

**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.¹ 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 2015². 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 births³. 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'⁴. 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 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 be changed. 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 services and a shift to healthier behaviors. They also may not address substantial social norms that can further impede improved health

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

outcomes. The health promotion and communication interventions are typically in printed or audio/ video forms and there is low level of creativity/innovations in crafting and delivering messages.

As well as 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 through health promotion and communication campaigns. 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 the balance between preventive health, 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 family planning, infant and young child feeding and routine immunization 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 benefits 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 further enhance knowledge and promote healthy behavior among target audience regarding reproductive health (family planning) infant and young child feeding and Immunization, through developing powerful and effective communication/promotion interventions and campaigns

Family Planning. The knowledge of family planning methods is an important precursor for its use. However, according to the Afghanistan Demographic and Health Survey (AfDHS) 2015, about 94 percent of women of 15-49 ages have heard of specific modern contraceptive methods, but only 23 percent of women reported to use any modern methods of contraceptive. Similarly, 91 percent of men have heard of specific modern contraceptive methods, but only 3 percent of men use condom. The findings suggest a huge gap between awareness and use of family planning methods. And For

this, there is need for addressing this gap through in-depth knowledge, sensitization, motivation and counseling on family planning methods taking into account findings of existing literatures and formative research considering the social, cultural and personal beliefs of families, health service providers, family members, religious scholars, community elders and other influencers through appropriate communication approaches.

Infant and young child feeding. Healthy nutrition is the most important factor for maintaining and keeping good health. AfDHS 2015 shows that about two-fifths (41%) of infants were breastfed within 1st 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 infants⁵ 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 2015 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 Penta and and polio. Therefore, there is need to identify and address unfavorable behaviors of families and healthcare providers towards late initiation, partially vaccinating, and not vaccinating children.

Thus, there is need to create in-depth knowledge, sensitization, motivation and counseling on family planning, infant and young child feeding and immunization taking into account findings of existing literatures and proposed formative and operational research considering the social, cultural and personal beliefs of families, health service providers, religious scholars, community elders and other influencers through appropriate communication approaches.

Capacity Development

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/

⁵Central 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

campaigns. Thus, there is need for capacity development of health promotion officers and managers within HPD/MoPH to deploy, adapt, strengthen and maintain the capabilities to define, plan and achieve health sector behaviour change and health promotion objectives on an exclusive, participatory and sustainable basis. The health promotion officer and managers capacity to be developed through writing abstracts and presenting them in international conferences, classroom and on the job training, workshops, partnership & program development, assessment of strategic communications work & development of toolkit.

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 three specific communication campaigns on family planning, infant and young child feeding and immunization, and to develop 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
 - Family planning including outreach to religious leaders on FP issues
 - Infant and young child feeding
 - routine immunization
- Define and understand populations who practice risky behaviors
- Provide recommendations for designing effective communication campaigns around the target behaviors

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

- an umbrella health communications campaign;
- communications campaign on family planning;
- communications campaign on infant and young child feeding; and
- communications campaign on routine immunization.

3. *To develop capacity of Health Promotion officers and managers at Health Promotion and other relevant departments*

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 family planning including outreach to religious leaders on FP issues, one on infant and young child feeding and one on routine immunization);
- Ensure that the formative and operational research sample represents geographical, lingual, ethnic, demographic dimensions; and
- Ensure that the results and analyses from formative and operational research is directly tied to the strategic development of the umbrella and three specific health campaigns.

2. Conducting an umbrella health communications campaign and three specific campaigns:

- Ensure that umbrella health communications campaign and other three specific campaigns on family planning; infant and young child feeding; and routine immunization cover urban and rural populations of all 34 provinces with more focus on high risk settings⁶;
- Ensure that the campaigns are based on evidence from desk review and the formative and operational research, are creative and compelling in nature including mass and social media, and interpersonal communications, and take into account considerations for the media channels necessary to reach the target populations,
- Ensure the campaigns target policy makers, health care professionals, other influential, as appropriate and as based on the formative and operational research.

4. Develop capacity of Health Promotion officers and managers at Health Promotion and other relevant departments:

- Ensure that capacity of 35 health promotion officers and managers built on designing, implementing and monitoring of health communications programs/ campaigns in order to leverage for community engagement through existing platforms.

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

⁶ High risk settings refers to those settings where the indicators for family planning, infant and young child feeding with hygienic practice, and full immunization are low.

research; and develop strategic operational communication plan based on the research findings for Health Promotion interventions on targeted priority areas, include outreach to religious leaders to engage with families and communities to drive preventive and healthy behaviors towards improved maternal and newborn outcomes, in particular focusing on family planning issues.

In recent years, some KAP studies have been conducted on target health issues; therefore, the firm should critically review the existing literatures to better understand barriers against desirable behaviors for designing effective health promotion and communication campaigns. Moreover, the proposed formative and operational research could be used to collect required information other than the existing ones.

2. Scope of services under umbrella health communication campaigns

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 the maternal and newborn health with greater focus on use of family planning, infant and young child feeding and routine immunization and will be the face of the President's and Minister of Public Health's efforts to reverse the dramatic upturn of maternal and child 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 and 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 three specific campaigns:

The health communications campaigns will aim to change deep-rooted behaviors 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 three specific campaigns based on the findings from formative and operational research⁷.

The communication campaigns will be consisted of advocacy, social mobilization and behavior change interventions using existing platforms and networks such as citizen charter, Community Based Health Care ,community development counsel, schools, work places, religious institutions and scholars, civil society Organizations(CSOs)and health facilities as well as social media, SMS, IVR(Health Information Center of MoPH), mass media especially famous TV channels and local radio stations, newspapers and magazines including MoPH Roghtia magazine . .

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 development capacity of the Health Promotion officers and managers at Health Promotion and other relevant departments:

The consultant (firm) will develop a strategic capacity development operational 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, workshops, (2-4 weeks) secondments embedding, writing abstracts and presenting them in international conferences, partnership & program development, assessment of strategic communications work & development of toolkit to allow them to fulfill its critical role in supporting the vision of the MoPH. The firm shall start the branding and communication campaigns for the target areas where evidence about behavioral, social, cultural and personal beliefs and attitudes

⁷ This will be undertaken separately by another entity before the consultants (firms) is appointed so that the findings are ready to apply to messages

already exist, and further modify the campaigns while new evidence generated from proposed formative and operational research.

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.

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 and conducting 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 15 months under Sehatmandi project.

1. Formative and operational research

The formative and operational research will be conducted in urban and rural areas of 7 provinces of 7 regions; one province 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,;
- North Eastern region: Badakhshan
- Western region: Herat

- Central region: Kabul
- Southern region: Kandahar
- South Eastern region: Paktia
- Eastern region: Nangarhar

2. Umbrella health communication and three specific campaigns

The umbrella health communications campaign and three health specific campaigns will be nationwide (with more focus on high-risk settings⁸) that involves engagement of various stakeholders at different levels both at national and sub-national levels.

3. Developing capacity of Health Promotion officers and managers at Health Promotion Department and other relevant departments

The services under the developing capacity of Health Promotion officers and managers at Health Promotion Department and other relevant departments will be done at country and international setting,

QUALIFICATIONS OF KEY PROFESSIONAL STAFF

Education (20%)	Adequacy for the assignment (60%)	Regional Experience (20%)
1. Health Promotion Project (Research, campaigns and capacity building)		
One Project Manager (international) – Present in Afghanistan during the life of project. (15 Months)		
<ul style="list-style-type: none"> • At least Master degree in communication or Public Health or Business Administration 	<ul style="list-style-type: none"> • At least seven years of proven work experience in managing of development projects. • Excellent written and verbal communication skills in English language(the medium of bachelor or master degree should be in English) 	<ul style="list-style-type: none"> • Relevant working experience in the region
2. Formative and Operational Research		
Research Specialist (International)(60% presence in the field during the research period(4 Months)		
<ul style="list-style-type: none"> • PhD degree in communication 	<ul style="list-style-type: none"> • At least five years of proven work experience in public health research projects at national and international settings; • Excellent written and verbal 	<ul style="list-style-type: none"> • Relevant working experience in the region or post-conflict contexts

⁸ 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

	communication skills in English language,(the medium of bachelor or master’s or PhD degree should be in English)	
3. Conducting Umbrella Health Communications Campaign and three Specific Campaigns		
Two International Communication Specialists; one for umbrella campaign and second for three specific communication campaigns who should be 100% present in Afghanistan during project life spans		
<ul style="list-style-type: none"> • PhD degree in communication for development; 	<ul style="list-style-type: none"> • At least five years of full time work experience in managing communication campaigns, projects/ programs; • Must have at least one year international work experience in social behavior change communication • Excellent written and verbal communication skills in English language,(Native English speaker, the medium of bachelor or master’s or Ph.D. degree should be in English) 	<ul style="list-style-type: none"> • Relevant working experience in the developing countries
4. Capacity development of Health Promotion officers and managers at Health Promotion Department or other relevant departments		
One International capacity building coordinator/ manager for 14 months		
<ul style="list-style-type: none"> • Ph.D degree in health promotion/ health communication 	<ul style="list-style-type: none"> • At least five years of full time work experience in designing and conducting communication for development trainings; • Excellent written and verbal communication skills in English language,(the medium of bachelor or master or Ph.D. degree should be in English) 	<ul style="list-style-type: none"> • Relevant working experience in the developing countries
5. Financial Management for 15 months		
One finance Manager national/international		
<ul style="list-style-type: none"> • Bachelor in finance 	<ul style="list-style-type: none"> • At least 5 years of full time work experience in finance/accounting 	<ul style="list-style-type: none"> • Relevant working experience in the developing countries

F. 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.

G. 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).

H. REPORTING AND PAYMENT

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

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

I. KEY DELIVERABLES:

- Operational-communication plan for the project including formative and operational research, umbrella and three specific campaigns on family planning, infant and young child feeding & routine immunization and capacity building of Health Promotion Staff, developed and delivered to HPD/MoPH during the 1st month after commencement of the project
- Study protocol and instruments including questionnaires to be developed during the 1st month after commencement of the project;
- Final report of formative and operational research with policy recommendations including dataset (cleaned and un-cleaned) delivered to HPD/MoPH by the end of 4th month after commencement of the project;
- Digital communications and branding strategies to support umbrella and three health-specific campaigns developed and delivered to HPD/MoPH by the end of 6th month of the 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 the end of 6th month of the commencement of the project.
- Umbrella and three specific communications campaigns (family planning, infant and young child feeding and immunization) are conducted with a powerful and creative MoPH brand and branding strategy that addresses the Ministry of Public Health's mission by end of 15th month after commencement of the project; and proven record of electronic media monitoring provided upon request;
- Capacity development conducted for Health Promotion officers and managers at Health Promotion Department and relevant departments throughout the project lifespan;
- Report of the umbrella and three specific health communication campaigns, as well as, capacity development delivered to HPD/MoPH by end of each assignment.
- Final report of the entire project along with communication strategies/documents and materials (soft and hard) to be submitted to HPD/MoPH one month after end of the project.

