

REQUEST FOR PROPOSAL

Title of Consulting Services – Study on Reducing Stigma and Improving Mental Wellbeing and Social Participation Amongst Men and Women Affected/Disabled by Lymphatic Filariasis and Leprosy in The Districts of Jaunpur and Bokaro in India

NLR INDIA



Section 1. Letter of Invitation

NLR India (the branch office of NLR International) will implement the research project on Reducing Stigma and Improving Mental Wellbeing and Social Participation Amongst Men and Women Affected/Disabled by Lymphatic Filariasis and Leprosy in The Districts of Jaunpur and Bokaro in India. The study will be guided by Prof C P Mishra, Head of the Department, Community Medicine, Banaras Hindu University as the Principal Investigator. It is funded by the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD).

NLR India invites proposals from expert health research agencies to collect and report on data collected through tools provided by NLR India. The Terms of Reference (TOR) for the consulting services is outlined in Section 4.

The 2 districts selected for the study will cover all the nine (9) blocks in Bokaro district and 21 blocks in the Jaunpur district. The study has six categories of respondents: 1) people affected/disabled by the diseases, 2) family members of persons affected, 3) local healthcare workers, 4) traditional healers, 5) community members and community leaders, and 6) block (sub-district) and district health officials. The selected one agency will need to work in both the districts (Jaunpur and Bokaro).

The duration of the consultancy study is for four months and is expected to be completed by end November 2021. The final selection will be based on the recommendations of the Technical Review Committee following selection criteria as outlined in Section 5. Contract for the study will be issued by NLR India.

The RFP includes the following documents:

- Section 1 - Letter of Invitation
- Section 2 - Technical Proposal - Standard Forms
- Section 3 - Financial Proposal - Standard Forms
- Section 4 - Terms of Reference
- Section 5 - Criteria for Selection

The last date of receipt of the proposals is **15 July 2021 (Indian Standard Time) through the following email – requestforproposal@nlrindia.org** . Proposals submitted after 15 July will be rejected. Incomplete proposals will also be rejected.

The technical and financial proposals have to be submitted through separate emails with subject line:

- TECHNICAL PROPOSAL FOR STUDYING TWO DISTRICTS IN JHARKHAND AND UP
- FINANCIAL PROPOSAL FOR STUDYING TWO DISTRICTS IN JHARKHAND AND UP

The financial proposals files will need to be password protected. In case your technical proposal is shortlisted by the Technical Review Committee; NLR India will request you to share the password for opening the financial proposal through email.

Thanking you,

Sincerely,

Dr. Pradeepta Kumar Nayak
National Community Based Rehabilitation (CBR) Coordinator, NLR India

Section 2- Technical Proposal - Standard Forms

TECH-1	Technical Proposal Submission Form
TECH-2	Consultant's Organization and Experience A Consultant's Organization B Consultant's Experience
TECH-3	Description of the Approach, Methodology and Work Plan for Performing the Assignment
TECH-4	Team Composition and Task Assignments
TECH-5	Curriculum Vitae (CV) for Proposed Professional Staff
TECH-6	Staffing Schedule
TECH-7	Work Schedule

FORM TECH-1 TECHNICAL PROPOSAL SUBMISSION FORM

[Location, Date]

To: [Name and address of Client]

Dear Sirs:

We, the undersigned, offer to provide the consulting services for [Insert title of assignment] in accordance with your Request for Proposal dated [Insert Date] and our Proposal. We are hereby submitting our Proposal, which includes this Technical Proposal, and a Financial Proposal through separate emails; the financial proposal is password protected as guided by you.

We are submitting our Proposal in association with: [Insert a list with full name and address of each associated Consultant]¹.

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained in it may lead to our disqualification.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature [In full and initials]: _____

Name and Title of Signatory: _____

Name of Firm: _____

Address: _____

¹ [Delete in case no association is foreseen.]

FORM TECH-2 CONSULTANT'S ORGANIZATION AND EXPERIENCE

A - Consultant's Organization

[Provide here a brief (two pages) description of the background and organization of your firm/entity and each associate for this assignment.]

B - Consultant's Experience

[Using the format below, provide information on each assignment for which your firm, and each associate for this assignment, was legally contracted either individually as a corporate entity or as one of the major companies within an association, for carrying out consulting services similar to the ones requested under this assignment. Use maximum 20 pages.]

Assignment name:	Approx. value of the contract (local currency):
Country: Location within country:	Duration of assignment (months):
Name of Client:	Total No. of staff-months of the assignment:
Address:	Approx. value of the services provided by your firm under the contract (local currency):
Start date (month/year): Completion date (month/year):	No. of professional staff-months provided by associated Consultants:
Name of associated Consultants, if any:	Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader):
Narrative description of Project:	
Description of actual services provided by your staff within the assignment:	

Firm's Name: _____

FORM TECH-3 Description of Approach, Methodology and Work Plan for Performing the Assignment

[Technical approach, methodology and work plan are key components of the Technical Proposal. You are suggested to present your Technical Proposal (within 50 pages, inclusive of charts and diagrams; please do not include photos) divided into the following three chapters:

- a) Technical Approach and Methodology,*
- b) Work Plan, and*
- c) Organization and Staffing.*

a) Technical Approach and Methodology. In this chapter you should explain your understanding of the objectives of the assignment, approach to the services, methodology for carrying out the activities and obtaining the expected output, and the degree of detail of such output. You should highlight the problems being addressed and their importance, and explain the technical approach you would adopt to address them. You should also explain the methodologies you propose to adopt and highlight the compatibility of those methodologies with the proposed approach.

b) Work Plan. In this chapter you should propose the main activities of the assignment, their content and duration, phasing and interrelations, milestones (including interim approvals by the Client), and delivery dates of the reports. The proposed work plan should be consistent with the technical approach and methodology, showing understanding of the TOR and ability to translate them into a feasible working plan. A list of the final documents, including reports, drawings, and tables to be delivered as final output, should be included here. The work plan should be consistent with the Work Schedule of Form TECH-7.

c) Organization and Staffing. In this chapter you should propose the structure and composition of your team. You should list the main disciplines of the assignment, the key expert responsible, and proposed technical and support staff.]

FORM TECH-4 TEAM COMPOSITION AND TASK ASSIGNMENTS

Professional Staff				
Name of Staff	Firm	Area of Expertise	Position Assigned	Task Assigned

1. **Proposed Position** [only one candidate shall be nominated for each position]: _____

2. **Name of Firm** [Insert name of firm proposing the staff]: _____

3. **Name of Staff** [Insert full name]: _____

4. **Date of Birth:** _____ **Nationality:** _____

5. **Education** [Indicate college/university and other specialized education of staff member, giving names of institutions, degrees obtained, and dates of obtainment]: _____

6. **Membership of Professional Associations:** _____

7. **Other Training** [Indicate significant training since degrees under 5 - Education were obtained]: _____

8. **States of Work Experience:** [List states where staff has worked in the last ten years]: _____

9. **Languages** [For each language indicate proficiency: good, fair, or poor in speaking, reading, and writing]: _____

10. **Employment Record** [Starting with present position, list in reverse order every employment held by staff member since graduation, giving for each employment (see format here below): dates of employment, name of employing organization, positions held.]:

From [Year]: _____ To [Year]: _____

Employer: _____

Positions held: _____

<p>11. Detailed Tasks Assigned</p> <p>[List all tasks to be performed under this assignment]</p>	<p>12. Work Undertaken that Best Illustrates Capability to Handle the Tasks Assigned</p> <p>[Among the assignments in which the staff has been involved, indicate the following information for those assignments that best illustrate staff capability to handle the tasks listed under point 11.]</p> <p>Name of assignment or project: _____</p>
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	Year: _____ Location: _____ Client: _____ Main project features: _____ Positions held: _____ Activities performed: _____
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13. Certification:

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience. I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged.

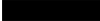

_____ Date: _____
[Signature of staff member or authorized representative of the staff] *Day/Month/Year*

Full name of authorized representative: _____

FORM TECH-6 STAFFING SCHEDULE¹

No	Name of Staff	Staff input (in the form of a bar chart) ²													Total staff-month input			
		1	2	3	4	5	6	7	8	9	10	11	12	n	Home	Field ³	Total	
Foreign																		
1		[Home]																
		[Field]																
2																		
3																		
n																		
										Subtotal								
Local																		
1		[Home]																
		[Field]																
2																		
n																		
										Subtotal								
										Total								

- 1 For Professional Staff the input should be indicated individually; for Support Staff it should be indicated by category (e.g.: draftsmen, clerical staff, etc.).
- 2 Months are counted from the start of the assignment. For each staff indicate separately staff input for home and field work.
- 3 Field work means work carried out at a place other than the Consultant's home office.
- 4 The assignment being of 4 months; only fill up for the first four months, the rest may be indicated as NA (not applicable)

 Full time input
 Part time input

FORM TECH-7 WORK SCHEDULE

No	Activity ¹	Months ²												
		1	2	3	4	5	6	7	8	9	10	11	12	n
1														
2														
3														
4														
5														
n														

- 1 Indicate all main activities of the assignment, including delivery of reports (e.g.: inception, interim, and final reports), and other benchmarks such as Client approvals. For phased assignments indicate activities, delivery of reports, and benchmarks separately for each phase.
- 2 Duration of activities shall be indicated in the form of a bar chart.
- 3 The assignment being of 4 months; only fill up for the first four months, the rest may be indicated as NA (not applicable)

Section 3- Financial Proposal- Standard Forms

Financial proposal should be submitted through a separate email as guided by NLR India, and the file should be password protected. The agency has to prepare an itemized budget which outlines all project costs as per the following forms:

Form 1: SUMMARY BUDGET FORM

BUDGET CATEGORY	RUPEES
1. Salaries	
2. Consultants/ Professional Fees	
3. Travel, Transportation & Daily Allowance	
4. Office Expenses	
5. Other Direct Costs	
TOTAL PROJECT COSTS	

Form 2: DETAILED BUDGET FORM

BUDGET CATEGORY	RUPEES
1. SALARIES Position A: (sal/month x % time worked) Position B: (sal/month x % time worked x number of positions) Position C: (sal/month x % time worked, starting month number "X") SALARIES SUBTOTAL	
2. CONSULTANT/PROFESSIONAL FEES (daily rate x number days) (Rs.X/day x Y days) CONSULTANT/PROFESSIONAL FEES SUBTOTAL	
3. TRAVEL, TRANSPORTATION A. Vehicle Expenses B. In-Country Travel C. Daily Allowance/ Lodging Expenses TRAVEL, TRANSPORTATION SUBTOTAL	
4. OFFICE EXPENSES Rent, Utilities, Telephones charges to include estimated long distance charges, Fax Usage, Postage/Express Mail, Equipment Maintenance, Office Supplies (photocopy paper), etc. OFFICE EXPENSES SUBTOTAL	
5. OTHER DIRECT COSTS Facilities Rental for Workshops, Short-term specialized services e.g. transcription, translation, trainer, etc. OTHER DIRECT COSTS SUBTOTAL	
TOTAL PROJECT COSTS	

Section 4 - Terms of Reference (ToR)

The TOR is specifically for the research agency to assist NLR India in the study “Reducing Stigma and Improving Mental Wellbeing and Social Participation Amongst Men and Women Affected/Disabled by Lymphatic Filariasis and Leprosy in The Districts of Jaunpur and Bokaro in India”

1. Background

Neglected tropical diseases (NTDs) are a diverse group of 20 communicable diseases that prevail in tropical and subtropical conditions in 149 countries around the world. Leprosy and LF are two NTDs that can have devastating effects if not treated in time. People affected by LF or leprosy are prone to social stigmatization and discrimination, due to fear of contagion, cultural and religious beliefs and the physical impairments and disfigurements that accompany these diseases. Stigma badly affects the mental wellbeing of the persons with disabilities due to LF or leprosy as they become isolated and many show signs of depression. Few studies on the burden of depression of any neglected tropical disease have been undertaken to date, despite the recognition that such diseases have major consequences for mental health, not only for patients but also for their caregivers.

According to WHO, LF is a chronic infectious disease caused by parasites namely *Wuchereria bancrofti*, *Brugia malayi* and *Brugia timori*. The damage to the lymphatic system by these worms and obstruction to lymph flow may gradually lead to enlargement of limbs, breasts and genitalia. The end result may be severe disabilities with associated psychological and socioeconomic problems. Practicing simple techniques as part of regular home-based self-care, such as hygiene, elevation, exercise of the affected parts and use of (adapted) footwear has shown to be highly effective in improving quality of life by lessening suffering due to morbidity.

India accounts for about 40% of the global LF burden. The National Filaria Control Programme (NFCP) was launched in the country in 1955 with the objective of limiting the problem by undertaking control measures in endemic areas. In the areas targeted for this research, Bokaro in Jharkhand and Jaunpur in Uttar Pradesh, the National Vector Borne Disease Control & Prevention (NVBDCP) department reported 21,615 and 10,823 patients with LF related symptoms respectively.

Leprosy is a disease caused by a bacterium, *Mycobacterium leprae*. It multiplies very slowly and the incubation period is about 3 to 5 years on average. The main symptoms are hypo pigmented skin lesions or numbness in the hands and/or feet. Besides this, the presence of bacteria and the body's immune response to this can damage nerves and destroy the body's ability to feel injury and pain. Without feeling pain, people do not realize when they injure themselves and their injuries may not be cared for properly and thus become infected. Changes to the skin also leave the person susceptible to ulcers, which if left untreated, can cause further damage, wounds and visible disfigurements of the face and limbs. If the facial nerve is affected, this can interfere with a person's ability to blink, which can eventually cause blindness.

India is home to approximately 60% of the global total of new leprosy cases. As per the National Leprosy Eradication Program (NLEP) Annual Report 2017-18, a total of 126,164 new leprosy patients were detected, out of which 4,552 patients had grade 2 disabilities. The great majority of the impairments in leprosy are preventable, if diagnosed timely, but once this opportunity is missed, nerve damage becomes irreversible, leading to a life-long risk of further worsening.

The disabilities limit people's participation in daily activities, socio-cultural activities and causes increased internalised-stigma, discrimination and serious economic loss for both the affected persons and their families. As noted above, leprosy is associated with high psychological morbidity. This includes depression, generalized anxiety disorder, drug/alcohol abuse and even suicide, as well as problems in social functioning, such as divorce, high rates of unemployment, displacement from homes, and problems involving interpersonal relations, leisure and social activities.

Stigma related to mental disorders, delayed treatment seeking behaviour, and difficult to find treatment are the main hurdles in combating mental health disorders in India. In addition, factors pertaining to traditional medicine and cultural and religious beliefs may delay diagnosis and treatment. Lack of political attention for mental health related issues, further aggravate the load of mental disorders. Even though major advances have been made for both LF and leprosy in a (medical) treatment sense, the psychosocial impact of chronic complications and disabilities has often not been addressed adequately.

This research is based on NLR India's broad experience with persons affected/disabled by lymphatic filariasis (LF) and leprosy through combined self-care projects in six states in India. It will measure the perceived stigma of LF and leprosy patients, and investigate the impact of stigma on social participation and mental wellbeing of people affected/disabled by LF and leprosy.

The study is going to be very useful for India as it can prioritise the mental health issues of leprosy and lymphatic filariasis affected persons. This study has the potential to define a new approach to address the mental health issues of persons with leprosy or LF-related disabilities. The knowledge and outcome of this research will be shared with the Ministry of Health and other stakeholders through joint meetings and discussions, and we will advocate for future interventions. Our national dissemination meetings on the outcome of this research will focus on strategy design and policy recommendations.

2. Objectives of the project:

Primary research question

To what extent does stigma affect social participation and mental wellbeing among men and women affected/disabled by lymphatic filariasis or leprosy in Jaunpur in Uttar Pradesh and Bokaro in Jharkhand?

Secondary research questions

1. What is the prevalence and distribution of persons affected with LF-related lymphedema or leprosy-related disabilities in the study district(s)?
2. What is the perception of the community regarding persons with LF-related lymphedema or leprosy-related disabilities in study district(s) (including public stigma)?
3. To what extent are social participation and mental wellbeing affected among men and women with LF or leprosy-related disabilities?
4. Is there a difference in the way and extent to which women and men are affected?
5. Which services for LF and leprosy-related disabilities and mental health are available in the study district(s)?
6. To what extent are LF and leprosy-related stigma and poor mental wellbeing barriers to access Morbidity Management and Disability Prevention (MMDP) services and what are other barriers to access?
7. How could access to required services be improved for women and men with LF or leprosy-related disabilities and mental health problems?
8. How could equity in terms of gender best be ensured in these interventions?

3. Methodology

Study sites: The study will be carried out in 2 districts namely Bokaro in Jharkhand and Jaunpur in Uttar Pradesh. Both districts are endemic for LF and leprosy. The 2 districts selected will cover all the nine (9) blocks in Bokaro district and 21 blocks in the Jaunpur district.

Methods:

This study will measure the perceived stigma of LF and leprosy patients. Mixed methods will be used. The data will be collected from randomly selected samples of leprosy and LF affected persons through globally

recognized standard interview tools. Epi Info v.7 will be used for electronic data collection platform as it is common and easy to use.

To answer sub-question 1 (What is the prevalence and distribution of persons affected with LF-related lymphedema or leprosy-related disabilities in the study districts?), we will enumerate and map persons with LF and leprosy-related disabilities in the study districts. We will use available registers in the health centers and snowball sampling based on local knowledge of others affected by the diseases as well as female community health volunteers (ASHAs). In this way an as complete as possible enumeration of persons with LF and leprosy-related disabilities will be obtained. Their location will be obtained through remote mapping using Google maps to obtain the approximate location of the residential addresses of index cases of lymphatic filariasis and leprosy in the two study districts. This method is much quicker and cheaper than actual visits to all houses concerned to record GPS coordinates. For the purpose of mapping, an approximate location is sufficient.

To answer sub-questions 2-4 (What is the perception of the community regarding persons with LF-related lymphedema or leprosy-related disabilities in study districts (including public stigma)? To what extent are social participation and mental wellbeing affected among men and women with LF or leprosy-related disabilities? Is there a difference in the way and extent to which women and men are affected?), a quantitative survey among community members and persons with LF and leprosy-related disabilities will be conducted. Knowledge, beliefs and fears regarding LF and leprosy (causation, contagion, curability, preventability of disabilities) will be collected using Knowledge Attitude Practice (KAP) survey toolkit that has been validated in several leprosy perception studies in India. The toolkit includes quantitative measures of community stigma (EMIC Community Stigma Scale and Social Distance Scale). EMIC and SDS will be used to measure perceived attitudes and behaviour towards stigmatized individuals. It covers areas of life that may be affected by stigma, namely: concealment, avoidance, pity, shame, being made fun of, respect and marriage (prospects). It measures the perception of the respondent regarding the attitudes and behaviour of others in the community. To assess experienced stigma, social participation, mental wellbeing and depression among persons affected, the Stigma Assessment and Reduction of Impact (SARI) Stigma Scale, Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and Patient Health Questionnaire 9 items (PHQ-9) will be used. These are all short instruments that can be administered by trained lay interviewers.

To answer sub-questions 5-7 (Which services for LF and leprosy-related disabilities and mental health are available in the study districts? To what extent are LF and leprosy-related stigma and poor mental wellbeing barriers to access Morbidity Management and Disability Prevention (MMDP) services and what are other barriers to access? How could access to required services be improved for women and men with LF or leprosy-related disabilities and mental health problems?), qualitative data will be collected through semi-structured interviews (SSI) and focus group discussions (FGD). In addition, to obtain an in-depth understanding of the way social participation and mental wellbeing among men and women with LF or leprosy-related disabilities are affected and any differences between women and men, the same methods will be used with this group of respondents and their family members also.

We will therefore conduct interviews with 6 categories of respondents: 1) people affected/disabled by the diseases, 2) family members of persons affected, 3) local healthcare workers, 4) traditional healers, 5) community members and community leaders, and 6) block (sub-district) and district health officials. The SSIs and FGDs will use an interview guide with topics relating to sub-questions 3-7. For the qualitative survey, we will interview people in each of the respondent categories. One focus group discussion will be organised for each category. For the affected persons themselves, a separate group will be organised for men and women, if possible separately for LF and leprosy so that condition-specific and cross-cutting issues can be identified.

To answer sub-question 8 (How could equity in terms of gender best be ensured in the interventions?), we will get insights through the semi-structured interviews (SSI) and focus group discussions (FGD) conducted for the above described sub-questions 5-7.

Sample size

The sampling framework for selection of persons affected by leprosy and persons with lymphatic filariasis has been developed. For the qualitative data survey, we will interview 90 people from 6 categories of respondents as mentioned; they will be broken into 9 total sub-categories. One focus group discussion will be organised for each sub-category. For the affected persons themselves, a separate group will be organised for men and for women, and separately for LF and leprosy. We aim to include around 8 persons in each focus group. With 9 sub-categories of respondents (and separate groups per disease for men and women); hence 9 FGDs in each of the 2 districts with 1 FGD per sub-group category, total 18 focus groups in Bokaro and Jaunpur. Each FGD will have at least 8 participants. The individual SSIs will be conducted with 5 select members of each of the 9 sub-categories; hence total 45 SSIs in each of the 2 districts. The following Table-1 further clarified the qualitative sample size. NLR India will provide the interview guides for the FGD and SSI.

Table 1: Number of FGDs and SSIs as per category of respondents in Bokaro & Jaunpur

Sl. No	Categories of Respondents	No of FGD per district	No of SSIs per district
1	Group of Men affected LF (People affected /disabled by the disease)	1	5
2	Group of Women affected LF (People affected /disabled by the disease)	1	5
3	Group of Men affected Leprosy (People affected /disabled by the disease)	1	5
4	Group of Women affected Leprosy (People affected /disabled by the disease)	1	5
5	Family members of persons affected	1	5
6	Local healthcare Workers	1	5
7	Traditional healers	1	5
8	Community members and community leaders	1	5
9	Block (Sub-district) & District health Officials	1	5
	Total	9	45

To establish a baseline of stigma experience, social participation and mental wellbeing of persons with LF and leprosy-related disabilities we will interview a stratified random sample of those identified in the above enumeration. We will stratify by severity of impairment into two strata per disease: mild and severe. For LF, persons with lymphedema grade 3 or more will be classified as 'severe'; grade 1 and 2 as 'mild'. For leprosy, persons with an Eye, Hand, Foot score of 4 or more will be graded 'severe'; those with a score of 1-3 as 'mild'. We estimate that 50% of those in the severe groups will experience participation restrictions (a score of 10 or higher on the Participation Scale Short). To obtain a prevalence estimate with a 95% confidence interval of +/- 10%, we need to include 100 persons in each stratum. With two strata per disease, we will interview a total of 200 persons with LF-related disabilities and 200 with leprosy-related disabilities. We will ensure equal representation of women and men in each stratum. The respective sample size as per the tools is detailed in the following table.

Table 2: Sample size per category of respondents and tools (Stigma, Social Participation and Mental Wellbeing) in Bokaro and Jaunpur

	Category of respondent and tools	Jaunpur	Male	Female	Rural	Urban*	Bokaro	M	F	Rural	Urban
A	Lymphatic Filariasis (200)										
	Mild (Gr.1 & 2) (100)	50	25	25	40	10	50	25	25	25	25

	Severe (Lymphedema Gr. 3 or More) (100)	50	25	25	40	10	50	25	25	25	25
B	Leprosy (200)										
	Mild (Score of 1 to 3) (100)	50	25	25	40	10	50	25	25	25	25
	Severe (Person with an Eye, hand, foot score of 4+ more) (100)	50	25	25	40	10	50	25	25	25	25
A+B	Total Sample (Lymphatic Filariasis+ Leprosy)	200					200				
C	Explanatory Model Interview Catalogue (EMIC) (Community+Family Members)	50	25	25	40	10	50	25	25	25	25
D	Social Distance Scale (SDS) (Community + Family Members)	50	25	25	40	10	50	25	25	25	25
C+D	Total Sample (EMIC+SDS) Community and Family Members (Individual Interview) (to be administered to the same respondents)	50					50				
(A+B) +(C+ D)	Total Sample (Lymphatic Filariasis+ Leprosy)+Total Sample (EMIC+SDS) Community and Family	250					250				
Total		500									
	Stigma Assessment and Reduction of Impact (SARI) Stigma Scale (This and the below three tools will be administered to the same respondents)	200	100	100	160	40	200	100	100	100	100
	Participation Scale Short Simplified (PSSS)	200	100	100	160	40	200	100	100	100	100
	Patient Health Questionnaire (PHQ-9)	200	100	100	160	40	200	100	100	100	100
	Warwick-Edinburgh Mental Wellbeing scale	200	100	100	160	40	200	100	100	100	100

Data analysis plan

Qualitative data will be audio-recorded and transcribed. Analysis will be assisted by NVivo software. Both deductive and inductive approaches for content analysis will be used. Themes related to disability, stigma, mental wellbeing and social participation will be identified based on conceptual framework of the International Classification of Functioning, Disability and Health (ICF; WHO, 2001) and concepts behind the SARI Stigma Scale and the WEMWBS. The content will also be searched inductively for new themes, especially barriers and facilitators of functioning and mental wellbeing that are not covered by the deductive analysis.

Quantitative data will be entered in Epi Info 7 databases, exported as Excel documents and analysed using Stata v15. Descriptive statistics will be used for demographic data and for estimates of the severity levels of impairment and stigma, and the median level of social participation and mean level of mental wellbeing. The prevalence of participation restriction and depression will be expressed as a percentage and will be based on cut-offs derived from studies done elsewhere in India. Estimates will be disaggregated by NTD and gender. Depending on associations with other demographic factors, multivariate regression will be used to generate adjusted mean values. The associations between (potential) determinants and the outcomes impairment, stigma, mental wellbeing and social participation will be examined using multivariate linear regression. Bootstrapping will be used if the outcome scores are not normally distributed.

4.Scope of work of the Research Agency

The study is purely a psycho-social research study with no impact on environment, no experimental work in the laboratory, and no field trials/testing. The study will not use any invasive methods.

The selected Agency has to

1. Conduct the entire process in close coordination with BHU and NLR India
2. Identify the required human resources and build their capacity in research activities
3. Wherever possible, select and recruit investigators from the districts where study is to be carried out
4. Liaise with local primary health centers and staff
5. GIS Map LF & Leprosy cases in all blocks of the 2 districts
6. Conduct Semi-structured interviews and FGDs
7. Quantitative Data collection in both districts
8. Do data entry and analysis
9. Draft report

5. Organisation, work plan, time frame and staffing related

1. Agencies should ensure that their personnel for this project are available full time for the study
2. Their project staff have to be allocated exclusively for the study in Bokaro and Jaunpur
3. Work plan should be for 4 months

6. Role of NLR India and BHU

- We will orient the selected agency on the study
- We will train the investigators on the tools for data collection and consent taking
- We will approve the data entry plan
- We will approve the data analysis plan
- We will approve the report structure
- We will review the draft data analysis and report
- We will also make field visits to monitor data collection and collation

All the data and materials will be the sole property of Banaras Hindu University under the study PI and NLR-India under Indian Co-PI.

7. Reporting and Administrative Arrangements

The Research Agency will be contracted and managed by NLR India. The agencies selected will submit a fortnightly progress report to NLR India and update them through meetings/presentations. A monitoring and review committee would be set up comprising of representatives from BHU and NLR India. The committee will monitor the study progress.

8. Outputs/deliverables of the study

The agency should share its final work plan within 7 days of signing the contract. The agency should also submit fortnightly progress report to NLR India including on the key indicators such as geographical and thematic areas studied/data collected/processes/analysed etc. At the end of the study, the Research Agency will first submit a draft report to NLR India with the information spelt out in the scope of work in the format decided. NLR India will provide its feedback on the draft report within 7 days. The agency will then finalize and submit the final report to NLR India.

Outputs/ deliverables
<ol style="list-style-type: none"> 1. A list of Blocks and Panchayats where data collection is completed 2. List of leprosy and LF cases enumerated with their details 3. List of services available for leprosy and LF cases – including a list of preferred health care providers, both public and private, accessed by the cases 4. Draft and final report answering all the research questions – primary and secondary 5. Soft and hard copy of all the collected data, consent forms and any other related document

9. Qualifications and expected experience of the key personnel identified (their CVs have to be submitted in format provided in Tech 5 along with the Technical Proposal)

1. **District research coordinators** – at least 5 years of research and coordination experience after MBBS, or master’s degree in social science; experience in the district selected; experience in health, community engagement, IEC or Behaviour Change Communication and counselling experience required.
2. **Research assistants/ investigators** – at least 3 years of research and coordination experience after graduation in social science; experience in the district selected; experience in health, community engagement, IEC or Behaviour Change Communication and counselling experience required.
3. **GIS mapper** – at least 3 years of experience in data capture and management, mapping, and community development.
4. **Data analyst quantitative** - at least 5 years of experience of analysing quantitative health data.
5. **Data analyst qualitative** - at least 5 years of experience of analysing qualitative health data.
6. **Qualitative research expert** - at least 8 years of experience of conducting qualitative health research and using qualitative softwares
7. **Quantitative research expert** - at least 8 years of experience of conducting quantitative health research and using quantitative softwares
8. **Study lead** – at least 10 years of research and coordination experience after master’s degree in related fields; experience in the states and district selected; experience in collection, consolidation and interpretation of research data and results.

Section 5 - Criteria for Selection of Agency Evaluation format for Proposals

CriteriaMax

Marks

1. Specific experience of the Consultants relevant to the assignment

10

2. Adequacy of the proposed methodology and work plan in responding to the Terms of Reference

a. Technical approach and methodology	20
b. Work plan	10
c. Organization and staffing	20

3. Key professional staff qualifications and competence for the assignment

a. District research coordinator	05
b. Research assistants/ Investigators	05
c. GIS mapper	05
d. Data analyst quantitative	05
e. Data analyst qualitative	05
f. Qualitative research expert	05
g. Quantitative research expert	05
h. Study lead	05

Note: The number of points to be assigned to each of the above positions or disciplines shall be determined considering the following three sub-criteria and relevant percentage weights:

a. General qualifications	20%
b. Adequacy for the assignment	60%
c. Experience in region and language	20%

Total 100