**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 to work with various stakeholders to ensure that a quality end deliverable is produced. She will be coordinating and engaging with the project team at Access Health International.

Roles and responsibilities will include:

1. Finalize strategies for data collection and management.
2. Provide project management support and ensure submission of weekly updates.
3. Guide field researchers during the research phase to ensure that the desired responses from the respondents are captured.
4. Provide support for FGD data collection across the 4 states
5. Ensure that all the interviews and FGD are translated, and transcripts are developed
6. Work with Arun to analyze the data obtained from the interviews and
7. Provide an in-depth report to answer the following 2 questions:
   1. What are the key barriers to provision of FP services for young and low parity couples at the primary health care level in NE states of India?
   2. Which are the factors that influence the decision of young and low parity couples on adopting a family planning method in NE states of India?

# **Exclusions to the Scope of Study**

1. Quantitative data analysis.

# **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 & Support Training of field investigators** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Support Qualitative Data Collection** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | **Support Transcription and translation of all KII and IDIs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | **Support Qualitative Data Analysis** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | **Development of the draft study report** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | **Draft sharing with client and feedback incorporation** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | **Development of the final report** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | **Submission of the final report** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | **Electronic dissemination of the final report and policy suggestions** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Compensation**

The total Consultancy fee for this engagement is INR 6,00,000. The payment will be disbursed in five instalments, in the proportions given below and the consultant should provide the invoice against each deliverable.

**Milestone for Payments**

|  |  |  |
| --- | --- | --- |
| Milestone | % Payout | Amount (INR) |
| Inception Report [Start Wk1] | 20% | 1,20,000 |
| Completion of 50% of Field Interviews/Data Collection | 20% | 1,20,000 |
| Completion of Field Interviews/Data Collection [ End of Wk8] | 30% | 1,80,000 |
| Presentation of Preliminary Findings/Development of Draft Report  [ End of Wk10] | 20% | 1,20,000 |
| Submission& acceptance of Final Report [End of Wk14] | 10% | 60,000 |
| Total | 100% | 6,00,000 |

\*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)