**Terms of Reference**

**KAP survey on arboviral diseases, with a specific module on ZIKA**

**Country Office:**  Suriname

**Duty station:** Paramaribo

**Section:** Monitoring and Evaluation

**Consultancy title:** **KAP survey on arboviral diseases, with a specific module on ZIKA**

**Supervisor:** Emergency Officer

**Duration of Contract:** July to September, 2017

**NOTE**

These Terms of Reference are for a consultant to conduct a KAP study on arboviral diseases, with a specific module on ZIKA. This study will provide an accurate understanding and solid analysis on community understanding of the risks posed, and methods of prevention of transmission of arboreal diseases, with specific reference to ZIKA. The study will support the Ministry of Health (MoH) specifically and the Government as a whole, in the development and implementation of projects for the improvement of women and children.

**Background**

The first Zika case in Suriname was confirmed in November 2015, starting an outbreak that had up to last year October resulted in 2,749 suspected cases, 624 confirmed cases, 10 cases of congenital syndrome associated with Zika virus, and 4 Zika-related deaths. Of the 10 congenital syndrome cases, 2 have been classified as suspect, 6 cases as probable and 2 as confirmed.

During the first response phase of the epidemic, the national effort focused on prevention through vector control and communication for personal protection. UNICEF in collaboration with UNFPA supported the response through two main channels:

1. Support to the Ministry of Health, through the Bureau of Public Health, conducted an awareness campaign through mass media, household visits, and production and dissemination of communications materials for behavior change.

2. Support for awareness and supply procurement and distribution through the Medical Mission in the country’s interior

Approximately 400,000 people were reached through the mass media, 340,000 (100% of coastal dwellers) received information packages and 70,000 households were visited to deliver prevention messages. All 10 districts participated in house-to-house campaign. Through UNICEF support, 50,000 people benefitted from environmental management and active vector control interventions. One thousand two hundred (1200) pregnant women benefitted from UNICEF-supported personal protection interventions.

Transmission appears to be waning, with only 1 case reported at the last reporting week in October 2016 (epidemiologic week 43). As would be expected, the impact of Zika on children has only recently began to manifest. While reports of suspected and confirmed cases peaked between epidemiological weeks 3 and 6, the first of the 10 congenital syndrome cases was reported in epidemiological week 26, the last case being reported in week 42 (week before last reporting week). It therefore stands to reason that more cases of Zika-related congenital syndrome will continue to be reported into the near future, with long-lasting impact on the wellbeing of affected children and their families.

From lessons learnt in phase 1, there was a somehow limited monitoring of cases as a result of mild symptoms leading to low risk perceptions in affected communities and therefore low demand for screening. This requires efforts to increase public risk perception, especially among pregnant women. While C4D training was conducted in Suriname, there were no follow-up activities from the training.

As transmission declines, indications are that government is moving to integrate ZIKA prevention and management within strategies for addressing arboviral diseases in general, with strong focus on vector control, communication and data. UNICEF’s expertise in communication for development (C4D)/behavioral change communication also makes the organization a fitting partner to support communication for prevention component of the next phase, with emphasis on generating data for advocacy.

For the second phase of Zika response, UNICEF in Suriname will continue to support C4D efforts to raise public risk perception and awareness to influence behavior change and so strengthening individual’s capacity to prevent exposure to Zika. UNICEF will do so primarily by supporting evidence generation to inform key messages and priority delivery platforms, specifically through a study on knowledge, attitudes and practices of communities at risk of arboviral diseases, with specific module(s) on ZIKA. Implementation planning for Zika communication interventions based on findings of the KAP study will also be supported.

**Purpose**

The purpose of the consultancy is to provide technical assistance in design and implementation of a knowledge, attitudes and practices (KAP) survey (evidence generation) to inform key messages and priority delivery platforms, specifically of communities at risk of arboviral diseases, with specific module(s) on ZIKA

The survey should be conducted between July and August 2017. It should provide detailed information on the knowledge, attitudes and practices of the general public on arboviral diseases/ mosquito borne diseases, with focus on ZIKA

The Government of Suriname with the support of UNICEF will design and implement a program with as objective to improve risk perception based on KAP findings and increase personal protection/prevention practices. The findings of the survey should include disaggregated data for female/male, different age groups, etc.

**Methodology and Scope of Work**

A detailed work plan including methodology for data, sampling proposal, time frame will be developed by the consultant and agreed with UNICEF and the Ministry of Health. From this detailed work plan, the KAP survey implementation methodology schedule will be finalized with the Ministry of Health. *N.B. field work costs will be determined once KAP survey implementation methodology schedule has been finalized and therefore should not be included within the financial proposal*

The writing of the final Study will be responsibility of the consultant. The key tasks, deliverables and timeframe are as stated below:

**Deliverables**

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| **Deliverable** | **Main components** | **Duration** | **% of Fee** |
| Inception report: work plan including data collection timelines | * Prepare a KAP Study Inception Report that clearly outlines   1) the work plan including timelines, sample frame and strategies for each phase of the Study;  2) An analytical framework;  3) Interview schedule, draft & approved data collection instruments  4) Structural outline of final Study | 10 working days (by 14th July 2016.) | 30 |
| KAP Survey Field Implementation | * Conduct survey in identified communities from inception report including recommendations for communication and community engagement interventions for mosquito borne diseases Draft report of the Study based on all inputs and data collected. * An Oral presentation of findings to all stakeholders (findings and provisional recommendations should be presented using a Power Point presentation) | 20 working days (By end August, 2017) | 50 |
| Final Report | * Integrate comments and produce final KAP survey report including the Executive Summary according to an agreed format. | 10 working days (By 15th September, 2017) | 20 |
| The anticipated duration of the consultancy is for 40 (forty) working days within the time period of 3 months, during July to August, 2017.  **Required Qualifications and Experience**   * Advanced degree in the social sciences - sociology, anthropology or related fields relevant for the assignment; * Fluency in Dutch and English. * At least 5years of relevant professional experience in Research * Previous experience with the UN and UNICEF is preferred; Sound understanding of the Convention on the Rights of the Child (CRC) and the Sustainable Development Goals (SDGs). * Strong analytical Dutch and English report writing and presentation skills; * Strong communication, coordination and negotiation skills; * Knowledge of indigenous languages spoken in Suriname will be an advantage * Familiarity with the local, political, economic and cultural environment of Suriname   **Governance**  The consultant will be supervised by the UNICEF emergency officer in cooperation with the Ministry of Health in Suriname.  **Ethical Consideration**  To ensure that the key ethical principles for the conduct of studies involving human subjects are followed, especially for primary data collection, each potential respondent will be given full information about the study including the purpose and potential benefits of the study, their rights, and how the information collected will be used. Verbal consent will be obtained from all those who agree to participate. All participants will be informed of their right to discontinue their participation at any point. Approaches for ensuring confidentiality will be described to all potential participants. The requisite permission will be sought to gather information from women and children.  ***Data Management***  The absolute safety of all data will be a priority i.e. no data collected/reviewed for this Study or data to which the consultant is privileged during time of the Study process, as direct or indirect result of being the consultant for this Study, can be shared and or used by the consultant, neither can s/he approve the use of the whole or any part of it, for personal or professional purposes, without approval, in writing, from all stakeholders jointly.  **Procedures and Logistics** | | | | |
| UNICEF and the ministry of Health will regularly monitor the progress of the consultant’s work.   * Consultant will use her/his computer and working space * Consultant will submit draft and final Study in an electronic form | | | | |

**Conditions:**

* Prior to commencing the contract, the consultant will be required to sign a Health Statement and to document that s/he has appropriate health insurance, if applicable. The consultant will be responsible for the accuracy of that statement
* The consultant is expected to work with the Ministry of Health for day to day issues, logistical arrangements and will be required to travel to the field for data collection
* The assignment will be supervised by the Emergency Officer of UNICEF Suriname.

**Method of Payment:**

* The fee will be paid in tranches as follows; all fees will be paid in local currency (applicable for national consultants) at the current UN rate.
  + Upon acceptance of inception report 30% of the total sum will be paid
  + Upon completion of field work and acceptance of draft report 50% of the total sum will be paid
  + Upon approval and acceptance of final report 20% of the total sum will be paid

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