



## TERMS OF REFERENCE FOR NATIONAL CONSULTANCY

<b>Recruitment of a National Consultancy to conduct a study on Social Determinants of Family Planning uptake in High Burden Counties in Liberia.</b>	
<b>Hiring office</b>	UNFPA Liberia Country Office
<b>Purpose of Consultancy</b>	<p>The consultancy is generally focused on the demand side of Family Planning as it seeks to understand the behavior, attitude, practice, and driver for contraception use among current and potential users, vis-a-vis their reproductive objectives and method preferences.</p> <p>Additionally, the study will aim to understand factors associated with the low use of some contraceptive methods. Recognizing that some factors may be associated with the supply side of the spectrum, the study will engage elements of the healthcare delivery system to understand associated factors that could impact the low use of these methods.</p> <p>The objective in this study is, therefore, in two folds as follows:</p> <ol style="list-style-type: none"> <li>1. To determine the social determinants of family planning use among current and potential users in targeted counties with low mCPR.</li> <li>2. To determine factors responsible for the low use of Implants, IUCD, and female condoms among users and from the perspective of the users as well as the providers in counties with low mCPR.</li> </ol>
<b>Background</b>	<p>In Liberia, 24% of married women and 45% of sexually active unmarried women are currently using a modern method of contraception. Injectables, implants, and pills are the most used methods. The country has a high unmet need for family planning, with approximately a third of women who are not using any modern method of contraception for the past 2 to 3 decades. The County is said to have a narrow method mix with the client’s preference skewed to one method, leaving other methods, including long-acting reversible methods, under-utilized. About 2/3 of users opt for the injectable methods, while implants, IUCDs, and other methods are used marginally. What determines a high preference for injectables has not been documented.</p> <p>According to the 2019-20 LDHS report, 47% and 16% of women desire contraception for the purpose of birth spacing and limiting, respectively. However, most women are currently using only one long-acting reversible method, while other more reliable longer-acting methods, such as implants and IUDs, are available. Injectables account for 60% of all contraceptive use, while implants account for 20%, and the remaining products, including IUDs and female and male sterilization, constitute less than 10% or negligibly lower.</p> <p>Additionally, there are regional variations of uptake, with the north and south-central regions experiencing lower mCPR ranging from 17% to 23% compared to the southeastern region, where the mCPR is much higher (34% to 45%) than the national average of 24%. The southeastern counties have demonstrated a greater appreciation for family planning methods, with a 41% reduction in teen pregnancy from 2013 to 2020<sup>1</sup>. Unfortunately, this level of progress has not been achieved in the regions with the largest population in the country. It appears that childbearing preferences, including among adolescent girls, remain quite high in counties like Lofa, Nimba, Margibi, Bong, Grand Bassa, and Montserrado, evidenced by the low use of modern contraceptives and a lesser use of some Long-acting methods.</p> <p>Behaviors, attitude, and practice are important in choosing family planning methods and using services. The promotion and use of effective method choices are affected by</p>

<sup>1</sup> Liberia Demographic Health Survey 2020

	<p>attitudes and behaviors that play a significant role in the preference of methods. A peer review document indicated that women’s attitude towards family planning may be influenced during childhood and is generally acquired through direct experience, reinforcement, imitation and social learning.<sup>2</sup> In human development, once an attitude or behavior has been cultivated and learned, there can be resistance to change. Studies have shown that most women know of the benefits of family planning methods but are not using any modern method, and many who opt to use services have a high dropout rate.</p> <p>Essential to note is that the individual’s attitude toward family planning methods is also influenced by characteristics such as economic, social, cultural, and environmental factors, location, age, education, traditional beliefs, family type, and even exposure and level of knowledge. These factors play a significant role in translating the individual’s knowledge into behaviors or actions. An individual may acquire knowledge about contraceptives and combine that knowledge with previous exposure, beliefs, and education, positive or negative, and then adopt a certain behavior towards acceptance of the intervention and or a specific method. Fertility preferences, value for childbearing, national population policies, and national health policies also influence the uptake of family planning. Health care provider’s attitudes and behavior toward clients, including counseling, all contribute to the client’s level of perception and acceptance of contraception.</p> <p>It is unclear whether the social determinants of family planning use have an impact on the slow use of some contraceptive methods such as implants, intrauterine devices (IUD), and female condoms. The low use of key contraceptive methods could be driven by factors associated with health facilities functions. None of these issues have been documented in understanding clients’ behavior in designing or redesigning the national family planning program to improve family planning service delivery and increase uptake.</p> <p>Traditional gender roles of men and women in social relationships also define behaviors that determine the uptake of family planning. In many instances, this is generally due to individuals’ biased perception and prejudiced attitude towards modern methods. Overall, the determinants of family planning can have an impact on the use of contraception and, subsequently, the fertility status of populations.</p> <p>Understanding the social and structural determinants of family planning uptake is key to providing culturally responsive and client-centered care. Effective client screening and access to a wide range of methods offered by providers allow quality service delivery that ensures a balanced rights-based approach to comprehensive family planning interventions.</p>
<p><b>The objective of the consultancy:</b></p>	<p>Against this background, UNFPA has commissioned this study to understand the social determinants of family planning in high-burden counties as well as determine factors associated with the low use of some methods, including implants, IUDs, female condoms, and others.</p> <p>As a cross-sectional study, this study aims to present, discuss, and document the characteristics, behaviors, and attitudes of potential and current users of family planning in six high-burden counties (Montserrado, Bong, Lofa, Nimba, Margibi, and Grand Bassa Counties) as it relates to the uptake of methods and method choices.</p>

<sup>2</sup> A peer review on the attitudes of women towards family planning document by Sensoy et al: DOI 10.5772/intechopen.73255

<p><b>Scope of work/ Description of services, activities or outputs:</b></p>	<p>As a cross-sectional study, this study aims to present, discuss, and document the characteristics, behaviors, and attitudes of potential and current family planning users in six high-burden counties (Montserrado, Bong, Lofa, Nimba, Margibi, and Grand Bassa Counties) as they relate to the uptake of methods and method choices.</p> <p>As a national consultancy, the consultant is expected to travel significantly to all six counties to implement this study.</p> <p>The consultant shall engage with key stakeholders, including family planning experts, managers, service providers, and clients. Special focus on adolescent and youth beneficiaries will be key to defining the social determinants of family planning and contraceptive use among women and young girls of reproductive age.</p> <p>The role of key influencers on women and girls' behavior and practice in the context of contraception use is crucial. Therefore, the engagement of men, boys, parents, and guardians will be important in understanding perspectives and the level of influence these members of the family and community can have on the decision of women and girls as it relates to the use of contraceptives. The consultant is expected to adopt a study design based on the country context suitable for the study type.</p> <p><b>Methodology</b> The Assessment will use mixed methods, including quantitative and qualitative data collection methods and analytical approaches to reflect participatory and inclusive proposes. The detailed methodology will be developed by the consultant and validated by UNFPA at the inception phase.</p> <p>The consultant will conduct KII with major stakeholders and should be organized in a semi-structured format to include, for instance, FGDs, individual interviews, surveys, or participatory exercises with the community or individual, making sure that the perspective of the most vulnerable groups are included in the consultation.</p> <p><b>Expected results:</b></p> <ol style="list-style-type: none"> <li>1. Inception report submitted and approved.</li> <li>2. Field Mission Report on Data Collection</li> <li>3. One workshop to present the study findings.</li> <li>4. Develop three sub-thematic papers on Adolescents, Health Workers, another interest group</li> <li>5. Submission of the final study report in both printed and electronic copies</li> </ol>	
<p><b>Duration and working schedule:</b></p>	<p><b>Deliverables</b></p> <p>Inception report</p> <p>Field Mission Report on Data Collection</p> <p>Data Analysis and report drafting</p> <p>Preliminary report presentation</p> <p>One workshop to present the study findings.</p> <p>Finalization of the study report</p> <p>Submission of the final study report in both printed and electronic copies</p> <p><b>Total timeline</b></p>	<p><b>Timelines</b></p> <p>7 days</p> <p>25 days</p> <p>15 days</p> <p>1 day</p> <p>1 day</p> <p>10 days</p> <p>1 day</p> <p><b>60 days</b></p>
<p><b>Place where services are to be delivered:</b></p>	<p>The study will be conducted in all six counties (Montserrado, Bong, Margibi, Lofa, Nimba, and Grand Bassa), with the consultant's main station in Monrovia.</p>	

<b>Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):</b>	From 02 September 31 October 2024, over a period of 60 days, the consultant is expected to initiate and complete the family planning study.
<b>Expected travel:</b>	The consultant is expected to travel to the six counties mentioned. The consultant will be responsible for their transportation and DSA arrangements.
<b>Supervisory arrangements</b>	Program Specialist, SRHR, Quality of Care and Services
<b>Required expertise, qualifications and competence, including language requirements:</b>	<p>The Consultant will meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Seasoned Public Health Specialist, Social Scientist with 7 to 10 years of experience,</li> <li>• Proven experience in the conduct of qualitative and quantitative studies in a similar context,</li> <li>• Excellent writing and organizational skills in workshop facilitation,</li> <li>• Excellent analytical skills and a high capacity to synthesize information.</li> <li>• A thorough knowledge of the United Nations system in general and UNFPA in particular would be an asset.</li> <li>• Fluency in English and Familiar with the West African Region.</li> </ul>
<b>Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable:</b>	<ul style="list-style-type: none"> <li>• The Consultant will be provided with needed office space, including Internet while in the office. Other accessories, such as extension cords, may be provided on demand.</li> <li>• A Laptop will not be provided, as the consultant is expected to bring his/her own computer.</li> <li>• Consultant is also expected to bring along their own cell phones for communication.</li> <li>• Once approved, the consultant will receive entry passes to the ONE UN house premises during the consultation.</li> </ul>
<b>Other relevant information or special conditions, if any</b>	All the deliverables must be completed and submitted by the end of the consultancy period.
<b>Other considerations</b>	N/A

**Note: Local Consultancy for Liberians**

Please note this is a local consultancy for Liberians only. Preference will be given to equally qualified women candidates. UNFPA does not charge any application, processing, training, interviewing, testing or other fee in condition with the application or recruitment process. Please submit all fraudulent notices, letters or offers to the UNFPA fraud hotline at: <http://www.unfpa.org/help/hotline.cfm>

Candidates should submit their applications indicating post, attach an updated **CV**, OR a completed **United Nations Personnel History Form (P.11 Form)**; obtainable from the UNFPA website at [www.unfpa.org](http://www.unfpa.org). **ALL APPLICATIONS, WITH RELEVANT ATTACHMENTS, SHOULD BE EMAILED TO:** [neblett@unfpa.org](mailto:neblett@unfpa.org), with a copy to [gaye@unfpa.org](mailto:gaye@unfpa.org).

**The Deadline for submission of the application is 7 August 2024.**  
UNFPA will only respond to applicants who will meet the stated job requirements.