Synopsis Framework

1. Title:

Identifying Barriers & Enablers to FPLMIS Usage Operationalization Among Urban ASHAs

2. Introduction:

Background: Briefly explain the Family Planning Logistics Management Information System (FPLMIS) and its role in the supply chain for contraceptives and family planning services.

Urban ASHAs' Role: Describe the role of Accredited Social Health Activists (ASHAs) in urban areas in ensuring family planning services reach beneficiaries.

Rationale: Why is it important to study the operationalization of FPLMIS among Urban ASHAs?

3. Objectives:

To identify barriers in the usage of FPLMIS by Urban ASHAs.

To explore enabling factors that improve FPLMIS adoption.

To provide recommendations for enhancing FPLMIS operationalization.

4. Literature Review:

Overview of FPLMIS and its significance in healthcare logistics.

Challenges in digital adoption among frontline health workers.

Best practices from similar health IT interventions.

5. Methodology:

Study Design: Qualitative method approach.

Study Area: Urban ASHA programs.

Sampling: 40 – 50

Data Collection: interviews type case studies.

Data Analysis: Thematic analysis (for qualitative)

6. Expected Barriers & Enablers (Hypothesis):

Potential Barriers:

Lack of digital literacy.

Infrastructure and network issues.

Resistance to change.

Workload and time constraints.

Policy and technical support gaps.

Potential Enablers:

Training and capacity-building programs.

User-friendly interface and technical support.

Incentives for adoption.

Peer learning and best practices sharing.

7. Significance of the Study:

Contribution to improving family planning services through better logistics management.

Policy recommendations for strengthening Urban ASHA programs.

8. Expected Outcomes:

Clear identification of challenges in FPLMIS operationalization.

Practical solutions to enhance adoption among Urban ASHAs.

Policy recommendations for health system improvement.

9. Conclusion:

Summary of the research significance.

Potential implications for policymakers and healthcare providers.

10. References:

List of academic papers, government reports, and relevant studies supporting the research.