

## **Terms of Reference**

Communications and Social Mobilization Strategy for Pilot Health and Nutrition CCT – SPSU

### **1. Introduction**

The Social Protection Strategy Unit (SPSU) seeks to hire the services of an individual consultant for the preparation of a communications and social mobilization strategy for the uptake of maternal and child health services in rural Union Councils of Tharparkar and Umerkot.

### **2. Background**

Government of Sindh under its Sindh Enhancing Response for Reduction of Stunting Project, aims to contribute to a significant improvement in nutrition in the province, by increasing and expanding coverage of multi-sectoral interventions. It comprises objectives and expected outcomes related to the underlying causes (by sectors) of stunting: health, population, sanitation and hygiene, agriculture, social protection and education.

Despite efforts at improving the provision of primary health and nutrition services progress in improving maternal, neonatal and child health and nutrition indicators has been slow. Uptake is thought to be hindered by a range of socio-economic factors such as poverty, travel costs, opportunity cost of time, trust in public services, women's agency within families and communities, and behavioral norms. There is global evidence on the co-responsibility cash transfers (CCTs) as cost-effective measures for overcoming some of these constraints and improving the uptake of health services. The pilot CCT in districts Tharparkar and Umerkot offers important lessons for the design and scale-up of such interventions, and for measuring impact in the conditions of poor rural communities in the Sindh province. The pilot CCT has been initiated in 2 talukas – one each in Tharparkar and Umerkot – at designated public health facilities.

The pilot CCT is being led by the Social Protection Strategy Unity (SPSU) at the Chief Minister's Secretariat. The pilot aims to increase the uptake of existing health and nutrition services focused on the first 1000 days after conception, including ante-natal check-ups, safe deliveries, post-natal care, growth monitoring and immunization of children through the provision of a regular and predictable cash transfer at various trigger points. The pilot will help to develop the nascent capacity of the SPSU and offer lessons for scaling up. Key mandates and functions of the SPSU include project design, social protection operations such as social mobilization, communication, enrolment, compliance verification, payment, and grievance redress through the provincial Social Registry, as well as monitoring, evaluation and lesson-learning and planning for scaling up.

Communications and social mobilization are key elements complementing the CCT in improving the uptake of maternal and child health services.

### **3. Objective**

The objective of the assignment is to prepare an evidence-based strategy for communications and social mobilization as part of the CCT to improve the uptake of maternal and child health services by women and their families in rural communities of Tharparkar and Umerkot.

#### **4. Scope of Assignment**

The communications and social mobilization strategy will inform the design and execution of activities directed at potential beneficiaries, their households and communities to ensure improved uptake of services. The strategy will be based on:

- Understanding of existing constraints to the uptake of public health services for maternal and child health, particularly those around the ability to access information and to act upon it
- Understanding of factors influencing change with respect to the uptake of services including the role of cash incentives and complementary communications and social mobilization activities
- Mapping of existing communications and social mobilization stakeholders in target communities

The understanding of constraints and change factors will be based on qualitative research (interviews, focus group discussions etc) with a primary focus on potential beneficiaries, their households and communities, and a secondary focus on key informants including health service providers. The mapping of existing stakeholders will be based on interviews, documentation, and selective triangulation at the community level.

The approach to the understanding of causal factors as well as recommendations must be strongly informed by the perspectives of gender and women's empowerment, social inequality and intersectionality between various dimensions of exclusion (gender, social status, poverty, remoteness etc).

#### **5. Tasks and responsibilities**

- Review of secondary material including:
  - Analyses of constraints to uptake of maternal and child health services
  - Lessons from successful as well as unsuccessful communications/social mobilization efforts around maternal and child health in Sindh
- Primary fieldwork at the community level to address:
  - Main gaps in received understanding of constraints of maternal and child health services
  - Understanding from local contexts
  - Perspectives of women and men from different groups
  - Focus on prevailing local channels of information and influence including influencers, inter-personal communication, role of health facilities/professionals/health workers, media, social media
- Mapping of existing communications/social mobilization stakeholders in target districts and assessment of their capacity
  - Including health facilities/professionals/health workers, NGOs, media/social media
- Analysis and recommendations incorporating:
  - Main findings of review/fieldwork
  - Key channels of communication/social mobilization
  - Key do's and don'ts based on lessons of past efforts and current understanding
  - Outline of strategy including:
    - Types of messaging and listening
    - Channels of messaging and listening
    - Feedback loops – measuring impact of messaging, and incorporating learning from listening

## **6. Reporting:**

The consultant will work closely with SPSU throughout the consultancy and will report to the designated specialist at SPSU.

## **7. Confidentiality and Data ownership:**

All data (qualitative and quantitative, interview recordings, transcripts) collected for this assignment will be treated as confidential. Consent will be sought from all human subjects and will be documented. Data collected for the assignment are owned by the SPSU and may not be utilized for other purposes.

## **8. Expected Outputs**

- i. Inception Report and consultation: incorporating approach to assignment; preliminary findings from secondary material; fieldwork plan; how gender and social exclusion perspective is to be addressed. Consultation with SPSU and sign-off.
- ii. Main findings and consultation: incorporating main findings responding to Scope of Assignment and reporting on Tasks and Responsibilities outlined above. Consultation/review with SPSU on findings and preliminary recommendations.
- iii. Final report: incorporating review of main findings and preliminary recommendations, final summary findings and recommendations for communications and social mobilization strategy.

## **9. Required Qualifications and Experience:**

The consultant shall possess the following qualifications and experience:

- Master / Graduation degree in Mass Communication, Humanities, Social Sciences or relevant discipline or equivalent.
- At least 10 years of experience in conducting qualitative research in Pakistan, with proven experience of work in rural communities in Sindh.
- Understanding of gender dynamics in general and with respect to health-seeking behavior in particular
- Working knowledge of a local language (including Sindhi)
- Demonstrated ability to write analytical reports (in English) based on qualitative fieldwork

The consultant will be responsible for any further hiring to assist in the fieldwork and analysis.

## **10. Time Frame:**

The total assignment period is of three (03) Months

## **11. Selection Method:**

The selection process will be carried out World Bank's Procurement Procedures for hiring of individual Consultant in accordance with Section 7.38 of World Bank Procurement Regulations for IPF Borrowers (July 2016).

**12. Tentative Schedule of Delivery and Payment:**

<b>Sr. No.</b>	<b>Expected Outputs</b>	<b>Schedule of Delivery</b>	<b>Payment Schedule % of Contract Amount</b>
1	Inception Report	Within 02 weeks after signing of Contract	25%
2	Main findings and consultation	Within 1.5 months after signing of Contract	40%
3	Final Consolidated Report	Within 03 months after signing of Contract	35%