

**Terms of References on  
Consultancy Service for conducting Formative and Operational Research, Campaigns, and  
Capacity Building under Health Promotion Project**

**A. BACKGROUND**

The health situation in Afghanistan has improved since 2001 when Maternal Mortality Ratio (MMR) was the highest ever recorded at 1,600 per 100,000 live births, when Infant and Child Mortality Rates were 165 and 257 per 1,000 live births.<sup>1</sup> To combat these devastating figures, the Afghanistan Ministry of Public Health (MoPH) with the international community formulated a Basic Package of Health Services (BPHS) in 2003 and later an Essential Package of Hospital Services (EPHS) in 2005. The key health indicators improved, and maternal mortality dropped from 1,600 per 100,000 live births to 670 per 100,000 live births in 2015<sup>2</sup>. Infant mortality rate dropped from 165 to 45 per 1,000 live births, and the under-five mortality rate dropped from 257 to 55 per 1,000 live births<sup>3</sup>. Despite these improved results, the health situation in Afghanistan is still poor.

The MoPH has outlined a vision for health, in which 'All citizens reach their full potential in health contributing to peace, stability and sustainable development in Afghanistan'<sup>4</sup>. To achieve this the MoPH is working to ensure a balance between preventive health services, which maintains good health and wellness, and the treatment of medical conditions for those who fall ill. The balance between health and healthcare is articulated through an understanding that promoting 'healthy lifestyles as a result of changing attitudes, perceptions and practices while continuing to reduce the incidence of communicable diseases and the maternal mortality and neonatal death rates' is crucial.

**Formative and Operational Research and Health Promotion/ Communications Campaigns  
(Strategic approach)**

Currently, Health Promotion and health communications campaigns are commonly focused on information, education, and communications (IEC) campaigns. Communications campaigns focus on information to be conveyed through rational health messages, often containing specific technical information regarding health practices, how to access to medicines and services, or what behaviors to change. These campaigns may not take into account potentially significant social, cultural, and traditional barriers to health practices which pose major obstacles to the effective uptake of health

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1 Afghanistan Mortality Survey(AMS) 2010

2 MMIEG UN Estimates

3 Central Statistics Organization (CSO), Ministry of Public Health (MoPH) and ICF 2016, Afghanistan Demographic and Health Survey (ADHS) 2015. Kabul, Afghanistan and Rockville, Maryland USA: Central Statistics Organization, Ministry of Public Health, and ICF

4 MoPH National Health Policy 2015-2020

services and a shift to healthier behaviors. They also may not address substantial social norms that can further impede improved health outcomes. The health promotion and communication materials are typically in printed or audio/ video forms and there is low level of creativity/innovations in crafting and delivering messages.

However, currently there is little effort within the public health community to bring in formative and operational researches in order to uncover insights into consumer's perceptions, fears, worries, frustrations, concerns, personal and familial ambitions and sources of joy and happiness, It requires an understanding of the community in which they live, where and who their influencers in decision-making are, and their sources of trusted information to adopt and importantly use this information in the development of communications programs. These sets of consumer insights then form the basis of a communications strategy and media plan that will allow for the development of a creative brief that then allows a creative team to craft a message that will resonate with the consumer and drive the desired behavior. A series of creative messages should be developed and tested through focus groups comprising representatives of the target audience to predict performance in the real world environment.

### **Modern health communication is central to achieve health outcomes**

Central to achieving this balance between preventive health and wellness, treatment and care, is to ensure that the citizens of Afghanistan adopt healthier behaviors to maintain their health, and to seek out health services when unwell. It means that simple behaviors including but not limited to infant and young child feeding, routine immunization, handwashing with soap, attending antenatal and post-natal services and institutional delivery will maintain wellness and prevent illness. However, for many, cultural beliefs, traditions, and entrenched habits pose significant barriers to health promotion strategies and for many, merely understanding what should be done does not result in the desired behavioral change. In fact, in order to change deep-rooted behavior, health communications cannot solely focus on the rational benefit of a health intervention, but must empower health consumers to make right decisions about their health through insight-driven, powerful, meaningful, and personal communications.

There is an urgent need to create new awareness of the importance of focusing on maternal and newborn health, and to develop a powerful and effective communications campaign to engage with families and communities to drive preventive and healthy behaviors towards improved maternal and newborn outcomes. While at the same time improving communications, accountability, transparency, access to and quality of health services.

**Infant and young child feeding.** Healthy nutrition is the most important factor for maintaining and keeping good health. The Afghanistan Demographic and Health Survey (ADHS) shows that about two-fifths (41%) of infants were breastfed within 1<sup>st</sup> hour of birth, though there was little

difference, in early initiation of breastfeeding among children born at health facility (43%) compared to those born at home (40%). Moreover, 43% of infants<sup>5</sup> under age of 6 months are exclusively breastfed. In addition to that there is unfavorable practices of complementary feeding (minimum accepted diet, minimum frequency of diet). Thus, there is need to identify and address all of these existing unfavorable behaviors.

**Immunization.** Immunization is one of the cost-effective public health interventions which reduces vaccine preventable morbidity and mortality. The AfDHS indicates that only 46% of children age 12-23 months received all basic vaccinations—one dose each of BCG and measles and three doses each of DPT-containing vaccine and of polio. Therefore, there is need to identify and address unfavorable behaviours of families and healthcare providers towards late initiation, partially vaccinating, and not vaccinating children.

**Hygiene.** One of the most important preventive health measures that can be taken in one's everyday life is handwashing with soap regularly. Although there is no data on handwashing with soap for age-sex categories at national level, a small scale KAP survey on WASH reveals that despite most of those asked highlighting critical times for handwashing, only 56.2% of them practiced handwashing before eating and another 63.8% after defecation<sup>6</sup>. The AfDHS indicates that soap and water were observed in 36% of households; another 28% had only water. Therefore, we need to know the behaviour against not washing hands with soap especially in critical times before eating and after defecation.

**Pregnancy, childbirth and Newborn care.** In Afghanistan, still maternal, child and new-born mortality rates are among the worst. According to AfDHS 2015, there is no significant improvement in institutional deliveries, ante-natal care (ANC) & post-natal Care (PNC) visits since 2010 to 2015.

The percentage of women delivered at health facility is 48.1 whereas only 50.5% of deliveries attended by SBAs. Still the percentage of women delivered at home is 51 in urban and 59 in rural areas. 41% of women haven't received a single ANC during pregnancy and the percentage of ANC visit increase just from 16 to 17.8% comparing the AMS 2010 report to AfDHS 2015, as average only 18% of women receive 4 plus ANC visits; therefore, the behaviours, perceptions, myths and misconceptions towards seeking recommended 4 ANC and 4 PNC visits, institutional delivery, and newborn care<sup>7</sup> should be identified and addressed.

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<sup>5</sup> Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. 2016. Afghanistan Demographic and Health Survey 2015. Kabul, Afghanistan, and Rockville, Maryland USA: Central Statistics Organization, Ministry of Public Health, and ICF

<sup>6</sup> End-line WASH KAP survey 2017, MoPH

<sup>7</sup> (Dry and stimulate the baby, Assess the baby's breathing and colour, Assess if the baby need resuscitation, Tie and cut the cord clean, Place the baby in skin to skin contact with the mother, Help the mother to initiate early breastfeeding within 1st hour after birth, Give the eye care, Explain to the both mother and family normal and abnormal findings, especially if the baby is not normal refer to an appropriate place and care for follow up)

## **Capacity Building**

Health promotion is a new concept in the context of Afghanistan and there is limited capacity at national and sub-national level in this area. The Health Promotions Department (HPD) within the MoPH plays leading role in health communication and in supporting the MoPH's vision of 'all citizens reach their full potential in health contributing to peace, stability and sustainable development in Afghanistan'. Currently the HPD is a unit that facilitates and disseminates health messaging, rather than providing guidance and strategic input, as indicated in its mandate mainly due to insufficient capacity. Currently, there are about 35 communication officers working at MoPH of which 25 key staff are within HPD structure at national and sub-national levels. Most of them have no solid knowledge and experience in designing and deploying Health Promotion programs/ campaigns. HPD must have competent personnel in order to design and deploy modern health communications programs/ campaigns as well as to work with third party communications consultant (firm) to design, develop, launch, and to effectively monitor communications programs/ campaigns, HPD must have the competent personnel.

## **B. OVERALL OBJECTIVE OF THE PROJECT**

The overall purpose of this project is to design and conduct formative and operational research, an umbrella health communications campaign and four specific communication campaigns on maternal, child, and newborn health; routine immunization infant; young child feeding; and handwashing with soap at critical times, and to build capacity of Health Promotion officers and managers.

Specific Objectives of the project

1. *To design and conduct formative and operational research in order to:*

- Identify the individual, community, and influencers' perceptions, myths and misconceptions around
  - pregnancy, childbirth and the newborn
  - routine immunization
  - infant and young child feeding and;
  - Handwashing with soap at critical times
- Define and understand populations who practice risky behaviors
- Provide recommendations for designing effective communication campaigns around the target behaviours

2. *To design and conduct the following Health Promotion and Communications Campaigns:*

- an umbrella health communications campaign;

- communications campaign on maternal, child and newborn health;
  - communications campaign on infant and young child feeding;
  - communications campaign on routine immunization;
  - communications campaign on handwashing with soap at critical times;
3. *To build on capacity of Health Promotion officers and managers at Health Promotion and other relevant departments including GCMU*

## **C. TARGETS**

### 1. *Conducting formative and operational research:*

- Ensure that the formative and operational research cover all targeted campaigns (umbrella health communications campaign; and specific communications campaigns, one on maternal, child and newborn health, one on routine immunization, one on infant and young child feeding and one on handwashing with soap at critical times)
- Ensure that the formative and operational research sample represents geographical, lingual, ethnic, demographic dimensions;
- Ensure that the results and analyses from formative and operational research is directly tied to the strategic development of the umbrella and four specific health campaigns

### 2. *Conducting an umbrella health communications campaign and four specific campaigns:*

- Ensure that umbrella health communications campaign and other four specific campaigns on maternal, child and newborn; routine immunization; infant and young child feeding; and handwashing with soap at critical times cover urban and rural populations of all 34 provinces with more focus on high risk settings<sup>8</sup>;
- Ensure that the campaigns are based on evidence from desk review and the formative and operational research, are creative and compelling in nature, and take into account considerations for the media channels necessary to reach the target populations, including social media, mass media, and interpersonal communications.”
- Ensure the campaigns target policy makers, health care professionals, patients, and influencers as appropriate and as based on the formative and operational research.”

### 4. *Strengthening capacity of Health Promotion officers and managers at Health Promotion and other relevant departments including GCMU:*

- Ensure that capacity of 35 health promotion officers and managers built on designing, implementing and monitoring of health communications programs/ campaigns;

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<sup>8</sup> High risk settings refers to those settings where the full immunization rate, institutional delivery and practicing handwashing with soap at critical times are low. Besides, the settings where target nutrition indicators are low.

## **D. SCOPE OF SERVICES**

### *1. Scope of services under conducting formative and operational research*

The consultant (firm) should develop a formative and operational research protocol; develop and pretest study questionnaires and tools; obtain approval of the MoPH Institutional Review Board prior to conducting the study; conduct training for the survey teams; conduct the survey in urban and rural areas of 14 provinces of 7 regions considering geographical, lingual and ethnic dimensions, carry out data entry; cleaning, and analysis using a standard statistical software; develop and present the initial report of key findings to MoPH; submit the final report of the research; and develop strategic operational communication plan based on the research findings for Health Promotion on targeted priority areas.

### *2. Scope of services under umbrella health communications campaign*

The Ministry of Public Health seeks the assistance of communications consultant (firm) to work with its Health Promotion Department to design and implement an umbrella health communications campaign under which all health campaigns for the MoPH would be housed. This umbrella campaign will consist of a powerful and creative MoPH brand and brand strategy that addresses the MoPH's mission to deliver *'Health for all Afghans'*. Besides, a communications and media strategy and creative concepts will be developed based on findings from formative and operational research. MoPH brand and brand strategy will create the foundation for the follow on health topic specific campaigns and will provide a unifying theme and strategy for the MoPH line departments to use in order to convey a cohesive effort to reduce maternal and child mortality in Afghanistan.

Moreover, a package of creative communication materials (print, audio and video) including case studies for the purposes of awareness, behavior change, and advocacy, as well as digital communications strategy to support umbrella and health-specific campaigns will be developed.

The umbrella health communications campaign will engage line ministries (MoWA, MoE, MRRD, MoHRA, MAIL) and other government departments, parliamentarians, NGOs, the medical community, Community Development Councils through the Citizens' Charter Afghanistan Project, religious leaders, tribal leaders, and the private sector to support of maternal and newborn health and will be the face of the President's and Minister of Public Health's efforts to reverse the dramatic upturn of maternal mortality in Afghanistan.

The interventions shall be tailored to various settings such as: communities, schools, workplaces, religious institutions, and health facilities using multiple strategies, channels and approaches, including but not limited to community mobilization, public awareness through social media mass

media especially famous TV channels and local radio stations, advocacy for creating enabling environment, inter-sectoral partnership, point of service promotion, health education and interpersonal communication and counseling.

*3. Scope of services under objectives of four specific campaigns:*

The health communications campaigns will aim to change deep-rooted behaviours that impact health in a negative way.

In order to drive demand for health products and services or to change deep-rooted behaviors that negatively impacts health, communications campaigns must be based on findings from formative and operational research, which takes into account the consumer, community, influencers, perceptions, myths, misconceptions and media channels (including social media). The messages should be well-tested, emotional and engaging.

The consultant (firm) shall develop communication strategy for each of the four specific campaigns based on the findings from formative and operational research<sup>9</sup>.

The communication strategy will be consist of advocacy, social mobilization and behavior change interventions that are tailored to various settings such as communities, schools, work places, religious institutions, and health facilities using multiple channels such as, social media, SMS, IVR, mass media especially famous TV channels and local radio stations, and interpersonal communication.

To ensure that the audio and video spots are aired through mass media as planned, the consultant (firm) shall hire an electronic media monitoring agency.

*4. Scope of services under strengthening capacity of the Health Promotion officers and managers at Health Promotion Department and other relevant departments including GCMU:*

The consultant (firm) will develop a strategic plan including continuing education program for health promotion officers and managers within MoPH to assist in building capacity within the HPD/ MoPH through coaching on-the-job and classroom training to allow it to fulfill its critical role in supporting the vision of the MoPH.

The consultant (firm) shall provide consultancy for strategic communication planning and will provide opportunities for short-term (2-4 weeks) secondments embedding Health Promotion officers and managers from Health Promotion Department and other relevant departments including GCMU.

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<sup>9</sup> This will be undertaken separately by another entity before the consultants (firms) is appointed so that the findings are ready to apply to messages

The consultant (firm) should work with the HPD to review its existing communication programs and its approach towards designing, implementing and monitoring of health communication and promotion campaigns, evaluation of communication channels for engagement of (e.g. interpersonal, mass media and social media), and its management of a multi-tiered communications process.

The aim of the secondments is to train Health Promotion officers and managers at Health Promotion Department and other relevant department including GCMU on designing, implementing, monitoring of professional health and consumer based communication campaigns, and effective management of professional communications consultant (firm) in executing these campaigns.

These trained staff would act as a resource within the HPD as well as across the MoPH/health sector for all existing and future communications programs/ campaigns. They would be responsible for sharing what they learn with the wider group through lectures and seminars. In addition, the selected consultant (firm) will provide recommendations to staff regarding potential opportunities to share the strategies, practices, approaches, and results of MoPH health communications programs at international conferences and through submission of abstracts and publications, so that other institutions and organizations benefit from these investments.

In addition to key staff, mentioned under section F, it is suggested that the winner consultant (firm) will hire competent national consultant/s under each specific objective for smooth implementation of the activities. This will also contribute to building capacity within the country to effectively design and conduct Health Promotion programs and campaigns in future.

***Develop a health communications toolkit.*** The selected consultant (firm) will work with the HPD to develop a toolkit that the HPD will use to structure any and all health communications work that it oversees. This toolkit will contribute to strengthen the stewardship role of HPD for health promotion and behaviour change programs/ interventions. The toolkit will explain the steps for designing, conduct monitoring and evaluation of health promotion and behaviour change programs/ interventions with clear roles and responsibilities of HPD and other relevant departments/ entities. The trained Health Promotion officers and managers would then conduct cascade trainings to other relevant health personnel at national and sub-national levels to aid in the development and implementation of campaigns. This will be accomplished through off-site and on-site consulting services, and through a series of two off-site workshops led by the selected consultant (firm). The toolkit will provide the foundation and set of principles for the design and implementation of health campaigns, for the creation and evaluation of RFPs, for communications contracts, and campaigns evaluation.



## E. LOCATION AND DURATION OF SERVICES

The duration of the project is two years under Sehatmandi project.

### 1. *Formative and operational research*

The formative and operational research will be conducted in urban and rural areas of 14 provinces of 7 regions; two provinces from each region will be selected purposively to represent geographical, lingual and ethnic dimensions. The provinces are located in 7 regions as follows:

- Northern region: Balkh, Faryab;
- North Eastern region: Badakhshan, Kunduz;
- Western region: Herat, Ghor;
- Central region: Kabul, Bamyan;
- Southern region: Kandahar, Urozgan;
- South Eastern region: Khost, Paktia; and
- Eastern region: Nangarhar, Kunar

### 2. *Umbrella health communication and four specific campaigns*

The umbrella health communications campaign and four health specific campaigns will be nationwide (with more focus on high-risk settings<sup>10</sup>) that involves engagement of various stakeholders at different levels both at national and sub-national levels.

### 3. *Building capacity of Health Promotion officers and managers at Health Promotion Department and other relevant departments including GCMU*

The services under the building capacity of Health Promotion officers and managers at Health Promotion Department and other relevant departments including GCMU will be provided through classroom trainings, on-the-job trainings, coaching and secondments at national and international settings.

## F. QUALIFICATIONS OF KEY PROFESSIONAL STAFF

Education (20%)	Adequacy for the assignment (60%)	Regional Experience (20%)
<b>1. Health Promotion Project (Research, campaigns and capacity building)</b>		
<b>One Project Manager (international) – present in Kabul during the assignment</b>		
<ul style="list-style-type: none"><li>• At least Master degree in communication or</li></ul>	<ul style="list-style-type: none"><li>• At least seven years of proven work experience in managing of development projects</li></ul>	<ul style="list-style-type: none"><li>• Relevant working experience in the region</li></ul>

<sup>10</sup> Refer to Afghanistan Demographic and Health Survey (ADHS 2015): Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. 2016. Afghanistan Demographic and Health Survey 2015. Kabul, Afghanistan, and Rockville, Maryland USA: Central Statistics Organization, Ministry of Public Health, and ICF

Public Health or Business Administration	<ul style="list-style-type: none"> <li>• Excellent written and verbal communication skills in English language (the medium of bachelor or master's degree should be in English)</li> </ul>	
<b>2. Formative and Operational Research</b>		
<b>Research Specialist (International) [60% presence in the field]</b>		
<ul style="list-style-type: none"> <li>• Ph.D. degree in communication</li> </ul>	<ul style="list-style-type: none"> <li>• At least five years of proven work experience in public health research projects at national and international settings;</li> <li>• Excellent written and verbal communication skills in English language (the medium of bachelor or master's or Ph.D. degree should be in English)</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant working experience in the region or post-conflict contexts</li> </ul>
<b>3. Conducting Umbrella Health Communications Campaign and Four Specific Campaigns</b>		
<b>Two International Communication Specialists (at least one of them should be 100% present in Afghanistan during project life span)</b>		
<ul style="list-style-type: none"> <li>• Ph.D. degree in communication for development;</li> </ul>	<ul style="list-style-type: none"> <li>• At least five years of full time work experience in managing communication projects/ programs;</li> <li>• Must have at least one year international work experience in social behavior change communication.</li> <li>• Excellent written and verbal communication skills in English language (the medium of bachelor or master's or Ph.D. degree should be in English)</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant working experience in the developing countries</li> </ul>
<b>4. Building on Capacity of Health Promotion officers and managers at Health Promotion Department or other relevant departments including GCMU</b>		
<b>One International capacity building coordinator/ manager</b>		
<ul style="list-style-type: none"> <li>• Ph.D. degree in health promotion/ health communication</li> </ul>	<ul style="list-style-type: none"> <li>• At least five years of full time work experience in designing and conducting communication for development trainings;</li> <li>• Excellent written and verbal communication skills in English language (the medium of bachelor or master's or Ph.D. degree should be in English)</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant working experience in the developing countries</li> </ul>
<b>5. Financial Management</b>		
<b>One finance manager national/international</b>		
<ul style="list-style-type: none"> <li>• Bachelor in finance</li> </ul>	<ul style="list-style-type: none"> <li>• At least 5 years of full time work experience in finance/accounting</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant working experience in the developing countries</li> </ul>

## **G. DATA, SERVICES, AND FACILITIES PROVIDED BY THE MoPH**

The Health Promotion Department in coordination with other relevant departments of MoPH will provide the following facilities to the consultant (firm) to enable it to undertake the work:

- Provide the soft copies of all relevant existing IEC materials, guidelines, protocols, ToRs of HPD staff, ToR of the department, and MoPH policies, strategies, reports, and demographic and health information.
- HPD will facilitate the administrative tasks of introducing the consultant (firm) to MoPH departments including provincial health directorates, other line ministries and government entities, and NGOs and officially request their support and coordination.
- HPD will facilitate the venue for technical meetings if available in MoPH premises.
- HPD/ MoPH will facilitate the timely transfer of fund, through development budget department to the consultant (firm) bank account.
- The MoPH will hire an auditing firm to perform external audit of the contract. The externally financial audited report will be provided to the MoPH and/or its representative. The MoPH reserves the right to examine, or to have its designated agent examine the accounts maintained by the consultant for these MoPH-financed activities.

## **H. AUTHORITY AND RESPONSIBILITIES OF MOPH (HPD, GCMU AND OTHER TECHNICAL DEPARTMENTS) AND THE CONSULTANT**

### **1. The Health Promotion Department (HPD)**

- will monitor the performance of consultant (firm) and ensure that the consultant adhere to the terms of the contract and will take the disciplinary actions if required; in case of not complying the terms and condition of contract by consultant(firm)
- will review the technical progress, inception, quarterly and end of project reports submitted by the consultant (firm) and provide necessary feedback;
- Establish technical/ steering committees for providing technical inputs and taking necessary decisions/ actions.
- Facilitate the consultant (firm) in solving the problems that can arise in any complex situation;
- Provide technical inputs and required documents
- Monitor the implementation of project activities and will support the consultant (firm) if required.
- Assist with coordination to enable the successful design and implementation of project. Lead and facilitate technical workshops, round tables, conference and meetings.
- Facilitate the consultant communication with MoPH departments' and facilitate the venue for technical meetings.

### **2. MoPH through the GCMU has the following responsibilities:**

- Convene meetings with consultant (firm) in coordination with HPD/MoPH to discuss and resolve issues related to procurement and payment;
- Process the timely transfer of fund in close coordination with Development Budget Department (DBD) of MoPH to the implementing partners after approving the reports and deliverables by technical department (HPD)

**3. The relevant departments of MoPH at central and provincial levels will be responsible for:**

- Providing technical inputs and required documents;
  - Assisting with coordination to enable the successful design and implementation of project.
1. Jointly monitor the implementation of research activities and campaign implementation by the partner at the provincial level.
  2. The Sehatmandi coordination team with HPD will coordinate the activities and address any related issue to the project. The consultant (firm) may encounter.

**4. The consultant (firm) has the following responsibilities:**

- To manage all implementation details mentioned under the Scope of Work in Section D for each specific objective according to best business practice. Their technical proposal and contract terms & conditions.
- To provide a monthly progress report, detailed quarterly report of the progress of the activities, end of project report and other report agreed with MoPH.
- Other responsibilities; such as managing administration, finance and logistic needs, travel arrangements, ensuring availability of communication materials, coordinating effectively with line department of MoPH, line ministries, government departments, NGOs, civil society, private sector, media, and local councils.
- The winner consultant (firm) shall show its physical presence/ facilities in Afghanistan (registered or to be registered within the period of procurement process of this project).

**I. REPORTING AND PAYMENT**

**The consultant (firm) is required to provide the following reports to MoPH through HPD:**

<b>Reporting and Payment</b>			
<b>N</b>	<b>Reports</b>	<b>Due Date</b>	<b>Remarks</b>
<b>1</b>	Inception report	20 days after commencement of the Project	
<b>2</b>	Monthly progress report(Technical)	By the 10 <sup>th</sup> of the following month	
<b>3</b>	Quarterly reports(Technical +Financial)	By the 10 <sup>th</sup> of the first month of the following quarter	
<b>4</b>	Midterm reports( Technical +Financial)	Within 10 days at the mid of the project	
<b>5</b>	Final reports(Technical + Financial)	One month after end of the Project	

**Payment:** After verification of reports and deliverables by HPD, the payment will be done to consultant by the MoPH, through development budget department of the MoPH to the bank account of consultant.

\*If by any reason the deliverable delayed the payment will be delayed as well

#### **J. KEY DELIVERABLES:**

- Study protocol and instruments including questionnaires to be developed during the 1st Month after commencement of the project;
- Final report of the research study with policy recommendations including data sets (cleaned and un-cleaned) delivered to HPD/MoPH 45 days after research data collected;
- Strategic operational-communication plan for Health Promotion including umbrella campaign, maternal health, routine immunization, infant and young child feeding, and handwashing with soap developed and delivered to HPD/MoPH by mid of 3rd quarter after commencement of the project;
- Digital communications strategy and brand strategy to support umbrella and four health-specific campaigns developed and delivered to HPD/MoPH by mid of 3rd quarter after commencement of the project;
- A health communications toolkit and packages of creative communication materials (printing, audio and video) developed and submitted to HPD/MoPH by mid of 4th quarter after commencement of the project;
- An umbrella health communications campaign is conducted with a powerful and creative MoPH brand and brand strategy that addresses the Ministry of Public Health's mission by end of 1st quarter of second year of the project, and proven record of electronic media monitoring provided upon request;
- Four specific health communication campaigns on maternal, child and newborn health, routine immunization, infant and young child feeding, and handwashing with soap at critical times conducted by end of 3rd quarter of second year of the project, and proven record of electronic media monitoring provided upon request;
- Capacity building plan developed and delivered to HPD/MoPH by the end of 1st quarter of the project;

- Capacity building conducted for Health Promotion officers and managers at Health Promotion Department and relevant departments including GCMU throughout the project implementation;
- Final report of the umbrella and four specific health communication campaigns, as well as, capacity building delivered to HPD/MoPH by end of each assignment.