

Terms of Reference for Individual Consultancy to Conduct Baseline Knowledge, Attitudes and Practices (KAP) Survey on Three Annual Management Plan Priorities of UNICEF in The Gambia

1. BACKGROUND

Action Against Hunger Senegal and The Gambia will give consultancy services to UNICEF The Gambia to conduct KAP Survey in the three regions of the country.

UNICEF The Gambia office Annual Management Plan (AMP) is focusing on 3 key results for children, namely Integrated Community Case Management (ICCM), Violence Against Children (VAC) and Early Childhood Development (ECD). These key results are to be achieved through community driven action, namely NSA Kenno ('we can do it').

In the AMP priorities, social and behavioural approaches combine to reinforce and ensure interventions are planned, implemented and monitored in ways that strengthen vertical and horizontal accountability, coordination and oversight and build local capacities for social and behavioural change and demand creation for services. Evidence has shown that in three regions that are alarming social indicators for children and women and the drivers of the inequities/disparities in these regions should be analysed from a Social Behavioural Change Communication (SBCC) perspective.

Before implementation of the interventions, UNICEF wants to establish a baseline in order to measure the effectiveness of the intervention and in depth understanding of negative/harmful human behaviour as priority in this survey, the context they occur and the ways it can impact as well as consolidate gains in advancing children agenda.

NSA Kenno (Protection) – Violence Against Children (VAC) – Key Results for Children (KRC)5, Sustainable Development Goal (SDG) 5, 11, 16, 17

Intended Result: Children vulnerable to violence, abuse and exploitation are provided with integrated services through a community case management system to prevent and respond to violence (bullying, sexual violence, child marriage and FGM/C) in Upper River Region, Central River Region North and Lower River Region.

Related indicators in AMP includes: Number of families and communities demonstrating knowledge or skills to reduce violence and harmful practices, number of girls and women who receive prevention and protection services on FGM/C and child marriage, through UNICEF supported programmes, among others

NSA Kenno (Survival) – Integrated Community Case Management (ICCM) Key Results for Children (KRC) 1, Sustainable Development Goal (SDG) 2, 3, 6, 7, 17

Intended Result: The communities in Upper River Region, Central River Region North and Lower River Region have improved knowledge, adopt healthy practices on key household behaviours and have access to newborn care package, ICCM package and WASH services by December 2019.



The social/ behavioural change communication and community engagement strategies is to promote adopted key household behaviours (Early antenatal registration, neonatal cord care, early health care seeking for pneumonia and malaria, infant and young child feeding, mother use MUAC, handwashing, use of latrines and create demand for services including immunizations and post-natal care.)

Related indicators in AMP includes: Percentage of children (0-59 months) with symptoms of pneumonia taken to an appropriate health provider, dropout rate between DPT1 and DPT3 coverage, number of Village Support Groups, traditional communicators and mothers trained on MUAC screening, number of primary caregivers of children aged 0-23 months who received counselling on IYCF, number of people still practicing open defecation.

NSA Kenno (Fair Chance) -Early Childhood Development (ECD) Key Results for Children (KRC) 3, Sustainable Development Goal (SDG) 1, 4, 10, 17

Intended Result: To support the development of a national plan for ECD policy, develop a system to identify vulnerable households, support the delivery of essential ECD services through existing community structures in targeted communities in Upper River Region, Central River Region North and Lower River Region.

Social behaviour change communication and community engagement approaches include the building capacities of decentralized structures to create awareness and understanding of ECD and social protection for sustainable behaviour change (early enrolment for ECD, parenting care) in communities.

Related indicators in AMP includes: Number of children and vulnerable households with access to social protection services, among others.

Below is list of proposed key behaviours and social practices to be assessed for each AMP using literature review, mixed method approach such as Focus Group Discussion (FGD) and key informant interview. During the inception phase, below list will be finalized in consultation with stakeholders.

Violence Against Children (VAC)

- Violence in school
- Female Genital Mutilation/ Circumcision (FGM/C) and child marriage practices
- Sexual violence against women and children

Integrated Community Case Management (ICCM)

- Timely demand for services for immunizations and post-natal care
- Positive neonatal cord care by health workers and caregivers
- Proper Infant and young child feeding

Fair Chance Early Childhood Development (ECD)

- Positive parenting care
- Utilization of cash transfer services related to ECD age group

Objective

Establish the baseline on Knowledge, Attitude and Practices (KAP) of VAC, ICCM, and ECD in the selected priority intervention areas to inform better programming.

Specific Objective

- Establish the level of Knowledge, Attitude and Practices (KAP) of VAC, ICCM, and ECD in communities within three AMP priority regions.
- Identify the drivers of social norms and behaviours linked to VAC, ICCM and ECD in the communities within three AMP priority regions.
- Use KAP survey results to cause continuous and proactive improvements in the advancing children agenda programming.

2. SCOPE OF THE WORK

The KAP Survey will cover the regions of Upper River Region, Central River Region North and Lower River Region in The Gambia.

3. METHODOLOGY

Collecting and Reviewing Secondary Data

The initial phase of this exercise entails a desk review of the project/program documents, previous KAP and SMART surveys, Demographic Health Surveys (DHS), full reference documents including signed AMPs and other research studies, Malaria Indicator survey and KAP assessments among young parents. Besides giving the consultant an initial impression of the existing MIYCF strategy, the anticipated impacts, outcomes, outputs and the broad range of activities being implemented, the exercise should assist in developing a tailored baseline survey methodology for the 3 regions.

Survey Methodology

The KAP survey will largely employ quantitative methods in addition some qualitative methods will be employed to generate in depth understanding of data collected using quantitative methods. Data and information will be gathered from sampled Villages of all the three targeted locations (LRR, URR and CRR). Respondents of the survey are expected to be interviewed are children (with special emphasis girl youth); mothers; health workers and managers; community and religious leaders; people actively taking part in community health structures/systems. The selection of the sample will ensure appropriate representation of all the socio-cultural diversity within the 3 regions. To do so, participatory approaches will be adopted during the entire field work.

Quantitative sample

Purposive random sampling will be used to key informants and participants who will be interviewed for the KAP survey in the 3 regions. Systematic random sampling will be used to select the girls, mothers/caregivers of children.

Qualitative sample

Purposive sampling will be used to determine respondents for the qualitative data.

Tools for data collection

Questionnaire to be used for caregivers and health workers including community health workers to establish the knowledge, attitudes and practices

Key informant interviews will be used for the religious leaders, community leaders and managers of programmes

Focus group discussions will be used at the community level to provide an understanding of the practices on VAC, ICCM and ECD. In addition, the sources of information and preferred sources of information on the 3 main components above will be assessed.

Quantitative Data Analysis

Data will be entered into SPSS version 20. After cleaning was done, data were analysed using SPSS version 20. The analysis of the data involved the use of frequencies and descriptive statistics. The findings will be presented in tables, pie charts, histograms and bar charts as appropriate.

Further analysis will be done using Chi square to determine the associations between variables related to knowledge and the practices done by the different respondents of the respective areas.

Qualitative data analysis

All interviews recorded during data collection in the field will be transcribed and translated into English. Typed transcripts will be coded to capture emerging themes. Data will be analysed using these themes to identify connections between the themes, and between the themes and the respondents in relation to attitudes towards VAC, ICCM and ECD.

Training of Enumerators

Training on administration of the questionnaires and focus group discussions will be undertaken in a minimum of four days training workshop. The training will focus on the following:

- The purpose and objectives of the assessment and evaluation
- The selection of participants for administration of questionnaires and focus groups discussions
- Understanding the purpose for each question on the questionnaires
- Interviewing techniques and recording of accurate data from interviews and FGDs
- Role-play to ensure that the interviewers know how to ask the questions
- How to enter the community and select the families
- Enumerators will work in pairs during data collection

4. EXPECTED DELIVERABLES

The individual consultant should provide the following products/deliverables:

- A detailed inception report showing how the consultant seeks to undertake the study. The report will include literature review, a clear methodology and data collection tools, analysis reporting details, and a detailed work plan. This will be presented within 8 days after signing the contract.
- Trained data collectors and supervisors
- Pre-test draft questionnaire and checklists and incorporate the inputs in final questionnaire and checklist
- Field visits in the implementation areas for data collection, observations, and analysis
- A draft report and power point presentation highlighting the data preliminary results and recommendations for discussion with partners and UNICEF produced
- Draft report: The consultant must present the preliminary findings and KAP methodology in the technical workshop organized by the UNICEF/Partners for validation
- Revised report UNICEF for final review before submitting the final report
- An e-copy (both PDF and editable versions) of the final report shall be submitted as scheduled to UNICEF
- Reader friendly summary brief highlighting key results

The individual consultant will be in charge of the following tasks:

- Prepare a comprehensive KAP Survey methodology including sampling, questionnaires for household survey and checklist for focus group discussion and key informant interview as per the social practice and behaviours to be assessed
- Literature review for the mentioned practices and behaviours to be measured
- Conduct a light qualitative study such as FGD or any other method in order to identify and prioritise determinants for quantitative monitoring for all the behaviours/practices to be assessed
- Generate valid sample size (three priority regions: Upper River Region, Central River Region North and Lower River Region) which ensure that the result/findings of the KAP Survey is gender balanced and inclusive
- Share and circulate definitive version of questionnaires, tools with UNICEF programme officers and partners and incorporate comments
- Train data collectors and supervisors
- Pre-test draft questionnaire and checklists (with data collectors and supervisors) and incorporate the inputs in final questionnaire and checklist
- Conduct field visits in the implementation areas for data collection, observations and analysis
- Ensure participation of women and children in the data collection to ensure diversity, inclusion and gender equity
- Share draft report, Power Point presentation and obtain comments/inputs and incorporate the same into final report
- Prepare final report in standard format agreed with UNICEF
- Prepare reader friendly brief highlighting the key findings

5. ESTIMATED DURATION OF THE CONTRACT

The total duration of the contract is 60 days with the following breakdown:

| Period | Task | Total Days |
|--------------|---|------------------------|
| Day 1-5 | Review of relevant documents (reports) | 5 |
| Day 6-10 | Review draft and finalise survey tools | 4 |
| Day 11-23 | Training of enumerators & plan for field work | 10 |
| Day 24-45 | Data Collection in the field | 21 |
| Day 46 | Disseminate preliminary findings in Banjul | 3 |
| Day 47-51 | Data Analysis | 5 |
| Day 52-61 | Report Writing | 9 |
| Day 62-66 | Inco-operation of comments and finalising reports | 3 |
| Total | | 60 working days |

6. ROLES AND RESPONSIBILITIES

UNICEF-Gambia responsibilities are listed below:

Before the departure of Action Against Hunger to Gambia

- Facilitate the visa process for KAP specialists
- Identify a focal person in Gambia and officially communicate to Action Against Hunger (AAH) the same for follow-up and actualisation of the tasks listed below in a smooth manner.

Coordination for the planning of the KAP survey enumerator training in Banjul and the field prior to data collection

- Undertake all logistical issues related to the trainings; participants' identification, training venue, and any other associated logistical aspects of bringing them to the trainings.
- Identification and provision/catering for conference costs related to the KAP survey trainings. Access to internet, provision of projector, printer and adequate paper to be used by trainers during trainings.
- Ensure sufficient training stationery and printing of training materials

Logistical and administrative support

- Identify a secure location for accommodation to AAH throughout the support (Banjul and field locations)
- Support movement of AAH during the support.
- Provide security briefing and clearance.



- Cover security aspects for AAH

7. EXPERIENCE AND QUALIFICATIONS OF THE CONSULTANT

The consultant should have the following qualifications and experience:

Required

- Advanced university degree, preferably in behavioural and/or social sciences, communication, development studies or other relevant field.
- Minimum of 5 years of professional experience in social sciences research and/or community communication work
- Specific experience in the design and implementation of qualitative and quantitative research
- Good knowledge and experience on behaviour and social norm change
- Good awareness of the multiple determinants that may drive a behaviour
- Good knowledge and experience in monitoring and evaluation
- Excellent English communication, report writing and presentation skills
- Cultural sensitivity and gender sensitivity/awareness
- Ability to adapt in challenging circumstances and flexibility

Desired

- Familiarity and/or direct experience with AAH programming and approaches
- Strong understanding and experience in West Africa region

8. APPLICATION PROCESS

All interested applicants are required to submit their cv and a cover letter by email to Action <acfmissons@sn.acfspain.org> no later than....18th October 2019.

Email : acfmissons@sn.acfspain.org