**Background**

Family Planning constitutes a key part of primary health care services. While substantial progress has been made nationwide over the last few decades in bringing the total fertility rates to near replacement levels and increasing utilization of modern contraceptive methods, some regions continue to face unique challenges in furthering the family planning objectives. In north-east India, despite good levels of knowledge among general population regarding benefits of family planning and different modern contraceptive methods (when compared to other regions of the country), utilization of family planning services is low. As per the National Family Health Survey report, 2015-16, prevalence of not using any contraceptive method in Northeastern states remains high (Arunachal Pradesh-73.5%, Manipur- 75%, Meghalaya- 67.2%, Nagaland- 68.7%, Sikkim- 63.2%, and Mizoram- 61.5%).

The unique topography, cultural practices, ethnic and socio-economic situation of north-eastern states entails the need to understand the perception and attitude of the north-east communities, particularly young eligible couples, towards family planning services.

We therefore plan to conduct a study with the objective of understanding the barriers and facilitators to provision of family planning services for young and low parity couples in select NE states of India.

# **Project Specifications**

**Title: Understanding the barriers and facilitators to provision of family planning services for young and low parity couples in NE states of India: a mixed methods study**

The overall objective of this study will be to understand the landscape of provision and uptake of family planning (FP) services among young and low parity couples[[1]](#footnote-2)in NE states of India(Meghalaya, Nagaland, Manipur and Mizoram), particularly from the context of primary healthcare level. The findings from the study will be utilized to identify potential interventions/solutions for implementation at the primary health care level to facilitate access to and uptake of FP among young and low parity couples.

# **Scope of Work**

Consultant will be responsible for managing field research to enable qualitative data collection for the objective above. Consultant will engage with field researchers/moderators in Northeast across the various state to ensure:

1. interviews are conducted in a proper manner,
2. interviews are conducted as per the timelines
3. Any concerns in terms of
   1. quality/availability of respondents or
   2. Respondents not adhering to timelines

is raised to Access Health International immediately

1. Data is collected and translated in English to ensure all important data points of the interview are captured and
2. Quality control of the interviews

Consultant will work with Access Health International to ensure that there are minimum logistical challenges for conducting the interviews and focus group discussions.

In addition, Consultant will be responsible for:

1. Finalize strategies for data collection and management.
2. Ensure participation of all field researchers in onsite training for orientation and standardization of data collection process.
3. Project manage the primary research and ensure weekly/fortnightly updates are provided to the various stakeholders.
4. Supporting the researchers if they have any concerns on ground.
5. Co-ordinating with various stakeholders to ensure that the interviews happen as per the timelines.
6. Support in performing analysis.

The scope of interviews include:

1. Key informant interviews with FP **program managers** at the national, state and district levels
2. Key informant interviews with **members of development organization** working in FP space in the NE states of India
3. In depth interviews with **service providers** at the primary healthcare level (MOs, SNs, CHOs, ANMs)
4. Focus group discussions with **ASHAs** (Accredited Social Health Activists)
5. Key informant interviews with **community influencers** (head of the village, religious leaders, Panchayati Raj Institution (PRI) members etc.)
6. In depth interviews **with young and low parity couples** (both acceptors and non-acceptors of FP)

**Data collection sample size**

The table below summarizes the planned activity wise sample sizes.

| **S. No.** | **Data collection activity** | **Data collection sites** | **Sample per group (good performing/poor performing)** | **Total sample** | **No of interviews/ discussions** |
| --- | --- | --- | --- | --- | --- |
| **Qualitative:** | | | | |  |
| 1 | Key informant interviews with program managers | All four study states + National level | 8 – 10 KIIs | 18 - 24 KIIs | 18 |
| 2 | Key informant interviews with members of development partners | All four study states | -- | 8 -10 KIIs | 8 |
| 3 | In depth interviews with service providers at the primary healthcare level | All four study states | 10 – 12 IDIs | 20-24 IDIs | 20 |
| 4 | Focus Group Discussions (FGDs) with ASHAs | Two study states (one per group) | 3 – 4 FGDs | 6 – 8 FGDs | 8 |
| 5 | Key informant interviews with community influencers | Two study states (one per group) | 6 – 8 IDIs | 12- 16 IDIs | 12 |
| 6 | In depth interviews with young and low parity couples | Two study states (one per group) | 14 – 16 IDIs | 28 – 32 IDIs | 28 |
| **Total** | | | | | **92** |

**Data collection sample split by district**

1. Meghalaya: -East Garo Hills and -East Jaintia Hills
2. Mizoram: -Aizawl and -Lawngtlai
3. Nagaland: -Kohima and -Mokokchung
4. Manipur: -West Imphal and -Chande

# **Exclusions to the Scope of Study**

The scope of work shall be limited to those expressly set out in this proposal. Consultant will not be responsible for getting the necessary legal and statutory permissions, if any, from the State Government or district administration for conducting the study including permissions for securing the requisite data and for the delays arising due to any permission issues, if any.

Consultant will not be responsible for recruiting and setting up the interviews. Interviews will be set up by Access Health International.

# **Project Plan**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Detail Items** | **Month 1** | | | | **Month 2** | | | | **Month 3** | | | | **Month 4** | | |
| **W1** | **W2** | **W3** | **W4** | **W5** | **W6** | **W7** | **W8** | **W9** | **W10** | **W11** | **W12** | **W13** | **W14** |
| **1** | **Inception Report, Review of Artefacts and Training of field investigators** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Data Collectionas per Data Collection Sample Size** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | **Transcription and translation of all KII and IDIs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | **Support Qualitative Data Analysis** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | **Support development of the draft study report** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | **Support Development of the final report** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | **Submission of Final Report and Project Closure** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Compensation**

The total Consultancy fee for this engagement is INR 5,91,000. The payment will be disbursed in four instalments, in the proportions given below and the consultant should provide the invoice against each deliverable.

**Milestone for Payments**

|  |  |  |
| --- | --- | --- |
| Milestone | % Payout | Amount (INR) |
| Submission and approval of Inception report [Start Wk1] | 40% | 2,36,400 |
| Completion of 50% of Field Interviews/Data Collection and submission of Qualitative data (including recordings, transcripts, and translations) | 40% | 2,36,400 |
| Completion of Field Interviews/Data Collection and submission of Qualitative data (including recordings, transcripts, and translations) [ End of Wk8] | 15% | 88,650 |
| Presentation of Preliminary Findings/Development of Draft Report [ End of Wk10] | 0% | 0 |
| Completion of Project and Preparation of Final Report [End of Wk14] | 5% | 29,550 |
| Total | **100%** | **5,91,000** |

\*The costing is based on transcription rates of INR 80 per minute and considering 60 minutes per session for FGD and transcription of Qualitative interviews at the rate of INR 30 per minute and considering LOI=60 min. Increase in length of interview will impact costs proportionately at the rates given above.

**Term**

This engagement shall commence upon execution of this Agreement. The Agreement shall continue in full force and is effect from **June 15, 2022** to **September 30, 2022.**

1. Young and low parity couple refers to a newly married couple in which the female partner is aged between 15 and 24 years of age and has either one or no living child. [↑](#footnote-ref-2)