**TERMS OF REFERENCE FOR ASSESSMENT OF CHILDHOOD DIARRHEA REPORTING SYSTEM AND ANALYSIS OF CASES REFERRALS UNDER STOP DIARRHEA INITIATIVE IN FOUR STATES OF INDIA**

1. **Introduction to Save the Children**

Save the Children is a leading child rights organization that fights for children's rights and delivers immediate and lasting improvement to children's lives worldwide. Save the Children was founded in 1919 by Eglantyne Jebb, in response to the conditions in Europe immediately following First World War. Save the Children, an alliance of 28 members with similar vision, mission, and values for children, works in more than 120 countries to form a truly international movement for children.

Save the Children has been working in India since the pre-Independence days. Save the Children India is the 28th independent member of the International Save the Children Alliance. The organization is working on 5 core issues in 15 states and Union Territories and has reached over 3 million children across India.

1. **Project Background**

Save the Children, in collaboration with Reckitt Benckiser started WASH initiative in the year 2012 with the aim to improve access to safe water and hygienic sanitation facilities for vulnerable families in the urban slums of Delhi and Kolkata and rural areas of West Bengal, Bihar and Jharkhand. Through this initiative, we succeeded in constructing basic water, sanitation and hand washing facilities, and renovating and improving hand pumps for drinking water. In addition, through our hygiene education programme we were successful in creating awareness about improved practices around key hygiene behaviour.

Improved access to WASH is critical to diarrhoea reduction, however, is not sufficient enough to effectively tackle diarrhoea related mortality and morbidity. Recognising this and the high magnitude of diarrhoeal incidence in India, Save the Children has adopted the WHO-UNICEF ‘7-point plan’ for prevention and control of diarrhoea through Stop Diarrhoea Initiative (SDI). Building upon our experience of working with communities, the Government and in partnership with like-minded organizations, we aim to jointly test the robustness of this approach. Stop Diarrhoea Initiative is a flagship programme of the organization with a focus on 9 districts in 4 states including West Bengal, Uttar Pradesh, Uttarakhand and Delhi that has started in April 2015. The Initiative aims -

* At least 50 % reduction in the prevalence of diarrhoea amongst children under five by the end of the programme
* At least 50% reduction in the incidence of acute diarrhoea among children under five by the end of the programme from three to four episodes to less than two per year
* An estimated 80% reduction in diarrhoea Case Fatality Rate (CFR) in clinics in under five deaths by the end of the programme
* 13% reduction in diarrhoea related deaths amongst children under five by the end of the programme

1. **Specific background**

The childhood diarrheal cases are recorded by ANMs at the community level. This data is shared by the ANMs at the block level where under the IDSP (Integrated Disease Surveillance Project) data are compiled for the block and shared at the district level where data for all the blocks under a specific district are compiled and further reported to the respective state office. Other than this data for childhood diarrheal cases, the data are also recorded in the OPD register and IPD register for those cases which access health facilities. This data are collected at PHC and CHC levels and also at the district level. However, this data set is not analysed (to our experience at least) for number of cases attended, treated, referred and followed up. There is no data available on number of child deaths at the facility level and also at the community level. There is not data on the referral links from lower level health facility to higher level health facilities and this is hard to track. So we actually do not know in a calendar year how many number of cases of childhood diarrhea have occurred, of these how many cases reached to the health facilities and of these cases how many got treatment in OPD and/or IPD. We also do not know adequately about what proportion of these cases are treated at the household level, by the frontline workers, by pharmacy (treatment by caregivers, prescribed by the private pharmacy), by RMPs and by the private practitioners. The information about the cases referred and actually reached to higher level facility is also not available.

1. **Overall Purpose and objectives of the assignment**

The overall purpose of this assignment is to document the current practices in reporting and referral of the cases of childhood diarrhea (diarrhea among the children below five years of age) and gaps therein. The strategic purpose of this assignment is to streamline the reporting and referrals to improve the coverage of the services and use of the information for program planning in general and developing the strategies for appropriate referral system in particular.

The key objectives of the assignment are as below.

1. To document the current practices and gaps therein in the reporting and referrals of childhood diarrheal cases from the community level to the district level and identify gaps in data collection, compilation at different levels and reporting at the district level.
2. To analyse the OPD and IPD data registers at PHC, CHC and district hospital levels and track the childhood diarrhea cases for cases attended, treated, referred, followed up and also diarrhea related deaths.
3. To put together diarrheal case data from different sources and analyse at the district level to suggest means to determine diarrheal case fatality rate and recommend ways to reduce it.
4. **Methodology suggested and scope of work:**

The methodology for the assignment involves interviews of key people involved in data collection and reporting under IDSP project and hospital staff including PHC, CHC and district hospital. It also involves review of records, data collection tools and recording, compiling and reporting systems and mechanisms. One of the main sources of treatment data for the assignment will be OPD and IPD registers and the register in the emergency department of the hospital (district hospital).

For this study qualitative data collection (through FGDs, KII) will also be very useful and its triangulation with the secondary data and quantitative data collection.

1. **Scope of work:**

The scope of work includes the following.

1. Going to the health facilities and collecting OPD and IPD data for childhood diarrhea.
2. Data collection on documenting the practices in childhood diarrheal cases in the community and reporting at various levels.
3. Contact the mothers at the community, the frontline health workers, private practitioners and RMPs to understand the caseload of the diarrhea among the children.
4. Track the process of referrals from household/community level (such as case identified by a health volunteer or a mothers’ group member) to a community health worker (ASHA/USHA/AWW) in the same community or to a primary health facility in the catchment area (ANM). Also track the referrals process from the frontline health worker to a higher level facility or to a referral hospital in case of complicated illness and for cases requiring hospitalisation and/or specialised care. Study these above mentioned pathways to effectively analyse the gaps in terms of timeliness of referral, compliance with advice and completion of referral, healthcare provision prior to referral and immediately after receipt of referral and acute care at the referral facility. Based on these analysis comment on system weaknesses and recommend potential solutions.
5. The work will also involve desk review of secondary resources such as previous SDI surveys, HMIS reports, other studies/publications and NFHS-3 or 4 data from relevant states if available.

The data collection involves visiting villages to interact with the frontline health workers, to meet mothers group, talking to private pharmacy people, meeting RMP and private medical care providers and to see how ANMs report field data on childhood diarrhea and shares at PHC levels. The work also involves visiting PHCS, CHCs and district hospitals in the project locations.

**Time period:** The assignment is expected to begin as soon as negotiation with Save the Children India representatives is held and contract issued. We expect to issue a consultancy contract in the end of December, 2016 with the understanding that the assignment will be finished in 3 months.

**Payment plan:** Payment will be made in instalments upon completion of key stages of the assignment. This will be discussed and agreed with the selected consultant/agency prior to issuance of the contract.

**Review, feedback and quality control mechanism of Save the Children:** The consultants will be expected to work closely with Save the Children team. Training calendar, plan and timeline, module with evaluation sheets, reporting template will be shared with Save the Children for review and feedback will need to be incorporated. A copy of the final version (after incorporating comments/feedback) will be shared with Save the Children designated person and consent taken before proceeding further.

Quality control teams will randomly select and revisit some of the sample respondents. This data will be compared with the original interview data for checking the accuracy. Save the Children staff will supervise the whole process of quality control in coordination with external agency and may randomly visit or join quality control team/s.

**Role of Save the Children, India:** Briefing about the project and share all relevant information required for different activities. Facilitate and support in accomplishing the above activities/deliverables. SC, India HQ and respective state offices to support in organising travel, stay, and related logistics arrangements for this visit. Provide timely feedback so that the study is completed within the stipulated time.

**Reporting:** The consultant will report toTeam Leader Stop Diarrhoea Initiative and or person designated by him from within Save the Children SDI Team.

**Last date and Procedure for Application:**

Kindly send a detailed project proposal and financial proposal **ON OR BEFORE** December 5th, 2016 to

Mr. Farhad Ali, Advisor Health, electronically at [farhad.ali@savethechildren.in](mailto:farhad.ali@savethechildren.in) with a cc to Mr. OP Singh TL (SDI) at [o.singh@savethechildren.in](mailto:o.singh@savethechildren.in).

Please consider the following below mentioned points while responding to the Request for Proposals (RfP).

* Interested organizations are expected to send their organization’s profile mentioning their capacities in the area of similar research conducted and disease surveillance and also a brief profile of experts proposed for this assignment.
* Organization must present a broad proposal in two parts;
  + Technical: providing the technical specifications like detailed methodology, tools for data collection.
  + Financial: mentioning the expected budget for accomplishing the complete work with head-wise break up.
* Capacity statement of your organization.
* Curriculum Vitae of key persons involved in the assignment.
* Details of at least two similar assignments done in the recent past
* Specify the organization’s most competitive budget for the entire work
* As the shortlisted agency/consultant need to interact with children s/he need to sign and abide by Save the Children’s Child Protection Policy

***Only short-listed organizations will receive an acknowledgment and will be called for personal interactions and presentations.***