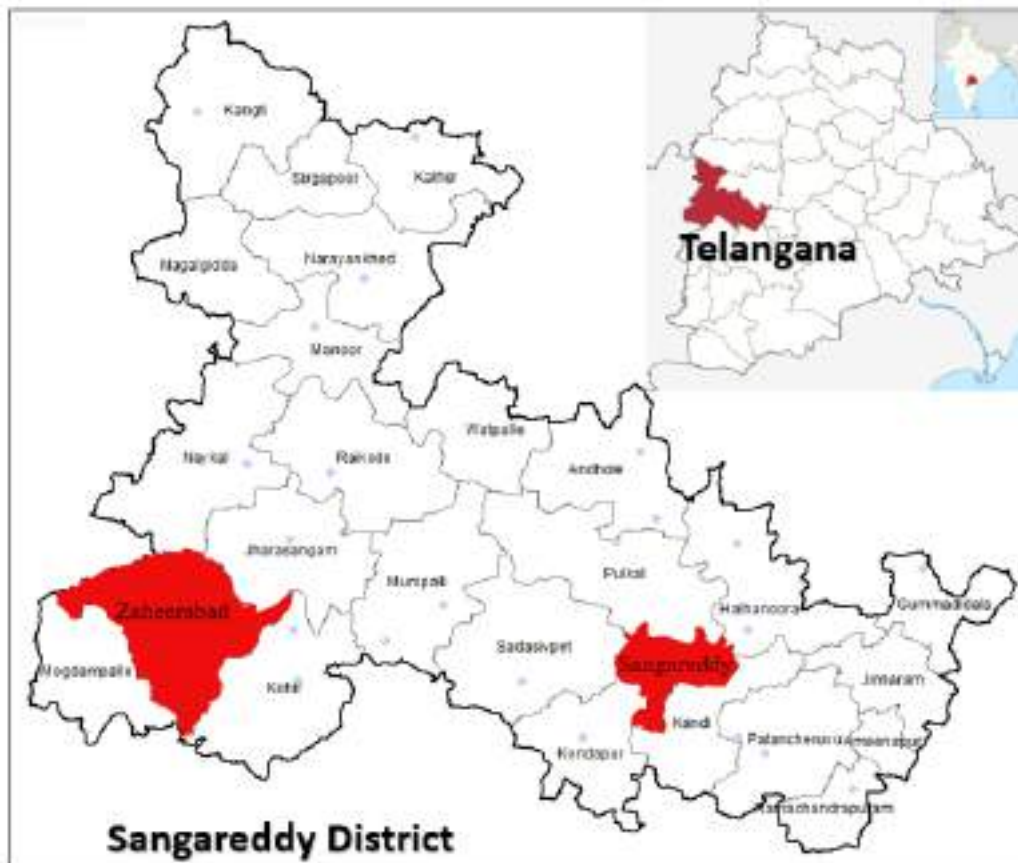
- Develop programmatic know-how and assess the “added value” and challenges of engaging community-based CRPs for a COVID-19 sensitive package – to facilitate demand generation and access to nutrition services, obstetric advice and mental health advice - that addresses gender disadvantage.

- Improve nutritional status of adolescent girls, pregnant women, mothers and children under age of two, reduce gender disadvantage, improve mental health and wellbeing.
- Support adaptation of ongoing community-led nutrition programmes for tele-mode, with the integration of interventions for mental health, and addressing gender disadvantage among pregnant women (including pregnant adolescents), mothers of children under 2, and adolescent girls.
- Through simple and culturally acceptable screening methods, enable frontline workers and CRPs to recognise and report gender-based discriminatory practices, violence, abuse, and signs of psychological distress among target groups.
- Capacitate frontline workers and CRPs to provide mental health interventions, including referrals to existing programs in the state like the District Mental Health Programme and WCD One-Stop Centers.

1.3 Tele-Swabhimaanin Telangana

Tele-Swabhimaan will be carried out in the urban slums of the selected blocks in the Sangareddy district, Telangana. The map of the study area is given below.

Figure 1. Study area for Tele-Swabhimaan in Sangareddy district, Telangana



The Sangareddyblock will serve as the intervention area for Tele-Swabhimaan. The intervention arm will receive the community action services of the Tele-Swabhimaan programme and the system action services provided by the Government. However, the Zaheerabad block of Sangareddy district will serve as the control arm for comparison purposes. The control area will only receive services according to Governmentssystem programmes. The target-group and slum-wise population of both the blocks are given in Tables 1 and 2, respectively.

Table 1. Number of SHGs, AWCs and Target group population in Sangareddy (Intervention area) and Zaheerabad (Control area) blocks, Sangareddy district.

| Block | SHGs | AWCs | Pregnant women | Adolescent girls | Adolescent boys | Mothers of children under 2 years |
|------------|------|------|----------------|------------------|-----------------|-----------------------------------|
| Sangareddy | 1090 | 26 | 366 | 618 | 653 | 1218 |
| Zaheerabad | 1439 | 67 | 545 | 931 | 1035 | 2596 |

Table 2. Population by caste in the urban slums of Sangareddy and Zaheerabad.

| <u>Sangareddy</u> | | | | | |
|--|------------------|-----------------------|----|------|---------|
| Name of the slum | Total Population | Caste-wise Population | | | |
| | | SC | ST | OBC | General |
| S.C.Colony, Neche Bazar | 1747 | 280 | 17 | 978 | 472 |
| Erukalawada | 145 | 23 | 1 | 81 | 39 |
| Block No.3, S.C/B.C.Colony | 882 | 141 | 9 | 494 | 238 |
| Beside Jail | 857 | 137 | 9 | 480 | 231 |
| S.C.Colony Slaughter house | 426 | 68 | 4 | 239 | 115 |
| Roi – ka – talab | 1719 | 275 | 17 | 963 | 464 |
| BhagathSingh Nagar | 233 | 37 | 2 | 130 | 63 |
| L.B. Nagar | 193 | 31 | 2 | 108 | 52 |
| S.C.Colony New Baba Nagar beside Police Colony | 444 | 71 | 4 | 249 | 120 |
| S.C.Colony Baba Nagar | 195 | 31 | 2 | 109 | 53 |
| Block No.9 | 150 | 24 | 2 | 84 | 41 |
| Gandhi Nagar | 757 | 121 | 8 | 424 | 204 |
| Block No.13, Ward No.17 | 1944 | 311 | 19 | 1089 | 525 |
| S.C.Colony F.R.S | 436 | 70 | 4 | 244 | 118 |
| RikshaColony | 2031 | 325 | 20 | 1137 | 548 |
| Maqdoom Nagar | 2286 | 366 | 23 | 1280 | 617 |
| S.C/B.C Colony 13, Someshwarwada | 386 | 62 | 4 | 216 | 104 |
| S.C./B.C Colony W/21 Rajampet | 960 | 154 | 10 | 538 | 259 |
| Rajampet | 614 | 98 | 6 | 344 | 166 |
| RajampetS.C Colony | 132 | 21 | 1 | 74 | 36 |
| Vijay Nagar Colony | 577 | 92 | 6 | 323 | 156 |
| VadderaColony Ward No.19 | 2137 | 342 | 21 | 1197 | 577 |
| Indira Colony Ward No.19 | 2137 | 342 | 21 | 1197 | 577 |
| Gale Pochamma | 307 | 49 | 3 | 172 | 83 |
| RamacharareddyColony | 130 | 21 | 1 | 73 | 35 |

| Sanjeeva Nagar Colony | 391 | 63 | 4 | 219 | 106 |
|--------------------------|------------------|-----------------------|-------------|--------------|-------------|
| Marks Nagar Colony | 698 | 112 | 7 | 391 | 188 |
| Narayan Reddy Colony | 598 | 96 | 6 | 335 | 161 |
| Kalwakunta | 939 | 150 | 9 | 526 | 254 |
| Madhav Nagar | 802 | 128 | 8 | 449 | 217 |
| Maruthi Nagar | 412 | 66 | 4 | 231 | 111 |
| Sri Nagar | 1628 | 260 | 16 | 912 | 440 |
| Uppar Bazar | 1740 | 278 | 17 | 974 | 470 |
| Someshwar Wade | 1024 | 164 | 10 | 573 | 276 |
| Total | 30057 | 4809 | 301 | 16832 | 8115 |
| <u>Zaheerabad</u> | | | | | |
| Name of the slum | Total Population | Caste-wise Population | | | |
| | | SC | ST | OBC | General |
| GudemHarijanwada | 710 | 142 | 85 | 362 | 121 |
| ManikPrabhuMohalla | 2211 | 442 | 265 | 1128 | 376 |
| Khan & Kasab Mohalla | 2250 | 450 | 270 | 1148 | 382 |
| SubhashGunj | 500 | 100 | 60 | 255 | 85 |
| Shanthi Nagar | 2582 | 516 | 310 | 1317 | 439 |
| Shanthinagar | 2162 | 432 | 560 | 1102 | 368 |
| Shanthinagar | 1587 | 317 | 190 | 809 | 271 |
| Shanthi Nagar | 2684 | 536 | 322 | 1369 | 457 |
| Hamli Colony | 2080 | 416 | 250 | 1061 | 353 |
| BagareddyPalli | 1760 | 352 | 211 | 898 | 299 |
| Babu Mohan Colony | 525 | 105 | 63 | 268 | 89 |
| Arya Nagar | 2688 | 538 | 322 | 1371 | 457 |
| MomminMohalla | 2163 | 433 | 260 | 1103 | 367 |
| Arya Nagar Harijan Wada | 2240 | 448 | 269 | 1142 | 381 |
| Ahmed Nagar Colony | 1984 | 397 | 238 | 1012 | 337 |
| Gadi | 1862 | 372 | 223 | 950 | 317 |
| Gadi | 1756 | 351 | 211 | 896 | 298 |
| Gadi Harijan Wada | 1745 | 349 | 209 | 890 | 297 |
| Watan Bagh | 1668 | 334 | 200 | 851 | 283 |
| Rahmath Nagar | 245 | 49 | 29 | 125 | 42 |
| Total | 35402 | 7079 | 4547 | 18057 | 6019 |

The Tele-Swabhimaan baseline survey in Telangana will be conducted to estimate nutrition and health-related and Child Protection indicators for adolescent girls and women. The survey will be conducted from March to May 2022. During June -July 2022 data cleaning, analysis, and preparation of factsheets work will be carried out. Target groups will be interviewed from intervention and control sites. The dissemination of findings from the survey will be held in July 2022.

2.OBJECTIVES FOR TELE-SWABHIMAAN SURVEY, TELANGANA

The objectives for Phase I of Tele-Swabhimaan, Telangana are:

1. To structure study design and carry out sampling for selection of sample for the survey in Telangana.
2. To review and synchronise tools and instruments to state-specific requirements.

The objectives for Phase II of the Tele-Swabhimaan, Telangana are to:

1. Assess the nutrition&child protection indicators among the target groups
2. Organise training of mapper-listers and field investigators for the Tele-Swabhimaan, Telangana.
3. Conduct the Tele-Swabhimaan survey in Telangana and monitor data collection
4. To validate and manage dataand prepare fact sheets for Telangana.

3. TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) will review the survey designand methodology for the Tele-Swabhimaan survey in Telangana. The members will includetechnical experts in nutrition, intervention, sampling and survey methodology.Under the overall guidance of the UNICEF, TAG, a national and an international consultant,the proposed Tele-Swabhimaan survey will be carried out by the team of IIPS consisting of Facultymembers, Junior Project Managers (JPMs), Programmer and Data Analyst.

4. PHASE I: PREPARATORY WORKFOR THE SURVEY

Phase I will be carried out fromDecember 2021 to February 2022. The following activities were completed by IIPS in phase I:

4.1Preparing Protocol

Principal Investigator (PI), Co-Principal Investigators (Co-PIs),and research staff will prepare a survey protocol for Tele-Swabhimaan, Telangana.

4.1.1Study design and Methodology

The IIPS will organise a TAG meeting to formulate the study design and methodology. As a part of the methodology, a sampling design appropriate for the survey will be articulated. Based on this sampling design,the IIPS team will estimate a representative sample size for each target group from intervention and control areas.

4.1.2 Tools for Data Collection

Quantitative data will be collected using Computer Assisted Personal Interview (CAPI). The questionnaires used for the endline impact evaluation survey in Chhattisgarh will be used as a base for the Tele-Swabhimaan in the Sangareddy district, Telangana. The quantitative data tools include a separate structured and bilingual questionnaire for each target group. Additionally, there will be a different interview schedule for household information. As per the state-specific requirements for Telangana, the IIPS team will synchronise the questionnaire and CAPI programme. For the survey in Sangareddy, a local language (Telugu) will be added to the schedules and CAPI programme during the preparatory phase.

There will be five interview schedules:

1. Household
2. Adolescent girls
3. Pregnant women
4. Mothers of children under two years
5. Children under age two years

4.1.3 Coverage of Indicators in Beneficiary Survey

Identification of adolescent girls and women beneficiaries in the target groups will be done by Mapping and Listing operation. From each target group following information will be collected

Table 1. Coverage of Indicators in Beneficiary Survey these indicators are tentative. It will be modified after the discussion about intervention strategies in the TAG meeting)

ADOLESCENT GIRLS (aged 10-19 years): *unmarried, not pregnant and not the mother of a child under two years*

1. Adolescent girls (10-19 years) with Body Mass Index <18.5 kg/m² (%)
2. Adolescent girls (10-19 years) with Body Mass Index >23 kg/m² (%)
3. Adolescent girls (10-19 years) consuming four or more IFA tablets in the month preceding the survey (%)
4. Adolescent girls (10-19 years) consuming diet with high dietary diversity score (6 of 10 food groups) (%)
5. Adolescent girls (10-19 years) who reported to consume Take-Home Rations from AWC (%)

6. Adolescent girls (10-19 years) currently not attending school (%)
7. Adolescent girls (10-19 years) have discontinued their schooling (%)
8. Adolescent girls below 18 who are engaged in labour work force (%)
9. Adolescent boys under 18 years who are engaged in labour work force (%)
10. Adolescent girls married under the age of 18 (%)
11. Adolescent boys married under the age of 21 (%)

PREGNANT WOMEN (aged 15-49 years): *if she is pregnant, a girl or woman will join this category whether she is an adolescent or the mother of any child under two*

1. Pregnant women in the first trimester who have already taken antenatal check-up (ANC) (%)
2. Pregnant women in the 2nd and 3rd trimester consuming at least 25 IFA tablets in the month preceding the survey (%)
3. Pregnant women reported to receive one dose of albendazole in second trimester (%)
4. Pregnant women who reported gestational weight gain monitoring in the last month (%)
5. Pregnant women who reported to consume Take-Home Rations/hot-cooked meals for 21 days or more in the last 30 days preceding the survey (%)
6. Pregnant women who are below the age of 18 years (%)
7. Pregnant women living in food-secure households (%)
8. Pregnant women who accessed at least one of three maternity benefits (JSY, JSSK, PMMVY) (%) In Telangana KCR kit can be added as a benefit availed
9. Pregnant women who reported feeling pressured to have a male child (%)

MOTHERS OF CHILDREN UNDER TWO YEARS (aged 15-49 years)

1. Mothers of children under two with Body Mass Index <18.5 kg/m² (%)
2. Mothers of children under two with Body Mass Index >23 kg/m² (%)
3. Mothers of children under two consuming 100 or more IFA tablets during the last pregnancy period (%)
4. Mothers of children under two continue consumption of IFA tablets till six months after childbirth (%)
5. Mothers of children under two consuming 100 or more Calcium tablets during the last pregnancy period (%)
6. Mothers of children under two continue consumption of Ca tables till six months after childbirth (%)

7. Mothers of children under two reported to receive one dose of albendazole in the second trimester during the last pregnancy period (%)
8. Mothers of children under two who reported gestational weight gain monitoring during their last pregnancy period (%)
9. Mothers of children under two who reported to consume Take-Home Rations/hot-cooked meal for 21 days or more in last 30 days preceding survey (%)
10. Mothers of children under two who accessed at least one of three maternity benefits (JSY, JSSK, PMMVY) (%)
11. Mothers of children under two who reported facing gender-based violence in the last 30 days (%)

CHILDREN UNDER AGE TWO YEARS (aged <24 months)

1. Children under age two years breastfed within one hour of birth (%)
2. Children under age six months exclusively breastfed (%)
3. Children aged 12-23 months who are fully immunised (%)
4. Children age 6-8 months receiving solid or semi-solid food and breastmilk (%)
5. Children 6–23 months of age who received foods from 4 or more food groups (out of 7 food groups) (%)
6. Children 6–23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more (%)

4.1.4 Pretesting of Survey Instruments

The survey tools will be tested in Chhattisgarh endline survey. Any arising issues in the questionnaires or CAPI programme will be addressed before commencing the study in Telangana.

4.1.5 Ethical Consideration

- An IRB meeting will be held, and survey protocol will be presented to them for seeking approval on updated survey tools. Ethical aspects such as privacy, confidentiality, anonymity, informed consent, and the right to withdraw from participation are included in the ethical disclosure of survey protocol.
- Key personnel are assigned solely for the implementation of this project. Any change will be made in consultation with UNICEF. Proper financial and accounting records will be maintained.

4.1.6 Survey Protocol on COVID-related Measures

Protective measures to be followed by the team

- During training team will be briefed on properly wearing masks and face shields, sanitising and removing masks and gloves.
- The wellbeing of each investigator will be checked every morning before leaving for fieldwork using the assessment by app and thermal screening using the handheld infrared thermometer.
- While getting ready to go for the fieldwork, investigators will ensure that they carry sanitiser and wear protective masks, gloves, and face shields.
- If any member is unwell, fieldwork will be stopped, and the affected teammate will be diagnosed. Fieldwork will only be initiated if the member is found to be not a case of covid-19. Consent from PI and Co-PIs will be taken before resuming the fieldwork.
- If positive, the entire team and driver will be checked by the respective COVID centre and quarantine as per prescribed guidelines in the respective state.
- On visiting a household, it will be asked if any member of the household is COVID positive or has any symptoms; if yes, then the interview in such household will not be carried out further.
- Every member of the household (even if they are not to be investigated) will first be screened for fever using thermal scanners.
- If any respondent is in self-quarantine (for symptoms/high-risk contact, etc.), they will be excluded from the interview.
- Each household will be provided with an information brochure regarding Covid-19 and the nearest health facility to get more information and treatment.

Information on COVID

COVID-19 is an infectious disease caused by the most recently discovered coronavirus. Coronaviruses are a large family of viruses that may cause illness in animals or humans. In humans, several coronaviruses cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

| Do's | Don'ts |
|--|--|
| ✓ Stay protected, stay Safe | ✗ Don't panic, Don't rush, Don't overstock |
| ✓ Maintain social distancing | ✗ Visit crowded or public places |
| ✓ Wash hands before touching eyes, nose and mouth. | ✗ Spit in public places |
| ✓ Keep track of your symptoms | ✗ Shake hands and hug as a matter of greeting |
| ✓ People with fever, cough and difficulty breathing should seek medical attention | ✗ Have close contact with anyone, if you're experiencing cough and fever |
| ✓ Keep up to date on the latest COVID-19 hotspots and guidelines | ✗ Non-essential travel, Tourist trips |
| ✓ Use AarogyaSetu mobile app | ✗ Stigmatise against covid-19 patients and their families |

Anthropometric protocols to be followed

- The anthropometry equipment will be cleaned after the interview of each household. (70% alcohol/ 1% sodium hypochlorite etc.).
- If the family has any member practising special precautions or insists, the equipment will be cleaned before use.
- All investigators must use sanitiser/soap and water to clean their hands before anthropometric investigations for each respondent.
- Before starting the measurements, investigators should always use protective gear like face shields, masks, aprons, gloves, etc.
- The protocol for wearing gloves before handling supplies and equipment should be strictly followed.

5. PHASE II: IMPLEMENTATION OF THE SURVEY IN TELANGANA

The Phase II of the proposal of Tele-Swabhimaan will be carried out from March to July 2022.

5.1 Team Composition

All the administrative work related to the project will be the responsibility of the Co-PI, JPMs, and Data analyst. This team will monitor all project administrative and field activities, including accounting, budget preparation, face form, Statement of Expenditure (SOE), project-related communication and purchases, advertisement, appointments, and meetings and programmes at the field level. JPM and Programmer will co-ordinate the field related work of the project. Tele-Swabhimaan cadre will conduct the listing operation for the survey in Telangana. The interviews will be carried out by 24 field investigators and supervised by JPMs and other IIPS staff and officials. PI, Co-PIs, Data Analysts and Experts will review the protocols, monitor field activities and prepare and review the factsheets.

5.2 Training

The training will be conducted at two levels:

- Training for mapping and listing will be carried. Post-training, mappers and listers will be sent to a nearby village for field practice, and the errors and issues will be discussed with the field staff and Co-PIs and resolved.
- Training of field investigators will be conducted on quantitative interview techniques, data collection tools, and anthropometric data collection. Apart from this, training of CAPI will be given to the field investigators. The standardised training manuals will be developed for conducting the training. Field investigators will be trained in the gold standard procedure for anthropometric measurements.
- A core team of PI, Co-PIs, JPMs and Programmer, and the support of the state-level staff from UNICEF, will facilitate and execute the training programmes.
- Only those investigators who meet the standard eligibility criteria given in the advertisement will be recruited for the data collection activity.

5.3 Data Collection

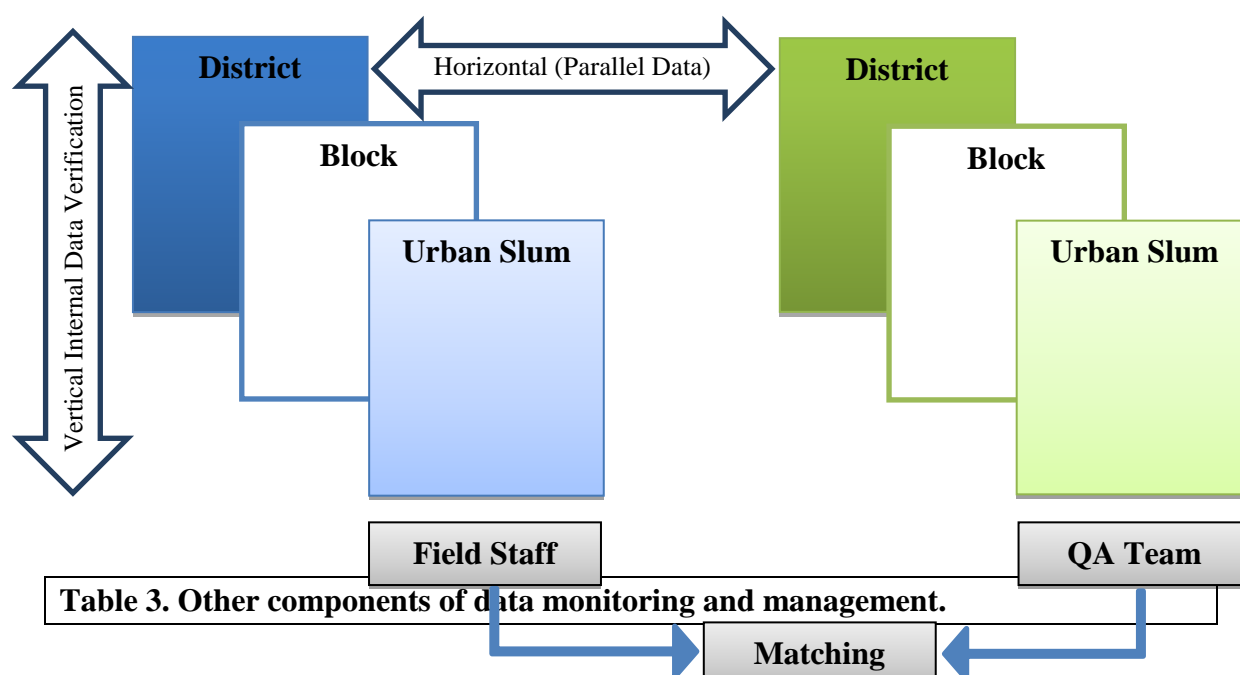
The quantitative data collections are proposed to be conducted from March to July 2022. Informed consent will be taken from the respondents before filling the tool. Informed consent from the guardians before interviewing adolescent girls and assent of participants' will also be taken before the interview.

5.4 Field Monitoring

The quality of data collected will be regularly monitored using checklists and specially developed formats for the same by the project officials placed in the states and regular field visits by PI and Co-PI from IIPS. At the beginning of the survey, 2% of spot checks will be done to correct any errors done by the investigators. IIPS will do the back-check of previously collected data. Overall, back-checks will be done for 3% of the total sample (i.e. adolescent girls, pregnant women and mothers with children under two years). Specially developed back check formats will be used to check the consistency of information collected by the investigators.

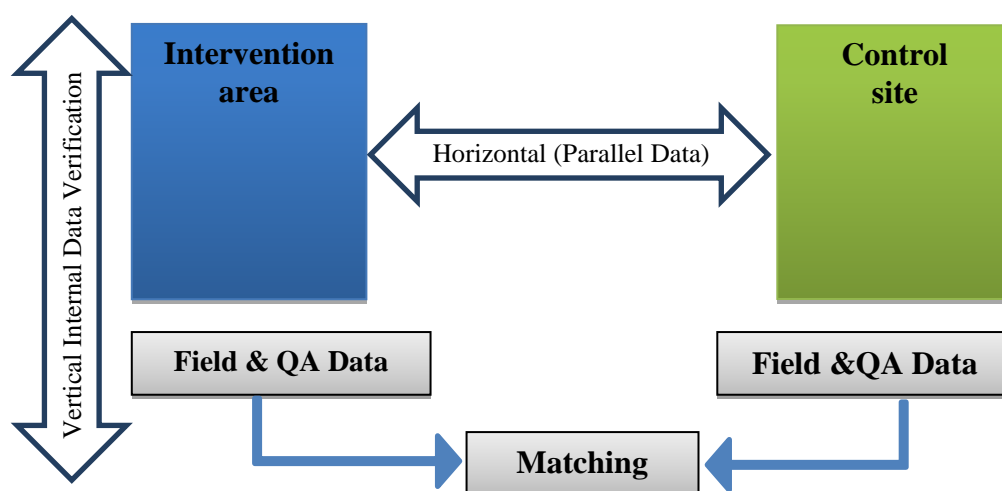
| Table 2. Field and Data Monitoring Components. | | | |
|---|--|---|-----------------------------------|
| Key features | Process | Components | IIPS |
| Handholding | Spot-checks tables – Initial stage of survey | Spot-Checks and reorientation | Coordinator and JPMs |
| Validation | Back-checks tables – Daily | Matching with soft data and filled questionnaire | JPMs, Programmer Matching by IIPS |
| Validity and consistency | Field-checks tables- teams Weekly | Household, and target groups response and measurement | Data Analyst, Co-PI |
| Validation and consistency | Data consistency intervention and control villages Bi-weekly | Higher-level analysis of age and anthropometric | Data Analyst and PI/CO-PI/JPMs |

Figure 2. Back-checks and matching of data



| Components | Process | Implementation |
|----------------------------------|--|--|
| Data entry | CS Pro, skips checks, coding checks | Programmer, Data analyst from IIPS |
| Data cleaning | Range checks, anthropometric measurement checks | Programmer, Data analyst PI Co-PIs |
| Missing case | Pattern by team/caste/tribes/intervention/control groups | |
| Data merging, pooling, Data form | Converting data in SPSS/STATA | |

Figure 3. Back-checks and field-checks matching with softdata



Each interviewer will be regularly observed during fieldwork as spot checks. To accomplish this, JPMs and Programmer will be present during interviews and give feedback to interviewers. They will not interrupt during the interview, rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the fieldwork, field editors should observe at least one interview per day. JPMs and Programmer will share the task to ensure that all filled in schedules are thoroughly scrutinised and all errors are tactfully discussed with the interviewer.

5.5 Data Quality Analysis

Computer-Assisted Personal Interviews (CAPI) will be done. CAPI surveys improve data quality through less missing data and fewer errors due to functions built into the data entry programme. Data will be uploaded directly into the database. IIPS research team will clean data, validate data, and check for internal consistency and management of missing cases. Team-wise, age and outcome variable frequencies will be checked. The pattern of missing cases by caste/tribe and economic characteristics will be examined.

5.6 Analysis and Management of Data

IIPS will develop a tabulation plan and indicators for the fact sheets. The validity of indicators will be tested, and a confidence interval will be provided for all outcome indicators. Comparison will be made with available data sets from the baseline surveys. Household files will be merged with the individual files of target groups. IIPS will convert the data into different formats (SPSS and STATA) for public use.

5.7 Fact Sheet and Dissemination of Results

IIPS will prepare the facts sheet for Telangana based on quantitative data analysis. Fact sheets will be prepared for the Sangareddy district. Dissemination of fact sheets will be done at the state and the national level.

6. MODE OF PAYMENT

UNICEF will release funds to IIPS for the Tele-Swabhimaan survey in Telangana according to the requirement.

7. LOGISTIC SUPPORT FROM UNICEF

For anthropometric measurements of respondents, the IIPS will need stadiometers, weighing machines and MUAC tapes from UNICEF. IIPS will hire experts to calibrate equipment before the survey.

8. PROJECT DURATION AND TIMELINE (December 2021 – July 31 2022)

The assignment of IIPS for the Tele-SWABHIMAAN Survey, Telangana, will be implemented from December 2021 and will be completed by July 31 2022. The details are given as under along with the timeline.

9. DELIVERABLES FROM IIPS

| Activity | Duration | Deliverables |
|---------------------------|-----------------------|-----------------------------------|
| Phase I: Preparatory work | Dec 2021- Feb 2022 | • Preparation of study design and |

| | | |
|---|----------------|--|
| | | <ul style="list-style-type: none"> protocol Preparation of CAPI programme |
| Phase II: Implementation of the survey in Telangana | Mar - Jul 2022 | <ul style="list-style-type: none"> Training of investigators Conducting Tele-Swabhimaan survey in Telangana Data collection monitoring Data cleaning, analysis, and management Preparing fact sheets Preparing PPT for dissemination |

10. TIMELINE (December 12021 –July 31 2022)

| | 2021 | 2022 | | | | | | |
|--|------|------|-----|-----|-----|-----|------|------|
| ACTIVITIES | Dec | Jan | Feb | Mar | Apr | May | June | July |
| PHASE I (Dec 2021 to Feb 2022) | | | | | | | | |
| TAG and finalising survey design and methodology | | | | | | | | |
| Sampling | | | | | | | | |
| Tools and CAPI programme | | | | | | | | |
| IRB approval | | | | | | | | |
| PHASE II (Mar to July 2022) | | | | | | | | |
| Training | | | | | | | | |
| Survey and Data collection monitoring | | | | | | | | |
| Data cleaning | | | | | | | | |
| Data analysis and management | | | | | | | | |
| Fact sheets | | | | | | | | |
| Preparing PPT for dissemination | | | | | | | | |

UNICEF/Nutrition/2021
25 November 2021

To,
Dr. Sayeed Unisa
Institute of Population Sciences
Mumbai

Sub: Project Tele swabhimaan (December 2021- July 2022)- Approved
Ref: Your letter number IIPS/swabhimaan/15/2021 dated 22 November 2021

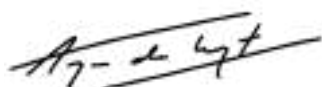
Dear Dr. Unisa,

Your proposal dated 22 November for 98,02, 400 INR for the tele-swabhimaan support for Telangana is approved.

| Time period | Amount |
|--------------------------------|---------------|
| December, 2021- February, 2022 | 11,57,400 INR |
| March-July 2022 | 86,45,000 INR |
| Total | 98,02,400 INR |
| USD | 132,464 USD |

Please submit your FACE form for the period December 2021- February, 2022. We shall review the progress in February, 2022 as well as financial spending for next tranche.

Yours Sincerely,



(Arjan de Wagt)
Chief, Nutrition Section, UNICEF India
adewagt@unicef.org

HFO/CDN/TS/2022/211
28 September 2022

Dr Reshmi R. S.,
Assistant Professor
Co-PI, Tele-Swabhimaan project
International Institute for Population Sciences (IIPS),
Govandi Station Road, Deonar, Mumbai, Maharashtra - 400088
Phone: 022-42372400 Fax: 25563257
E-mail: iipsswabhimaan@iipsindia.ac.in; reshmi@iips.net

Dear Dr. Reshmi,

UNICEF approval for project end date extension and realigned budget for Tele-Swabhimaan Women's Nutrition Demonstration programme in Telangana

Ref: IIPS's request letter no. IIPS/Swabhimaan/13/2022 dated 20 July 2022 with budget amendments
UNICEF Delhi's approval letter no. UNICEF/Nutrition/2021 dated 25 November 2021
UNICEF Hyderabad's letter no. HFO/CDN/TS/2022/156 dated 26 July 2022
IIPS's request letter no. IIPS/Swabhimaan/17/2022 dated 12 September 2022

With reference to the above references, UNICEF approves the re-aligned budget and no-cost project end date extension to 31 October 2022. The budget is attached for reference.

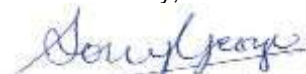
| Sl. | Budget Head | Earlier approved budget (in INR) | Realigned Budget (in INR) |
|-----|---|----------------------------------|---------------------------|
| 1 | Human Resource | 40,70,000 | 42,70,000 |
| 2 | Training/TAG/Workshop/Expert visit | 75,000 | 75,000 |
| 3 | Travel per diem/accommodation for field activities/monitoring meeting | 9,69,600 | 9,69,600 |
| 4 | Administrative and logistics | 3,47,600 | 3,47,600 |
| 5 | Documentation, Printing, Publication activity | 2,00,000 | 2,00,000 |
| 6 | Data collection | 48,23,000 | 46,23,000 |
| | Total (in INR) | 1,04,85,200 | 1,04,85,200 |

The above activity falls under Telangana AWP Output 203 Activity 2 (Health and Social Safety Systems approach to Support to State Governments for achieving set targets for antenatal nutrition services, with a focus on all health systems pillars - information systems, financing systems, training, demand generation, supplies, politico-governance).

Please note the following guidelines on cash assistance supported by UNICEF:

- For all cash transfers, the FACE form (Funding Authorization and Certificate of Expenditure) is to be used. Kindly note that the FACE form needs to be filled when requesting funds (advances, reimbursements) as well as while reporting on funds utilized.
- Submission of accounts: As per UNICEF norms, any cash assistance needs to be accounted for and liquidated within three months time frame. We would appreciate your ensuring timely submission of the FACE form (with Reporting column duly filled in) along with the itemized Statement of Expenditure and an activity report. Partial submission of accounts as and when activities are completed is strongly encouraged.
- Supplies: Kindly note that expenditure pertaining to supplies would be accepted by UNICEF, only if these have been approved in the agreement letter. Any supply-related expenditure that has not been approved will not be accepted or reimbursed. For the purchase of any approved supplies (goods or services), standard procurement process/norms need to be followed.
- Budget deviations: Please note that for any deviation from the approved budget, prior written approval needs to be taken from UNICEF.

Yours sincerely,



Sonykutty George
Officer in Charge and Child Protection Specialist
UNICEF Field Office for Andhra Pradesh, Karnataka and Telangana

HFO/CDN/TS/2022/156
26 July 2022

Dr Reshmi R. S.,
Assistant Professor
Co-PI, Tele-Swabhimaan project
International Institute for Population Sciences (IIPS),
Govandi Station Road, Deonar, Mumbai, Maharashtra - 400088
Phone: 022-42372400 Fax: 25563257
E-mail: iipsswabhimaan@iipsindia.ac.in; reshmi@iips.net

Dear Dr. Reshmi,

UNICEF approval for project end date extension and budget for survey work of Tele-Swabhimaan Women's Nutrition Demonstration programme in Telangana from December 2021 to September 2022

Ref: IIPS's request letter no. IIPS/Swabhimaan/13/2022 dated 20 July 2022 with budget amendments
UNICEF Delhi's approval letter no. UNICEF/Nutrition/2021 dated 25 November 2021

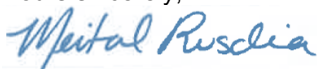
With reference to the above references, UNICEF has already given approval for a budget amounting to Rs.98,02,400/- (Rupees Ninety-Eight Lakhs Two Thousand Four Hundred Only) for a period from December 2021 to July 2022. Based on the new request, UNICEF approves the revised project end date to 30 September 2022 and agree in principle to support the additional budget of Rs.6,82,800/- (Rupees Six Lakhs Eighty-Two Thousand Eight Hundred Only), as per budget attached (please refer to the attached budget sheet).

The above activity falls under Telangana AWP Output 203 Activity 2 (Health and Social Safety Systems approach to Support to State Governments for achieving set targets for antenatal nutrition services, with a focus on all health systems pillars - information systems, financing systems, training, demand generation, supplies, politico-governance).

Please note the following guidelines on cash assistance supported by UNICEF:

1. For all cash transfers, the FACE form (Funding Authorization and Certificate of Expenditure) is to be used. Kindly note that the FACE form needs to be filled when requesting funds (advances, reimbursements) as well as while reporting on funds utilized.
2. Submission of accounts: As per UNICEF norms, any cash assistance needs to be accounted for and liquidated within three months time frame. We would appreciate your ensuring timely submission of the FACE form (with Reporting column duly filled in) along with the itemized Statement of Expenditure and an activity report. Partial submission of accounts as and when activities are completed is strongly encouraged.
3. Supplies: Kindly note that expenditure pertaining to supplies would be accepted by UNICEF, only if these have been approved in the agreement letter. Any supply-related expenditure that has not been approved will not be accepted or reimbursed. For the purchase of any approved supplies (goods or services), standard procurement process/norms need to be followed.
4. Budget deviations: Please note that for any deviation from the approved budget, prior written approval needs to be taken from UNICEF.

Yours sincerely,



Meital Rusdia
Chief of Field Office
UNICEF Field Office for Andhra Pradesh, Karnataka and Telangana

Encl: Revised approved budget

PROJECT PROPOSAL

Tele-SWABHIMAAN Women's Nutrition Demonstration Programme in TELANGANA
(2021-2025)

Submitted to

UNICEF India

By

International Institute for Population Sciences, Mumbai



Principal Investigator

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**(PI is likely to retire on June 30 2022. After her retirement, Prof. L.K. Dwivedi will
work as PI, and she will work as Senior Advisor)**

December 12021 – July 31 2022

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1. BACKGROUND

The Swabhimaan was started as a prospective, non-randomised controlled evaluation. The programme evaluated the delivery of a package of 18 essential nutrition (specific and sensitive) interventions. It aimed to improve the nutrition status of girls and women (before conception, during pregnancy and after birth). The target group-focused interventions were delivered through system-based and community-based actions in the five blocks of Bihar, Chhattisgarh and Odisha during 2016-2021. The baseline survey of Swabhimaan was conducted during 2016-2017, and the results were disseminated.

Further, midline survey was carried out from September 2018 to June 2019 to examine the intervention process and the extent of the reach of beneficiaries. The findings from the midline survey were disseminated during November-December 2019. The endline impact evaluation survey of the Swabhimaan Programme in Bihar and Odisha was completed in September 2021. The Chhattisgarh endline survey is scheduled to be conducted from November-December 2021. Survey tools of Chhattisgarh will serve as the base for the Tele-Swabhimaan survey in Telangana.

1.1 About the IIPS

The International Institute for Population Sciences (IIPS) serves as a regional Institute for Training and Research in Population Studies for the ESCAP region. It was started in 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations. It was declared as a 'Deemed University' on August 19, 1985. The institute is under the administrative control of the Ministry of Health and Family Welfare, Government of India. The functions of the IIPS can be classified into four categories: teaching, research, consultative services, and documentation.

IIPS has the expertise and vast experience of carrying out various large-scale population-based research projects. The most prominent are the National Family Health Survey (NFHS), District Level Household Survey (DLHS), Concurrent Evaluation of National Rural Health Mission, and Global Tobacco Survey. IIPS has also completed Comprehensive Nutrition Surveys in Maharashtra and Gujarat.

Previously, IIPS provided technical support for the Swabhimaan baseline survey. Later, the midline process evaluation of the Swabhimaan intervention program in Bihar, Chhattisgarh,

and Odisha was carried out by IIPS. The institute has also completed the endline impact evaluation of the Swabhimaan Programme in Bihar and Odisha and will start the endline survey in Chhattisgarh in November 2021.

IIPS has been an integral consortium member of the Swabhimaan Programme. Recently, UNICEF entrusted IIPS to conduct the Tele-Swabhimaan Programme in Telangana.

1.2 About Tele-Swabhimaan

COVID-19 has led health, nutrition systems to focus on COVID-19 vaccination drives, treatment and tracking, reducing prioritisation of maternal nutrition. Lockdown to contain the spread of the COVID-19 virus led to the disruption of women-collectives led interventions. Evidence suggests COVID-19 has severely impacted the mental health of children, adolescents and women. The pandemic has affected multiple outcomes such as education, livelihoods, sexual and reproductive health, the burden of unpaid care, and early and forced marriage. Pre-existing risk factors such as gendered roles, domestic violence and disrupted access to health and nutrition services aggravated the psychological impacts of the pandemic. The consequent shocks to income and food insecurity also impacted existing gender inequalities.

Thus, there is a need for an integrated package addressing multiple deprivations and supporting access to food safety nets, nutrition services, obstetric advice and mental health support to adolescents, pregnant women (including pregnant adolescents) and mothers, with a gender transformative approach. Therefore, the Tele-Swabhimaan programme will strengthen the existing Food, Nutrition, Health and WASH (FNHW) and gender package under Swabhimaan by integrating interventions to address gender disadvantage and mental health risks. It will focus on increasing knowledge of women and men on health and nutrition services, male involvement in shared workload, enhancing perceived familial support by women, as well as women's self-efficacy, empowerment, decision making power.

Tele-Swabhimaan aims to:

- Develop programmatic know-how and assess the “added value” and challenges of engaging community-based CRPs for a COVID-19 sensitive package – to facilitate demand generation and access to nutrition services, obstetric advice and mental health advice - that addresses gender disadvantage.

- Improve nutritional status of adolescent girls, pregnant women, mothers and children under age of two, reduce gender disadvantage, improve mental health and wellbeing.
- Support adaptation of ongoing community-led nutrition programmes for tele-mode, with the integration of interventions for mental health, and addressing gender disadvantage among pregnant women (including pregnant adolescents), mothers of children under 2, and adolescent girls.
- Through simple and culturally acceptable screening methods, enable frontline workers and CRPs to recognise and report gender-based discriminatory practices, violence, abuse, and signs of psychological distress among target groups.
- Capacitate frontline workers and CRPs to provide mental health interventions, including referrals to existing programs in the state like the District Mental Health Programme and WCD One-Stop Centers.

1.3 Tele-Swabhimaanin Telangana

Tele-Swabhimaan will be carried out in the urban slums of the selected blocks in the Sangareddy district, Telangana. The map of the study area is given below.

Figure 1. Study area for Tele-Swabhimaan in Sangareddy district, Telangana

The Sangareddyblock will serve as the intervention area for Tele-Swabhimaan. The intervention arm will receive the community action services of the Tele-Swabhimaan programme and the system action services provided by the Government. However, the Zaheerabad block of Sangareddy district will serve as the control arm for comparison purposes. The control area will only receive services according to Governmentsystem programmes. The target-group and slum-wise population of both the blocks are given in Tables 1 and 2, respectively.

Table 1. Number of SHGs, AWCs and Target group population in Sangareddy (Intervention area) and Zaheerabad (Control area) blocks, Sangareddy district.

| Block | SHGs | AWCs | Pregnant women | Adolescent girls | Adolescent boys | Mothers of children under 2 years |
|------------|------|------|----------------|------------------|-----------------|-----------------------------------|
| Sangareddy | 1090 | 26 | 366 | 618 | 653 | 1218 |
| Zaheerabad | 1439 | 67 | 545 | 931 | 1035 | 2596 |

Table 2. Population by caste in the urban slums of Sangareddy and Zaheerabad.

| <u>Sangareddy</u> | | | | | |
|--|------------------|-----------------------|----|------|---------|
| Name of the slum | Total Population | Caste-wise Population | | | |
| | | SC | ST | OBC | General |
| S.C.Colony, Neche Bazar | 1747 | 280 | 17 | 978 | 472 |
| Erukalawada | 145 | 23 | 1 | 81 | 39 |
| Block No.3, S.C/B.C.Colony | 882 | 141 | 9 | 494 | 238 |
| Beside Jail | 857 | 137 | 9 | 480 | 231 |
| S.C.Colony Slaughter house | 426 | 68 | 4 | 239 | 115 |
| Roi – ka – talab | 1719 | 275 | 17 | 963 | 464 |
| BhagathSingh Nagar | 233 | 37 | 2 | 130 | 63 |
| L.B. Nagar | 193 | 31 | 2 | 108 | 52 |
| S.C.Colony New Baba Nagar beside Police Colony | 444 | 71 | 4 | 249 | 120 |
| S.C.Colony Baba Nagar | 195 | 31 | 2 | 109 | 53 |
| Block No.9 | 150 | 24 | 2 | 84 | 41 |
| Gandhi Nagar | 757 | 121 | 8 | 424 | 204 |
| Block No.13, Ward No.17 | 1944 | 311 | 19 | 1089 | 525 |
| S.C.Colony F.R.S | 436 | 70 | 4 | 244 | 118 |
| RikshaColony | 2031 | 325 | 20 | 1137 | 548 |
| Maqdoom Nagar | 2286 | 366 | 23 | 1280 | 617 |
| S.C/B.C Colony 13, Someshwarwada | 386 | 62 | 4 | 216 | 104 |
| S.C./B.C Colony W/21 Rajampet | 960 | 154 | 10 | 538 | 259 |
| Rajampet | 614 | 98 | 6 | 344 | 166 |
| RajampetS.C Colony | 132 | 21 | 1 | 74 | 36 |
| Vijay Nagar Colony | 577 | 92 | 6 | 323 | 156 |
| VadderaColony Ward No.19 | 2137 | 342 | 21 | 1197 | 577 |
| Indira Colony Ward No.19 | 2137 | 342 | 21 | 1197 | 577 |
| Gale Pochamma | 307 | 49 | 3 | 172 | 83 |
| RamacharareddyColony | 130 | 21 | 1 | 73 | 35 |

| Sanjeeva Nagar Colony | 391 | 63 | 4 | 219 | 106 |
|--------------------------|------------------|-----------------------|-------------|--------------|-------------|
| Marks Nagar Colony | 698 | 112 | 7 | 391 | 188 |
| Narayan Reddy Colony | 598 | 96 | 6 | 335 | 161 |
| Kalwakunta | 939 | 150 | 9 | 526 | 254 |
| Madhav Nagar | 802 | 128 | 8 | 449 | 217 |
| Maruthi Nagar | 412 | 66 | 4 | 231 | 111 |
| Sri Nagar | 1628 | 260 | 16 | 912 | 440 |
| Uppar Bazar | 1740 | 278 | 17 | 974 | 470 |
| Someshwar Wade | 1024 | 164 | 10 | 573 | 276 |
| Total | 30057 | 4809 | 301 | 16832 | 8115 |
| <u>Zaheerabad</u> | | | | | |
| Name of the slum | Total Population | Caste-wise Population | | | |
| | | SC | ST | OBC | General |
| GudemHarijanwada | 710 | 142 | 85 | 362 | 121 |
| ManikPrabhuMohalla | 2211 | 442 | 265 | 1128 | 376 |
| Khan & Kasab Mohalla | 2250 | 450 | 270 | 1148 | 382 |
| SubhashGunj | 500 | 100 | 60 | 255 | 85 |
| Shanthi Nagar | 2582 | 516 | 310 | 1317 | 439 |
| Shanthinagar | 2162 | 432 | 560 | 1102 | 368 |
| Shanthinagar | 1587 | 317 | 190 | 809 | 271 |
| Shanthi Nagar | 2684 | 536 | 322 | 1369 | 457 |
| Hamli Colony | 2080 | 416 | 250 | 1061 | 353 |
| BagareddyPalli | 1760 | 352 | 211 | 898 | 299 |
| Babu Mohan Colony | 525 | 105 | 63 | 268 | 89 |
| Arya Nagar | 2688 | 538 | 322 | 1371 | 457 |
| MomminMohalla | 2163 | 433 | 260 | 1103 | 367 |
| Arya Nagar Harijan Wada | 2240 | 448 | 269 | 1142 | 381 |
| Ahmed Nagar Colony | 1984 | 397 | 238 | 1012 | 337 |
| Gadi | 1862 | 372 | 223 | 950 | 317 |
| Gadi | 1756 | 351 | 211 | 896 | 298 |
| Gadi Harijan Wada | 1745 | 349 | 209 | 890 | 297 |
| Watan Bagh | 1668 | 334 | 200 | 851 | 283 |
| Rahmath Nagar | 245 | 49 | 29 | 125 | 42 |
| Total | 35402 | 7079 | 4547 | 18057 | 6019 |

The Tele-Swabhimaan baseline survey in Telangana will be conducted to estimate nutrition and health-related and Child Protection indicators for adolescent girls and women. The survey will be conducted from March to May 2022. During June -July 2022 data cleaning, analysis, and preparation of factsheets work will be carried out. Target groups will be interviewed from intervention and control sites. The dissemination of findings from the survey will be held in July 2022.

2.OBJECTIVES FOR TELE-SWABHIMAAN SURVEY, TELANGANA

The objectives for Phase I of Tele-Swabhimaan, Telangana are:

1. To structure study design and carry out sampling for selection of sample for the survey in Telangana.
2. To review and synchronise tools and instruments to state-specific requirements.

The objectives for Phase II of the Tele-Swabhimaan, Telangana are to:

1. Assess the nutrition&child protection indicators among the target groups
2. Organise training of mapper-listers and field investigators for the Tele-Swabhimaan, Telangana.
3. Conduct the Tele-Swabhimaan survey in Telangana and monitor data collection
4. To validate and manage dataand prepare fact sheets for Telangana.

3. TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) will review the survey designand methodology for the Tele-Swabhimaan survey in Telangana. The members will includetechnical experts in nutrition, intervention, sampling and survey methodology.Under the overall guidance of the UNICEF, TAG, a national and an international consultant,the proposed Tele-Swabhimaan survey will be carried out by the team of IIPS consisting of Facultymembers, Junior Project Managers (JPMs), Programmer and Data Analyst.

4. PHASE I: PREPARATORY WORKFOR THE SURVEY

Phase I will be carried out fromDecember 2021 to February 2022. The following activities were completed by IIPS in phase I:

4.1Preparing Protocol

Principal Investigator (PI), Co-Principal Investigators (Co-PIs),and research staff will prepare a survey protocol for Tele-Swabhimaan, Telangana.

4.1.1Study design and Methodology

The IIPS will organise a TAG meeting to formulate the study design and methodology. As a part of the methodology, a sampling design appropriate for the survey will be articulated. Based on this sampling design,the IIPS team will estimate a representative sample size for each target group from intervention and control areas.

4.1.2 Tools for Data Collection

Quantitative data will be collected using Computer Assisted Personal Interview (CAPI). The questionnaires used for the endline impact evaluation survey in Chhattisgarh will be used as a base for the Tele-Swabhimaan in the Sangareddy district, Telangana. The quantitative data tools include a separate structured and bilingual questionnaire for each target group. Additionally, there will be a different interview schedule for household information. As per the state-specific requirements for Telangana, the IIPS team will synchronise the questionnaire and CAPI programme. For the survey in Sangareddy, a local language (Telugu) will be added to the schedules and CAPI programme during the preparatory phase.

There will be five interview schedules:

1. Household
2. Adolescent girls
3. Pregnant women
4. Mothers of children under two years
5. Children under age two years

4.1.3 Coverage of Indicators in Beneficiary Survey

Identification of adolescent girls and women beneficiaries in the target groups will be done by Mapping and Listing operation. From each target group following information will be collected

Table 1. Coverage of Indicators in Beneficiary Survey these indicators are tentative. It will be modified after the discussion about intervention strategies in the TAG meeting)

ADOLESCENT GIRLS (aged 10-19 years): *unmarried, not pregnant and not the mother of a child under two years*

1. Adolescent girls (10-19 years) with Body Mass Index <18.5 kg/m² (%)
2. Adolescent girls (10-19 years) with Body Mass Index >23 kg/m² (%)
3. Adolescent girls (10-19 years) consuming four or more IFA tablets in the month preceding the survey (%)
4. Adolescent girls (10-19 years) consuming diet with high dietary diversity score (6 of 10 food groups) (%)
5. Adolescent girls (10-19 years) who reported to consume Take-Home Rations from AWC (%)

6. Adolescent girls (10-19 years) currently not attending school (%)
7. Adolescent girls (10-19 years) have discontinued their schooling (%)
8. Adolescent girls below 18 who are engaged in labour work force (%)
9. Adolescent boys under 18 years who are engaged in labour work force (%)
10. Adolescent girls married under the age of 18 (%)
11. Adolescent boys married under the age of 21 (%)

PREGNANT WOMEN (aged 15-49 years): *if she is pregnant, a girl or woman will join this category whether she is an adolescent or the mother of any child under two*

1. Pregnant women in the first trimester who have already taken antenatal check-up (ANC) (%)
2. Pregnant women in the 2nd and 3rd trimester consuming at least 25 IFA tablets in the month preceding the survey (%)
3. Pregnant women reported to receive one dose of albendazole in second trimester (%)
4. Pregnant women who reported gestational weight gain monitoring in the last month (%)
5. Pregnant women who reported to consume Take-Home Rations/hot-cooked meals for 21 days or more in the last 30 days preceding the survey (%)
6. Pregnant women who are below the age of 18 years (%)
7. Pregnant women living in food-secure households (%)
8. Pregnant women who accessed at least one of three maternity benefits (JSY, JSSK, PMMVY) (%) In Telangana KCR kit can be added as a benefit availed
9. Pregnant women who reported feeling pressured to have a male child (%)

MOTHERS OF CHILDREN UNDER TWO YEARS (aged 15-49 years)

1. Mothers of children under two with Body Mass Index <18.5 kg/m² (%)
2. Mothers of children under two with Body Mass Index >23 kg/m² (%)
3. Mothers of children under two consuming 100 or more IFA tablets during the last pregnancy period (%)
4. Mothers of children under two continue consumption of IFA tablets till six months after childbirth (%)
5. Mothers of children under two consuming 100 or more Calcium tablets during the last pregnancy period (%)
6. Mothers of children under two continue consumption of Ca tables till six months after childbirth (%)

7. Mothers of children under two reported to receive one dose of albendazole in the second trimester during the last pregnancy period (%)
8. Mothers of children under two who reported gestational weight gain monitoring during their last pregnancy period (%)
9. Mothers of children under two who reported to consume Take-Home Rations/hot-cooked meal for 21 days or more in last 30 days preceding survey (%)
10. Mothers of children under two who accessed at least one of three maternity benefits (JSY, JSSK, PMMVY) (%)
11. Mothers of children under two who reported facing gender-based violence in the last 30 days (%)

CHILDREN UNDER AGE TWO YEARS (aged <24 months)

1. Children under age two years breastfed within one hour of birth (%)
2. Children under age six months exclusively breastfed (%)
3. Children aged 12-23 months who are fully immunised (%)
4. Children age 6-8 months receiving solid or semi-solid food and breastmilk (%)
5. Children 6–23 months of age who received foods from 4 or more food groups (out of 7 food groups) (%)
6. Children 6–23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more (%)

4.1.4 Pretesting of Survey Instruments

The survey tools will be tested in Chhattisgarh endline survey. Any arising issues in the questionnaires or CAPI programme will be addressed before commencing the study in Telangana.

4.1.5 Ethical Consideration

- An IRB meeting will be held, and survey protocol will be presented to them for seeking approval on updated survey tools. Ethical aspects such as privacy, confidentiality, anonymity, informed consent, and the right to withdraw from participation are included in the ethical disclosure of survey protocol.
- Key personnel are assigned solely for the implementation of this project. Any change will be made in consultation with UNICEF. Proper financial and accounting records will be maintained.

4.1.6 Survey Protocol on COVID-related Measures

Protective measures to be followed by the team

- During training team will be briefed on properly wearing masks and face shields, sanitising and removing masks and gloves.
- The wellbeing of each investigator will be checked every morning before leaving for fieldwork using the assessment by app and thermal screening using the handheld infrared thermometer.
- While getting ready to go for the fieldwork, investigators will ensure that they carry sanitiser and wear protective masks, gloves, and face shields.
- If any member is unwell, fieldwork will be stopped, and the affected teammate will be diagnosed. Fieldwork will only be initiated if the member is found to be not a case of covid-19. Consent from PI and Co-PIs will be taken before resuming the fieldwork.
- If positive, the entire team and driver will be checked by the respective COVID centre and quarantine as per prescribed guidelines in the respective state.
- On visiting a household, it will be asked if any member of the household is COVID positive or has any symptoms; if yes, then the interview in such household will not be carried out further.
- Every member of the household (even if they are not to be investigated) will first be screened for fever using thermal scanners.
- If any respondent is in self-quarantine (for symptoms/high-risk contact, etc.), they will be excluded from the interview.
- Each household will be provided with an information brochure regarding Covid-19 and the nearest health facility to get more information and treatment.

Information on COVID

COVID-19 is an infectious disease caused by the most recently discovered coronavirus. Coronaviruses are a large family of viruses that may cause illness in animals or humans. In humans, several coronaviruses cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

| Do's | Don'ts |
|--|--|
| ✓ Stay protected, stay Safe | ✗ Don't panic, Don't rush, Don't overstock |
| ✓ Maintain social distancing | ✗ Visit crowded or public places |
| ✓ Wash hands before touching eyes, nose and mouth. | ✗ Spit in public places |
| ✓ Keep track of your symptoms | ✗ Shake hands and hug as a matter of greeting |
| ✓ People with fever, cough and difficulty breathing should seek medical attention | ✗ Have close contact with anyone, if you're experiencing cough and fever |
| ✓ Keep up to date on the latest COVID-19 hotspots and guidelines | ✗ Non-essential travel, Tourist trips |
| ✓ Use AarogyaSetu mobile app | ✗ Stigmatise against covid-19 patients and their families |

Anthropometric protocols to be followed

- The anthropometry equipment will be cleaned after the interview of each household. (70% alcohol/ 1% sodium hypochlorite etc.).
- If the family has any member practising special precautions or insists, the equipment will be cleaned before use.
- All investigators must use sanitiser/soap and water to clean their hands before anthropometric investigations for each respondent.
- Before starting the measurements, investigators should always use protective gear like face shields, masks, aprons, gloves, etc.
- The protocol for wearing gloves before handling supplies and equipment should be strictly followed.

5. PHASE II: IMPLEMENTATION OF THE SURVEY IN TELANGANA

The Phase II of the proposal of Tele-Swabhimaan will be carried out from March to July 2022.

5.1 Team Composition

All the administrative work related to the project will be the responsibility of the Co-PI, JPMs, and Data analyst. This team will monitor all project administrative and field activities, including accounting, budget preparation, face form, Statement of Expenditure (SOE), project-related communication and purchases, advertisement, appointments, and meetings and programmes at the field level. JPM and Programmer will co-ordinate the field related work of the project. Tele-Swabhimaan cadre will conduct the listing operation for the survey in Telangana. The interviews will be carried out by 24 field investigators and supervised by JPMs and other IIPS staff and officials. PI, Co-PIs, Data Analysts and Experts will review the protocols, monitor field activities and prepare and review the factsheets.

5.2 Training

The training will be conducted at two levels:

- Training for mapping and listing will be carried out. Post-training, mappers and listers will be sent to a nearby village for field practice, and the errors and issues will be discussed with the field staff and Co-PIs and resolved.
- Training of field investigators will be conducted on quantitative interview techniques, data collection tools, and anthropometric data collection. Apart from this, training of CAPI will be given to the field investigators. The standardised training manuals will be developed for conducting the training. Field investigators will be trained in the gold standard procedure for anthropometric measurements.
- A core team of PI, Co-PIs, JPMs and Programmer, and the support of the state-level staff from UNICEF, will facilitate and execute the training programmes.
- Only those investigators who meet the standard eligibility criteria given in the advertisement will be recruited for the data collection activity.

5.3 Data Collection

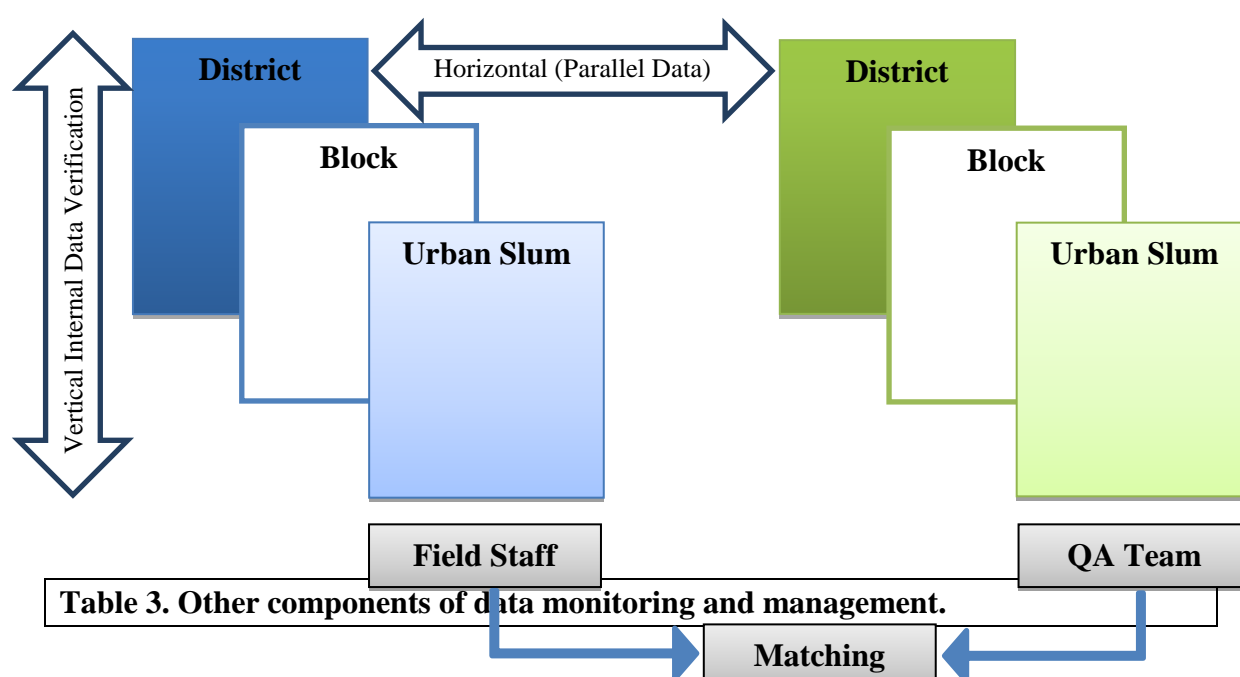
The quantitative data collections are proposed to be conducted from March to July 2022. Informed consent will be taken from the respondents before filling the tool. Informed consent from the guardians before interviewing adolescent girls and assent of participants' will also be taken before the interview.

5.4 Field Monitoring

The quality of data collected will be regularly monitored using checklists and specially developed formats for the same by the project officials placed in the states and regular field visits by PI and Co-PI from IIPS. At the beginning of the survey, 2% of spot checks will be done to correct any errors done by the investigators. IIPS will do the back-check of previously collected data. Overall, back-checks will be done for 3% of the total sample (i.e. adolescent girls, pregnant women and mothers with children under two years). Specially developed back check formats will be used to check the consistency of information collected by the investigators.

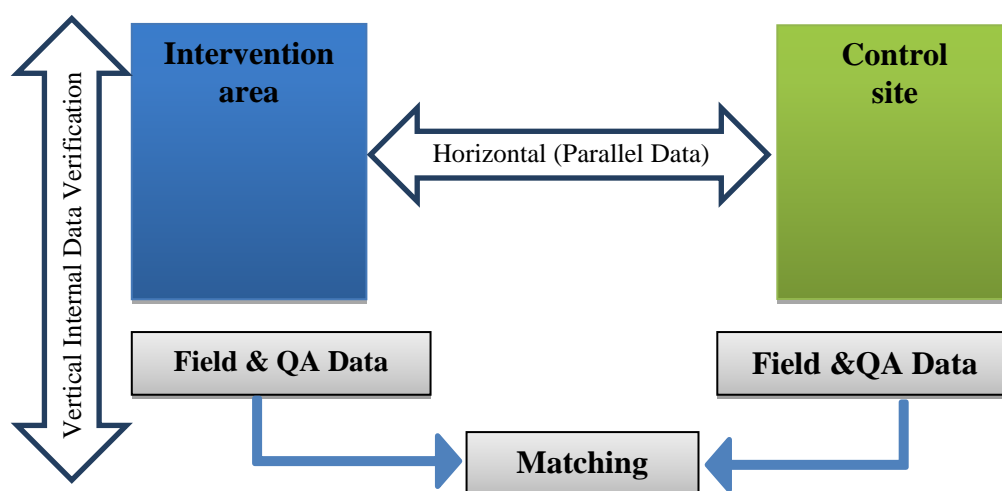
| Table 2. Field and Data Monitoring Components. | | | |
|---|--|---|-----------------------------------|
| Key features | Process | Components | IIPS |
| Handholding | Spot-checks tables – Initial stage of survey | Spot-Checks and reorientation | Coordinator and JPMs |
| Validation | Back-checks tables – Daily | Matching with soft data and filled questionnaire | JPMs, Programmer Matching by IIPS |
| Validity and consistency | Field-checks tables- teams Weekly | Household, and target groups response and measurement | Data Analyst, Co-PI |
| Validation and consistency | Data consistency intervention and control villages Bi-weekly | Higher-level analysis of age and anthropometric | Data Analyst and PI/CO-PI/JPMs |

Figure 2. Back-checks and matching of data



| Components | Process | Implementation |
|----------------------------------|--|--|
| Data entry | CS Pro, skips checks, coding checks | Programmer, Data analyst from IIPS |
| Data cleaning | Range checks, anthropometric measurement checks | Programmer, Data analyst PI Co-PIs |
| Missing case | Pattern by team/caste/tribes/intervention/control groups | |
| Data merging, pooling, Data form | Converting data in SPSS/STATA | |

Figure 3. Back-checks and field-checks matching with softdata



Each interviewer will be regularly observed during fieldwork as spot checks. To accomplish this, JPMs and Programmer will be present during interviews and give feedback to interviewers. They will not interrupt during the interview, rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the fieldwork, field editors should observe at least one interview per day. JPMs and Programmer will share the task to ensure that all filled in schedules are thoroughly scrutinised and all errors are tactfully discussed with the interviewer.

5.5 Data Quality Analysis

Computer-Assisted Personal Interviews (CAPI) will be done. CAPI surveys improve data quality through less missing data and fewer errors due to functions built into the data entry programme. Data will be uploaded directly into the database. IIPS research team will clean data, validate data, and check for internal consistency and management of missing cases. Team-wise, age and outcome variable frequencies will be checked. The pattern of missing cases by caste/tribe and economic characteristics will be examined.

5.6 Analysis and Management of Data

IIPS will develop a tabulation plan and indicators for the fact sheets. The validity of indicators will be tested, and a confidence interval will be provided for all outcome indicators. Comparison will be made with available data sets from the baseline surveys. Household files will be merged with the individual files of target groups. IIPS will convert the data into different formats (SPSS and STATA) for public use.

5.7 Fact Sheet and Dissemination of Results

IIPS will prepare the facts sheet for Telangana based on quantitative data analysis. Fact sheets will be prepared for the Sangareddy district. Dissemination of fact sheets will be done at the state and the national level.

6. MODE OF PAYMENT

UNICEF will release funds to IIPS for the Tele-Swabhimaan survey in Telangana according to the requirement.

7. LOGISTIC SUPPORT FROM UNICEF

For anthropometric measurements of respondents, the IIPS will need stadiometers, weighing machines and MUAC tapes from UNICEF. IIPS will hire experts to calibrate equipment before the survey.

8. PROJECT DURATION AND TIMELINE (December 2021 – July 2022)

The assignment of IIPS for the Tele-SWABHIMAAN Survey, Telangana, will be implemented from December 2021 and will be completed by July 2022. The details are given as under along with the timeline.

9. DELIVERABLES FROM IIPS

| Activity | Duration | Deliverables |
|---------------------------|-----------------------|-----------------------------------|
| Phase I: Preparatory work | Dec 2021- Feb 2022 | • Preparation of study design and |

| | | |
|---|----------------|--|
| | | <ul style="list-style-type: none"> protocol Preparation of CAPI programme |
| Phase II: Implementation of the survey in Telangana | Mar - Jul 2022 | <ul style="list-style-type: none"> Training of investigators Conducting Tele-Swabhimaan survey in Telangana Data collection monitoring Data cleaning, analysis, and management Preparing fact sheets Preparing PPT for dissemination |

10. TIMELINE (December 12021 –July 31 2022)

| | 2021 | 2022 | | | | | | |
|--|------|------|-----|-----|-----|-----|------|------|
| ACTIVITIES | Dec | Jan | Feb | Mar | Apr | May | June | July |
| PHASE I (Dec 2021 to Feb 2022) | | | | | | | | |
| TAG and finalising survey design and methodology | | | | | | | | |
| Sampling | | | | | | | | |
| Tools and CAPI programme | | | | | | | | |
| IRB approval | | | | | | | | |
| PHASE II (Mar to July 2022) | | | | | | | | |
| Training | | | | | | | | |
| Survey and Data collection monitoring | | | | | | | | |
| Data cleaning | | | | | | | | |
| Data analysis and management | | | | | | | | |
| Fact sheets | | | | | | | | |
| Preparing PPT for dissemination | | | | | | | | |