**Expression of Interest for participating in an evaluation of Home Based Newborn Care intervention in six states**

NHSRC proposes to conduct an evaluation of the implementation of Home based Newborn Care (HBNC), delivered by the ASHA. The HBNC programme is now in its seventh year of implementation and would benefit from a comprehensive evaluation to guide programme managers and policy makers to enable improved implementation and monitoring of HBNC.

The key objectives of the evaluation are to – a) Assess the coverage and quality of the HBNC services to newborns by ASHA with a special focus on marginalized families; b) Assess the training status of ASHAs and availability of HBNC equipment with ASHAs; c) Understand the programme management mechanisms; d) Assess the readiness and responsiveness of the health facilities to manage sick and high risk newborns referred from the community and e) Assess programmatic and financial issues at sub district, district and state levels related to HBNC.

The evaluation will be conducted using a mix of qualitative and quantitative methods to understand the complexities of the HBNC programme implementation and monitoring. The evaluation will be conducted in six states, selected on the basis of current levels of Neonatal mortality and rate of decline of NMR over last seven years. Two districts from each state will be selected using the criteria of coverage of HBNC and status of ASHA training. In each district Service Users and Non-Service users will be interviewed. The TOR for the evaluation is at annexe 1.

Organizations with a credible track record of conducting evaluations are encouraged to apply. Research organizations, academic institutions and NGOs can apply. A consortium of two or more agencies with a complementary skill mix would also be considered

The agency is expected to develop study tools for field survey and qualitative phase, conduct data collection and analysis, prepare draft reports for discussion and finalize the reports in consultation with NHSRC and Child Health Division. The stipulated timelines for the completion of the study is around seven months from the date of signing of contract.

The application should include -

1. Proposal for conducting the evaluation with detailed methodology, sample size, data collection and analysis protocols.

2. Background of organization, nature of organization, list of board members, demonstration of the necessary skill mix, experience, project management budgets handled, and infrastructure (for data management- data entry and analysis);

3. Details of past experience in conducting research, brief description of nature of research (topic and methodology) and outcomes (publications, dissemination) undertaken in last five years, details of research staff- (in house or demonstrate access to experts on a reliable basis), demonstrate track record of the research team, in data analysis and advanced writing skills.

4. Copies of the most relevant work in recent years, preferably conducted by the researcher teams who are currently in place.

5.Agency should give details of Firm/Institution s Registration, Copy of Service tax registration if applicable, Copy of PAN Card and Copy of last three years IT return.

The last date for receipt of applications is June 20th, 2017. Applications may be sent to ‘The PAO, National Health Systems Resource Centre, NIHFW, Baba Gangnath Marg, Munirka, New Delhi -110067’.

**Annexure 1**

**Evaluation of Home Based Newborn Care (HBNC)- Terms of Reference**

**Background –**

The Home based Newborn Care (HBNC) component to improve neonatal and infant health outcomes was introduced in the year 2011 under National Rural Health Mission. The HBNC Guidelines (2011), envisaged that every new born would be visited by a frontline worker mainly ASHAs– seven times in case of home deliveries on Days 1,3,7,14, 2, 28 and 42 and, six times in case of institution deliveries on Days 3,7,14, 2, 28 and 42. The guidelines also made provision of Rs. 250 linked with completion of the visit and contingent upon selected conditionalities. In 2014 an incentive of Rs. 50 per month was introduced for ASHAs to follow up through home visits in the case of babies discharged from Sick New Born Units (SNCU) and Low Birth Weight (LBW) New-borns. This incentive has recently been revised in 2016 to Rs. 50 per quarter for follow up visits made at during 3rd,6th , 9th and 12th month.

Training for ASHA in HBNC is part of Modules 6 &7, which is transacted in four rounds. Content pertaining to Newborn Care is covered in Round 1 and Sick Newborn Care is covered in Round 3.

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| Statistical Report - RGI - 2014 | Infant mortality rate | Neo-natal mortality rate | Neo-natal mortality rateas proportion of IMR |
| Odisha | 49 | 36 | 73% |
| Madhya Pradesh | 52 | 35 | 67% |
| Uttar Pradesh | 48 | 32 | 67% |
| Rajasthan | 46 | 32 | 70% |
| Chhattisgarh | 43 | 28 | 65% |
| Bihar | 42 | 27 | 64% |
| ***India*** | ***39*** | ***26*** | ***67%*** |
| Uttarakhand | 33 | 26 | 79% |
| Jammu & Kashmir | 34 | 26 | 76% |
| Assam | 49 | 26 | 53% |
| Andhra Pradesh | 39 | 26 | 67% |
| Telangana | 35 | 25 | 71% |
| Jharkhand | 34 | 25 | 74% |
| Himachal Pradesh | 32 | 25 | 78% |
| Gujarat | 35 | 24 | 69% |
| Harayana | 36 | 23 | 64% |
| Karnataka | 29 | 20 | 69% |
| West Bengal | 28 | 19 | 68% |
| Maharashtra | 22 | 16 | 73% |
| Tamil Nadu | 20 | 14 | 70% |
| Punjab | 24 | 14 | 58% |
| Delhi | 20 | 13 | 65% |
| Kerala | 12 | 6 | 50% |
| ***Source- SRS 2016*** | | | |

Over the last ten years, Infant Mortality Rate has declined by 17 points from 2005 (58) to 2014 (39). Since the launch of HBNC programme, a rate of decline of five points is noted both for IMR and NMR - IMR dropped from 44 in 2011 to 39 in 2014 and NMR dropped from 31 in 2011 to 26 in 2014.

Only seven states report IMR of less than 30 and NMR of 20 or less (Karnataka, West Bengal, Maharashtra, Tamil Nadu, Punjab, Delhi and Kerala) while the National IMR is 39.

Neonatal mortality rate constitutes 67% of the Infant Mortality Rate at the all India level. This pattern varies across states but largely remains within the range of 65% - 75%. The proportion is lower than 65% in states of Assam, Kerala and Punjab and higher than 75% in Himachal Pradesh and Uttarakhand.

In order to achieve the National Goal of reducing the IMR below 30, more effective measures are needed to reduce the NMR across states.

Over the years, the coverage of HBNC visits has shown steady increase however it still remains much lower than the desired level and even in cases where HBNC visits have been made questions related to quality of care have been raised during various field reviews. As per the state reports of the year 2015-16 the coverage of HBNC is about 55% with 44% coverage in High Focus States, 64% in North Eastern States and 71% in Non High Focus States. Across most (15) states the coverage is over 60% with the highest figures being reported from Sikkim and Maharashtra (nearly 100%), followed by states of Jharkhand, Chhattisgarh, Odisha and Uttarakhand with 75-84% coverage. The remaining ten states report less than 48% coverage with the lowest figures of 29% -34% from Uttar Pradesh, Madhya Pradesh, Nagaland, Meghalaya and Arunachal Pradesh.

The HBNC programme is now in its seventh year of implementation and would benefit from a comprehensive evaluation that can guide programme managers and policy makers to make the implementation and monitoring of HBNC more effective.

The key objectives of the evaluation are to –

1. Assess the coverage and quality of the HBNC services with a special focus on marginalized families.
2. Assess the training status of ASHAs and availability of HBNC equipment with ASHAs.
3. Understand the programme management mechanisms – training of ASHAs, procurement and distribution of HBNC kits, printing of HBNC forms and training modules, payment process of ASHA incentives and monitoring of HBNC.
4. Understand the referral process and capabilities of health institutions to manage the sick and high risk newborns being referred from the community.
5. Assess the coordination between Child Health teams and ASHA programme teams at state and district level for implementation and monitoring of HBNC and its impact on programme implementation.

**Methodology-**

The evaluation will be conducted in two phases using a mix of qualitative and quantitative methods to understand the different complexities of the HBNC programme implementation and monitoring.

**Phase I** – This phase will primarily be a qualitative phase. In this phase a comprehensive review of all programme management components will be conducted at block, district and state levels. This will be supported with a detailed review of the secondary data and records at all levels. In depth interviews will be conducted with all stake holders – Nodal officers for Child Health and ASHA programme at state, district, block and sub block level, service providers for HBNC – ASHAs and ANMs at Sub centres and service providers for facility based newborn care at health institutions at block and district level (Sick Newborn Care Units and Newborn Stabilization Units). Assessment of capabilities of these facilities in terms of availability of human resources and equipment as well as quality of care provided at these referral centres will be conducted through facility visits.

**Phase II** – This phase will be a quantitative phase comprising of a cross sectional survey. During this phase household listing of all households with an infant in the age group of 28 days to 60 days will be done. From the household listing, Services ie, mothers (or relatives in case of death of the mother) of infants in this age group who have received services from ASHAs and Non Services users i.e mothers (or relatives in case of death of the mother) of infants in this age group who have received services from ASHAs will be interviewed. Findings of Phase 1 will guide the development of tools for Phase 2

The evaluation will be conducted in six states with three states from High Focus Sates, two from Non High Focus and one from North Eastern States. These states will be selected using the criteria of current levels of Neonatal mortality and rate of decline of NMR over last seven years.

Evaluation will be conducted in the following states – selected based on the criteria of high NMR and rate of decline of NMR–

|  |  |  |
| --- | --- | --- |
| **State** | **NMR** | **Rate of Decline of NMR since 2011** |
| Odisha | 36 | 6 |
| Madhya Pradesh | 35 | 11 |
| Bihar | 27 | 3 |
| Andhra Pradesh | 26 | 8 |
| Jammu and Kashmir | 26 | 8 |
| Assam | 26 | 6 |

In each state two districts will be selected based on the following criteria-

1. District 1- Well Performing district with regards to HBNC - District with over 80% coverage of HBNC and over 80% ASHAs trained in Round 1 and Round 3 of Module 6 &7
2. District 2- Poor Performing District with regards to HBNC – District with less than 50% coverage of HBNC and over 80% ASHAs trained in Round 1 of Module 6 &7 and 50% trained in Round 3 of Module 6 &7

Within each district one block will be identified using the same criteria –

1. Block 1- Well Performing Block with regards to HBNC – Block with over 80% coverage of HBNC and over 80% ASHAs trained in Round 1 and Round 3 of Module 6 &7
2. Block 2- Poor Performing Block with regards to HBNC – Block with less than 50% coverage of HBNC and over 80% ASHAs trained in Round 1 of Module 6 &7 and 50% trained in Round 3 of Module 6 &7

*During Phase 1***–** Programme Managers and Service Providers of HBNC i.e, ASHAs, ANMs and Service Providers of Facility Based Newborn Care (FBNC) at Newborn Stabilizations Units (NBSUs) and Sick Newborn Care Units (SNCU) at all levels will be interviewed. Records and reports pertaining to HBNC visits, incentive payments to ASHAs, referral and admission registers will be reviewed.At district level, one SNCU will be visited. At block level, one NBSU and two Sub centres will be visited and 20 ASHAs will be interviewed.

*During Phase 2*- In each district sample of Service Users and Non-Service users will be interviewed***,*** who will be identified from household listing of villages.

Interview with State programme managers – Child Health and ASHA Programme

Interviews with District Programme managers of Child Health and ASHA programme .

Facility visits and interviews with Service Providers – at SNCU / NBSU – 1 per district

Interviews with Block Programme managers Facility visits and interviews with Service Providers – at NBSU – 1 per block ; at SHCs – 2 per block and ASHAs – 20 per block

**Time Lines**

* Tool development, translation and field test – 2 months
* Data collection for Phase 1 and 2 - 2 months
* Data Analysis – 1 month
* Report writing - 1 month
* Finalization of report in consultation with NHSRC and Child Health Division – One month

**Who will conduct the Evaluation**

Organizations with a credible track record of conducting evaluations would be considered eligible to conduct the evaluation. NGOs and academic institutions are eligible to apply. A consortium of two or more agencies with a complementary skill mix could also be considered.

NHSRC and the Child Health Division at MoHFW will jointly be responsible for selection of organizations, contribute to finalizing data collection instruments and tools, data review and analysis, establish state level linkages, review draft reports and provide inputs as required at various steps of the evaluation process.

Child Health Division will provide the evaluation team with key documents related to the HBNC programme