

Request for proposal

A dipstick study on PRIs knowledge and involvement in family planning

1. ABOUT POPULATION FOUNDATION OF INDIA

Population Foundation of India is a national civil society organization, which promotes and advocates effective formulation and implementation of gender sensitive population, health and development strategies and policies. Bharat Ratna JRD Tata founded the foundation in 1970.

Population Foundation of India addresses population issues within the larger discourse of empowering women and men, so that they are able to take informed decisions related to their fertility, health and well-being. We work with the government, both at the national and state levels, and with other civil society organizations. Our areas of work include the following:

- Family planning
- Adolescent health, particularly sexual and reproductive health
- Community monitoring of public health services
- Women's rights, and especially ending violence against women

2. BACKGROUND

Problem

The unmet need for family planning remains significant though India has made considerable progress towards achieving the goals set out in national policies and global commitments with regard to population and family planning (FP). As many as 13% of married women in the reproductive age group (15-49 years) across India have an unmet need for family planningⁱ. India is on the course of achieving population stabilisation with Total Fertility Rate (TFR) declining to 2.2, which is almost within reach of the TFR goal of 2.1 as envisaged by Government of India's Population Policy, 2000. TFR is the average number of children that will be born to each woman if she lives through her reproductive years (between 15 to 49 years). However, there are substantial variations in access to and use of FP services across states and districts, which is evident in the disparities observed in FP related indicators as per the National Family Health Survey (NFHS). For instance, modern contraceptive prevalence rate (mCPR) is largely determined by where people live, which is 51.2% in urban areas and 46% rural areas respectively. A wide geographic variation is observed in demand for family planning satisfied with modern contraceptives, ranging from 23.6% in Manipur to 93.6% in Andhra Pradeshⁱⁱ.

There is an undeniable interplay between fertility and women and girls' education, as TFR among women with more than 12 years of schooling is 1.71 children while it is 3.06 children among women with no educationⁱⁱⁱ. Income level also has a relation with TFR. In addition, a rise in income levels is accompanied by a decrease in TFR. The highest levels (3.17) were found among the poorest people and those belonging to the traditionally weaker social groups; (the lowest TFR was observed in those who belonged to the richest wealth quintile (1.54)^{iv}.

The COVID-19 pandemic has substantially strained the health system and created disruptions in the availability of essential health services, including FP services, thereby exacerbating unmet need for FP^v. The country cannot aspire to achieve universal health coverage as envisaged in the National Health Policy 2017 if the unmet need for family planning remains high and we continue to experience inequalities in FP and other key health indicators.

Gender inequities also hinders women's access to quality and respectful family planning services. Lack of agency limits women's ability to voice their needs effectively and negotiate the use of

contraception. According to NFHS 4 on women's decision making, 37% of currently married women do not participate in making decisions about their own health care, major household purchases, and visits to their own family or relatives alone or jointly with their husband, while 16% do not participate in any of the three. Social norms and prescribed gender roles put pressure on women to utilise family planning services that may not always be necessarily based on informed-choice. The same social norms and misinformation also function as barriers to access to family planning services by men, resulting in the abysmally low uptake of contraception among men. At present, the share of male sterilisation in FP methods is 0.3%^{vi} despite the procedure being safer, quicker and easier and it being the most effective and reliable male birth control method available. Family planning services may also be perceived as women-only spaces or woman's responsibility by men, thus further limiting their engagement in family planning^{vii}.

Context

The National Population Policy (NPP) 2000 articulates the need for the involvement of elected leaders of Panchayati Raj Institutions (PRIs) in addressing unmet need for reproductive health (RH) services. PRIs are entrusted with the responsibility of addressing the health, family welfare, and education concerns within their jurisdiction areas. These are aligned with Sustainable Development Goal 3 (Health and Wellbeing) and Goal 5 (Gender Equality and Women's Empowerment) and are reflected as priority development areas in the vision document of the Ministries of Rural Development (MoRD) and Ministry Panchayati Raj Institutions (MoPR). The NPP 2000 aims to achieve population stabilisation by the year 2045^{viii}. The National Health Mission (NHM) under the MoHFW calls on the PRIs in mobilising and sensitising the community for essential health priorities including family planning^{ix}. PRIs can play a critical role in complementing the MoHFW and other national efforts in addressing gender issues and strengthening family planning services in poor-performing districts, blocks and villages.

The National Health Policy 2017^x specifies a role for Panchayati Raj Institutions (PRI) in health governance. Furthermore, the 15th Finance Commission recommended the transfer of health grants to local governments aggregating to Rs. 70,051 crores as support for: (i) Urban Health and Wellness Centres (HWCs), PHCs, CHCs, block level public health units, (ii) Diagnostic infrastructure for primary healthcare activities and (iii) Conversion of rural Sub Centres and PHCs to HWCs.

3. PURPOSE OF STUDY

In this background, Population Foundation of India proposes to conduct a dipstick study to assess the PRI representatives' knowledge and involvement in family planning (FP) and gender issues as well as attempt to understand the social/cultural norms that influence the decision making of PRI representatives with regard to these issues. The study will help *examine if the PRI representatives are aware about interplay between gender, social norms and family planning. In addition, it will gauge if they are informed about family planning programme, schemes and their understanding on their roles and responsibilities and the challenges and limitations they may have in executing them.* Such information generated through a data-driven and empirically-informed exercise can be useful to initiate discussions with concerned Ministries as well as the Departments of Panchayati Raj/Rural Development at the state level. The gaps and opportunities identified could support in fine-tuning existing mechanisms that can help build PRIs' interest, knowledge and ultimately their involvement in addressing primary healthcare issues particularly reproductive health including family planning.

Objective

- a) Understand PRI representatives' current knowledge, beliefs and attitude towards FP and gender issues
- b) Gain information on their current involvement in FP and gender related activities

- c) Understand their awareness on their role or mandate on FP and gender.
- d) Understand if FP and gender is a priority subject within the Department of Panchayati Raj (DoPR)/Department of Rural Development (DoRD) at the state level.
- e) Seek recommendations from Department of Panchayati Raj (DoPR)/Department of Rural Development (DoRD) at the state level to address the issues related to FP and gender and bring it on their agenda

Population Foundation of India will use the findings and recommendations to inform its strategic engagement with MoRD, MoPR and the MoHFW to increase the FP/RH discourse within the local governance system and include it in their agenda. In essence, the evidence would create an opportunity to engage with the Ministries and related departments in the states to co-produce an appropriate programme or action towards sensitising the PRIs on RH/FP and on the issues of population stabilisation.

4. PROPOSED METHODOLOGY

The study will be carried out with representatives from:

- Gram Panchayats, Block
- Panchayat Samiti, Zilla Parishads
- Officials at the Departments of Panchayati Raj/Rural Development at the state level.

The dipstick study will employ both one-on-one and telephonic interviews contingent upon local situation or COVID realities. Purposive sampling will be adopted to conduct the study in Uttar Pradesh, Bihar and Rajasthan covering two districts in each state.

#	Particulars	Per district	Per state
1	Gram Panchayat (Sarpanchs M/F)	10	20
2	Block and Panchayat Samiti	4	08
3	Zilla Parishads	2	4
4	State level officials	--	2

Population Foundation of India requires tailored questionnaire for the different category mentioned in the table above.

5. SCOPE OF WORK:

- i. Undertake a secondary research on available literature and reports.
- ii. Design the survey methodology and sampling design focusing on the aforementioned objectives.
- iii. Submit the detailed work plan for the assignment.
- iv. Develop tools and techniques in consultation with the Population Foundation of India staff to carry out the interviews.
- v. Pilot testing of the tool.
- vi. Implement and supervise the data collection and data entry.
- vii. Ensure quality in the data collection
- viii. Share the analysis plan.
- ix. Submit the data analysis outlining key findings and share with Population Foundation of India staff for review
- x. Submit final report incorporating feedback from Population Foundation of India staff

6. DELIVERABLES

- I. Inception report with timeline.
- II. Tools and techniques used in the study
- III. Raw data and transcripts of interviews
- IV. Draft report of the assessment (both secondary research and primary research)
- V. Final report incorporating inputs from PFI.
- VI. A deck/power point presentation on key findings from the assessment

7. DURATION

The study should be completed within 60 days of contract signing with agency/consultant.

8. GENERAL TERMS AND CONDITIONS

- i. Population Foundation of India requires the agency/consultant to uphold and demonstrate best practice in Safeguarding and Child protection. Agency/consultant will confirm that it will comply with Population Foundation of India 's Safeguarding and Child protection policy requirements.
- ii. The agency/consultant will coordinate with Population Foundation of India's authorized personnel for this project for all related activities under this assignment.
- iii. The end-deliverables should be approved by authorized personnel of Population Foundation of India for release of payments.
- iv. All work/ reports developed/prepared under this assignment are the intellectual property of the office of Population Foundation of India and cannot be used, published, copied or otherwise disseminated without written approval from Population Foundation of India. The findings will be disseminated and that publications will be as per (PFI) publication / authorship policy.

9. ELIGIBILITY CRITERIA

- i. The agency/consultant should have experience in conducting research studies in the areas of PRIs and Sexual & Reproductive health issues.
- ii. The agency/consultant should have experience in gathering and systematizing large amounts of data.
- iii. The agency/consultant should have experience in conducting study in the subject of the intervention.

The contract will be awarded to the successful bidder following completion of internal evaluation processes. The successful bidder will sign a contract with the Population Foundation of India to undertake the assignment.

10. REQUIREMENT TO APPLY

- Technical and financial proposal should be submitted separately.
- Technical proposal should carry all technical details for this project along with company profile and team bio-data.
- Financial proposal should carry detailed cost proposal along with **Organization's legal name/ If - Individual, the name should be as per your PAN Card and Official address.**
- Both technical and financial proposals should be submitted in one email by December 7, 2021 to sshankar@populationfoundation.in .
- In case you have any query before submitting the proposal, you may write to avajpeyi@populationfoundation.in before the last date.

References

- ⁱ International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), India, 2015-16: Mumbai: IIPS. http://rchiips.org/nfhs/factsheet_NFHS-4.shtml
- ⁱⁱ International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), India, 2015-16: Mumbai: IIPS. http://rchiips.org/nfhs/factsheet_NFHS-4.shtml
- ⁱⁱⁱ International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), India, 2015-16: Mumbai: IIPS. http://rchiips.org/nfhs/factsheet_NFHS-4.shtml
- ^{iv} International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), India, 2015-16: Mumbai: IIPS. http://rchiips.org/nfhs/factsheet_NFHS-4.shtml
- ^v Mickler, A. K., Carrasco, M. A., Raney, L., Sharma, V., May, A. V., & Greaney, J. (2021). Applications of the High Impact Practices in Family Planning during COVID-19. Sexual and reproductive health matters, 29(1), 1881210. <https://doi.org/10.1080/26410397.2021.1881210>
- ^{vi} International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16. Mumbai, India: IIPS http://rchiips.org/nfhs/factsheet_NFHS-4.shtml
- ^{vii} https://www.measureevaluation.org/resources/publications/fs-17-205b/at_download/document
- ^{viii} http://nhm.gov.in/images/pdf/guidelines/nrhg-guidelines/national_population_policy_2000.pdf
- ^{ix} <http://nhm.gov.in/WriteReadData/l892s/nrhg-framework-latest.pdf>
- ^x https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf