



TERMS OF REFERENCE

Social norms, cultural practices and other factors influencing COVID19 prevention behaviors and risk reduction strategies in MENA countries, in the wake of a potential second wave of the pandemic: analysis of the existing literature and secondary data.

LOCATION/DURATION/DETAILS:

Duration	: 2 months starting from date of signature of the contract
Location	: Delivered remotely
Off-site working days	: All
Key Deliverables	: Inception Report with Methodology & Conceptual Framework; Summary Findings and Recommendations; Final Report and Accompanying Technical Paper/s

BACKGROUND:

The Middle East and North Africa (MENA) region is a large and complex one, with a range of country typologies, from low income to high income countries, at different stages of the demographic transition, and with several on-going large-scale emergencies. Despite the progress in many social indicators in the last decades, inequalities between and within countries remain substantial, with the countries affected by conflicts in the last decade having recorded dramatic retrogression in their development indicators. The presence of harmful social norms and practices such as child marriage and FGM/C (in some countries) as well as violence against children and GBV are also relatively spread across the MENA countries. The region is characterized by increasing vulnerability to climate change, pressure on water resources, infectious disease outbreaks and constraints on civil society participation. The region, often portrayed in popular culture and scholarly discourse as a largely homogenous entity linked to language, monotheistic religious beliefs, role of the state linked to individual rights and community beliefs around honor, respect and loyalty, is however also punctuated with multiple ethnicities, diversity in dialects, cultural and religious practices, and differing gender and identity constructs, local beliefs and customs that impact daily life and influence health and wellbeing behaviours.

COVID-19 outbreaks that started in Wuhan, China in late 2019, rapidly unfolded across the globe in February/March 2020, and has been declared by World Health Organisation as a global pandemic on the 11 March 2020. Since then all countries have taken swift and sometimes stringent public health actions including lockdowns, citizen curfews, stopping of mass and religious gatherings, closure of education institutions and restriction on public movements among others.

Response efforts, led by WHO and under the aegis of the UNCT and national governments, cover several areas of preparedness and response that include surveillance, testing and case management, infection prevention and control, contact tracing, and risk communication and community engagement (RCCE). RCCE is a core strategy to reduce the transmission of infection through provision of and dialogue around on risk-reduction behaviours; promote prevention practices; and mitigate psycho-social impacts on populations that are becoming increasingly fatigued and frustrated with the prolonged and severe containment measures.

COVID-19 KEY MODES OF TRANSMISSION:

- **contact** (direct or indirect, including surfaces),
- **droplet spray in short range** transmission (person-to-person),
- **aerosol in long-range** transmission (airborne transmission, e.g. in hospitals, aircrafts)

POPULATION BEHAVIOURS (INDIVIDUAL AND FAMILY LEVEL) TO STOP COVID 19 TRANSMISSION:

- **prevention** (*hand and respiratory hygiene* that includes correct and frequent handwashing, use of masks & PPE; *decontamination of surfaces* through infection prevention and control measures; *physical distancing* i.e. spacing between people; *social distancing* i.e. limiting mass gatherings and non-essential movements);
- **detection** (health-seeking behaviours – *reporting/consulting/seeking medical assistance* if at-risk or display symptoms; *testing*);
- **response** (*quarantine* if at-risk; *isolation* is suspect case/symptomatic; *home-based care, nutrition and medication*; *home-based and intensified IPC*; *psycho-social support*)

In MENA, the pandemic has evolved rapidly since February 2020, and most countries immediately put in place strict containment measures to slowdown and stop the spread of the virus by end of March 2020. These however have had collateral effects of substantially blocking the economy and the functioning of basic social services, with the most negative impacts experienced by the most vulnerable strata of the populations. Currently, and because of these measures, some countries such as Jordan and Gulf Area countries are observing slowing/ plateauing transmission rates and it is anticipated that many countries will relax lockdown measures in the coming weeks.

As epidemiological curves plateau and second wave/relapse planning needs to begin to prevent exponential increases in transmission again, for which there will be more than ever a need for sustained focus on RCCE efforts to ensure that populations – individuals, families and communities – remain vigilant, motivated and practicing select or all prevention behaviours depending on epi status and public health measures in place.

Next generation RCCE will need focus on (i) Behaviour maintenance/compliance around hand hygiene, decontamination of surfaces, health seeking behaviours, voluntary quarantine, isolation; and (ii) New norms/practices particularly around respiratory hygiene (when and where to use masks and PPE); wide-spread/routine testing (to access workplaces, travel); physical spacing and social distancing in communal spaces and during public transportation as well as restrictions on mass gatherings; and home-based care particularly for the elderly and those with underlying health issues. RCCE may also need to focus on demand creation for reporting, testing, and support to contact tracing efforts as well as routine health and social services; as well as reduction of stigma and discrimination which has been increasingly noted in several countries of the region.

To counter fatigue and frustrations, and to increase the effectiveness of the interventions, RCCE efforts will need to be designed on the basis of in-depth understanding of social norms and cultural practices and other macro and micro-level socio-political-economic factors that may hinder sustained practice of these behaviours, or alternatively, that could be leveraged to build resilience, motivation, social cohesion and collective efficacy and action that will be necessary in the long run to avoid a second wave.

PURPOSE:

To conduct a rapid pan-regional analysis (based on the literature and existing data) of the social, cultural, political and economic context of COVID 19 outbreaks in Middle with a view to identify key meta norms, cross-cultural practices and other pan-regional macro and micro factors (and their variation across the region) with a focus on gender, disability and other rights dimensions that may hinder or enable the sustained practice of COVID 19 behaviours in the long term with a specific view to prevent a second and more lethal wave of transmission.

OBJECTIVES and SCOPE:

The study will focus on hand and respiratory hygiene; social distancing and physical spacing measures; stigmatization; and social cohesion/community resilience. The results of this study will aim to:

- to provide high-level steer and direction to national/ country level efforts as deconfinement measures are introduced across countries, to prepare populations to prevent a second wave
- to inform regional level operational guidance, standards and tools to strengthen implementation, monitoring and evaluation
- to identify further areas for exploration and study that may require primary data collection efforts grounded in qualitative and quantitative research. Based on the results of this analysis, a research initiative involving primary data collection may be decided)

Potential Areas to be considered that will be finalized in consultation with UNICEF:

- *Public Health & Social Protection Systems, and Health-Seeking Behaviours*: linked to disease control; health and hygiene; nutrition and NCDs that increase vulnerability to severity of COVID; social and structural barriers to access of services
- *Demography, Education*: age and sex/gender distributions; education levels
- *Identity, Agency, Power and Social Organisation*: individualistic/collectivist constructs; social hierarchies and power distances; family relationships/kinship structures; use of public spaces; forms of socializing including greeting; social/gender norms, beliefs and practices around key and interlinked behaviours (e.g. protection)
- *Gender*: norms around household care, physical distancing, use of public spaces; power in private and public spheres
- *Language, Media, Culture and Religion*: cultural influences and expression; homogeneity in language; rituals and practice; prayer and congregation; hadiths around hygiene and disease control; access to media and information
- *Marginalisation and Vulnerability*: countries with humanitarian situations/lack of access to services; disability
- *Political participation and governance*: form of government; decision making; social compliance etc

Countries include: *Algeria, Djibouti, Egypt, Gulf Area Offices (Bahrain, KSA, Kuwait, Qatar, UAE), Jordan, Iran, Iraq, Lebanon, Libya, Morocco, Oman, Palestine, Tunisia, Sudan, Syria, Yemen*

DESCRIPTION OF ASSIGNMENT:

The Consultant will be expected to:

- Develop inception report with study approach, methodology and conceptual framework for levels and domains of behavioural influencers (barriers/bottlenecks, enablers) and predictors for COVID19 compliance (1 week)
- Conduct the desk/ literature review of published and grey literature based on agreed upon framework, domains and other parameters (3-4 weeks)
- Prepare summary of findings and recommendations for review by UNICEF (1-2 weeks)
- Based on feedback received, draft prepare a final report of findings and recommendations including short Technical Papers as relevant and agreed with UNICEF (1 week)
- Finalise report and technical paper/s (1 week)

PERFORMANCE INDICATORS and FREQUENCY OF REVIEWS

Key deliverables will need to be submitted in time (as per agreed timeline) and satisfactory quality (as per agreed upon approach and scope; and incorporating all comments from UNICEF team).

Performance will be tracked through routine calls and feedback on deliverables.

REPORTING REQUIREMENTS:

Assignment will require the design of an inception report that will specify workplan and key milestones which will be agreed upon by UNICEF. Regular calls with consultant based on an agreed upon schedule and frequency, will be held to ensure timely completion of assignment

ETHICAL CONSIDERATIONS: UNICEF policies and procedures for ethical evidence generation apply

ICT CONSIDERATIONS: Consultant will be expected to work with their own equipment and internet connections. They will need to have access to key online academic and other repositories. Regular communication and consultations will be held through email and virtual meeting platforms such as Skype for Business or Zoom to which the consultant will be expected to have access.

TRAVEL CONSIDERATIONS: No travel anticipated for this assignment.

KEY QUALIFICATION REQUIREMENTS:

a. Mandatory Requirements: Institution

- At least 5 years of institutional experience in social and behavioural research with a focus on public health promotion and communication. Experience in behavioural insights research linked to social, political and economic context analyses will be an asset.
- Experience in analyzing and synthesizing socio-behavioural or public health research for policy and programme recommendations.
- Previous experience in conducting global or regional-level secondary research and analysis
- Published works or publicly available documentation in the area of social behavioral research and/or public health communication
- Experience in or access to sources, resources and documentation from the Middle East and North Africa/Eastern Mediterranean region including those in Arabic or French
- Experience in conducting research and analysis in a humanitarian/ emergency or fast-paced complex development context
- Structure of proposed team and background of team members in social/behavioural, political and economic sciences

b. Mandatory Requirements: Team composition

The institutional team must comprise a Team leader or Principal investigator who will be supported by a team of at least 2 to 3 researchers to ensure comprehensive and quality work given the short time frame and the constantly evolving COVID context. A clear team structure must be proposed. The Team Leader/ Principal Investigator must have:

- Advanced university degree in socio-behavioral or political sciences or cultural studies. Educational background in C4D/ risk communication related research an asset.
- Minimum 15-20 years of progressively responsible experience in social sciences operational research and analysis linked to public health issues
- Proven experience in, and published/publicly disseminated, secondary research, literature reviews and/or desk analysis
- Experience in or understanding of the Middle East and North Africa/ Eastern Mediterranean context
- Proven experience in leading a team to deliver on a research and analysis assignment
- Experience of delivering research and analysis in emergency or humanitarian contexts will be an asset.

PAYMENT SCHEDULE:

The duration for the contract is estimated to be 2 months starting on the date of the signature of the contract. Payments will be made by UNICEF upon its review and approval of the deliverables submitted by the consultant. The payment and deliverable schedule will be as follows:

Deliverable	Duration	Payment %
Inception report with study approach, methodology and conceptual framework	1 week	20%
Summary of findings and recommendations	5 weeks	40%
Final report and accompanying technical paper/s	2 weeks	40%

The terms of payment are Net 30 days, after receipt of invoice and acceptance of work. Payment will be effected by bank transfer in the currency of billing.

ACCOUNTABILITIES

The Regional Advisor, C4D in UNICEF MENARO will serve as the primary contact with the consultant. The consultant will also engage with other technical advisors in MENARO and regional and global experts as relevant on the topic to provide timely and quality feedback on the various products.

APPLICATION & EVALUATION PROCESS:

A two-stage procedure shall be utilized in assessing the proposals, with assessment of the technical proposal being completed prior to any price proposal being compared.

Submitted proposals will be assessed using Cumulative Analysis Method. All requests for proposal will be weighed according to the technical (80%) and financial considerations (20%). Financial proposals will be opened only for those application that attained 56 points or above on the technical part. The proposal obtaining the highest overall score after adding the scores for the technical and financial proposals together, that offers the best value for money will be recommended for award of the contract.

Applicants shall prepare a proposal as an overall response to ToR ensuring that the purpose, objectives, and deliverables of the assignments are addressed.

A. Technical proposals

The Technical section of the proposal should be submitted in English language and be no longer than 10 pages with single line spacing and font no less than 11 points size.

All other sections should be annexed. The Technical Proposal should include (but not limited to) the following:

- Expertise of Company detailing general and specific experience with similar assignments
- Understanding of UNICEF requirements
- Methodology/Approach to project demonstrating how you meet UNICEF requirements for the assignment
- Proposed approach to data collection
- Proposed timeline and milestones
- Proposed Team for the assignment
- Quality assurance mechanism and risk mitigation measures
- Samples of previous relevant work undertaken successfully by the contractor.

B. Financial Offer

A separate Financial Offer detailing all activity expenses and logistics should be submitted under this section.

Financial proposal must include:

- Cost breakdown of each component
- Daily and competitive rates of key team members

C. Timetable (Schedule)

This section should include a proposed time/delivery schedule. An action plan specifying the timeframe with various milestones and activities should be included under this section.

EVALUATION AND WEIGHTING CRITERIA

Technical proposals will be evaluated as per the following criteria:

Criteria	Maximum Points
1. Institutional profile, credentials and experience in this area <i>a. Institutional presence, footprint and credentials including access to key online academic and other repositories (5 points)</i> <i>b. Years and technical scope of institutional experience in the area (5 points)</i> <i>c. Range of clients, projects and assignments work on (5 points)</i> <i>d. Sample of previous work (5 points)</i>	20
2. Understanding of the regional and public health context and UNICEF requirement <i>a. Understanding of the Middle East/North Africa/ Eastern Mediterranean socio-politico-economic context (5 points)</i> <i>b. Understanding of the public health/ outbreaks and role of social norms, behavioural drivers and communication in influencing health/outbreaks outcomes (5 points)</i> <i>c. Understanding of UNICEF's goal and purpose for this assignment (5 points)</i>	15
3. Proposed approach and methodology for the assignment including time frame <i>a. Understanding of the COVID 19 context and linkage with assignment (5 points)</i> <i>b. Proposed technical approach and methodology (5 points)</i> <i>c. Proposed workplan and milestones for delivery of the results (5 points)</i>	15
4. Proposed Team including credentials of Team Leader/ Principle Researcher <i>a. Proposed team structure and organisation of work responsibilities for delivering results (10 points)</i> <i>b. Background and qualifications of Team Lead or Principal Researchers (10 points)</i> <i>c. Background and qualifications of other team members of proposed team (10 points)</i>	30
Total Technical	80

Financial proposal (20 points maximum) should include all justifiable costs to meet deliverables and include daily rates of key team members. Please use the attached pricing schedule. If the institution is a UNICEF LTAS holder, rates must comply with the daily rates structure in the LTAS.
