

Terms of Reference for Institutional SSA

Project Title: Cholera Social Behavioral economics assessment/analysis

Position Title: Institutional Consultancy

Level: Country level

Location: Nairobi

Duration: 3 months

Tentative Start Date: 1st December 2017

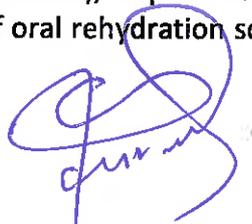
Background:

Communication for behaviour and social change plays an essential part in an emergency. A timely, well integrated and sustained communication response in emergency situations is necessary to ensure that affected caregivers, families and communities have access to accurate information and know about the services and supplies that prevent diseases, harm, abuse and exploitation. This is particularly important for the most vulnerable populations – which typically are children and women.

The current circulation of Cholera in Kenya commenced in December of 2014 after a cholera free period of over 3 years. Between that time and now. Over 30 Counties of the country has reported cholera outbreak , some having experienced repeated waves of outbreak. From January 2017, fifteen (15) Counties (Vihiga, Kericho, Mombasa, Kiambu, Tana River, Garissa, Nairobi, Murang'a, Turkana, Kisumu, Machakos, Nakuru, Narok, Wajir and Kajiado) have reported cholera outbreaks. The Ministry of Health, County governments and Development Partners including UNICEF, have worked together to respond to and control this outbreaks and Communication for Development has played a key role in this regard. Despite the significant effort and some success in controlling Cholera, outbreaks continue to occur with the risk of spreading to other counties.

The behavioural cholera risk factors includes, low latrine coverage and usage, Open defecation/unhygienic disposal of faeces; consumption of unhygienically prepared or stored food, none washing of hands with soap at critical times; consumption of water contaminated at source and at point of use

A Knowledge Attitude and Practices study conducted in Four sub-counties of Nairobi (Dagoretti North, Dagoretti South, Mathare, Embakasi East) by Centre for Diseases Control (CDC) in collaboration with the Ministry of Health (MoH), disseminated to development partners in August 2017, revealed that awareness about Cholera preventions, importance of hygiene and water safety is high. The study findings however showed that despite this high level of awareness there was Low awareness on Food safety (covering, reheating, proper handling of fruits and vegetables), Importance of latrine use and avoidance of open defecation and the importance of utilization of oral rehydration solutions, particularly for adult patients. It



noted in addition that fee charging for use of toilets in the study locations impacted negatively on latrine use and increased open defecation. The study recommended a need to up-scale advocacy, communication and social mobilization on cholera prevention and control.

Since the initial outbreak of Cholera in 2014, UNICEF Kenya Country Office has supported the Cholera outbreak communication effort of the Ministry of Health both technically and financially. This support included conduct of rapid assessments, training and capacity development of national and county health teams/Health promotion Officers and the development and dissemination of behaviour change communication materials/messages on Cholera prevention and control which has proven to have significantly contributed to curbing the further spread of Cholera in outbreak locations.

In view of the continued spread of cholera, the findings of the C4D/MoH KAP and the risk factors of cholera which borders on both individual and collective hygiene and sanitation and practices. Specifically, there is a need for greater understanding of Heuristics and biases (decision making/belief/behavioural, cognitive, individual differences/decision making and social biases) and frames including personality frames that influences decision making and perception of risk around Cholera. This knowledge is intended inform more effective segmentation of audiences and audience targeting for more effective Cholera messaging towards its control.

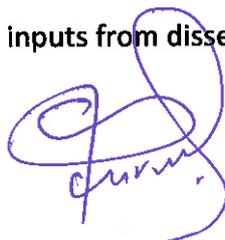
It is in regard of the above that UNICEF seeks to hire the services of an institution with capacity, behavioural tools and know how to generate the required knowledge to guide behaviour change messaging on Cholera

Scope of Work

Conduct a rapid indepth assessment/fact and analysis of Heuristics and Biases (decision making/belief/behavioural, cognitive, individual differences/decision making and social biases, including based on exposure to existing Cholera BCC messages/materials) and frames including personality frames that influences decision making and perception of risk around Cholera to inform behaviour profiling and audience segmentation for Cholera prevention and control messaging in Nairobi County.

Specific tasks:

1. Develop inception report that details the approaches, methodology and tools to be employed in conducting the rapid assessment and anlysis of Heuristics and Biases (decision making/belief/behavioural, cognitive, individual differences/decision making and social biases, including based on exposure to existing Cholera BCC messages/materials) and frames including personality frames that influences decision making and perception of risk around Cholera with activity timeline.
2. Tease out the value of each piece of communication (content, messenger, and timing) to identify what works generally, as well as how these map to different customer profiles and personas.
3. Conduct rapid indepth assessment and write report of findings
4. Conduct a consensus meeting to disseminate findings to group of stakeholders to be identified by MoH/UNICEF.
5. Finalise rapid assessment report with inputs from dissemination meeting.



RWPPCR/IRs areas covered

The scope of work will be covered within the cross sectoral outcome of Behaviour, Social Change Communication, which involves understanding people, their beliefs and values, and the social and cultural norms that shape their lives.

Expected Deliverables

1. Inception Report of the rapid assessment and analysis of Heuristics and biases (decision making/belief/behavioural, cognitive, individual differences/decision making and social biases, **including based on exposure to existing Cholera BCC messages/materials**) and frames including personality frames that influences decision making and perception of risk around Cholera with activity timeline.
2. Draft report of rapid assessment and analysis including of the value of each piece of communication (content, messenger, and timing) to identify what works generally, as well as how these map to different customer profiles and personas. submitted for UNICEF technical review and discussions
3. consensus meeting convened
4. Final report of rapid assessment and analysis of Heuristics and biases (decision making/belief/behavioural, cognitive, individual differences/decision making and social biases) and frames including personality frames that influences decision making and perception of risk around Cholera.

Desired background and experience

Kenya based institution/organisation with proven record of understanding and application of Behavioural Economics to behaviour change for health outcomes; and availability of appropriate measurement/assessment tools or capacity to develop/adapt tools to fit the purpose of the ToR tasks.

Conditions (Important)

Any assignment/work of the contractor that is not based on a UNICEF Supply section issued Work/Purchase Order shall be deemed invalid

Copy right of the final product and contents will be with UNICEF. The institution/organization/consultant will not use any item or its contents for any other purpose. Payment will be made on deliverables basis, upon satisfactory completion and as per quoted and agreed rates.

