

TERMS OF REFERENCE

BEHAVIOR CHANGE COMMUNICATION CONSULTANCY

EQUATORIAL GUINEA

Medical Care Development International (MCDI)

Introduction

The Bioko Island Malaria Control Program (BIMCP) III is a five-year project funded by the Government of Equatorial Guinea and private partners, which seeks to substantially reduce morbidity and mortality caused by malaria on Bioko Island, Equatorial Guinea. The project's interventions build on those established during Phase I (2004-2008) and Phase II (2009-2013) and are centered on indoor residual spraying, distribution of long-lasting insecticidal nets, focal larval source control, vector surveillance, malaria diagnosis and case management, behavior change communication, and monitoring and evaluation. The project includes continued investments in human resources development and a strong commitment to capacity-building and integration to prepare the EG Ministry of Health and Social Welfare (MoHSW) to assume responsibility for sustaining the malaria control activities introduced by the BIMCP. MCDI implements the BIMCP together with partner organizations including the London School of Hygiene and Tropical Medicine (LSHTM), the Liverpool School of Tropical Medicine (LSTM), and Texas A&M University's AgriLife Research.

The goal of the Equatorial Guinea Malaria Vaccine Initiative (EGMVI) is to eliminate malaria-attributable morbidity and mortality on Bioko Island through the use of a sporozoite-based vaccine developed by Sanaria Inc. The third stage of the EGMVI has been funded by the Government of EG and the same consortium of oil and gas companies mentioned above, to carry out a series of clinical trials of the PfSPZ Vaccine and the PfSPZ-Cvac approach. Studies include age escalation and de-escalation, subject diversification, vaccine dose optimization, and an intervention study on elimination, which is expected to culminate in an Island-wide malaria elimination vaccination campaign.

The various stages of the EGMVI are designed to be integrated within Phase III of the BIMCP. The EGMVI and BIMCP are managed in an integrated manner, leveraging the administrative and finance capacities of the BIMCP. EGMVI and BIMCP will continue to be implemented in the following five years, and will be referred to herein as the MCDI Malaria projects.

1. Goal of the Recruitment

MCDI seeks an International Consultant for its Behavior Change Communication/Information, Education, and Communication (BCC/IEC) Component to enhance the implementation quality and impact of its Malaria projects on Bioko Island in the Equatorial Guinea. The main goal of the Consultancy is to design a culturally adapted and demand-driven five-year Strategic Plan, based on sound evidence and focused on promoting change and/or maintenance of specific behaviors that promote reduction of malaria transmission. At the same time, the Consultant will identify positive behaviors which promote prevention and help other project interventions. Finally, the Consultant will promote and roll out a realistic implementation plan, which will guide project implementation in the next five year period (2019-2023).

2. Justification and theoretical framework

The discussion on the need for promoting behavior change communication (BCC) as a tool for the construction of healthy lifestyles has been ongoing for more than two decades. BCC concepts have evolved and multiple theories have been developed; over the past decades, behavioral and social researchers have identified multi-level determinants of health, which are key elements of BCC. These theories are based on identifying environmental, personal, and behavioral characteristics, as reasons for behavioral determination. One of the most popular models designed to frame BCC is the Prochaska and Diclemente model, or the trans-theoretical model (TTM, 1984). TTM describes five stages of change, which are easy to identify even for outsiders and simple to apply in development settings. The TTM has been used widely and is one of multiple tools available, thanks to social researchers. As a result of all this research, significant achievements have been recorded on a wide range of health and social issues, such as reducing smoking or improving coverage of family planning. Despite all this progress, adequate strategies and plans towards the construction of sustainable behavior change strategies remain a challenge for development initiatives, and especially for public health specialists.

The core principle of implementing behavior change in health is to make the healthy choice the easy choice. Putting this into practice requires ‘de-constructing’ barriers built as components of individual behaviors – in some cases generations ago. The challenge is to convince individuals of the need for including new behaviors in the construction of a healthier lifestyle. It is important to look at the bigger picture when helping these individuals in their search for changing behaviors and learning new ones, creating healthy lifestyles around them, and promoting them in their communities. Concepts like self-care and self-efficacy are fundamental in the construction of these lifestyles and are basic in the construction of this new lifestyle, rendering sustainable.

A strong strategy for launching recommended health behaviors is a necessary first step towards achieving positive health outcomes. A comprehensive malaria communication strategy needs to be evidence-based, using previous assessments and situational analyses which will serve not only to build the strategy, but to establish baselines and a performance framework. This performance framework needs to be simple, easy to understand, and able to explain the evolution of the strategy in an easy way.

A second phase of the communication strategy will include maintenance mechanisms, looking for preserving the achievements reached in the first periods. Several researchers have shown that gains achieved initially often diminish after the conclusion of active intervention phases. Continuous growth will require the preservation of gains and increased responsiveness and awareness of change by increasing numbers of individuals. Achieving this stage, or what Prochaska and Diclemente propose as the “maintenance” stage is the real challenge of any BCC strategy. The larger the number of individuals at this stage, the greater the possibility of success for BCC will be. While in the maintenance stage, individuals are less tempted to relapse, and grow increasingly confident that they can continue their changes. Based on self-efficacy data, researchers have estimated that “maintenance” lasts from six months to about five years. While this estimate may seem somewhat pessimistic, longitudinal data in the 1990 Surgeon General’s report support this temporal estimate. After 12 months of continuous abstinence, 43% of individuals returned to regular smoking. It was not until 5 years of continuous abstinence that the risk for relapse dropped to 7% (USDHHS).

Understanding how to maintain gains over time is critical for promoting sustained population health benefits. Just as medications for chronic illnesses are generally prescribed for long periods, health-behavior interventions may require long periods of active intervention.

3. Rationale

This is an international consultancy spread over 6 months to provide guidance and sharing of expertise on BCC.

BCC must be seen as a cross-cutting component of MCDI's Malaria projects, with activities to be inserted and implemented in all components of both MCDI Malaria projects (diagnosis and treatment, acceptance of preventive measures such as indoor residual spraying and use of long-lasting insecticidal bed nets, mass vaccination, etc.). These new activities will create awareness amongst the implementation teams on the need to incorporate BCC as part of their daily routines. These new "demands" will modify the way in which teams implement their activities and will add value and impact. The Strategy will crucially work to insert gender topics as part of the change process, inasmuch as gender relations influence how knowledge is generated, information is shared, and health-related decisions are made. Gender will be considered a cross-cutting topic, which needs to be considered on an ongoing basis.

The Consultant needs to emphasize the need to have a demand-driven strategy. This means that the Strategy will ensure that BCC activities are identified for every component of the MCDI Malaria projects. These activities will not necessarily require new budgets to be attached, but new analysis to be held within each team and new approaches to be inserted towards the promotion of change and diversification.

The Consultancy includes the following components:

- Conduct a rapid assessment of BCC needs for the MCDI Malaria projects, including primary qualitative research on bed net use/non-use,
- Elaborate a BCC Strategic Plan for the period of 2019-2023,
- Design a Performance Monitoring Framework for the mentioned plan,
- Propose a roll-out implementation plan.

4. Components of the BCC Consultancy

Component 1: Initial assessment of the BCC needs of the MCDI Malaria projects.

Jointly with the national BCC team, the Consultant will conduct a participatory review of behaviors, attitudes, beliefs and practices of the target communities. This process will involve reviewing existing communication tools actually used by MCDI teams, health workers and communities. Other main activities include:

- Conduct a systematic review of the literature, to include previous BCC strategies implemented on Bioko Island not only by MCDI, but also by other NGOs and United Nations agencies
- Conduct stakeholder meetings focused on identified behavior areas, including the involvement of other key actors from the communication sector

- Train Equatoguinean staff on techniques for focus group facilitation and oversee the execution of a qualitative study of bed net use/non-use that will consist of focus groups and in-depth interviews
- Conduct other primary data collection (via focus groups, small surveys in target groups, in-depth interviews, etc.)

Using the knowledge gathered in these activities, the Consultant will:

- Identify the behavioral targets for a comprehensive BCC strategy
- Identify social, demographic and economic factors influencing the behavioral targets

At the end of this initial stage, the Consultant will produce a document with the findings of his/her assessments, and propose a framework for the BCC strategic plan.

Component 2: Design of a demand-driven BCC strategic Plan for the next five years 2019-2023

MCDI currently is not using a well-defined BCC strategic plan to organize its activities. The initial assessment shall serve to create demand by identifying target behaviors, which will require specific activities to be conducted and implemented by the MCDI project teams.

Jointly with the national BCC team, the consultant will:

- Identify the strategy's intervention areas
- Identify the objectives of each area
- Identify activities related to the objectives

The Consultant will prioritize his/her findings and define key behaviors that will influence the malaria transmission rate, paying special attention to gender differences in capacities to contribute and benefit from behavioral strategies. He/she will conduct meetings with key stakeholders to present the areas of interventions and discuss objectives and activities. This includes:

- Development of BCC modalities, including key messages, with the research, development, pre-testing, and production of culturally relevant multi-media communication materials, as well as other communication methods and tools (drama/theatre, radio/TV messaging, etc.). These methods will be developed according to areas and objectives.
- In collaboration with MoHSW and other stakeholders, the Consultant will map multi-media materials currently in use, identify gaps, consolidate messages and, based on these, propose priority materials and models for campaigns.
- Propose a framework for a capacity development and training plan for MoHSW and other stakeholders, focused on the communication methods and tools. This training plan will be based on BCC training modules for capacity building at different MoHSW hierarchical levels.
- Development of gender-aware BCC activities, included as a crosscutting topic throughout the strategy.

The consultant will identify direct and indirect beneficiaries of the intervention, and target priority geographic areas based on epidemiological, social, and demographic data. The strategy shall be consistent with the Government's National Strategic Plan for the Fight against Malaria in Equatorial Guinea 2016-2020 and be tailored to the country's present and future social and economic outlook to ensure sustainability.

Component 3: Design of the Performance Monitoring Framework (PMF) for the BCC Strategic Plan

Using the BCC Assessments and the BCC Strategic Plan, the Consultant will develop Monitoring and Evaluation processes to monitor the quantity, quality, and effectiveness of messages, tools, materials and activities proposed. BCC evaluations will require a mix of both quantitative and qualitative indicators and activities, focused on following trends and proposing early course corrections as needed.

Qualitative evaluations will be a crucial component of the PMF and will be included in the roll-out implementation plan. The PF will also include:

- A logical framework based on assessment results, epidemiological and social research, and MoHSW data. This framework will include a baseline analysis and will describe data collection methods for future measurements.
- A set of composite indicators (with numerators and denominators). These indicators will include process and outcome results and targets, following international standards. These indicators will be easily understandable and focused on target populations. The indicators will be as simple as possible, looking for integrating them into the MoHSW evaluation system and will be framed by the RBM and/or PMI standards
- Yearly quantitative evaluations, as a part of the Malaria Indicator Survey (MIS). This will require the inclusion of the identified set of indicators as a part of the annual MIS questionnaire.
- Periodic qualitative evaluations. The Consultant will identify specific key issues, as a part of a continuous qualitative evaluation system.
- Development of local capacity in qualitative evaluation. The Consultant will conduct training(s) for MoHSW personnel, with the goal of promoting continuous qualitative evaluations, as an ongoing component of the MoHSW Health Information System (HIS).

The PF will be presented to the MoHSW National Malaria Control Program in a workshop designed for identifying possible gaps and increasing ownership. After this workshop, a final document will be sent to the MoHSW for final approval and implementation.

Component 4: Roll-out, implementation, and maintenance plan

The Consultant will propose a timeframe for the five years, including the development of responsibilities and a resourcing plan, including:

- Human resources, technical assistance (both national and international), and methods and materials needed for specific campaigns and interventions
- Approximate budgets and logistical resources needed to ensure adequate implementation
- Involvement of the MoHSW and other stakeholders in specific activities

The roll-out plan will be for the five year duration, beginning in 2019 and ending in December 2023. This covers the following five years of Phase IV. During these years, the roll-out plan will have an initial phase, in which intense activities will be undertaken towards the achievement of the identified objectives. The length of this initial phase will be proposed by the Consultant and discussed with the main stakeholders.

At the end of this initial phase, an evaluation will be conducted in the interest of signaling results and identify weaknesses and strengths. Based on the result of this initial phase, the Consultant will identify

key elements, which will need to be reinforced continuously throughout the following years of the project. These “maintenance” elements will be utilized periodically in the communication tools, and will be targets of the PF.

Timeframe for the Consultancy

Activity	Oct. 2017			Nov.2017			Dec. 2017			Jan. 2018			Feb. 2018			Mar 2018			April 2018			
Recruitment	x	x	X																			
Arrival to Malabo				X																		
Presentation of the objectives of the consultancy					X																	
Initial Assessment (IA)/Focus groups					x	x	x	X														
Presentation of draft/IA										X	X											
Approval of draft/IA, document											x	X										
Presentation of document												X										
Identification of BCC priorities												x	X									
Design of BCC strategy													x	x	X	X						
Debates w stakeholders																	x					
Presentation of initial draft BCC s.																	X					
Approval of draft BCC strategy																	X					
Presentation of document																	X					
Design of roll out strategy																		x				
Approval of roll out																			X			

strategy																				
Presentation of approved document																			X	
Presentation																				X
Buffer																			X	X

The consultancy will begin in the first week of November 2017 and will end in the third week of April 2018.

4. Reporting

The Consultant will report to the Country Director, and through him to the Senior Project Manager.

5. Expected background and Experience

- Advanced university degree in the social/behavioral sciences (Communication, Sociology, Anthropology, Psychology, Health Education, or other related) with proven experience in the field of communication for development, health education/promotion, community mobilization, social marketing, participatory communication, new technologies and research.
- A proven track record of professionalism and ethical conduct. Relevant technical knowledge, skills and extensive work experience in designing BCC strategies, messages, tools and materials, implementation plans including media plans as well as in capacity building and M&E. Experience in providing consulting services and excellent track record of completion of tasks according to tight timelines. Experience with donor-funded projects a plus.
- Excellent writing and reporting skills with experience in projects of a similar nature, of at least a minimum of 5 years. Prior experience working in Africa is desirable.
- Excellent analytical and advocacy skills.
- Excellent writing and presentation skills in Spanish, with excellent knowledge of English.
- Experience in team working in culturally diverse contexts.
- Initiate and execute activities in a timely manner.

Three references will be requested once the recruitment process is completed. These references will be requested to provide both an interview and/or a written description of the candidate’s past work experience.

6. General Conditions: Procedures and Logistics

The Consultant will be based at the MCDI office in Malabo, Equatorial Guinea; she/he will be required to work in close coordination and cooperation with the MoHSW officials, including both the BCC and Malaria specialists. This consultancy requires field visits outside of Malabo while in-country.

Other related conditions:

- The transport fee/flight costs/from and to Malabo will be covered (Economy class).
- The consultant is authorized to have access to MCDI transport during his/her time in country.
- The consultant should provide his/her own laptop computer.

MCDI will pay the consultant based on a satisfactory performance and as per the above terms of payments.

Application materials should be submitted to mcdi@mcd.org by no later than November 1, 2017 to the attention of Nina Tapsoba.