Terms of Reference

Agency for Conduct

To obtain a comprehensive understanding of family planning interventions, behavior and practices from Married Women of Reproductive age 15 to 49 years, their family members (Bihar Integrated Family planning focussed Study - BIFS)

Title	Guidelines
Background of the organisation	CARE India Solutions for Sustainable Development (CISSD) is a relief and development organization and manages a dynamic, multi sector social development and emergency humanitarian response programs across fifteen states in India. CISSD partners with public and private sector agencies, local partners and communities, in designing and implementing models that help poor people to access their rights and entitlements. CARE is a not-for-profit organization working in India for over 68 years, focusing on alleviating poverty and social injustice. The Bihar Technical Support Programme (BTSP) of CARE INDIA established in 2011, supported by Bill & Melinda Gates Foundation (BMGF), provides support to the Health and Social Welfare Departments of the Government of Bihar. The programme focused on reducing rates of maternal, newborn and infant mortality, total fertility, anaemia and malnutrition, improving family planning services, and increasing immunization coverage in the state. The Techno Managerial Support (TMS) provides catalytic support to the Health and Social Welfare (ICDS) Departments of Government of Bihar (GoB) to transform the system's capabilities and behaviors and build ownership to unlock the potential of both public and private sector providers to effectively improve quality and coverage of maternal and child health, family planning and nutrition interventions. Concurrent Measurement and Learning Unit (CML) under TMS designs and puts in place processes to generate and analyze outcome and process data on community and facility level services at scale. Along with Reproductive Health, Maternal, Newborn and Child and Adolescent Health and Nutrition, Techno Managerial Support unit (TMS) will support Government of Bihar (GoB) for implementation of programs to reach Family Planning (FP) priorities and goals, including the 2030 Sustainable Development Goals. In this regard, TMS will lead the collection and utilization of data for assessment and tracking of FP interventions and gaps (individual and system level) thereof to generate deeper understanding for data driven program management and if required course correction. Assessments will be conducted to inform program delivery and decision making both at the level of development partners and Government with feedback from beneficiaries, providers, frontline workers in addition to the direct stakeholders.

Background of the assignment	Effective family planning (FP) services play a pivotal role in controlling the population growth and reproductive health care. Despite this widespread realization, an estimated 153 million women of reproductive age worldwide have to contend with FP-related unmet need – with Indian women contributing approximately 20% to the global burden of unmet need. In spite of being the first country in the world with a dedicated national family planning program, India continues to contend with poor rates of contraception use, with almost half of married women of childbearing age reporting no use of modern contraception. The NFHS-4 figures clearly delineate that the usage of contraceptive practices has increased considerably but is more inclined toward terminal methods of contraception especially the female sterilization which is 35.7% (of all currently married women of age 15-49 years) where the male sterilization being only 0.3% (the corresponding figures in Bihar were 26.7% and 0.1%, respectively). On the contrary, the usages of conventional reversible methods are not encouraging which accounts to 2.3% for IUCD (Bihar: 1.3%), 3.6% for oral pills (Bihar: 1.1%) and 9.1% for condoms (Bihar: 2.3%). The second iteration of the MWRA (Married women of reproductive age) survey undertaken by the Bihar Technical Support Program (BTSP) depicted an even skewed picture in terms of high limiting method usage for the state of Bihar (77% among the current contraceptive method users). Less than desired progress in FP uptake in Bihar, one of the least socially developed states in India, has been attributed to over-reliance on female sterilization as the preferred, and often only, means of modern contraception used, and low female control over contraception, particularly among young and rural married women [Source: Formative study conducted by the Concurrent Measurement and Learning unit of BTSP]. The lack of popularity of modern spacing contraceptives – those designed to impede fertility on a reversible basis – in Bihar exists despite the relatively high level of awareness regarding these methods [Source: MWRA survey-1 & 2]. Both rounds of MWRA surveys also highlighted the fact that even among young, less educated and rural women, knowledge regarding benefits and availability of these contraceptives through the existing healthcare delivery system is far from poor. There are myriads of social, health and economic adversities faced by women of reproductive age, especially the younger ones, which prevents them from adopting the desired FP method. These barriers prevent them from accessing reproductive health services and contraceptive information, services, supplies and support they need to prevent unintended pregnancy and delay and space births. For example, previous formative research suggested that early marriage – a major social evil – prevent young women of reproductive age from accessing the required FP information and services. Married adolescents face extreme social pressures to demonstrate fertility soon after marriage, and they have little decision-making power and few skills to communicate and negotiate around pregnancy and childbearing within their households. Further, their isolation and lack of mobility, as well as provider and frontline worker bias, further restricts their access to information, services and supplies they need to control their own fertility. In the

	context of rural Bihar, reproductive activity generally starts after the marriage of the women only. So, married women of reproductive age is the cohort that is most apt to be investigated to find out their reproduction pattern, intent and practice towards use of contraception methods for birth spacing and limiting, unmet need of using family planning methods, contraception method mix, etc. Also, this cohort provides the opportunity to investigate some social constructs that determine FP related behavior such as autonomy and decision-making, communication between couples and reproductive coercion. In order to develop a comprehensive understanding about these constructs, it may not be sufficient to obtain responses only from the married women of reproductive age as family members such as husband and mother-in-law may act as major determinants of these constructs. Thus, it is important to interview the concerned family members as well. Further, in rural Bihar, healthcare providers – both formal and informal – and frontline workers (FLW) like ASHAs play a crucial role in driving FP practices. Thus, capturing the perspective of the family members and other stakeholders like healthcare providers and FLWs will be essential.
Purpose of the contract	The purpose of the contract will be encompassing with following objectives: **A. Primary Objective:** To generate state and district level estimates of different output and outcome indicators pertaining to the FP program such as fertility rate, contraceptive prevalence rates and FP method mix and understand the change in these indicators since the previous iteration of the MWRA survey. **B. Secondary Objective:** The survey will also explore the following objectives – some at both the state and district levels while the others solely at the state level: • To understand intent, behaviour and practice related to family planning among MWRA • To understand various socio-behavioural parameters that determine FP behaviour and uptake of FP services including mobility, autonomy, self-efficacy, decision-making, couple communication, reproductive coercion, provider interaction and related satisfaction, provision of basket of choice, of provider and effect of normative social behavior on FP uptake among MWRA • To determine the exposure of MWRA to domestic violence and prevalence of different addictions among the household members • To explore the mental health status of the MWRA • To understand the perspective of household members of the MWRA (mother-in-law) about different FP, childbearing, and role of women in the family

Scope of work - Key Responsibilities	**Study population/ Sample size:** The total number of study units/respondents that need to be covered as part of this study will be as follows: • Listing of structures/houses in AWC catchment areas/ urban Wards: Total no. 4560 AWCs/Wards • MWRA respondents: Total no. 22800 (18240 on main tool +4560 on both main as well as Add-on tool) • mother-in-law of MWRA: Total no. 4560 Estimated time (average) for tool completion: • MWRA main tool: 1 hour • MWRA main tool with Add-on tool: 1 ½ hour **Mode of data collection** • The selected Agency will work closely with CISSDs CML team in Bihar. • Data will be collected using Computer Assisted Personal Interview (CAPI) method using Android Tablet. Interviews will be conducted with MWRA (15 to 49 years) and their mother -in- law. • Data collection will be conducted using Android Tablets. **Development and implementation of data collection tool** • CARE India team will develop a bilingual digital version (CAPI) of questionnaires/tools for all types of respondents and hand them over to the agency along with hard copy of the questionnaires/Tools. • To minimize data collection errors, the CAPI version of the tools will consist of appropriate filters, logical checks and skip logics. • The CAPI application and the database need to be checked for accuracy and perfection by the CARE team and the Agency designated application tester/developer, so that all errors in the logical flow or database synchronization can be corrected through required number of iterations of the process for validation. • Any errors in the CAPI that gets identified need to be reported the same day and corrected within a day of reporting. All errors noted during each round of testing must be addressed and any suggestions regarding the tool that gets noted during tool testing must be incorporated. Only after final approval from the CARE India team, the digital tool (CAPI) will be deemed final for data collection. • Even after the commencement of data collection if any issue regarding the tool comes up, then the agency should be capable of performing any mid-course corrections regarding the study tool (paper and digital) and its operationalization. If such mid-course corrections take place, the updated digital tool should be made available to all the Tablets within two days of completion of editing.

- Agency will not use the tool (paper-based or digital) without CARE's prior permission
- CARE India will be responsible for developing and sharing a code-book for the collected data
- The digital data collection system (CAPI) should capture audio recordings of the interviews, which will be reviewed on a regular interval to ensure data quality
- Meta-data on parameters detailed by CARE team should be available for the CARE team to check. The list for meta-data should be updated at regular intervals, preferably twice every week, to ensure prompt corrective actions

Technical requirement of Andriod Tablets for data collection:

Each data collector should be provided with an Android Tablet by the agency having the following minimum specifications:

- Screen size of 7" or greater
- Having a RAM of 2.0 GB or higher
- Having a ROM of 32 GB or higher
- Running Android Oreo (8.0 to 8.1) or newer version of OS.
- Given that there may not be any charging facility available in the field, the tablets should have power back-up (through in-built battery or power bank) to ensure at least 8 hours of uninterrupted data collection
- At least 12% functional Tablets should be available in reserve (preferably at district/regional level) so that any malfunctioning Tablet can be replaced at the earliest, minimizing the loss of productivity

Data quality monitoring

- Similar to the study tools, CARE will develop Back check, Spot check and Audio check CAPI version with appropriate logic check and skip logic and handover it to agency.
- The digital data collection platform should enable the supervisors/data quality monitors to download the relevant questions of the original tool prior to conduction of back-check. However, it must be ensured that the back-check process remain blinded i.e. the supervisors shall not be able to view the responses captured during the original interview
- In order to identify the respondents, the basic identifiers of the respondent whose interview will be back-checked should be available to see for the Supervisors
- Once the back-check gets over, the Supervisors/data quality monitors shall be able to see the result of the comparison between the original responses and the responses obtained via back-check.
- Audio-recordings of the interviews shall also be uploaded in the database portal (visible from the dashboard) from which the CARE team will be able

to download it. Uploading of audio files should preferably be done within 2 days of completion of the interview.

Development of a Dashboard and database portal

- CARE shall be responsible for developing a portal that will allow concurrent monitoring of the status of the collected data from each type of tools. The portal will be required to show district wise and data collector wise break-up of data collection status.
- Within 24 hours of submission of data by the data collectors, the updated status of the collected data should be reflected in the portal i.e. there should not be more than 24 hours lag between submission of data and updated status seen in the portal
- The portal should also show, reflect the status of data quality monitoring exercises i.e. the status of spot-checks, back-checks & audio-checks and the extent of discrepancies found by back-checks (district-wise and data-collector-wise)

Sharing of data

- Data has to be uploaded/submitted to CARE server within 24 hours of collection.
- The Agency has to share the datasets at regular intervals with the CARE team – the updated datasets needs to be shared as mentioned in the proposed timelines and payment schedule (in this document mentioned below). The shared datasets should not contain any data that are supposed to be discarded (based on quality check reports)
- Dashboard credentials will be shared with the Agency to keep a track of the progress in data collection.
- The shared datasets have to be in a easily readable formats such as: .sav, .sas7bdat, .dta etc.
- On completion of 100% data collection, clean datasets will have to be shared within 2 days of completion of data collection process.
- CARE will have the sole copyright of the collected data and under no circumstances, the data can be shared with any other party or individual.

Timeline for the study

- Study will commence on 22nd January 2021.
- The total duration of this study will be 53 days (including ToT, Training of Investigators and data collection)
- The study is intended to be conducted in a single phase involving 30 days of data collection and 15 days of training and 2 days of field visit.
- The date of final deliverable (i.e. sharing of cleaned 100% data in an easily readable format) would be 24th March 2021 which is non-negotiable.

Human resource requirement

Data collectors

- CARE is an equal opportunity partner and will thus encourage to have participation from all ethnic groups.
- The agency shall be responsible to recruit eligible candidates after due screening. Based on the requirement, it is estimated that approximately **250 data collectors** will be required (at any point of time) to complete the survey within the stipulated time.
- The agency shall be responsible for providing all logistic support including all required fooding, lodging and transportation for the data collectors.

Essential criteria for data collectors (Listing & Survey) and Field Supervisor:

- Data collectors for the concerned study will solely be females with linguistic and cultural compatibility of Bihar.
- Female Investigators should be at least graduate and possess at least one year of experience in community survey and data collection or having completed 10+2 year of formal education with minimum two years of experience in community survey and data collection. The investigator should be apparently healthy.
- The selected candidates should have excellent communication skill in local dialects of Bihar (Bhojpuri, Maithili, Magahi, Suryapuri etc.) with ability to read and write in Hindi
- They should be familiar with usage of touchscreen interface (touch- enabled cellphone/Tablet) for data collection
- They should be familiar and well conversant with online training platforms like Microsoft Teams, Zoom, Skype etc.
- They should be able to travel extensively on daily basis

Based on prior experience, it shall be essential that the agency recruits additional data collectors (at least 25% more than required) who will participate in training. This will allow for dropping the candidates who may not be up to the mark (shall be decided after observing the performance of the candidates during training (and field exercises). Also, having trained people as back-up will help in mitigating the effects of attrition. The trainers from CARE will determine the final list of candidates to be retained.

Household Listing:

Apart from Female Investigators, Agency shall hire a separate team who will conduct the listing of structures/houses in the selected AWCs. The listing team should also have linguistic and cultural compatibility of Bihar.

Field Supervisors:

- The Agency shall recruit (and provide all logistic support including all required lodging, fooding and transportation) Team Supervisor cum Quality coordinators (Male) and supervision and coordination of data collectors and ensure local logistical support
- They will be responsible for addressing operational issues related to data collection and that targets are met
- They will also be responsible to co-ordinate with the Supervisors/Data Quality Monitors of CARE to address any issues related to data collection

Training

One of the main factors that influence the quality of data is the length of the training period and getting field practice experience that would enhance the learning process.

Training of Trainers (ToT)

- In-house Training will be provided by CARE India for a period of 6 days. The agenda and execution plan will be the shared by CARE India to the agency.
- Sufficient no. of eligible Trainers (preferably having contextual knowledge) designated/hired by the Agency should participate in the training. The trainers should have at least 5 years experience in leading the data collection for surveys.
- Logistics comprising fooding, accommodation and training material will be arranged by CARE India for ToT

Training of Data collectors

- Training of data collectors must happen for a period of 15 days.
- This training will be strictly residential, and all the data collectors are expected to stay at the training location
- Necessary training logistics such as arrangement of stay, dining, audio visual system, printout of tools etc. should be arranged by the agency
- Each group per classroom training session should not exceed 50 people and multiples of such groups should be arranged simultaneously, based on the number of data collectors that would be hired
- The training will be attended by Master trainers and CARE Monitors (approx. 30 altogether) who will be hired by CARE India for quality assurance. Provision for fooding of Master trainers and CARE Monitors will be the responsibility of the agency.
- There will be a 2-days field visit (not included in classroom training) during the training period in nearby AWC (non-sampled). The 1st exercise will be planned after 7-10 days of training and the objective would be to orient the data collectors on getting a firsthand exposure of data collection on

relatively sensitive topics. The 2nd exercise willd be planned near the end of the training period which would aim at completing a survey area following the complete protocol of data collection which would enable the data collectors to understand the process, ground realities and areas of improvement, if any.

- The agency shall arrange the logistics for the two field trips (one day each)

Operational management of the survey

Transportation and Accommodation and Fooding

- To facilitate the field work and to ensure good data quality, the agency should provide required transportation facility to the female data collectors (separate vehicle for each data collection team) till the selected AWC/Gram Panchayat/urban ward which would also include transportation by unconventional means (such as boat) as and when required (based on location of selected AWC and seasonal variation).
- Micro-plan of within district movement for any week shall have to be shared by the agency with the CARE State and District team during the previous week. This will be essential to plan the movement of Supervisors/CARE Monitors, District (DMO & DQMC) and State Team during each weekend.
- The agency shall have to support the female data collectors for arranging accommodation at various block locations

Adherence to Data collection protocol

- The agency shall be responsible for ensuring that the data collectors meet their respective daily targets and report to the data collection sites in a timely manner
- The entire data collection process (including house listing and conduction of interviews) needs to be completed within 30 days.
- It needs to be strictly enforced that the data gets collected from the exact AWC catchment area as mentioned in the sampled list. In case of any deviation, the collected data shall be discarded.
- Further, the house listing in the selected AWC catchment area has to be meticulous
- Appropriate selection of eligible respondents in the selected AWC catchment areas must be ensured
- Data quality should be the first and foremost priority. The agency shall be responsible for paying heed to any suggestions (based on spot-checks, back-checks, audit of audio-recording of interviews, review of meta-data etc.) and implementing remedial measures so that data quality can be improved.
- The Supervisors will submit a weekly report of the overall data collection status and quality checks through proper channel to CARE.
- In case a data collector is found to have repeated performance issues or even a single instance of intentional non-adherence to data collection protocol

(identified either by the CARE Monitors or by Agency appointed Supervisors) the Agency shall have to abide by the suggestion (improvement plan/termination of data collector) from the CARE team.

Quality assurance mechanisms

Monitoring

- An important determinant of ensuring data quality is to put a stringent monitoring mechanism in place. CARE India will hire (and provide logistic supports) CARE Monitors who will externally monitor the data quality assurance process of the Agency in the allocated districts.
- As mentioned above, for the required co-ordination regarding the planning of field visits by the supervisors of the Agency and CARE Monitors, the Agency will be required to share the weekly micro-plan for field movement (within each of the study blocks) with the CARE team during the previous weekend.
- CARE Monitors will conduct spot-checks, back-checks and audio-checks based on the Meta Data for randomly sampled interviews, to assess interview techniques and quality of interviews, without any prior information to the data collectors. The Supervisors hired by the Agency will have the following responsibilities:
    - To organize the de-briefing sessions with data collectors on regular basis
    - Address the spot-check, back-check and audio-check based feedback that will be shared by the CARE Team including the CARE Monitors.
- The Agency will be required to establish and maintain an appropriate mechanism for co-ordination between the data collectors and supervisors hired by Agency and the CARE team including the CARE Monitors, for smooth and efficient data collection.

Quality assurance through back checks

- As mentioned before, back-check will be conducted through CAPI in randomly selected interviews.
- Any quality related issues that gets detected shall be shared with the Agency.
- In case any systematic issues related to data quality is noted, the following remedial steps shall have to be taken
- If any data collector is found to have conducted $\geq$ 50% errors in 2 back-check reports: Unless any compelling explanation is found, the contract of the concerned data collector(s) shall be terminated and the data collected by the data collector(s) during her entire stint shall be scrapped (i.e. the entire scrapped data shall have to be recollected from the same AWC catchment area or from a different AWC catchment area within the same block).

	• If any data collector is found to have made ≥ 50% error in 1 report or between 25% to 50% in 2 reports: The data collected by the concerned data collector shall be scrapped (and shall be recollected). Additionally, necessary feedback shall be shared with the concerned data collectors and increased hand-holding support shall be provided to such data collectors. • If any data collector is found to have made >25% but ≤50% error for a single time: The data collected by her in the concerned AWC catchment area (where the mismatch in back-check gets detected) shall be scrapped and repeat interviews shall be conducted in the same catchment area. Further, necessary feedback will be shared with her and she will be provided additional hand-holding support. • In case some amount of error gets detected during back-check which does not amount to 25%: Feedback shall be provided to the concerned data collector(s). However, if a similar amount of error gets detected thrice, then the data collected in the concerned AWC catchment areas (from which the errors got detected) shall be scrapped and recollected. If similar data quality issues get detected for 5 times for a single data collector, that data collector shall be terminated after 5 such feedbacks (the count will also include any error % higher than 25%). • The Agency shall be responsible for ensuring that the issues identified, areas of improvement, field observations and feedback given shall be properly implemented and monitored at the field level. CARE team and the agency shall coordinate on a weekly basis throughout the data collection to ensure quality assurance. **<u>Administration</u>** • The agency shall keep track of all administrative work such as attendance, productivity per day, remuneration, reimbursements, addressing grievances and disciplinary issues. • The agency will ensure to maintain the motivation of the team and their retention till the end of the data collection period. • There has to be a designated nodal person for communicating all issues.
Agency personnel	• Only Female data collectors will conduct the interviews and agency will be required to put in place eligible candidates after due screening. • The Agency will recruit a separate team for Listing in the selected AWCs. • The Agency shall recruit Team Supervisor cum Quality coordinator (Male) who will participate in supervision of listing and data collectors during data collection.
Geography	The study will be conducted in 38 districts of Bihar. 5 blocks termed as 'Primary Sampling Units (PSU)' will be selected from each district. Anganwadi centre (AWC) from the rural setting and Ward from urban areas will be proportionately sampled from the selected blocks on the basis of population.

Key Deliverables, timelines and payment schedule	**Requirements from agency**: Agency should have: • Conducted at least 3 large scale community-based studies • Demonstrate expertise in operational management of large-scale studies across a widespread and diverse geography • Having experience of previously working in Bihar Agency will be required to provide necessary functional high-end Android Tablets with adequate power back up facility to the data collectors (as many required for the study) Total interviews to be submitted are as follows: • MWRA respondents: Total no. 22800 (18240 on main tool +4560 on both main as well as Add-on tool) • Mother-in-Law of MWRA: Total no. 4560 • Additionally structure/house listing data of 4560 AWCs/Wards need to be submitted • Development of data collection tools in digital form with appropriate check logic as per the requirement of CARE INDIA based on paper-based questionnaire (bilingual) to be shared by CARE India • User Acceptance testing (piloting) has to be provided by the agency and only after final approval from the CARE India, the digital tool (CAPI) will be deemed final for data collection. • Any quality related issues that gets detected shall be shared with, and deemed necessary action to be promptly addressed by the Agency. • Training of data collectors need to happen for a period of 15 days. This training will be strictly residential, and all the data collectors are expected to stay at the training location. There would be 2-days of field visit (not included in classroom training) during the training period in nearby AWC (non-sampled). • The study will be conducted in 38 districts of Bihar (total number of 22,800 women of 15-49 years; 5 blocks /district; 5 women/AWC or Ward covering both rural and urban areas; average duration of interview will be 60 mins). • Agency has to submit a **photocopy** of the listing tools to the CARE district office. • Data has to be uploaded/submitted to CARE server within 24 hours of collection. • Dashboard credentials will be shared with the Agency to keep a track of the progress in data collection. • The Supervisors will submit a weekly report of the overall data collection status and quality checks through proper channel to CARE. • The Study is intended to be conducted in a single phase with 30 days of data collection. • The date of final deliverable would be 24th March 2021 which is non-negotiable.

Proposed timelines and quality check schedule:

Deliverable	Activity 1 (Pan-Bihar sample of 22800 currently Married Women of Reproductive Age (15-49 Yrs) to assess their current status of Family Planning Service exposure, related perception, practice, their Nutrition, Mental Health and Social Recognition)	Start date	End date	Duration (days)	Activity 2 (Conducting additional interview of 4560 subsample of the above mentioned currently Married Women of Reproductive Age (15-49 Yrs) and their Mother-in-laws to generate state level estimates for the awareness, belief, influence and relevant drivers for FP related practices)
1	Operational Plan which includes plan for recruitment, training and field movement	22-01-2021	23-01-2021	2	Operational Plan which includes plan for recruitment, training and field movement
2	Training of Trainers (ToT)	24-01-2021	29-01-2021	6	Training of Trainers (ToT)
3	Recruitment and finalization of female data collectors and male supervisors	22-01-2021	27-01-2021	6	Recruitment and finalization of female data collectors and male supervisors
4	Review-1 (Suitability of the candidates and completion arrangement of training)	28-01-2021	28-01-2021	1	Review-1 (Suitability of the candidates and completion arrangement of training)
5	Upon meeting Review-1 requirements successfully	29-01-2021	29-01-2021	1	Upon meeting Review-1 requirements successfully
6	Training of Data collectors/ Supervisors including 2 field trips	30-01-2021	15-02-2021	17	Training of Data collectors/ Supervisors including 2 field trips
7	Transit for data collection	16-02-2021	16-02-2021	1	Transit for data collection
8	Duration of Data collection	17-02-2021	18-03-2021	30	Duration of Data collection

9	Data Quality Review-2 (10% completed tool submission)	21-02-2021	21-02-2021	1	Data Quality Review-2 (10% completed tool submission)
10	Disbursement of 2nd instalment based on Review 2	22-02-2021	22-02-2021	1	Disbursement of 2nd instalment based on Review 2
11	Data Quality Review-3 (25% completed tool submission)	25-02-2021	25-02-2021	1	Data Quality Review-3 (25% completed tool submission)
12	Data Quality Review-4 (50% completed tool submission)	03-03-2021	03-03-2021	1	Data Quality Review-4 (50% completed tool submission)
13	Data Quality Review-5 (75% completed tool submission)	10-03-2021	10-03-2021	1	Data Quality Review-5 (75% completed tool submission)
14	Disbursement of 3rd instalment based on Review 5	11-03-2021	11-03-2021	1	Disbursement of 3rd instalment based on Review 5
15	Data Quality Review-6 (100% completed tool submission)	18-03-2021	18-03-2021	1	Data Quality Review-6 (100% completed tool submission)
16	100% cleaned data submission	21-03-2021	21-03-2021	1	100% cleaned data submission
17	Disbursement of 4th instalment based on Review 6	24-03-2021	24-03-2021	1	Disbursement of 4th instalment based on Review 6

Deliverables with timeline and payment schedule:

Activity 1 (Pan-Bihar sample of 22800 currently Married Women of Reproductive Age (15-49 Yrs) to assess their current status of Family Planning Service exposure, related perception, practice, their Nutrition, Mental Health and Social Recognition)

Deliverable	Milestone	Start date	End date	Payment schedule
1	Review and payment schedule 1: Operational Plan which includes plan for recruitment of female data collectors/supervisors, training of trainers	22-01-2021	29-01-2021	30%
2	Review and payment schedule 2: Training of female investigators 35% completed tool/data submission	30-01-2021	25-02-2021	30%
3	Review and payment schedule 3: 100% completed tool submission	03-03-2021	24-03-2021	40%

Activity 2 (Conducting additional interview of 4560 subsample of the above mentioned currently Married Women of Reproductive Age (15-49 Yrs) and their Mother-in-laws to generate state level estimates for the awareness, belief, influence and relevant drivers for FP related practices)

Deliverable	Milestone	Start date	End date	Payment schedule
1	Review and payment schedule 1: Operational Plan which includes plan for recruitment of female data collectors/supervisors, training of trainers and training of female investigators/supervisors and data collection	22-01-2021	29-01-2021	30%
2	Review and payment schedule 2: Training of female investigators 35% completed tool/data submission	30-01-2021	25-02-2021	30%
3	Review and payment schedule 3: 100% completed tool submission	03-03-2021	24-03-2021	40%

Penalties in case of delay:

- 10% penalty will be applicable on total amount payable (excluding taxes) for a deliverable in case of delay by 2 weeks as per the timelines mentioned in the PO.
- If the quality of deliverable (based on mutually agreed parameters) do not match the expected level (as per back check), further payment will be withheld until and unless necessary quality levels are achieved.

Duration of Assignment	The study will commence on 22nd Jan 2021 and completed by 24th March 2021 as per the above section reference schedule.
Point Person for Assignment	The designated consultant from agency will coordinate and report to **Dr Tanmay Mahapatra** for the purpose of undertaking this assignment. **Mobile no.: 8017206285** **Email: tanmay@careindia.org**