Request for Proposals (RFP)

Qualitative Focus Group Discussions Baseline Study
RFP No: 2022-FGD-01

Part A: Cover Page

Issuance Date: August 8, 2022

Questions Due Date/Time: August 16, 2022, 5:00 pm ICT

Proposal Due Date/Time: August 29, 2022, 5:00 pm ICT

The USAID Lao Maternal Child Health and Nutrition (LMCHN) project, implemented by JSI Research & Training Institute, Inc. (JSI), is soliciting proposals for a research firm or consultant to implement a series of **focus group discussions** as part of a baseline study in 24 district across 5 provinces in Lao PDR. This RFP is one of two solicitations for the baseline study (please see RFP No. 2022-KAP-01). The contractor may bid for one or both solicitations. The LMNCH Activity is funded by the United States Agency for International Development (USAID) and is subject to all applicable Federal regulations and provisions.

Please submit your most competitive proposal in accordance with the instructions to offerors and terms of reference. Any award issued as a result of this RFP will be subject to all instructions, terms of reference/ specifications, certifications, terms and conditions and funder required clauses. This RFP document includes the following parts:

PART A:	Cover Page
PART B:	Instructions to Offerors
PART C:	Terms of Reference

All proposals, inquiries, and correspondence pertaining to this solicitation are to be directed to the attention of:

USAID Laos Maternal Child Health & Nutrition
Attn: Erin Norris, Program Officer
44 Farnsworth Street, Boston, MA, 02110
Email: procurement@la.jsi.com

JSI is committed to the highest standards of ethics and integrity in procurement. JSI has zero tolerance for fraud and strictly prohibits bribes, kick-backs, gratuities, and any other gifts in-kind or in monetary form. JSI also strictly prohibits collusion (bid rigging) between vendors and between vendors and JSI staff. JSI selects vendors on merit and will only engage vendors who demonstrate strong business ethics. Vendors must not participate in bid-rigging or attempt to offer any fee, commission, gift, gratuity or any compensation in-kind or in monetary form to JSI employees. Vendors who do so will be disqualified from doing business with JSI. Additionally, JSI has a conflict of interest policy that requires staff to disclose when there is a potential conflict of interest due to the staff-member's relationship with a vendor, and if necessary, to refrain from participation in a procurement involving that vendor. If at any time your organization has concerns that an employee has violated JSI policy, you may submit a report via JSI's Code of Conduct Helpline at: www.jsi.ethicspoint.com.

Part B: INSTRUCTIONS TO OFFERORS

1. DEFINITIONS

Offeror: The individual or firm providing proposals for the supplies or services requested under this RFP.

Contractor/Vendor: The individual or firm awarded the services requested under the RFP in the form of a PO/contract.

Buyer: JSI Research and Training Institute, Inc. (JSI)

2. PROPOSAL SUBMISSION AND REQUIREMENTS

Offerors are encouraged to read the RFP document in its entirety and ensure that their proposal addresses all of the items cited in the proposal instructions and meets the selection criteria. All proposals must be submitted by the deadline established on the cover page of this RFP. Offers received after this due date and time will not be accepted for consideration.

Questions:

All questions or clarifications regarding this RFP must be in writing and submitted to procurement@la.jsi.com no later than 5:00 PM ICT on August 16, 2022. Questions and requests for clarification, and the responses thereto, will be posted on JSI website or circulated to all RFP recipients who have indicated interest in this RFP.

Only written answers from JSI's authorized representative will be considered official and carry weight in the RFP process and subsequent evaluation. Any answers received outside the official channel, whether received verbally or in writing, from employees of JSI, the USAID Laos Maternal Child Health Nutrition, or any other party, will not be considered official responses regarding this RFP.

Submission of Proposals:

The Offeror's proposal must be accompanied by a cover letter typed on official organizational letterhead and signed by an individual who has signatory authority for the offeror. The offeror must submit a complete proposal package on or before the due date and time (5:00 PM ICT on August 29, 2022) to Erin Norris at procurement@la.jsi.com. Proposals must be submitted by email only with the subject line "RFP No: 2022-FGD-01."

The proposals must be prepared in two separate volumes: i. Technical Proposal with Capabilities and Past Performance; and ii. Cost Proposal. The technical and cost proposal must be kept separate. Technical proposals must not make reference to pricing data in order to evaluate the technical proposal strictly on the basis of technical merit.

The written proposal must contain the following information and documentation:

a) Technical Proposal Requirements/ Proposed Plan and Approach

The Technical proposal shall describe how the offeror intends to carry out the Terms of Reference as stated in Part C. It should be concise, specific, complete, and demonstrate a clear understanding of the work to be undertaken and the responsibilities of all parties involved. It must demonstrate the offeror's eligibility, as well as their capabilities and expertise in conducting each step of the activity.

Offeror's shall include only information necessary to provide a clear understanding of the proposed action and the justification for it. Greater detail than necessary, as well as insufficient detail may detract from a proposal's clarity. Assume that the reader is not familiar with the particular context in which the project will be implemented. Minimize or avoid the use of jargon and acronyms as much as possible. If acronyms or abbreviations are used, include a separate page explaining the terms.

The technical proposal should include the following components:

- A clear description of the technical approach
- An implementation plan, including a corresponding timeline and deliverables
- A management and staffing plan, including relevant CVs
- Quality control procedures that will be implemented
- A capabilities and past performance summary

b) Capabilities and Past Performance

The offeror must submit a capabilities statement along with documentary evidence of past performance.

The capabilities statement should not exceed three (3) pages in length and will be used to evaluate the offeror's organizational, financial, and technical capacity, in relation to the Terms of Reference in Part C. The Capabilities Statement must include, but is not limited to: size of the agency, financial resources available to complete this work, staffing competencies and capabilities, past experience performing similar work with other donor organizations, and a company profile and/or brochure.

c) Cost Proposal Requirements

1. The offeror should submit their most competitive and complete cost proposal.
2. A fixed unit cost and total cost proposal for completion of works as described in the terms of reference (Part C).
3. All costs must be stated in Lao Kip (LAK).
4. Please include a detailed budget with a fixed price for each category of deliverable (e.g., cost to complete the preparation phase deliverables, cost to complete the training phase deliverables, etc.), each of which will be considered a fixed price budget for that specific segment of work. The price of the PO/ contract to be awarded will be an all-inclusive fixed price including salaries, supplies, travel, office costs, etc. All items/ services must be clearly labeled and included in the total offered price.
5. The offeror should submit cost proposal budget narrative.

<u>Cost Proposal Budget Narrative Preparation Instructions</u>

A detailed budget narrative that justifies the costs as appropriate and necessary for the successful completion of proposed activities should be attached to the budget. The budget narrative should clearly describe the project and cost assumptions within each fixed price per deliverable. All proposed costs must be directly applicable to performing the work under the award and budgeted amounts should not exceed the market cost/value of an item or service.

The budget narrative should be of sufficient detail so that someone unfamiliar with your organization or the activity could review and adequately understand and grasp the assumptions, reasonableness and calculation method used.

Budget narrative must be prepared using Microsoft Word software. Supporting information must be provided in adequate detail for conducting a comprehensive analysis.

d) Other Requirements

Please provide with the proposal documentation:

- Business registration information in the Lao PDR;
- Any relevant brochures noting examples of previous work.

3. AWARD

JSI intends to issue a fixed price purchase order / contract to the offeror(s) who best meet the criteria specified in this RFP and are determined to be responsible and eligible contractor to provide the required goods/services.

4. EVALUATION CRITERIA

Proposals will be evaluated first to ensure that they meet all mandatory requirements and responsive. To be determined responsive, a proposal must include all documentation as listed in section 2. Proposals that fail to meet these requirements will receive no further consideration. A non-responsive proposal to any element may be eliminated from consideration.

Responsive proposals will be evaluated and ranked by a committee on a technical basis according to the criteria below. Those proposals that are considered to be technically acceptable shall then be evaluated in terms of cost.

For the purpose of selection, the evaluation will be based on the following weighted point scale (totaling 100 points) of the proposal in its entirety, including, but not limited to, the following:

No.	Criteria	Points
1	**Technical Approach, Methodology and Implementation plan** • Comprehensiveness of proposal approach. Clarity and appropriateness of proposed activity. • Implementation plan and proposed timeline are realistic and include all proposed elements of activity. • Responsiveness to Terms of Reference	40
2	**Capabilities and Past Performance** • Organizational, financial and technical capabilities and resources to implement this work • Previous successful past experience implementing similar activities.	20
3	**Proposed Costs** • Reasonableness of proposed budget based on scope of activities proposed. • Summary budget, detailed budget, and budget notes included. • Comparative lowest price	40
	Total	100

4. TERMS OF AWARD

This document is a request for proposals only, and in no way obligates JSI or its donor to make any award. Please be advised that under a fixed price contract the work must be completed within the specified total price. Any expenses incurred in excess of the agreed upon amount in the PO/ contract will be the responsibility of the contractor and not that of JSI or its donor. Therefore, the offeror is duly advised to provide its most competitive and realistic proposal to cover all foreseeable expenses related to provide requested goods/services.

All deliverables produced under the future award/contract shall be considered the property of JSI. JSI may choose to award a contract for part of the activities in the RFP. JSI may choose to award a contract to more than one offeror for specific parts of the activities in the RFP.

5. PROPOSAL VALIDITY

The offeror's technical and cost proposals must remain valid for not less than 90 calendar days after the deadline specified above. Proposals must be signed by an official authorized to bind the offeror to its provisions.

6. PAYMENT TERMS

JSI payment cycle is net 30 days upon receipt of deliverables, goods/services, inspection and acceptance of goods/services as in compliance with the terms of the award and receipt of vendor invoice. Full cooperation with JSI in meeting the terms and conditions of payment will be given the highest consideration.

7. FINANCIAL RESPONSIBILITY

Offerors which are firms and not individuals must include in the capabilities statement that they have the financial viability and resources to complete the proposed activities within the period of performance and under the terms of payment outlined below. JSI reserves the right to request and review the latest financial statements and audit reports of the offeror as part of the basis of the award.

8. LANGUAGE

The proposal, as well as correspondence and related documents should be in English.

9. Source/Nationality:

All goods and services offered in response to this RFP must meet the source and nationality requirements set forth in United States Code of Federal Regulations, 228. Cuba, Iran, Iraq, Libya, North Korea, and Syria are prohibited source countries and no goods can be produced or sourced from those countries.

The authorized geographic code for this RFQ is 937. Code 937 is defined as the United States, the cooperating country (Lao PDR), and developing countries other than advanced developing countries, and excluding prohibited sources. This means goods not located in the Lao PDR can only be shipped from the U.S. or a developing country (excluding advanced developing countries). The list of eligible developing countries is at: https://www.usaid.gov/sites/default/files/documents/1876/310maa.pdf. The list of advanced developing countries is at: https://www.usaid.gov/sites/default/files/documents/1876/310mab.pdf.

10. NEGOTIATIONS

The offeror's most competitive proposal is requested. It is anticipated that any award issued will be made solely on the basis of an offeror's proposal. However, the project reserves the right to request responses to additional technical, management and cost questions which would help in negotiating and awarding a contract. The project also reserves the right to conduct negotiations on technical, management, or cost issues prior to the award of a PO/ contract. In the event that an agreement cannot be reached with an offeror the Project will enter into negotiations with alternate offerors for the purpose of awarding a PO/ contract without any obligation to previously considered offerors.

11. REJECTION OF PROPOSALS

JSI reserves the right to reject any and all proposals received, or to negotiate separately with any and all competing offerors, without explanation.

12. INCURRING COSTS

JSI is not liable for any cost incurred by offerors during preparation, submission, or negotiation of an award for this RFP. The costs are solely the responsibility of the 0fferor.

13. MODIFICATIONS

JSI reserves the right, in its sole discretion, to modify the request, to alter the selection process, to modify or amend the specifications and scope of work specified in this RFQ.

14. CANCELLATION

JSI may cancel this RFP without any cost or obligation at any time until issuance of the award.

Part C: Terms of Reference

Purpose:	***Mixed Methods Baseline Study***
Activity Manager:	***Elizabeth Bunde***
Period of Performance:	***(September 7, 2022 – December, 31,***
Place of Performance:	***2022) Lao PDR***
Activity Code:	***37871.0001.0001***

DESCRIPTION OF REQUIREMENT (GOODS OR SERVICES):

I. Background

JSI Research & Training Institute, Inc. (JSI) was awarded the five-year Cooperative Agreement for the USAID Laos Maternal Child Health and Nutrition (LMCHN) project on September 13, 2021. The LMCHN is dedicated to achieving the goal of **improved health and nutrition outcomes among pregnant and postpartum women, newborns, children, and adolescents.** The project will contribute to this goal through targeted reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAHN) activities, in partnership with the Lao People's Democratic Republic (Lao PDR) and the Ministry of Health (MOH). The Activity will operate in five provinces (Phongsaly, Oudomxay, Savannakhet, Saravane, Sekong) and 24 districts (see Annex A for a full list of operational locations).

The LMCHN will conduct a series if focus group discussions (FGDs) as part of a mixed methods baseline study to inform the design of activities and create a baseline to monitor progress over time. This RFP is one of two solicitations for the baseline study (please see RFP No. 2022-KAP-01 for the quantitative household survey description). The contractor may bid for one or both solicitations. Please refer to Annex B for greater details on all components of the study.

The qualitative FGDs will elicit factors and norms affecting uptake and utilization of maternal, child, adolescent, and other health services among women, men, adolescents, grandmothers, and people with disabilities (PWDs). This component will use a set of semi-structured focus group guides (already developed). The maternal health tool will be administered to men and women with a child 2 years or less and grandmothers with grandchildren 2 years or less living with or near them. The child health tool will be administered to men and women with a child 5 years or less and grandmothers with grandchildren 5 years or less living with or near them. The adolescent tool will be administered to male and female adolescents aged 15-19 years. The PWD tool will be administered to male and female PWDs.

It is anticipated that we will need 68 total FGDs with a total of 408 – 544 participants (assuming each FGD includes 6-8 participants) across the 5 operational provinces.

II. Objectives

The purpose of the overall baseline study is to develop an understanding of the current health status, behaviors, attitudes, and norms related to critical RMNCAHN indicators. The specific objectives are to identify:

1. Current knowledge, beliefs, and norms influencing RMNCAHN behaviors.
2. Communication processes and sources of influence on health behavior.

3. Barriers and facilitators affecting health care access and use.
4. How cross-cutting gender empowerment and multiethnic issues affect health status and behaviors.

Specifically, the FGDs will provide information on the facilitators and barriers to the access to and utilization of key health services. The data and insights gathered through this study will inform the development of the strategic approach, messaging, and interventions focused on removing common barriers to appropriate care seeking including harmful social norms, as well as increasing positive RMNCAHN attitudes and practices.

III. Activities/Tasks (Services) or Specifications (Goods)

JSI expects the selected firm to provide the following (with final approval from JSI):

- A final recommended implementation and management plan with timeline, quality control measures, and management/supervision structure that will meet the objectives of the assessment. Please include CVs of key personnel.
- Any support if needed and/or required to obtain IRB approval from the National Ethics Committee for Health Research (NECHR) (currently submitted for approval in July).
- A final sampling approach based on the sample size and information provided (see Annex C for additional sampling information).
- A review of current tool translations and any additional language translations required for the operational areas or arrangements for local ethnic translators if needed (tools are currently provided in English and Lao) to be approved by the JSI Activity Manager
- A pilot test of the qualitative tools prior to training to test for interview length, clarity or questions, and accuracy of translations, with modifications provided to the tools.
- Recruitment of the qualitative interviewers in sufficient size (expect that both male and female interviewers/note takers will be recruited so that males can lead male groups and females, female groups).
- Provision of any equipment to record the FGDs during data collection.
- Development of training materials for qualitative interviewers that includes the following components (anticipated 4-5 day training): (1) introduction to the study objectives, roles, and protocols; (2) skills on conducting qualitative interviews and building rapport with respondents; (3) field work procedures/protocols; (4) review of all questionnaires; (6) use of the recording equipment; and (7) research ethics, including any COVID precautions and written informed consent procedures for the study. This will include an orientation to and hands-on practice conducting practice interviews in sessions during the training as well as a practice field test. Final agenda to be approved by the JSI Activity Manager.
- Lead coordination processes at the provincial, district and community levels to agree on dates and other logistics needed for the FGDs and recruitment of participants, in collaboration with designated JSI project staff.
- Preparing summary notes for all FGDs (in English) for all FGDs; full transcripts in Laos for all recordings, at least 40% of transcripts translated to English, and the audio recordings of all FGDs.
- An analysis plan co-developed in collaboration with the JSI Activity Manager.
- A preliminary report and PowerPoint presentation based on an outline co-developed in collaboration with the JSI Activity Manager.
- Co-lead a presentation of preliminary results to MOH.

JSI will provide:

- A set of qualitative tools (FGD guides for maternal health, child health, adolescents, and people with disabilities) in English and Lao.
- Information about the project or other information as needed or requested.

- Co-developed templates of the analysis matrix, report format, and PowerPoint format needed.
- Feedback or input as requested.
- Approval on all final documents (final implementation plan, training agenda, revisions post-pilot, analysis output, other TBD).

IV. Deliverables and Schedule

The preparation phase is anticipated to start September 2022; training in late September 2022; data collection October-November 2022; analysis and preliminary report November-December 2022; presentation preparation and results to MOH mid-January 2023; and final report no later than mid-February 2023. The following main tasks would be expected during the key phases:

Preparation Phase

- Final discussions and signatures on contract and payment processes.
- Discussions and finalization of sample methodology, roles/responsibilities, communication processes, MOH oversight team, quality control procedures, and implementation plan.
- Translation of tools to any other or arrangements for local ethnic translators, if needed and agreed to with JSI for the operational areas. Pilot test and finalization of tools based on the results.
- Recruitment of interviewers, note takers, and management teams, as needed.
- Development of the training materials and agenda, with final agenda co-agreed with JSI Activity Manager.

Training Phase

- Training of interviewers per the agreed agenda, including a practice experience during training in a nearby location that can best represent the data collection conditions, to be determined.

Data Collection Phase

- Coordination for dates and logistics as needed with the provincial, district, and community leaders/officials to implement the study.
- Recruitment of FGD participants according to the selection criteria.
- Field data collection per the implementation plan.
- Quality control procedures enacted.
- Final set of summary notes, transcripts, 40% translated transcripts, and all FGD audio recordings.

Analysis and Reporting Phase

- Analysis of data per the agreed analysis tables.
- Development of preliminary report and PowerPoint presentation (narrative and graphs).
- Presentation of results internally and co-lead presentation to the MOH.
- Final report based on feedback from the MOH meeting.

Annex A: List of Study Locations

No.	Province	District
1	Phongaly	1. Phongsaly 2. Mai 3. Somphan 4. Bounnua 5. Bountay
2	Oudomxay	2. Xay 3. Nga 4. Beng 5. Houn 6. Pakbeng
3	Savannakhet	7. Atsaphon 8. Atsaphonthong 9. Phalanxai 10. Xaibuli 11. Xonbuli
4	Saravane	12. Saravane 13. Lakhonpheng 14. Vapi 15. Khongxedon 16. Lao Ngam
5	Sekong	17. Lamam 18. Kalum 19. Dakchung 20. Thateng

Annex B: Additional Study Details

Study Description
The baseline is a mixed methods study that includes two main components: 1) a quantitative component via a set of household surveys to assess knowledge, attitudes and practices (KAP) surveys; and 2) a set of focus group discussions (FGDs) among adult men and women, adolescents, grandmothers, and persons with disabilities (PWD). **The RFP addresses the qualitative FGDs (component 2) only.**

The qualitative FGDs focuses on identifying knowledge gaps, cultural beliefs, and behavioral patterns that can be addressed through the Activity interventions. This component will a series of semi-structure FD guides to be implemented among women, men, grandmothers, adolescents, and people with disabilities (PWDs).

Study Location
The baseline study will be implemented in 24 districts in five provinces that comprise the Activity's operational area. These include Savannakhet, Saravane, and Sekong in the south and Oudomxay and Phongsaly in the north. As the study aims to capture an in-depth understanding of the facilitators, barriers, and decision making processes affecting access to and uptake up critical health care services from the operational districts within each province only.

Sample
The FGDs draws from the following population groups:

- Maternal Health FGD
  - Adult women ages 15-49 with children <2 years
  - Adult men ages 15-49 with children < 2 years
  - Grandmothers with grandchildren <2 years living with or near them
- Child Health FGD
  - Adult women ages 15-49 with children <5 years
  - Adult men ages 15-49 with children < 5 years
  - Grandmothers with grandchildren <5 years living with or near them
- Adolescent FGD
  - Female adolescents ages 15-19 years
  - Male adolescents ages 15-19 years
- People with Disabilities (PWD)
  - Female PWD age 18 and above (mobility impaired, hearing impaired, sight impaired)
  - Male PWD age 18 and above (mobility impaired, hearing impaired, sight impaired)

See Annex C for further details on the anticipated sample size.

Tools
The tools are currently provided in English and Lao and include the following:

FGD Guides

- **Maternal Health FGD**
  - **Mothers:** Explores facilitators, barriers, and decision making processes influencing access to and uptake of maternal health services among mothers with children less than two years of age.
  - **Fathers:** Explores the facilitators, barriers, and decision making processes influencing male involvement in facilitating access to and uptake of maternal health services among mothers with children less than two years of age.

- **Grandmothers:** Explores the role of grandmothers in influencing health-care seeking for mothers and newborns.

- **Child Health FGD**
  - **Mothers:** Explores the facilitators, barriers, and decision making processes influencing access to and uptake of child health services for children less than five years of age.
  - **Fathers:** Explores facilitators, barriers, and decision making processes influencing male involvement in access to and uptake of child health services for children less than five years of age.
  - **Grandmothers:** Explores the role of grandmothers in influencing health-care seeking for their grandchildren five years of age or younger.

- **Adolescent Health**
  - **Females and Males:** Explores the facilitators, barriers, and decision making processes faced by young women and young men in accessing and utilizing sexual and reproductive health (SRH) information and services.

- **Persons with Disabilities**
  - **Female and Males** Explores the facilitators, barriers, and decision making processes faced by people with disabilities in accessing and utilizing health care information and services.

Additional translations or local ethnic translators may be needed and are to be arranged or provided by the contractor/vendor.

Study Procedures

Pilot Test

All instruments will be piloted and revised as needed prior to the training. Based on the pilot test, the instruments may need to be revised prior to training.

Study Management

The contractor/vendor will lead the on-the-ground data collection process in the targeted operational areas and analysis preparation. JSI, via the Activity's Monitoring, Evaluation and Learning (MEL) Director, will oversee the contract and provide input to the preparations, training, data collection, analysis, and report preparations, and other technical support as required. A technical team formed by the MOH will co-lead supervision and oversight of the study with the contractor/vendor.

Training

The contractor/vendor will recruit data enumerators and provide the training to the data collection teams. A tentative training would be 4-5 days in length and consist of the following components: (1) introduction to the study objectives, roles, and protocols; (2) skills on conducting qualitative interviews and building rapport with respondents; (3) field work procedures/protocols; (4) review of all questionnaires; (6) use of the recording equipment; and (7) research ethics, including any COVID precautions and written informed consent procedures for the study. This will include an orientation to and hands-on practice conducting practice interviews in sessions during the training as well as a practice field test.

Research Teams

The final size and composition of the research teams will be determined by the contractor/vendor. It is anticipated that data collection will use both male and female field interviewers and note takers so that the female facilitators conduct the women's FGDs and the male facilitators conduct the male FGDs. The data

collection team should be of sufficient size to ensure that data collection does not exceed the 6 week period, and preferable if is of sufficient size to complete data collection sooner.

The final oversight of the research teams will be determined by the contractor/vendor. It is anticipated that the contractor/vendor would have on-site field managers based with the data collection teams to ensure data collection is coordinated and occurring per schedule, and overall study coordination in Vientiane. The contractor/vendor will coordinate regularly with the Activity's MEL Director on progress and provide weekly email updates.

Quality Control

The contractor/vendor will prepare a quality control plan that will outline procedures to ensure quality in the data collection process and sharing of summary notes on a regular basis. This may include reviewing recordings in the field before finalizing the summary notes on a daily basis, observing FGDs along with MOH partners to ensure data enumerators are following procedures, regular oversight visits by supervision teams, review of the transcripts for accuracy, and other activities as defined by the contractor/vendor. This will help ensure that quality is being maintained at each step of the training, data collection, and analysis processes.

Data Recording and Entry

The study will collect data manually via interview and discussion notes supplemented by audio recordings to ensure completeness and accuracy of the interview and discussion content. A secondary level of supervisors will review the notes and recordings to ensure accuracy, completeness, and robustness of the notes. These notes will be completed in Laotian and translated to English for analysis. Based on the review process, a selection of audio recordings will be transcribed and translated to English to enhance the analysis.

Analysis

The qualitative analysis will provide more depth and nuance to the programmatic interventions identified to improve health access and health behaviors. A text management tool (such as Nvivo or another text management software proposed by the contractor/vendor) may be used for coding the qualitative results to help organize and analyze the transcripts. Other analysis matrices may also be used.

Ethical Considerations

The study recognizes the critical importance of the required ethical approach and is based on the belief that all participants must be treated respectfully and are protected from harm as a result of their participation. All efforts will be made to protect the confidentiality and anonymity of the participants and to ensure the confidentiality and protection of the data. This will be done on four levels: (1) obtaining ethical clearance by the National Ethics Committee for Health Research (NECHR), which is in process in July 2022 led by JSI; (2) coordinating with the provincial, district and community authorities as needed; (3) ensuring written informed consent is obtained from each participant and recorded; and (4) ensuring data confidentiality is strictly maintained in analysis and reporting.

Written consent will be acquired from each participant in the qualitative component of the study. Potential risks of participating in the study will be disclosed to participants, the interviewer will clearly state who on the research team will be entitled to see any records with identifiers and to whom the study results (de-identified and aggregated) will be made available upon completion of analysis. A specific statement included at the beginning of the FGD sessions will be read to participants. The statement will explain the purpose of the survey and anticipated risks, assure respondents that participation in the survey is completely voluntary and that they can refuse to answer any questions or stop the interview at any point. It will be presented in simple language to ensure respondents do not feel intimidated by the process or hindered in their voluntary participation. When the respondent has heard the explanation and been allowed to ask any questions, they will sign the consent

forms and retain a copy. In the case of adolescents, written consent will also be obtained from their parents/guardian.

In addition to ensuring that the rights of the participant are shared and understood and permission for participation is obtained, all efforts will be made to maintain the privacy and confidentiality of participants during the interview process, ensure that individuals are treated respectfully, and are protected from any harm as a result of their participation. All care will be taken to ensure that when the FGDs are taking place, it is done in a discreet and private location without the interference, intrusion, or eavesdropping of others.

The study will ensure safeguards are in place to ensure the confidentiality of the records and all associated data. Information culled from the data will not be discussed with anyone outside of the investigation team. All investigators associated with the data will sign a confidentiality agreement, outlining the procedures they are responsible for to ensure the confidentiality of the participant identities and their commitment to upholding the confidentiality of the data. Failure to sign the confidentiality agreement or violation of the agreement will result in immediate dismissal from the study.

All data from the FGDs will be de-identified and no names will be included on the qualitative transcripts. Any paper versions of the qualitative transcripts will be maintained in a locked cabinet and only key designated members of the research team will have access to the locked cabinet. Electronic transcripts of the qualitative interviews and recordings will be managed in a password-protected computer by selected members of the research team responsible for analysis once the transcripts are verified as having no identifiable information.

Study Duration

The study will take place over approximately 5 months, including preparation, training, data collection, and analysis/reporting phases. The implementation plan and study duration will be finalized in collaboration with the contractor/vendor. The duration of actual data collection will depend on the size of the data collection team and how they are deployed. It is anticipated that data collection could take approximately 4 weeks with smaller teams and considering travel times.

Annex C: Sampling Information

FGDs	Phongsaly	Oudomxay	Savannakhet	Saravane	Sekong	Total
MATERNAL HEALTH						
Mothers	2		2		2	6
Fathers	2		2		2	6
Grandmothers	2		2		2	6
CHILD HEALTH						
Mothers		2	2	2		6
Fathers		2	2	2		6
Grandmothers		2	2	2		6
ADOLESCENTS						
Females		4		4		8
Males		4		4		8
DISABILITIES						
Females	4				4	8
Males	4				4	8
TOTAL	**14**	**14**	**12**	**14**	**14**	**68**
PARTICIPANT RANGE	84-112	84-112	72-96	84-112	84-112	408-544
Participant Range (assumes a minimum of 6 and maximum of 8 participants per FGD)						