TERMS OF REFERENCE

Evaluation of the West Africa Beneficiary Communication and Social Mobilization, Response and Prevention program

Ebola Virus Disease (EVD) and preparedness for other prevalent epidemic threats and disasters

Background

Beneficiary communication (now re-named as Community Engagement and Accountability CEA), is an approach that helps to put people and communities at the center of what humanitarian organizations and particularly the IFRC is doing. CEA is not a separate sector or program, rather, it strategically blends a variety of communication interventions within programs and operations that are intended to support and engage people and communities in implementing recommended activities.

Beneficiary communication is a planned process and commitment to provide timely, relevant and actionable life-saving and life-enhancing information to communities, foster two-way communication approaches, and support an environment of greater trust and accountability through the creation of feedback mechanisms.

The ultimate objective is to strengthen people’s capacity to take an active role in resilience building initiatives by reaching, influencing, engaging and enabling communities to become more knowledgeable, skilled and connected, and ultimately bring about the behavior and social changes needed to address risks and underlying vulnerabilities.

The current West Africa Beneficiary Communication project was developed when the global community was faced with an Ebola epidemic of a scale not previously seen.

The main objective of the project was to reduce the threat of an outbreak of Ebola and other prevalent epidemic threats and infectious diseases in the countries surrounding the affected countries: Guinea, Liberia and Sierra Leone. This was to be done by addressing “at risk groups” and “risk-related behaviours” among the population of the ten target countries.

The aim was to strengthen prevention and control the propagation of the most prevalent infectious diseases by increasing the knowledge of beneficiary communities on the causes, symptoms, modes of transmission and promote healthy behaviours.

To achieve these objectives, extensive community engagement with people in the communities at risk was conducted across ten countries. The community engagement and beneficiary communication strategy focused on understanding previously-held knowledge, beliefs, attitudes and practices on the epidemic threats identified by communities, as well as assessing community capacity and potential in preparedness and response activities. It also included planning on channels through which to engage communities.
The project placed particular emphasis on media engagement to reach all target groups. Media platforms such as radio and interpersonal information sharing by word of mouth among families and friends have been identified as the most appropriate channels through a comprehensive baseline study. These platforms have been identified as the timeliest and most efficient to communicate preventive, life-saving, and risk-mitigating information to crisis-affected or at risk communities. The beneficiary communication team focused on building a regional community engagement campaign through the involvement of media and the production of communication materials that were adapted to reflect local communities and practices.

As the threat of Ebola reduced across all ten countries, the IFRC broadened the scope of the programme to provide a more comprehensive epidemic awareness programme to include other epidemics. There have been no significant alterations to the objectives of the programme, activities and overall budget. The main changes include the adaption of key messages to communities, an approach that includes other epidemic threats as well as topics such as community referral mechanisms, misconceptions and acceptance of the current health structures.

Three points are relevant to the context above:
- the project was developed in 2014 during the largest Ebola epidemics in recent times
- the structure of the grant (PAGODA-Sub Grantee) was a relatively new process for the IFRC and it entailed the IFRC signing sub-contracts with four Partner National Societies in six countries and signed direct contracts with four Host National Societies. This new grant structure required more time than anticipated;
- the project period was originally ten months from the official starting date of the coordinator in January 2015. Re-negotiations with the donor extended this for 12 months until 28 October 2016.

The IFRC has undertaken an extensive evaluation of the beneficiary communication and community engagement approach during the Ebola response operations in the three most affected countries. This evaluation has assessed the strengths and challenges in our beneficiary communication and social mobilisation response and lessons learned formed an important part of the future activities and the direction of the overall EU project in the ten target countries.

This evaluation should focus on two key areas of the work: community engagement, dissemination of messages as well as a regional coordination and technical support to ensure a well-coordinated preparedness and prevention response, harmonised approaches and methodologies across the region and adequate preparedness measures in neighbouring countries of the mainly affected countries, namely Nigeria, Senegal, Guinea-Bissau, Gambia, Burkina Faso, Mali, Benin, Togo, Ghana and Ivory Coast.

This research sets out to understand the impact of beneficiary communication, community engagement and two-way communication activities of the society across the ten countries.

The core consideration is that the perspective of communities as the most important stakeholder should be central to both communication and programme activities. It is anticipated that the importance of community engagement will be mainstreamed for all emergency response scenarios and embedded within programmes and operations in West Africa. This will lead to the development of more effective and appropriate programmes.

**Project intervention**
The beneficiary communication and community engagement activities in West Africa have focused on four mutually reinforcing spheres of work, namely:

- strengthening community engagement, dialogue and feedback spaces/mechanisms (radio interactive programs, dynamic community meetings and household visits) to enable communities to discuss and develop their own solutions in a bid to cope with the health risks and threats;
- engaging and strengthening participatory community media approaches, to enhance understanding of how they can play a helpful role in epidemics prevention and improve their partnership with Red Cross Societies to tackle the most prevalent diseases in the country;
- production and dissemination of communication material on the most prevalent diseases, with focus on radio and audio-visual products to be adapted locally;
- provision of simple, accurate information on Ebola, preventive measures, its nature and transmission as well as guidance on how to react if a person develops symptoms;
- capacity building and support mechanism addressing the needs of front line Red Cross volunteers, including capacity building for behavior change communication;
- data collection and analysis for programmatic decisions: nine KAP baseline surveys were carried out as well as the collection of data, feedback and rumors to help programme planning;
- engaging telecommunication companies to deploy TERA in the project countries in order to set up a national emergency response system through mobile networks using the SMS.

**Purpose of the evaluation**

The evaluation is intended to assess the relevance, performance and success of the project. It examines potential progress or impact with the community, sustainability of result of the approach at National Society, including the contribution to capacity development.

The evaluation also identifies/documents lessons learned and makes recommendations that the National Society can use to improve the designing and implementation of other related projects and programs.

The activity is expected to be completed in September 2016 after the bidding process and selection of the consultant agency.

1. **Objectives**

Three broad objectives around how beneficiary communication/CE can impact and inform behaviour and social changes will be addressed. These are as follows:
1.1 How did the beneficiary communication/CE approach and interventions ensured community understanding, engagement, ownership and implementation of prevention, preparedness and control measures for Ebola and other prevalent epidemic threats?

The purpose of this component is to carry out an assessment to explore:

- how local culture and beliefs shape communication messages and beneficiary communication/community engagement activities;
- how and which communication messages/community engagement methods worked for the communities and inspired communities to take action themselves;
- how radio contributed towards promoting behaviour and social change in relation to the prevalent diseases identified in each country and how it interacted/coordinated with the social mobilization/community engagement activities;
- how local Red Cross Societies contextualize regionally-developed communication tools;
- how baseline data, regular feedback and information regularly gathered at community level shaped two-way communication interventions, and
- how data was shared with partners to share a coordinated response.

1.2 How did regional coordination and technical support ensure a well-coordinated response, harmonised approaches and methodologies in the implementation of the necessary prevention, preparedness and control measures.

The purpose of this component is to explore:

- how the methodologies, tools and material developed have met the needs of the NS
- how the coordination team has ensured exchange and coordination of NS actions
- what additional support is needed to mainstream the approach into the work of the NS.

1.3 Organizational capacity building in beneficiary communication/community engagement and its mainstreaming within the organizational structure

The purpose of this component is to carry out an assessment of the structural and organizational capacity with the view to providing a roadmap for sustaining the CE approach within the NS mandated objectives. The roadmap will provide recommendations for:

- identifying and reducing/overcoming institutional bottlenecks;
- building capacity for Ben comms/CEA planning, implementation and monitoring, including relevant content production capacities;
- enhancing NS’s human resources structure, based in part on an assessment of capacity gaps and strengths versus required competencies and skillsets in support of effective and efficient fulfilment of the institution’s mandate, and
- effective financial management and resource mobilisation.

The detailed plan of the evaluation should follow the project logical framework and indicators to be shared with the selected company.
Overall Methodology

The National Societies will undertake the final KAP survey and analyse the results, comparing with the baseline data collected at the beginning of the project. The evaluation should therefore focus on the qualitative aspects and will complement the KAP surveys as highlighted below.

Sample size

This evaluation will be carried out in all the ten countries of the project Mali, the Gambia, Guinea Bissau, Burkina Faso, Ghana, Ivory Coast, Togo, Benin, Senegal, and Nigeria. The total number of beneficiaries to be reached in all of the ten targeted countries according to the logical framework of the project is 18,200,000. However, the exact sampling framework will be proposed by the consulting firm. The proposed approach should be submitted to the IFRC for approval prior to fieldwork.

Groups of stakeholders in the evaluation

- Direct project beneficiaries (potentially disaggregated by those who attended/participated in social mobilisation activities and or interactive radio programs
- Bencom implementing staff
- NS leadership
- NS program staff
- Partners (PNS, ICRC) and IFRC programme managers (health, DRR, DM)
- Volunteers
- Wider stakeholders – for example RC Local Committee, community leaders, radio station, local government representatives.

2. Overall Data Collection Methodology

The contractor will propose the most effective and efficient mix of investigation and analytical tools, instruments, and methodologies to achieve the targeted objectives and present them in the inception/maiden report.

The methodology will help complement the final KAP survey to be undertaken by all National Societies covered by the project.

It is recommended that approaches like the ‘Most Significant Changes’ or ‘Appreciative Inquiry’ are prioritized or similar methodologies proposed.

The proposed methodology should include four distinct activities, namely: a desk review, key informant interviews, radio perceptions surveys (if appropriate) and participatory techniques to engage communities in the evaluation.

Finally, evaluation and recommendations should be made with the following in mind:
1. Replicability in other contexts;
2. The amount of technical expertise required to plan and manage the activity;

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3. The cost of implementation;
4. The use of technology;
5. The sustainability and transmissibility of the approach from development health program to emergency contexts, and
6. The ability to use data to influence programming and improve outcomes.

3. Ethical Considerations

The entire process should refer to the 7 basic assessment standards (utility, feasibility, ethics and legibility, transparency, accuracy, participation and collaboration).

The entire process should be clearly laid out and agreed upon by all stakeholders prior to conducting the study. This will be particularly necessary to ensure that the study results in learning and uptake. Staff undertaking the study should not be involved directly with the implementation of the programme(s) to avoid conflict of interest. Furthermore, it would be vital to protect the interest of all the staff members involved including key informants to ensure an open and honest participation.

Similarly, it will be imperative to protect the confidentiality and rights of the people engaged in the project, remembering that they are some of the most vulnerable populations relying on the services of the programme(s). Finally, the findings of the study and/or problem solving recommendations should be shared with all stakeholders taking part in the process.

4. Core Principals

The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes will be used as the central set of values against which the programme(s) response will be measured. This is to ensure compatibility with the RTE evaluation commissioned by IFRC.

Activities and tasks
Overall, the evaluation should look into:

- reviewing the current IFRC tools, methodologies and guidelines;
- analyzing the beneficiary communication/CE approach as part of the overall NS strategy and recommend the road map to its institutionalization;
- assessing the impact of beneficiary communication/community engagement approaches on behaviors and social changes;
- evaluating and revising the most appropriate participatory monitoring tools and methodologies used by NS, including the use of technology;
- evaluating data collection used by NS involved and making recommendations to improve approaches and the use of data in planning and implementing beneficiary communication/CE activities;
- assessing NS capacity to engage local communities in effective continuous dialogue (including looking into NS structure and organigram terms of staffing, responsibilities, activities, funds and information flows to recommend some possible models);
• identifying bottlenecks to effective functioning including human resources, financial systems, structural and organizational barriers, technology, etc.
• documenting best practices for the Beneficiary Communications interventions and producing at least 7 case studies. Each case study will be 1,500-2,000 words long and will tentatively follow this structure:
  - Brief background of the context
  - Challenge(s) addressed
  - What we did (or are doing) and why (how appropriate are/were the approach, tools chosen, etc)
  - What worked (is working) well and why (i.e. good practices)
  - Challenges faced, what we would have done (or are planning to do) differently, if anything and why (i.e. lessons learnt)
  - Plans for the future, if any
  - Bullet point-style tips to other colleagues in similar situations or planning similar interventions.

**Deliverables**

The output of the mission will be the **Evaluation Report** in both French and English. The structure and content of the report should meet the TORs of the evaluation commissioned by IFRC. The length of the Report should be between 30 and 50 pages (excluding the annexes).

The deliverables are:

- Inception/maiden report, including all investigation tools and instruments to be used as part of the investigation (within 3 working days following the signing of contract)
- Draft reports, based on a pre-approved structure and layout of information (within XXX working days following the approval of the Inception/Maiden Report)
- Final report, fully incorporating changes required by IFRC (within 5 working days following receipt of final draft feedback from IFRC).
- Presentation of preliminary findings
- Tables of recommendations
- An electronic file of the final qualitative and quantitative data collected
- Annexes should contain itinerary, list of meetings attended, list of persons interviewed, details of evaluation methodology, summary of field visit, list of documents reviewed, data collection tools.

The report should showcase:

- the impact of beneficiary communication/CE activities;
- a series of recommendations on what the IFRC and NS can do now to improve engagement with communities and what trends need to be further explored;
- the limitations and opportunities of community engagement in epidemics prevention and response as well as recommendations on how the approach can be effectively used as part of the main NS programmes and operations;
- the NS comparative advantage in the area of beneficiary communication/CE;
• main capacity gaps and training needs to accompany the NS towards strengthening beneficiary communication/CE as part of their institutional capacity:
• identify potential programmatic partners/donors;
• some of the main developments and emerging trends in different countries;
• a series of case studies from the countries visited to illustrate the report and document good practices and lessons learned, and
• inform future thinking in this area of practice and continuous learning within the IFRC and NS as well as the wider humanitarian sector and donor community.

The Report should:

• Evaluate the regional coordination in reference to the description in the logical framework;
• Evaluate NS capacity building by IFRC in reference to the description in the logical framework;
• Evaluate NS capacity in Bencoms in reference to the description in the logical framework;
• Evaluate Bencom interventions (BCC) impact on target individuals and communities;
• Do a quantitative evaluation of the project’s main indicators and KAP results analysis;
• Do a qualitative assessment of the project’s expected results: behavioral change, explanation of KAP results with clarity on why people changed or are still resisting to changing certain beliefs and practices,
• Measure the impact of the Bencoms in improving NS programming;
• Measure the efficiency/effectiveness and sustainability of Bencoms as an approach in the NS;
• Evaluate the acceptability of the approach (social, ethical, etc.) at the NS volunteers and management levels, and in target communities;
• Showcase success stories as well as gaps;
• Include an executive summary (mandatory);
• Be analytical in nature (both quantitative and qualitative);
• Section on lessons learned to be substantial
• Be structured around issues and related findings/lessons learned;
• Include conclusions, and
• Mandatorily include a clear table of recommendations that will guide NS to fully apply the recommendations in the projects they implement.

Timeframe

The duration of the evaluation will be 45 days from 12 October 2016, according to the following plan:

* Preparation (dates to be determined with the selected firm)

* Collection and acquaintance with the project document, designing the detailed evaluation scope and methodology, deciding on mission dates and all preparations.

* Mission (dates to be determined with the selected firm)
*Elaboration of the draft report (dates to be determined with the selected firm)

N/B – this is a very important part because it helps us to:
- Undertake additional desk review
- Complete the draft report
- Submit the draft report for comments and suggestions.
- Additional information and further clarification

*Submission of the final report (dates to be determined with the shortlisted firms)

Qualifications and Specialized Knowledge
An experienced management consulting firm with proven experience and expertise in:
- health or social sciences with specialization in the field of social behavior change, public health and with emphasis on health communication, promotion and/or education;
- implementing and evaluating risk communication, community engagement and social and behavior change communication (SBCC) health activities in developing countries, including experience in behavioral change interventions/SBCC messages and interventions;
- community-based program development and implementation;
- the use of feedback, epidemiological and other health-related data in SBCC program design, implementation, monitoring, and evaluation;
- building health communication capacity within the public and civil society sectors (especially within Ministries of Health and among local civil society organizations);
- knowledge of public health issues;
- latest thinking around risk communication, community engagement and SBCC theory and implementation;
- fluency in English and French (Portuguese highly desirable), and
- logistic arrangements for the evaluation team, for travels to countries, field visits, organization of transport and accommodation.