

**TERMS OF REFERENCE**

**Evaluation of the Community Dialogue Toolkit**

**1. Introduction**

This Terms of Reference is being circulated for the evaluation of a community intervention, which was piloted in two UCs - Makhan Samon and Doulatpur- of Mirpurkhas district in Sindh for 5 months. Specifically this is a tool designed to:

* Generate dialogue and discussion on women and girls’ health, education, and social inclusion
* Showcase individuals who have contributed positively (by addressing barriers/issues) to reproductive, maternal and child health

**2. Background and Context**

The toolkit consists of video profiles of women and men who are positive deviants, i.e., who have challenged traditional sociocultural norms around themes such as son preference, early marriage, girls’ education, family planning and maternal and child health. These video profiles have been shown to small single-sex groups and followed by a discussion conducted by a trained facilitator with the help of a discussion guide. The main purpose of this tool is to encourage inter-spousal communication and communication within families on the important themes mentioned above.

The purpose of the community dialogue toolkit is to initiate a process of rethinking gender relations among men and women of different age groups based on profiles of women and men. It will help address deeply rooted perceptions and behaviors among concerned groups that impact women’s health and education and bring to the fore the key issues that restrict women’s mobility, empowerment and their access to health information and health services.

**2.1 About Center for Communication Programs**

Center for Communication Programs Pakistan (hereafter Center) is a sister organisation of Johns Hopkins Center for Communication Programs (CCP) based in Baltimore, United States. Center is dedicated exclusively to the study and practice of development communication. Center is an independent non-governmental organization since 2011. Center has a rich heritage of over 30 years of dedicated experience in providing technical leadership in strategic social and behaviour change communication design, programming, research, and capacity strengthening. Center is a premier institution that exclusively excels in the study and practice of development communication to save and improve lives in Pakistan.

Through social and behavior change communication, advocacy and community mobilization, Center works to address social and cultural issues while adopting multi-channel holistic approaches to adequately address diversities. Center focuses on tailor-made interventions ranging from using interpersonal, group and community-based channels of communication to strategically employing traditional, modern and mainstream media vehicles to reach large and diverse groups of people.

**2.2 Current Projects**

As part of the Health Communication Component (HCC) of USAID’s Maternal and Child Health Program, Center is working in close collaboration with the prime partner, Johns Hopkins Center for Communication Programs (CCP), to develop a focused, harmonized and strategic communication program for the overall MCH Program. Specifically, Center is leading the design and implementation of an effective package of social and behavior change communication interventions at the individual and household levels.

**2.3 Health Communication and the Community Dialogue Toolkit**

Health communication plays a pivotal role in bringing social change and improving healthier behaviors for improving mother and child health outcomes and reducing maternal and child mortality.

The tool is expected to encourage health care providers and field staff to initiate a dialogue on gender with communities. The tool would address not just address gender inequalities but also the issues faced by marginalized people, be it religion, social status or ethnic affiliation. It would show an:

* Increasein *collective dialogue* leading participants to examine their own behaviors as related to gender equity, questioning their lifestyles, social roles and couple’s power dynamics.
* Increase in *equitable gender* values and improved communication and interaction between men and women in families and communities
* Increase in *risk perception* related to MNCH and FP and the role of men and women in safeguarding their health and the health of their children and families
* Increase in *self-esteem* and *decision-making* among women within the household
* Increase in the number of women and families *accessing* MNCH and FP resources and services
* Increase in *collective efficacy* and *commitment* among community leaders to promote MNCH and FP behaviors.

In terms of specific health outcomes, the tool is expected to contribute to:

* Reduced maternal and infant mortality rates
* Increased use of modern FP methods
* Increased access to health services by women
* Increased school attendance of girls
* Reduced domestic violence
* Improved quality of life

**2.5 Target Audience**

The primary target audience for the toolkit is men and women of reproductive age.

**3. Scope of Work**

**3.1 Evaluation Focus**

Center wishes to commission a senior consultant to undertake an evaluation to assess the impact, and effectiveness of the community dialogue toolkit pilot. The evaluation will also gauge the extent to which the messages it sought to convey were delivered, understood, deliberated and acted upon. The evaluation should also focus on the process of implementation of the toolkit particularly in the context of scale up.

**3.2 Suggested approach**

The evaluation should draw on a mixed and multi-method approach to assess the implementation and success of the community dialogue pilot intervention. For the quantitative component, we have already prepared a draft tool in English, which is to be administered to a random sample of the participants of the community dialogue. Since we do not have a baseline for this intervention we would be interested in exploring a control test methodology to compare those exposed to the intervention to similar groups in nearby UCs who did not view the videos or participate in the ensuing discussions. The evaluation tool contains questions on the themes that are addressed in the video profiles to gauge the understanding and knowledge of the participants prior to their viewing of these videos. We will share the tool and participant list with the selected vendor.

**3.3 Outputs**

The consultant/s is expected to produce:

* A detailed research protocol including research questions, detailed methodology for qualitative and quantitative methods, time line and data collection tools. (The tools must be pretested, finalized and approved prior to commencement of fieldwork)
* Clearly marked and filled evaluation tools for the evaluation respondents along with consent forms
* A draft-report, including findings, conclusions and recommendations for scale up to be finalized after incorporating CCPP feedback.
* A final report, including a synthesis of main findings, an executive summary, body, annexes and relevant supporting documentation (interview transcripts, survey data etc.)
* A PowerPoint presentation based on the findings of the final report.

1. **Instructions for Responding**

**4.1 The Submission Process**

Applications may be submitted no later than 4pm, August 22, 2017 and should include the following:

1. A cover letter introducing the consultant or a team of consultants, and how the capacities and expertise stated above are met with concrete examples. The cover letter should also outline an approach and methodology;
2. Any CVs of any attached key team members and any experts for developing the research tools and implementation plan.
3. The proposed research plan, timeline and methodology; and
4. An indicative budget for the proposed evaluation.

The technical and financial proposals should be sealed and submitted in two separate envelopes. Availability to undertake this assignment (including travel to Pakistan, if needed) should be clearly indicated.

The mailing address for submission of applications is:

Administration and HR Department,

Center for Communication Programs Pakistan

Plot 23, Street 39, I&T Center, G-10/4

Islamabad 44000, Pakistan.

**4.2 Clarification Questions**

Any questions should be submitted via email, no later than August 18, 2016 at

[info@ccp-pakistan.org.pk](mailto:sarah@ccp-pakistan.org.pk)

1. **Evaluation Criteria**

Applicant responses will be assessed using the following criteria and weightings. A score will be given for each part of the information submitted that is to be assessed. The qualitative aspects of your response will be evaluated entirely on your response submitted.

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| **Criteria** | **Weighting** |
| Knowledge and experience | 30% |
| Methodology and approach | 30% |
| Work plan | 20% |
| Costing and value for money | 20% |

Contract finalization and execution is expected to take place by the end of August. Only short-listed applicants will be contacted. Center reserves the right to reject any or all the proposals without assigning any reason thereof.

1. **Statement of Requirements**
   1. **Expertise Required**

We are seeking a senior consultant, who will have the following capacities:

* Demonstrable expertise on the thematic areas identified, particularly working on communication initiatives at the community level.
* Demonstrable experience in developing technical and/or research content on maternal and child health in Pakistan, preferably within the context of development and/or RMNCH and nutrition.
* Demonstrable experience of working with government, international donors, and international non-governmental organisations.
* Familiarity with the development and/or RMNCH and nutrition context of Pakistan; and
* Experience and technical expertise in survey methodology and sampling techniques.
* Experience and technical knowhow in carrying out qualitative research through dialogical approaches.

**6.2 Reporting and Management**

The consultant will work closely with and report to the Monitoring and Evaluation Specialist (Center’s Islamabad office). Center’s larger programme team will review the materials developed for technical content and accuracy, and an editor will edit the draft for clarity, language, and uniformity between the various materials.

Payments will be made on the basis of payment scheduled, subject to satisfactory deliverables as per payment schedule, and the submission of a valid invoice.

**6.3 Travel Requirements**

The appointed consultant, or the team led by the consultant, is expected to travel to the focus areas in the district of Mirpurkhas in Sindh where the pilot activity was implemented.

**6.4 Timeline**

The overall timeframe for the consultancy will be for 5 weeks, with 3 weeks for initial review and data collection, a week to consolidate, and analyse findings and a week to develop the required deliverables. The deliverables will be completed and submitted on an on-going basis, subsequent to the day of the signing of the contract between the consultant and the organization. This includes time for the review and feedback by the Monitoring and Evaluation Specialist.