

**ENDLINE ASSESSMENT**  
**FOR PROJECT TITLED “IMPROVING KNOWLEDGE AROUND MENSTRUAL**  
**HEALTH & HYGIENE AMONG ADOLESCENT GIRLS IN SELECT DISTRICT OF**  
**ASSAM USING DIGITAL CONTENT AND MEDIA “**

**Request for Proposal**

**BACKGROUND**

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India has the world’s highest number of adolescent and youth in the age 10 – 24 year, with 356 million. This is 34.3% population within the age of 15-24 years, constituting one-fifth of India’s total population. 250 million amongst these young people are adolescents between ages 10-19, almost half of whom are girls (120 million). According to census 2011, total adolescents (10-19 Years) population in Assam accounts to 65,60,308 of which 33,84,870 are males and 31,75,438 are females. Assam ranks 13 in term of adolescent population in the country, with 2.59% of India’s adolescent population and with decadal growth of 10.4% in adolescent population from 2001 to 2011.

Contrary to common beliefs, prevalence of child marriage in North East India, is very high. Although we have laws preventing child marriage, latest NFHS data shows that among women age 20-24 years, 33% in Assam & Tripura were married before age 18 years. This is unacceptably high. Child brides often become mothers at an early age. When girls bear children while they are still children themselves, their lives are put at risk. Complications in pregnancy and childbirth are the second causes of death in girls aged 15-19 in low- and middle-income countries. Child marriages in the north east must be curtailed since when girls are married off early, their freedom is curtailed, leaving them disempowered and deprived of their fundamental rights to health, education and safety. Comparison of child marriages amongst girls aged 15-19, shows Assam (16.7%) and Tripura (21.6%) to be higher than the national average (11.9%). Further, NFHS shows that in Assam, 79% use cloth and only 29% use sanitary napkins, 14% use locally prepared napkins, and 3% use tampons. Women with 12 or more years of schooling (75%) and women in urban areas (71%) are more likely to be using a hygienic method. As per the NFHS-4, In Assam, 31% women got married before age of 18 years, 14% of 15-19 year olds were already pregnant or mothers. Only 45% women age 15-24 use a hygienic method of menstrual protection.

C3 wants to take its adolescent girls program to the NE states, where the needs are critically high. The project intends to enable young girls (and boys) to stay in school, delay age at marriage, promote gender equity, and help young people reduce their vulnerability to exploitation and violence, thereby increasing opportunities for a safer, healthier and more fulfilling and meaningful life. The approach to program shall recruit an integrated and context specific framework with well-defined impact areas using group education methodology and context specific curricula and tools (print and digital) aimed at influencing gender attitudes and behaviour, building life skills and equipping them for accessing sexual and reproductive health and rights.

Based on our learning and experiences, as well as the need to use 21st century tools to reach young people, C3 would now like to use digital tools to provide knowledge and information on issues that are most relevant to adolescent girls in Assam. It is with this background that C3 in collaboration with Diya Foundation to undertake a digital media based reproductive and menstrual hygiene awareness program in one district of Assam, for a period of nine months.

Overall goal of project is to initiate digital media based reproductive and menstrual hygiene awareness program in one state of North East India (Assam) enable the adolescent girls to make informed decisions, build self-confidence, and increase their economic power and independence and have greater access to public services relating to entitlements and resources.

C3 embarked into Baseline assessment to assess knowledge, attitude, and practices in sexual and reproductive health among adolescent girls in Kamrup district with 450 adolescent girls. Through the baseline assessment the team interact directly with a total of 450 adolescents which comprise of 300 adolescent girls from 30 intervention villages and 150 adolescent girls from 14 non-intervention villages of 4 blocks. From each village, 5 adolescent girls in the age group of 10-14 years and 15-19 years respectively selected.

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## **OBJECTIVES OF THE ENDLINE**

1. To assess knowledge, attitude and practice contributing to change in adolescent related to Sexual and Reproductive health and Menstrual hygiene in comparison with baseline assessment
2. To understand the changes from the Baseline assessment in the status of adolescent girl's knowledge, attitudes and practices related the life skills, decision making, mobility, think - critically with better skills to negotiate and mediate challenges and risks in their lives.

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## **ENDLINE DESIGN**

Quasi experimental design will be used to measure the changes over period of time in intervention and Nonintervention areas.

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## **SAMPLING**

### **Selection of block**

The sample will be selected from the blocks of three districts of Kamrup, Dhubri and Nagaon.

### **Selection of village**

To select the sample of 900 adolescents, the sampling design will be shared by the research agency.

### **Selection of respondents**

The Endline intends to interact directly with a total of 900 adolescent girls from three districts. The age group for the respondents would be Unmarried Girls of 10-19 Years and Married Girls of 15-21 Years

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## **ENDLINE TOOL**

The following bilingual tools will be used during data collection and the CAPI will be developed.

- Quantitative tool for the unmarried girls in the age group 10-14 years
- Quantitative tool for the unmarried girls in the age group 15-19 years
- Quantitative tool for the married girls in the age group 15-21 years

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## **DATA QUALITY MECHANISM**

The most critical aspect of the data collection is to make sure that, the collected data is valid and reliable. As part of the data quality mechanism, please share the plan for Back checks, Spot checks and Data editing.

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## **TIME LINE**

The timeline for the End line is March- April 2021.

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## **DATA ANALYSIS PLAN**

The agency will share the plan for the univariate and bivariate data analysis and factsheet.

## **ROLE OF THE RESEARCH AGENCY**

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- Identification, recruitment and training of investigators and other field level staff.
- The training will be arranged and conducted by the agency at Assam with C3 officials.
- **Planning, launch and implementation of data collection ensuring data quality mechanisms**
- **Scrutiny of Questionnaires, Coding of responses, Data Entry of quantitative questionnaires**
- **Submission of data in SAV format**
- Submission of all the survey materials (filled-up questionnaires and data sets) to C3

### **Training of Field Staff, Field Supervision**

- The research agency will be responsible for adequately training the investigators, field supervisors and data entry clerks to ensure data quality.
- Teams should have male as well as female investigators
- The research agency will be responsible for conducting training at Assam for the field investigators. The agency will be responsible for hiring venue and logistics for the training.
- Experts and representatives of C3 will participate and assess the quality of the training.
- C3 officials would also visit field during data collection for on the spot assessment of quality of data collection. The agency is expected to make quick actions on any recommendations suggested during these spot visits.

### **Data Quality Assurance, Data Processing and Report Writing**

- The research agency will be required to undertake scrutiny of questionnaires, data coding and entry and clean the data and submit the data into Excel and SPSS format to C3.
- The Research Agency will timely submit the weekly report on data collection and quality assurance.
- The final responsibility of ensuring data quality rests with the agency; C3 maintains the right to reject the data, if there are inconsistencies or inaccuracies observed in quality of the data gathered. Any inconsistencies identified will lead to repeat survey entirely at the cost of the research agency.
- The research agency would **ENSURE DATA CONSISTENCY** before submitting it to C3.
- All data and results of this evaluation are the property of C3 and cannot be published or disseminated elsewhere by the research agency.
- The research agency will carry out **DATA ANALYSIS AND REPORT WRITING**.
- The research Agency would provide C3 analysis plan, PowerPoint presentation and two Reports- a detailed Report of the Study and an abridged version of the Report in the form of an Executive Summary.

## **ROLE OF C3**

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C3 will proactively assist the research agency in the following:

- Participate in the training of investigators.
- Spot check data collection process in the field through state and Delhi Office staff.
- Guide and assist in preparing analysis plan, tabulation and Report Writing.
- Review and provide feedback on report and presentation.

## **CRITERIA FOR SHORT-LISTING OF AGENCIES**

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- Agency should possess essential infrastructure facilities to conduct research.
- Adequate experience, past record, expertise, good reputation and credibility of research agency in conducting social research and surveys in the field of adolescent program, education, RCH and HIV/AIDS.

- Agency should provide indicative evidence that they have experience needed to take similar surveys.
- Quality of proposals should be good and it should follow the guidance provided in this ToR.
- The clarity of proposal, soundness of field implementation plan, budget, adherence to timelines and approach.
- Prior experience of conducting similar assessment in Assam.
- Proposals reaching C3 within the specified timelines.

**PLEASE SUBMIT YOUR DETAILED PROPOSALS WITH TIMELINE AND BUDGET THROUGH EMAIL BY 5:00 PM on March 25<sup>th</sup>, 2021.**

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