

Request for Proposal (RFP)

Baseline Evaluation Study for the Early Childhood Development & Women's Health Initiative in Gadchiroli, Maharashtra

1. Background and Context

Mobile Creches (MC), active since 1969, has played a transformative role in promoting early childhood development (ECD) among India's most marginalized populations. Operating through an integrated framework encompassing healthcare, nutrition, early education, and community systemic strengthening, MC has reached over 870,000 children across 13 states and union territories.

In the tribal heartlands of India, child undernutrition and systemic healthcare deprivations create severe structural blockades during the first 1,000 days of a child's life. This fundamentally compromises long-term cognitive development, school readiness, and socio-emotional competencies. To address these deep-seated gaps, Mobile Creches, in partnership with the Tata Trusts, is launching an evidence-based intervention- setting up creches operationalising the nurturing care framework titled "**Nourish. Nurture. Empower – An ECD and Women's Health Initiative in Tribal India**".

The target geography for this intervention is **Etapalli block of Gadchiroli District in Maharashtra**—predominantly inhabited by vulnerable Scheduled Tribe (ST) communities (such as the Gond, Madia, and Pardhan). The landscape is characterized by remote, forested, and civil unrest (Maoist conflict-affected) terrains that historically restrict consistent public service delivery.

2. Project Description and Core Problem

The project aims to improve the nutritional, health, and developmental status of children under three years of age and mothers by establishing **45 high-quality community creches** across a selected remote block (Etapalli) over a period of 3 years. The initiative targets a direct cross-sectional enrollment of 1,300 to 1,600 children, builds responsive parenting capacities for 2600-3200 parents, and generates dignified livelihoods for 90 local tribal women as trained creche care workers.

Data from secondary sources and field observations highlight a distressing nutritional and socio-economic profile in Gadchiroli that the project intends to disrupt:

- **Child Anthropometric Failures:** In Maharashtra, stunting affects 29.5% of children under five, wasting stands at 19.9% (with severe wasting at an alarming 7.6%), and 31.4% are underweight¹. Crucially, acute malnutrition peaks at 41% for infants under

¹ As per NFHS-6 Maharashtra Factsheet

six months. Anemia affects 58–91% of children under five, with critical deficiencies in vitamins and minerals.²

- **Maternal and Women's Health:** Approximately 18.4% of women have less than normal BMI³. Anaemia grips 67% of non-pregnant women and 39% of pregnant women, worsened by high workloads, early marriages, and sociocultural norms where women eat last and least⁴.
- **Systemic Deficits:** Recent evaluations point to declining trends or poor accessibility to Integrated Child Development Services (ICDS); hot cooked meals (HCM) reach only 36.7% of eligible children, 66% of children aged 0–35 months received Take-Home Rations (THR) and regular growth monitoring remains highly fragmented⁵.

The Conceptual Ecosystem (Bronfenbrenner's Framework)

The proposed intervention operates on an ecological systems model, mapping out vulnerabilities and deploying strategies across multiple nested layers:

1. **Microsystem:** Immediate household feeding, hygiene, and daily care routines executed by parents and creche workers.
2. **Mesosystem:** Grassroots institutional interplay between the family, Creche Monitoring Committees (CMCs), and Anganwadi Centres (AWCs).
3. **Exosystem:** Influence of patil (village leader), local panchayat planning, infrastructure availability, and regularized health outreach channels.
4. **Macrosystem:** Overarching socio-cultural gender dynamics, tribal protection policies, and language accessibility frameworks.

To map, measure, and benchmark these multidimensional variables before project execution, Mobile Creches invites technical proposals from qualified research agencies to conduct a rigorous **Baseline Evaluation Study**.

3. Purpose and Scope of the Baseline Evaluation

The primary objective of the Baseline Study is to establish a robust, empirically sound reference point against which the short-term, intermediate, and long-term outcomes of the project can be evaluated during midline and endline assessments.

The selected agency will design and execute a mixed-methods baseline survey to capture quantitative benchmarks and qualitative narratives across the following domains:

² Press Information Bureau (PIB), Government of India. "Malnourishment in Tribal Children shows a declining trend." August 4, 2023

³ As per NFHS-6 All India Factsheet

⁴ As per NFH6-5 Factsheet

⁵ International Journal of Community Medicine and Public Health | August 2021 | Vol 8 | Issue 8 Page 3898

Household Socio-Economic and Demographic Profile

- The baseline study will establish a comprehensive demographic map of target households to serve as an analytical foundation for understanding the structural determinants of health. The agency must develop explicit indicators to evaluate household caste and tribal composition—specifically identifying Particularly Vulnerable Tribal Groups (PVTGs) like the Madia Gond alongside other Scheduled Tribe (ST) cohorts (Gond, Pardhan) and non-tribal migrant populations—as well as gender-disaggregated literacy rates, educational attainment levels of adolescent girls and reproductive-age women, and primary livelihood profiles including forest-dependent labor, BPL status, and mining-driven seasonal migration patterns.

Child Health, Development, and Nutritional Status

- This component establishes individual biological and early childhood development benchmarks for children under three years of age to measure long-term project attribution. The agency will design indicators to collect precise anthropometric measurements—generating standard Z-scores for Weight-for-Age (Underweight), Weight-for-Height (Wasting), and Height-for-Age (Stunting) based on WHO Child Growth Standards—while auditing Universal Immunization Programme (UIP) coverage and mapping the baseline incidence of high-burden seasonal illnesses like malaria, tuberculosis, and diarrhea. Critically, the scope mandates the integration of non-invasive biomedical screening, utilizing portable pulse co-oximeters or validated digital hemoglobinometers to safely benchmark anemia prevalence without causing physical distress to infants, alongside standardized tools to evaluate early cognitive, socio-emotional, and physical-motor developmental milestones.

Maternal Health, Nutritional Indices, and Care Ecosystems

- Recognizing that maternal well-being directly dictates intergenerational health and fetal development, this section benchmarks the biological and healthcare-seeking regularities of pregnant and lactating women. The evaluation agency must establish clear metrics to calculate maternal Body Mass Index (BMI) and Mid-Upper Arm Circumference (MUAC), implement non-invasive hemoglobin tracking to assess baseline anemia prevalence, and document historical trends in maternal care utilization including the regularity of Antenatal Care (ANC) checkups, Iron and Folic Acid (IFA) tablet consumption, institutional delivery rates, and Postnatal Care (PNC) access.

Dietary Profile and Quantitative Food Consumption Analysis

- To address the intersecting crises of food insecurity and poor dietary diversity, the agency must execute a rigorous quantitative food consumption analysis at both the household and individual levels. This requires deploying a quantitative 24-hour dietary recall methodology paired with a customized Food Frequency Questionnaire (FFQ) to develop proxy indicators that calculate estimated daily caloric intake alongside the total grams of carbohydrates and proteins consumed by target children and women. Furthermore, the agency will compute localized Minimum Dietary

Diversity (MDD) scores for infants aged 6–23 months and the Minimum Dietary Diversity for Women (MDD-W) to identify structural deficiencies in the consumption of micronutrient-rich food groups. Additionally, the Household Food Insecurity Access Scale (HFAS) will be used to measure the severity of a household's food insecurity situation.

Socio-Cultural Practices and Behavioral Dynamics

- This section employs a mix of qualitative inquiry and quantitative coding to map deep-seated cultural norms and gender inequalities that directly mediate nutritional outcomes within tribal households. The research agency will develop specialized indicators to investigate behavioral dynamics, specifically documenting intra-household food distribution power dynamics to measure whether women and adolescent girls systematically eat last and least, identifying maternal food taboos and isolation practices enforced during menstruation and pregnancy, and mapping child-feeding beliefs—with a dedicated focus on uncovering localized practices where animal milk is withheld from young children due to cultural misconceptions.

Institutional and Social Protection Mapping

- The final component maps the baseline functional capacity, coverage, and efficiency of existing public infrastructure and state-led welfare delivery systems. Bidding agencies will develop performance indicators to evaluate the reach and structural blockades of flagship social protection programs—including the Integrated Child Development Services (ICDS) for Take-Home Rations (THR) and Hot Cooked Meals (HCM), PMMVY, JSY, and the Public Distribution System (PDS)—while systematically mapping the current outreach, community trust levels, and localized functioning of Gram Panchayats and frontline health workers such as ASHAs, ANMs, and Anganwadi workers.

4. Key Mandatory Qualifications and Socio-Cultural Requirements

Due to the specific geographical, political, and cultural sensitivities of Gadchiroli district, the bidding research agency must fulfill the following specialized criteria:

- **Deep Regional Contextual Understanding:** The agency must possess documented experience conducting large-scale mixed-method socio-economic or public health evaluations in remote, tribal, or conflict-affected regions of Central India (preferably within the Vidarbha region of Maharashtra).
- **Linguistic Capabilities (Mardia Gondi Proficiency):** Bounding administrative and geographical access within Gadchiroli requires deep integration into tribal spaces. The field investigators, supervisors, and qualitative researchers deployed by the agency **must be highly fluent in the local dialect—Mardia Gondi**—alongside Marathi. They

must demonstrate verified ability to seamlessly read, converse, and accurately translate local contexts without losing semantic integrity.

- **Sensitivities in Contextual Communication:** Field teams must be highly trained to converse objectively, empathetically, and adaptively regarding highly sensitive topics, specifically:
 1. *Nutritional deficits, dietary boundaries, and household taboos.*
 2. *Maternal health complications and adolescent pregnancies.*
 3. *Women's intra-household agency, financial decision-making control, and domestic vulnerabilities.*
 - **Operational Resilience:** Demonstrated capacity to securely mobilize research teams through complex forested terrains, manage seasonal weather shocks (heavy monsoons), and navigate communities that have not been mainstreamed.
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5. Methodology Framework

Bidders are expected to outline a detailed evaluation framework rooted in a **Mixed-Methods approach**, ensuring quantitative precision is systematically triangulated with deep qualitative insight:

Quantitative Approach

- **Sampling Strategy:** Probability sampling design (e.g., multi-stage cluster sampling) across targeted villages and control/comparison hamlets within the assigned block to build statistical power.
- **Sample Cohorts:** Household surveys covering mothers/primary caregivers of children under 3 years, pregnant women, and adolescent girls.
- **Tools:** Structured Digital Questionnaires (CAPI/ODK platforms), calibrated anthropometric measurement devices (infantometers, stadiometers, digital weighing scales), and immunization card audits.

Qualitative Approach

- **Methods:** Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), Case Narrative collection, and Transact Walk observations.
 - **Target Informants:** Traditional tribal community elders, local Panchayat leaders, SHG members, and frontline public service workers (AWWs, ASHAs, ANMs).
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6. Key Deliverables and Timeline

The complete baseline assignment must be executed within a strict window of **12 to 14 weeks** from the date of contract finalization. The explicit milestones are outlined below:

Milestone No.	Core Deliverables	Description / Content Focus	Tentative Timeline
1	Inception Report & Evaluative Framework	Finalized methodology, finalized sample sizes, data collection tools translated into local dialects, field mobilization maps, and ethical clearance protocols.	Week 2
2	Pilot Testing & Field Team Briefing Report	Documentation of field-testing of tools in Madia Gondi, verification of investigator training protocols, and localized safety risk plans.	Week 2
3	Field Work	Conducting fieldwork in identified Etapalli district, documenting the raw notes of the interviews and assessments conducted	Week 3- Week 7
4	Raw & Cleaned Datasets	Delivery of systematically audited, anonymized, validated quantitative databases alongside transcribed, translated qualitative transcripts.	Week 8
5	Draft Baseline Synthesis Report	Comprehensive descriptive and analytical draft report breaking down indicators by social group and gender, complete with professional formatting markers for data visualizations.	Week 10

Milestone No.	Core Deliverables	Description / Content Focus	Tentative Timeline
6	Final Consolidated Evaluation Report & Indicator Matrix	High-quality, publication-ready research report embedding detailed actionable insights and a clean dashboard indexing baseline benchmarks across all core KPIs.	Week 12

7. Submission Guidelines

Interested research organizations, institutions, or consortia are requested to submit their technical and financial proposals via email to meal@mobilecreches.org within **two weeks** of this advertisement's release.

The application packet must contain:

1. **Technical Proposal:** Elaborated study design, sampling frame calculation, strict field safety and ethical handling protocols, and operational workflows.
2. **Financial Proposal:** Itemized cost structures, operational budgets, field logistics expenditures, and payment milestone alignment.
3. **Institutional Credentials & CVs:** Profiles detailing the Lead Evaluation Specialists, Data Analysts, and regional Field Directors.
4. **Language and Field Proof:** Brief note proving field network capacity in Gadchiroli and verified linguistic fluency patterns (Mardia /Gondi and Marathi) of the planned team.
5. **Sample Work:** At least one relevant sample evaluation report of a similar scale conducted in a tribal/marginalized domain.