

उत्तर प्रदेश UTTAR PRADESH

DP 929085

Memorandum of Understanding

Between

India Health Action Trust (first party)

And

Department of Anthropology, Lucknow University (second party)



John Anthony



Memorandum of Understanding

This MoU is made and executed on this 26 day of May 2017 at Lucknow, UP

BETWEEN

India Health Action Trust, having its office in Lucknow at 404, 4th Floor, Ratan Square, 20A-Vidhan Sabha Marg, Lucknow – 226001, (hereinafter referred to as "IHAT", which expression shall wherever the context so submits mean and include its successors and assigns), represented by **Mr. John Anthony, Project Director – MNCH.**

Party of the First Part

AND

Lucknow University, Lucknow-226007, UP (hereafter called "LU" which term shall include its successors, assigns and authorized persons, of the other part), represented by **Dr. Keya Pandey, Co-Principal Investigator/Consultant, Department of Anthropology, Lucknow University.**

Party of the Second Part

IHAT and LU hereinafter referred to collectively as "Parties" and separately as "Party".

ARTICLE 1 – PARTIES

- The parties to this contract titled "**Vulnerabilities and Risk Factors for Severe Pneumonia and Diarrhoea among Children Under 5 in Uttar Pradesh**" are:
 - **India Health Action Trust (IHAT)**, having its office at 404, 4th floor, Ratan Square, 20 A-Vidhan Sabha Marg, Lucknow, 226001, U.P.

AND

- **The Lucknow University (LU)**, Lucknow-226007, UP

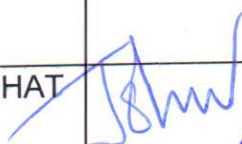
ARTICLE 2 – BACKGROUND

The purpose of this MoU is to collaborate with the Department of Anthropology of Lucknow University as an academic and research resource institution for supporting the development and implementation of the UP-TSU Child Health Program Vulnerability Study.

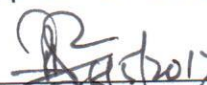
2.1 Background of the Study

Although there has been a significant decrease in the under-5 mortality rate in India over the last two decades, recent years have seen a slowing down of the progress achieved in reducing under-5 mortality (Ghosh, 2012). Pneumonia and diarrhoea remain two of the leading causes of death in children under-5 in India, accounting for 14% and 10% of deaths, respectively (Liu et al. 2015). In UP, with one of the highest under-5 mortality rates in India, pneumonia and diarrhoea

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are responsible for a substantial number of preventable deaths. While the interventions for pneumonia and diarrhoea that led to the decrease in under-5 mortality remain essential, the stagnation in under-5 mortality suggests the need to explore the complexity of risk factors leading to severe pneumonia and diarrhoea and ultimately death among children under-5, and how to effectively identify and prioritize these most vulnerable children.

In preparation for this vulnerability study, a scoping literature review was conducted through the University of Manitoba libraries. The literature review identified known risk factors for severe pneumonia and diarrhoea in children under-5. These risk factors include: short duration of exclusive breastfeeding, vitamin A deficiency, zinc deficiency, under-immunization, malnutrition, prematurity, low birth weight, recent measles, co-morbidity, and low socio-economic status of the caregiver. In addition to these known risk factors, it is imperative to understand the context-specific risk factors and vulnerabilities for severe pneumonia and diarrhoea in children under-5 in Uttar Pradesh.

2.2 Specific objectives of the study

Specific objectives of the survey

- To explore health providers' and households' knowledge and perceptions of risk factors for severe pneumonia and diarrhoea in children under 5
- To understand health providers' and households' strategies in identifying and prioritizing vulnerable children
- To identify potential interventions for identifying and prioritizing children at risk for severe pneumonia and diarrhoea

2.3 Geographical Coverage

This study will be carried out in the 3 learning districts of the UP-TSU Child Health Program; viz; Allahabad, Bareilly, and Gonda.

2.4 Study Groups

Information will be collected from different respondents using two qualitative research methods: focus group discussions (FGD) and interviews. FGDs will be conducted with each of the following four groups: (1) Accredited Social Health Activists (ASHA); (2) Auxiliary Nurse Midwives (ANM); (3) mothers with children under-5; and (4) heads of households with children under-5. Interviews will be conducted with staff nurses (SN), medical officers (MO), and medical officers in charge (MOIC) at community health centres (CHCs).

John

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[Signature]
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2.5 Sample Size

The UP TSU Child Health Program works in 15 blocks within its three learning districts in UP. Each block has a CHC facility that serves the surrounding villages. Using non-random purposeful sampling, three CHCs will be selected based on a set of criteria: if there is a functioning Inpatient Department (IPD) and if all essential drugs and supplies are available. The project maintains updated records on these criteria so this information is current and easily accessible. One CHC will be selected from each district for a total of three CHC facilities. Two backup CHC facilities will also be selected in case the desired sample size is not reached within the first round of selected CHCs. To reach the desired sample size, non-random snowball sampling will be used to conduct semi-structured interviews within the CHCs with a mix of SNs, MOs, and MOICs. Under ideal circumstances, selected SNs and MOs would be designated within the Special Newborn Care Unit (SNCU) or IPD. However, those designated staff may not always be available in every facility, in which case whichever SN and MO is available on the day of the interviews will be interviewed. Non-random snowball sampling of interviewees will be conducted to determine whether they have suggestions for other key informants within the facility. Three semi-structured interviews will be conducted with each level of staff from the CHCs. (1 interview X mix of 3 SNs/MOICs/MOs X 3 CHCs = 9 interviews).

Once CHC sites are selected, non-random purposive sampling will be conducted of the sub-centres that are served by each of those selected CHCs. Sub-centres will be stratified into poorly and well performing facilities, based on criteria such as electricity available 24/7, government-owned building, and 15 deliveries/month. Two sub-centres will be selected; one well performing and one poorly performing, from each of the three project districts for a total of six sites. The project also has current records on the status of each sub-centre so this information will be easily accessible. FGD participants will be selected using non-random purposeful sampling from within these selected sub-centres. Participants with homogenous criteria relevant to the research objectives will be selected for FGDs (Guest et al., 2006). Criteria include being an ASHA or ANM that serves families with children under 5 in the study area, a mother with a child under 5, or a household head with a child under 5. Selecting homogenous FGD participants is intended to describe a particular subgroup in depth, to reduce variation, simplify analysis, and facilitate group interviewing (Palinkas et al., 2013). Each discussion will consist of six to eight participants. Participant selection and recruitment will occur within the sub-centre. In each sub-centre, there are more than 10 ASHAs so for ASHA FGDs will be planned on the day of the AAA meeting. For FGDs with mothers and household heads, the ASHA area will be divided into four sub-sections one day prior to the FGDs. From each of these sub-sections, two mothers and two household heads will be recruited. Chain referral for the ANM participants will be conducted with the assistance of a selected sub-centre ANM who will identify other ANMs. Twenty-four FGDs will be planned; one FGD with each of the four study groups in two villages from each of the three project districts (1 FGD X 4 study groups X 2 sub-centres X 3 blocks = 24 FGDs).

A total of up to 201 participants will take part in the study; 144-192 FGD participants + 9 key informants = 153-201 participants.

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ARTICLE 3 – DURATION OF CONTRACT

The duration of the project will be 3 months, starting from May 26, 2017 to August 25, 2017.

ARTICLE 4 – SCOPE OF WORK**4.1 Scope of the project**

IHAT and the Child Health Program team will consult with LU as needed and dependent upon the research study schedule. Each specific study will require a detailed appendix which outlines roles and responsibilities, deliverables and deadlines for each party, and the payment schedule.

4.2 Team composition

Each FGD will require 1 Facilitator and 1 Note taker who have been trained on the interview guide and who have previous experience in facilitating FGDs. Each key informant interview will require 1 Interviewer who has been trained on the interview guide and who has previous experience in conducting interviews.

LU will provide an adequate number of Facilitators & Note takers to complete the study within the timeline. The field implementation plan and deployment of field staff will be mutually decided by IHAT and LU during training.

Apart from recruiting and training the Facilitators & Note takers, LU will provide intellectual input in designing the study tools and study plan and report writing and publication.

4.3 Role of study team

The Facilitator will facilitate FGDs with the four study groups and conduct interviews with the facility staff in the selected CHCs. They will also ensure that the sampling strategy is followed and assist where needed with recruitment of potential participants.

IHAT's team will monitor the Facilitator and will provide feedback related to interview and FGD facilitation and data collection. This feedback will be given on a daily basis dependent on the research team's schedule.




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ARTICLE 5 – RESPONSIBILITIES OF LUCKNOW UNIVERSITY AND IHAT

Item	Lucknow University Role	IHAT Role
Intellectual and technical input		Finalization of study proposal and research protocol
	Participate in tool finalization workshop	Finalization of tools for study
		Finalization of instruction manual for data collection
Ethics approval		Ethics approval for study
Human resources – hiring and training	Direct hiring of facilitators and note takers and appointment of qualitative research consultant	Support hiring process
	Participate in training sessions	Organize and conduct classroom and field training of investigators
	Administrative responsibility for HR	
Quality assurance and data management	Transcription of audio from FGDs and interviews into soft copy	Supervisors directly observe 25% of data collection
	Translation of Hindi transcripts to English	Development of check list to support direct observation
		Continuous data review and feedback process and prepare weekly summary report
Data Analysis	Data Analysis	Support in Data analysis
Reports and publications	Preparation of report on data collection processes	Review report on data collection processes
	Primary analysis and study report	Support in writing and review of final study report
	Collaborate for writing research papers	Coordinate for publication



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ARTICLE 6 – PAYMENT TERMS AND CONDITIONS

The estimated project implementation cost for the project is Rs. 10,31,250 (Ten lakh thirty one thousand two hundred fifty) only. The details are given in the budget sheet as Annexure A.

- a) Payments will be done in three instalments. Payment milestones and amounts along with timeframes are indicated in Annexure B.
- b) The contract/contract price is inclusive of service tax, which shall be paid along with the instalments at the prevailing rate.
- c) While releasing payment to LU, TDS will be deducted by IHAT, wherever applicable.
- d) Eligibility limit for mobile / data should be shared with all relevant consultants.

ARTICLE 7 – EFFECTIVE DATE AND DURATION

- a) This contract shall be binding upon both the parties (IHAT and LU) from the effective date hereof. The effective date of this contract shall be the date of the signing of this contract between the parties.
- b) Upon termination of the contract, the second party shall cease to undertake the delivery of services as per the contracting and shall return all the documents obtained by it from the first party.
- c) The contract may be terminated forthwith by either party by giving written notice to the other if the other party is in material breach of its obligations under this agreement and/or in case of such breaches capable of being remedied, fails to remedy that breach within one month of receiving notice of such breach.

ARTICLE 8 – CONFIDENTIALITY

- a) All parties hereto agree not to disclose to any other party to any of its or its affiliate's employees, except as may be necessary only after obtaining written permission for the performance of this contract, any confidential, private or proprietary information supplied under this contract by the other party.
- b) All data collected as part of the project will be property of IHAT; access and use of data will be guided by IHAT policies.
- c) Any confidential, private proprietary or classified information which has to be made available by the receiving party to other party for the execution of this contract shall be submitted to such other Party with the same restrictions as included in this Article and shall be intimated to the disclosing party in writing.
- d) Receiving party will disclose the confidential information in pursuant to the order or requirement of a court, administration of Lucknow University or other governmental body, provided, however, that the receiving Party will provide prompt written notice thereof to the disclosing Party prior to any disclosure to

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enable the disclosing Party to seek a protective order or otherwise prevent or restrict such disclosure.

- e) This Article shall survive even after termination or completion of this Contract.

ARTICLE 9 – DISPUTE /ARBITRATION /JURISDICTION

- a) Any dispute or difference between the parties arising out of this agreement shall in the first place be settled by mutual negotiations between the heads of the two organizations or their nominees and their decision shall be final and binding on both the organizations.
- b) If the dispute or difference is not resolved as per the above clause, it shall be referred to the arbitrator appointed as per the Arbitration and Reconciliation Act, 1996 and the rules there under. Any statutory modification thereof for the time being in force shall be deemed to apply to the arbitration proceedings under this clause.
- c) The arbitrator may from time to time with the consent of the parties extend the time for making and publishing the award. The award of the arbitrator shall be final and binding on both the parties. The venue of the arbitration shall be Lucknow.

ARTICLE 10 – PROJECT PLAN AND DELIVERY SCHEDULE

The project plan and schedule of deliverables are as per Annexure C

ARTICLE 11 – FORCE MAJEURE

Neither party shall be liable for damages or have the right to terminate this contract for any delay or default in performing hereunder if such delay or default is caused by conditions beyond its control including, but not limited to Acts of God, Government restrictions. The performance of the contract shall be deemed suspended during such period and the time for completion shall be extended for a period corresponding to the effects of such delay.

ARTICLE 12 – ADHERENCE TO IHAT GENDER POLICY

Any issues related to suppression of female investigators should be brought into the notice of Committee against Sexual Harassment (CASH) of IHAT. LU will have to follow any decision or direction of the committee on the same.

For IHAT




For Lucknow University

Handwritten signature in blue ink with the date '26/5/2017' written below it.

ARTICLE 13 – SIGNATURES & WITNESSING BY PARTIES

In witness whereof the parties hereto have hereunder set their respective hands the day and the year first above written.

(John Anthony)
Signature for and on Behalf of
IHAT



Name & Designation: John Anthony
Project Director-MNCH

Date: __/__/2017

(Office Seal)

Dr. H. S. Singh
CD/Dr. H. S. Singh
TL - CH
1. Witness

Nandini
(Kamela Seivara)
Research-Specialist
2. Witness

For IHAT

(R. K. Singh)
Signature for and on
Behalf of
LU

Name & Designation:

Prof. R. K. Singh

Date: 26/05/2017

(Office Seal)

REGISTRAR
LUCKNOW UNIVERSITY
LUCKNOW
(26/5/17)

1. Witness

R. K. Singh
2. Witness

R. K. Singh
2. Witness

For Lucknow University

ANNEXURES**Annexure A: Budget**

Head/Items		Personnel/Unit	Per Head/Per Day	Duration (in Days)	Cost (INR)
1. Personnel					
a	Facilitator (Qualitative Data Collection)	3	3000.00	27	243000.00
b	Note taker (Qualitative Data Collection)	2	2000.00	27	108000.00
c	Qualitative Research Consultant	1	6000.00	5	30000.00
d	Principal Investigator (PI)	1	7000.00	8	56000.00
e	Technical advisor	2	7000.00	2	28000.00
				Subtotal	465000.00
2. Travel, Accommodation and Meals					
a	Facilitator (Qualitative Data Collection)	3	2500.00	15	112500.00
b	Note taker (Qualitative Data Collection)	2	2500.00	15	75000.00
c	travel to field			15	50000.00
d	Supervisory visit by PI	1	3000.00	2	6000.00
				Subtotal	237500.00
3. Supplies/Utilities					
a	Translation (Hindi transcript to English soft copy)				125000.00
b	Report writing				60000.00
c	Miscellaneous				50000.00
				Subtotal	2,35,000.00
				Total	937500.00
4. Overhead					
a	Institutional Charges (Indirect Cost 10% of Total Budget)				84250.00
					1031250.00

(Rupees Ten Lakh Thirty One Thousand Two Hundred Fifty only)

Annexure B: Project Schedule and Payments**Phase 1: 60% (Amount Rs. 618750/-) of budget in Advance by May 30, 2017****Deliverables:** Hiring of field investigators
Training of field investigators**Phase 2: 25% (Amount Rs. 257813/-) of budget****Deliverables:** Data collection complete

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Transcription & translation complete

Phase 3: 15% (Amount Rs. 154688/-) of budget

Deliverables: After submission of study report



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Annexure C: Implementation Plan and Timeline

Activities	Time line	Expected outputs/ outcomes
Sign MOU with LU	3rd week of May	MOU signed
Tool finalization workshop	4th week of May	Participated in workshop
Hiring of field investigators	4 th week of May-1 st week of June	Hiring complete
Training of investigators	2 nd week of June	Training complete
Field work and data collection	2 nd week of June- July	Data collection complete
Transcription	July	All recordings transcribed (Hindi) in soft copy with appropriate quality checks
Data analysis workshop	4 th week of July	Participated in workshop
Report on data collection process	August 1 st	Report shared
Final versions of reports submitted	August 10	Final versions of report shared





For IHAT

For Lucknow University

Annexure C: Project Schedule and Payments

Phase 1: 60% (Amount Rs. 618750/-) of budget in Advance by May 30, 2017

Deliverables: Hiring of field investigators
Training of field investigators

Phase 2: 25% (Amount Rs. 257813/-) of budget

Deliverables: Data collection complete
Transcription & translation complete

Phase 3: 15% (Amount Rs. 154688/-) of budget

Deliverables: After submission of study report

John

24/5/2017



For IHAT

For Lucknow University