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| **TERMS OF REFERENCE - Institutional Consultancy**  **Study of Knowledge, Attitudes and Practices (KAP) on Ebola Virus Disease (EVD) in Rwanda** | |
| **Level:** | High-level professional expertise |
| **Location:** | Kigali, Rwanda |
| **Duration:** | Four months |
| **Start Date:** | February 2020 |
| **Reporting to:** | C4D Specialist |
| **Budget PBA No:** | DFID Emergency Funds |

# **Background**

Since August 2018, the Democratic Republic of the Congo (DRC) has been facing a large-scale epidemic of Ebola Virus Disease (EVD) in the eastern provinces of North Kivu and Ituri, with importation to Goma and South Kivu provinces. Since the start of the outbreak in August 2018, there have been 3,303 EVD cases reported and 2,199 people have died (World health Organization (WHO), 26 November 2019). Around 28 per cent of cases are children, a larger proportion than reported in previous outbreaks of Ebola. On 17 July 2019, WHO declared the Ebola outbreak in North Eastern DRC a Public Health Emergency of International Concern.

As one of the most densely populated countries in Africa, and with high-quality transport infrastructure, Rwanda is at high-risk of rapid spread of EVD. In 2018, the Government of Rwanda (GoR) developed an Ebola preparedness plan and activated mechanisms to minimize the risk of importation. In partnership with UNICEF, the World Health Organization, the Ministry of Health’s Rwanda Biomedical Center conducted a rapid Knowledge, Attitudes and Practices (KAP) assessment to gauge the level of public awareness about Ebola Virus Disease, as well as the prevailing attitudes and practices related to the disease. The interventions under the Risk Communication and Community Engagement (RC&CE) pillar of the National Contingency Plan have been largely informed by the results of this study.

Although Rwanda remains free of Ebola, it is still at risk of cross-border spread as the country borders with DRC, Uganda, Burundi and Tanzania. The protracted emergency preparedness effort requires up-to-date understanding of the prevailing levels of knowledge, perceptions of risk, attitudes and practices among parents, caregivers, health workers, teachers, ECD caregivers, children and key influencers (including community and religious leaders) with regards to EVD.

# **Rationale and Justification**

The proposed KAP study will assess knowledge, attitudes and practices in relation to preventing EVD and allow for better understanding of its barriers and drivers, building on an earlier rapid assessment (2018). The findings of this study will inform/help to evaluate the progress since the rapid KAP and identify where Rwanda needs to adjust the RC&CE interventions of the National Contingency Plan going forward.

Designing and conducting the KAP study requires a highly qualified institutional consultancy. Therefore, UNICEF plans to contract an experienced and competent research institution to undertake this exercise.

# **Purpose, objectives and expected results**

The overall goal of this KAP study is to assess knowledge, attitudes and practices in relation to preventing EVD and to better understand corresponding health-related behaviours; and drivers and barriers for risk communication. Important gender dimensions and social norms will be considered during this exercise.

The specific objectives of the study are to:

* Establish current levels of knowledge, perceptions of risk, attitudes and practices among parents and caregivers (persons from different backgrounds who might include cross border traders, students, drivers of the public transport, security bodies, immigration and airport staff among others), health workers, teachers, ECD caregivers, adolescents and key influencers (including community and religious leaders) on EVD;
* Establish whether people know other consequences of Ebola apart from death, such as: the importance of safe burials, separation and isolation of the infected and affected through contact and importance of contact tracing;
* Identify current myths, beliefs about EVD as well as barriers and drivers of communication;
* Identify cultural and social norms and traditions, in particular gender-related, influencing or impacting health-seeking behaviours as well as family and community resilience mechanisms to prevent an EVD outbreak;
* Identify potential discriminatory attitudes towards those with EVD among parents, caregivers, service providers and key influencers;
* Identify underlying causes for potential discriminatory attitudes;
* Conduct a communication analysis in the context of disease outbreaks to establish: target audiences, current behaviours, barriers to achieving desired behaviours, behavioural objectives, behaviour change mass, interpersonal, group communication and information preferences (channels, approaches, media, interventions etc.);
* Identify credible sources of information for participant groups;
* Identify what is considered as the other significant source of information (second opinion) that facilitates respondents to make decisions;
* Identify economic and social power dynamics in communities and decision-making processes in families and communities related to disease outbreaks and EVD in particular;
* Identify possible entry points for communication including ideas for adjusting EVD-related messaging;
* Identify approaches and authentic/credible sources of information for various participant/respondent groups
* Assess health workers, including community health workers (CHWs) knowledge and practice in communicating key messages on EVD to families, parents and caregivers;
* Assess community and religious leaders' knowledge and attitudes about EVD and how to prevent EVD and their engagement and influence in EVD prevention and preparedness behaviours;
* Identify most effective communication channels that have been used so far;
* Identify the ways rumours around EVD emerge and get disseminated.

***Key elements of the study:***

The output of the study is a comprehensive report, including the following elements:

1. Desk (literature) review (with a gender analysis component) of existing policy and programme documents as well as available research documents and EVD KAP studies conducted in Rwanda and in countries with comparable context.
2. Data collection and analysis with a gender lens:
   1. Refine the research methodology based on consultations with the Ministry of Health and UNICEF and other relevant stakeholders as advised by UNICEF;

* 1. Prepare an inception report including research questions and draft research instruments;
  2. Prepare, translate into Kinyarwanda (and possibly French) and pre-test the research instruments;
  3. Conduct training of enumerators and data collectors;
  4. Conduct field research as per proposed and agreed methodology and timeline;
  5. Data-cleaning and analysis of the collected data;
  6. Prepare draft KAP study report and accompanying presentation in PowerPoint with preliminary findings and share with UNICEF to facilitate the review and feedback by all relevant stakeholders. The report should include recommendations on adjusting the communication approaches/messages based on the findings;
  7. Finalize full KAP study report based on feedback from all relevant stakeholders and share the final version and accompanying presentation in PowerPoint with UNICEF;
  8. Provide data-sets.

***Methodology and data sources:***

**The study methodology consists of**:

1. Review of the secondary data, which will be derived from the desk review of existing policy and programme documents, as well as existing quantitative and qualitative data (the package of relevant documents will be provided at the inception stage) to both inform the study design and provide additional contextual analysis.
2. Generation of primary data using a mix of quantitative (household core survey) and qualitative methods. The selected institution is expected to propose a detailed methodology for both components of the study.

***Household survey***

The caregiver survey is intended to provide quantitative measures of caregiver’s knowledge, risk perception, attitudes and practices and will serve as a basis for analysis of changes over time as well as geographic differences across and within the provinces. The sample size should be maximum 1,000 households. The survey should be concise and take no longer than 15 minutes to administer.

In addition to background characteristics of the main respondent, including disability status, the questionnaire should also include the listing of all members and their characteristics (age, sex, marital status, disability status and educational attainment).

Important is to determine caregivers’ mass-media consumption, preferred sources of information on EVD preparedness, prevention and control. Eligible respondents will include parents of children 0-18 years old (50 per cent mothers and 50 per cent fathers).

***Qualitative methods***

The qualitative methods should target the following respondents:

1. Parents/caregivers
2. Community health workers;
3. Community and religious leaders;
4. Teachers;
5. ECD caregivers;
6. Adolescents, preferably both in and out of school (if possible).

The research proposal should include proposed appropriate qualitative methods for each of the above groups, and propose a sample size for each method, taking into consideration gender aspects.

These respondent groups are chosen because of their role and influence on EVD prevention, preparedness and response. Therefore, establishing current levels of their knowledge, attitudes and practices as well as concerns and constraints with regards to EVD will be critical for determining/adjusting communication intervention strategies.

**Geographical locations:** The KAP study will be conducted in five locations, namely one selected district in each of the four provinces and Kigali City.

**Key areas of inquiry:** The institution is encouraged to use a conceptual framework such as the Social Ecological Model and/or any relevant Health Behaviour Theories, in the conceptualization of the study variables.

Annex:1 Conceptual Frame attached.

# **Process and expected deliverables**

The study will consist of the three phases:

***Phase 1: Inception***

* In-depth desk review of available information, policies and legislation and similar studies, including those implemented in Rwanda and in countries with comparable context. A critical gender analysis of the above will be taken into consideration to guide the development of the research framework.
* Following preliminary discussions with the Ministry of Health and UNICEF Rwanda, drafting of the inception report, including the details of the proposed methodology to be used, refined research hypothesis and questions, as well as an outline of the proposed tools for quantitative and qualitative data collection. These will be presented to and approved by the RBC and UNICEF upon consultations with the RC&CE Technical Working Group.
* Ensuring approval of the Rwanda National Ethics Committee, as well as facilitate other approvals, as necessary with support from the Ministry of Health through RBC and UNICEF.

***Phase 2: Data collection***

* Thorough preparation for the collection of both secondary and primary data. This includes: methodology of the desk review; development of gender responsive data gathering tools for the quantitative and qualitative components; pretesting of tools and training of enumerators; and joint planning of field work with RBC and UNICEF.
* Carrying out data collection. Important components of data collection are: gender responsive, continuous monitoring, corrective measures, quality assurance and cross-checking the validity and reliability of the collected information. Submit regular progress reports throughout data collection period.

***Phase 3: Analysis and reporting***

* Processing of data (data entry, cleaning and analysis) using the statistical data analysis package as discussed with RBC and UNICEF.
* Following the desk review of the secondary data, data collection and analysis phase, the research team will make a presentation of the preliminary key findings to UNICEF and other stakeholders.
* Submitting a detailed draft technical report to UNICEF, to be shared with key partners for review, and once all feedback has been addressed, the consultancy institution to share the final study report for review and validation.
* The minimum requirements for the report structure include: Introduction; High-quality and comprehensive executive summary; Intervention description; Study purpose; Study methodology; Study limitations; Gender analytical perspective; Conclusions; Recommendations for communication programme design; Annexes (lists of people interviewed, key documents consulted, data collection instruments, etc.).
* Submitting a PowerPoint presentation summarizing key findings after validation of the full report by UNICEF.
* Submitting the data-sets.

***Main deliverables:***

1. Inception report
2. Quantitative and qualitative data collection and progress reports
3. Desk review report (literature, legislation and policies)
4. Preliminary findings report (PowerPoint presentation included)
5. Final technical report
6. PowerPoint presentation of key findings and proposed recommendations
7. Data-sets

# **Location and duration**

***Geographical scope:***

The geographical location must be representative of the five provinces, including Kigali City. It is expected that five locations in total will be identified for the study, in consultation with the Ministry of Health through RBC and UNICEF and the RC&CE Technical Working Group.

***Duration:***

The indicative timeframe for the study is four months. Deadlines for deliverables will be specified in the contract. The contract is expected to be signed in February 2020 with the aim to complete the entire assignment by the end of May 2020.

# **Work relationships, supervision and stakeholder participation**

UNICEF Rwanda, in close consultation with the Ministry of Health through RBC and RC&CE Technical Working Group, will be responsible for selection of the institution to conduct the study. The study will be directly managed by UNICEF, in close collaboration with the Ministry of Health. UNICEF and the Ministry of Health through RBC will establish the Technical Committee to ensure technical oversight. The management of the study will involve validating the terms of reference for the study, initiating the selection process, liaising with the study team and other stakeholders as well as quality assurance of the tools and reports.

From UNICEF’s side, the study will be supervised by C4D Specialist in close coordination with Communication, Advocacy and Partnerships Section, Health Section, Social Policy and Research Section, with technical oversight of the Research Specialist and Gender Specialist.

The consultancy institution will be responsible for ensuring approval for the study from relevant Government bodies and health research committees, organizing field visits, logistical support related to data collection, and organizing meetings with different stakeholders, including participation at the meetings with UNICEF, and ensuring valid licenses of the necessary statistical data analysis software.

The Ministry of Health with support from UNICEF will be responsible for providing relevant information at country level, providing access to relevant reports/statistics, and providing inputs for methodology and for data analysis.

# **Ethical considerations/confidentiality**

The study will adhere to specific Government of Rwanda research and evaluation standards (including the application for and obtaining the approval of the Rwanda National Ethics Committee – RNEC).

UNICEF Procedure on Ethical Standards in Research, Evaluation and Data Collection and Analysis should be followed in the design and implementation of the study, which can be accessed here: <https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF>

The consultancy institution should be sensitive to local beliefs, manners and customs and act with integrity and honesty in relationships with all stakeholders. Furthermore, consultants should protect the anonymity and confidentiality of the individual information.

The consultants should respect the confidentiality of the information, which is being handled during the assignment. The consultants can use documents and information provided only for the tasks related to the terms of reference of this study. Data will be stored in a secure location, kept confidential with access restricted to Data Manager/Data Analyst and principal investigators. The study data will be used only for this study, and data-sets will be handed over to UNICEF and Ministry of Health at the end of the assignment.

# **Terms and conditions/Qualification requirements**

The selected institution will be responsible for the creation of the study team. The minimum request is that the team consists of at least two experts (one expert in quantitative research, and an expert team member for qualitative research). The team composition should include national (Rwandan) experts. The exact division of work will be decided by the institution, but in general, the team leader will be responsible for discussions, negotiations, final decisions, shape of the study, while other team members will be undertaking more technical tasks.

The team will preferably include the following profiles: Expert in quantitative research/impact evaluation; Expert in qualitative research; Professionals with specific or combined backgrounds in EVD/health, gender, sociology, communication; Data entry and analysis staff; Data collection assistants.

The qualifications and skills required include:

***Technical expert & team leader***

* Advanced university degree in one or more of the disciplines relevant to the following areas: monitoring and evaluation, social sciences, communication, health;
* Minimum five years of leading extensive quantitative research and impact evaluation expertise and experience, including expertise in data collection, health and gender; demonstrated skills in similar studies;
* Excellent demonstrated technical report writing skills;
* Analytical skills: demonstrated analytical skills related to the use of quantitative and qualitative data for decision-making;
* Process management skills: demonstrated skills and experience in conducting and presenting studies and evaluations;
* Effective communication and advocacy skills: ability to communicate with various stakeholders and to express ideas and concepts concisely and clearly in written and verbal forms;
* Demonstrated experience and expertise in designing and implementing multi‐sectoral initiatives in partnership with a wide range of stakeholders including government and community influencers;
* Knowledge of institutional issues related to the provision of health services, including from the gender perspective is desirable;
* Experience working with/in the UN or other international development organizations in the social sector, or in national level development assistance and partnership support to the government programmes will be an asset;
* Fluency in English is a must, and knowledge of French and Kinyarwanda are desirable.

***Qualitative research expert:***

* Advanced university degree in one or more of the disciplines relevant to the following areas: monitoring and evaluation, social sciences;
* Minimum five years of qualitative evaluation expertise and experience, including data collection design and demonstrated skills in similar studies;
* Knowledge of technical aspects of similar programmes;
* Knowledge of the areas of the intervention.

***All members of the team:***

* The team should be gender balanced;
* Language proficiency: excellent writing skills in English;
* Advanced university degree in social sciences or related fields;
* At least five years of field experience for team leader and research expert; at least three years of field experience for all other team members (not required for enumerators). Experience in working with UN agencies is desirable;
* Experience in evaluation/research: knowledge of UN evaluation policy, recommended by UNICEF regional or global evaluation advisors or other senior managers, skilled in performing structured interviews and facilitating focus group discussions.

# **Payment schedule**

20% upon submission and endorsement of the inception report

20% upon submission and endorsement of the PowerPoint presentation with preliminary findings

20% upon submission and endorsement of draft report on findings

40% upon submission and endorsement of the final report and presentation of key findings

# **How to apply**

**Complete proposals, including technical and financial proposals should be sent separated to** [rwasupply@unicef.org](mailto:rwasupply@unicef.org) latest by 7 February 2020

Any request for clarification related to this proposal shall be addressed to [rmadhok@unicef.org](mailto:rmadhok@unicef.org) and/or sholtslag@unicef.org, copying [gingabire@unicef.org](mailto:dmupenzi@unicef.org)

A two-stage procedure shall be utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any financial proposal being compared. An 80/20 assessment model for the technical and financial proposals respectively will be adopted. Cumulative weighted average methodology will then be applied in determining the best value for money proposal.

Applications shall therefore contain the following required documentation:

1. **Technical Proposal:** Consultancy institution should prepare a proposal based on the tasks and deliverables spelled out in these terms of reference. The technical proposal shall include information on the approach and methodology, with the detailed breakdown of the inception phase, proposed scope and data collection methodology and approach that will be used by the institution. The proposal shall also include a brief explanation of the data analysis and report writing and possible dissemination plan. Draft work plan and timeline for the study should be included. The technical proposal shall also include the latest CVs of the proposed team members and copies of two reports of previous studies like the study proposed under these terms of reference undertaken by the consultancy institution.
2. **b. Financial Proposal:** Financial offer with the cost breakdown of the consultancy fees and daily subsistence allowance (DSA) during the field work in Rwanda. The financial proposal shall be submitted in a separate file, clearly named “Financial proposal”. No financial information should be contained in the technical proposal, as this will lead to proposal cancellation.
3. Mandatory Requirement: Audited Financial Statement for the last two years.
4. Financial proposals should be filled as per attachment.