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| **Title**  Data analyst for rumour tracking and reporting | | **Funding Code**  SM210533 and SC210363 | | **Type of engagement**  Consultant  Individual Contractor | | | **Duty Station:**  Nairobi (seconded to Ministry of Health) | |
| **Purpose of Activity/Assignment:**  The purpose of the consultancy is to provide Ministry of Health with a technical support to establish national rumour tracking and reporting system, and build capacity within the Health Promotion Unit to manage the rumour tracking system in a sustainable manner. | | | | | | | | |
| **Scope of Work: (see end note below )**  **Background**  UNICEF has been providing technical support to Ministry of Health on Risk Communication and Community Engagement (RCCE) to respond to the COVID-19 pandemic. Areas of support include: social data analytics to inform communication and programme response, design and implementation of evidence-based RCCE strategies and technical support for production of communication messages, approaches and interventions as per the evolving situation of COVID-19. A team of Communication for Development experts have been engaged in providing the overall support.    As the country secured different types of COVID-19 vaccine brands and more COVID-19 variants emerge, there is increasing amount of misinformation and disinformation affecting the vaccine uptake. In such a volatile situation, it is extremely important to continue collecting and analysing social data to understand the behavioural pattern and provide strategic technical support to the Government and counties to adapt/change course of the communication response as guided by data.  There are many organizations collecting social data including MOH, UNICEF, WHO, CBCC, CDC, USAID and IPSOS monitoring print, electronic, broadcast, social media coverage and social/behavioural data around the COVID-19 outbreak and vaccine uptake. As a next step, it is necessary to create a central system to 1) develop a coding framework 2) collect the social data from various sources 3) analyse social data and identify emerging issues and trends 4) produce RCCE brief with recommendations for both communication action and system level response.  The RCCE brief will be prepared regularly (every two weeks) and shared with decision makers at MoH. It will be used to inform Government’s media briefing, NERC press statement, advocacy materials and to make decisions on communication response as well as to advocate for the programme interventions. The RCCE brief is also an important tool to share with partners and donors to inform the current status and recommended actions.  **Justification**  In the letter dated December 2021, Ministry of Health requested UNICEF’s technical and financial support to operationalize rumour tracking and establish a vaccine observatory system. It will require a data analyst to fulfill this role and such capacity is not currently found in UNICEF KCO. It calls for a consultancy to provide full-time support to MOH including a skills transfer so the government will be able to take over the operation and management of the system in a sustainable manner.  **Activities and tasks**  The main activities include the following:   1. Provide technical guidance and support to the MOH and RCCE partners to review the data collection tools periodically as guided by the dynamic listening and emerging issues seen from social data analysis. 2. Provide technical support to collect anthropological/social and behavioural data and longitudinal studies from across the country. 3. Establish the rumour tracking system (including streamlining the data flow, establishing the work process, and clarifying roles and responsibilities of MOH at national level, Health Promotion officers at county level, and partners.) 4. Build capacity in the MOH team to enable sustainable operation of the rumour tracking including the data flow, generation of action points, reporting, and communication pathways to inform county-level and national-level response actions. 5. Analyse data coming from various sources and produce RCCE briefs (Anthropological data, helpline data, media monitoring and social media sentiment analysis) and submit it to the Rumour management working group. Revise and finalise RCCE briefs after review from the Rumour management working group. The analysis will cover the information on vaccine acceptance, COVID-19 risk perception, behaviours such as social/physical distancing, use of masks, hand washing and hygiene, health seeking behaviours, gender dimensions, stigma and concerns among health workers, their issues and response; behavioural patterns among various segments of the populations as well as public perception towards health facilities offering COVID-19 vaccines and treatment. 6. Working closely with the UNICEF team, provide technical guidance on appropriate and effective evidence based RCCE interventions, shifts that need to be made in the response, or additional response required from the MOH including the health facilities and other line ministries. 7. Participate in the Advocacy, Communication and Social Mobilisation partners coordination meetings, COVID-19 national taskforce meetings as required and provide guidance on appropriate response from various sectors as informed by the social data. 8. Monitor the risk of misinformation/disinformation and promptly flag a problematic information detected for MOH, UNICEF and partners to take action. 9. The consultant will also support MOH and UNICEF on holistic strategic communication plans. With the emerging need to address issues on stigma and discrimination, gender dimensions of the response, health equity and geographical disparity. 10. Local travel is possible if critical capacity gap is identified at the county level for operationalization of the rumour tracking system.   **Expected deliverables**  The consultant will provide the following deliverables:   1. Technical support provided to MOH to establish a central system for rumour tracking and reporting. Social data tools and coding framework reviewed and revised as per the emerging issues on COVID-19. 2. Technical support provided to UNICEF team to conduct studies and surveys on RCCE as required. 3. High quality data analysis of findings from helpline, social and anthropological data, media, social media sentiment analysis and other available social data from various studies in Kenya and in the Eastern and Southern Africa region. 4. RCCE briefs produced with analysis and recommendations to the ACSM partners and COVID-19 national taskforce to address emerging issues, misinformation or social factors. 5. Capacity building activity and on-the-job training for skills transfer to MoH to take over the system operation and management. 6. Technical support provided to ACSM partners for development of appropriate message content, communication material and approaches for reaching the population with accurate messages on COVID-19 and promote positive messages and to maintain public support for Government efforts around COVID-19. 7. Participation in ACSM coordination meetings and COVID-19 national taskforce as required, and briefing on findings from social data. 8. Monthly progress reports produced. The Payment will be made to the consultant on submission of a monthly report outlining the deliverables upon verification of UNICEF. | | | | | | | | |
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| **Budget Year:** | **Requesting Section/Issuing Office:** | | | **Reasons why consultancy cannot be done by staff:** | | | | |
| *2021-2022* | *C4D section/KCO* | | | *This consultancy requires a data management capacity and experience in combining qualitative and quantitative data to apply for C4D interventions. Currently such capacity is not found in UNICEF Kenya office.* | | | | |
| **Included in Annual/Rolling Workplan***:*  Yes  No, please justify: This consultancy was initially envisaged for Nairobi, but modified in response to the emerging situation in western counties and the call from MOH | | | | | | | | |
| **Consultant sourcing:**  National  International  Both  **Consultant selection method:**  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review/Interview) | | | | | | **Request for:**  New SSA  Extension/ Amendment | | |
| **If Extension, Justification for extension:**  **N/A** | | | | | |  | | |
| **Supervisor:** | | | **Start Date:** | | **End Date:** | | | **Number of Days (working)** |
| *C4D Specialist (Emergency) with oversight by C4D manager* | | | *15 February 2022* | | *14 August 2022* | | | *6 months* |

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| **Work Assignment Overview** | | | |
| Tasks/Milestone: | Deliverables/Outputs: | Timeline | Estimate Budget |
| Technical support provided to MOH to establish a central system for rumour tracking and reporting. Social data tools and coding framework reviewed and revised as per the emerging issues on COVID-19. | a) central system for rumour tracking with final set of tools and coding framework | February-May |  |
| Technical support provided to UNICEF team to conduct studies and surveys on RCCE as required. | b) Comments provided to studies and surveys as requested | Ongoing |  |
| High quality data analysis of findings from helpline, social and anthropological data, media, social media sentiment analysis and other available social data from various studies in Kenya and in the Eastern and Southern Africa region. | c) Data presented online | May-August |  |
| RCCE briefs produced with analysis and recommendations to the ACSM partners and COVID-19 national taskforce to address emerging issues, misinformation or social factors. | d) Two-weekly RCCE briefs after the system is established | May-August |  |
| Capacity building activity and on-the-job training for skills transfer to MoH to take over system operation and management. | e) Capacity building plan and progress update (as part of monthly report) | Ongoing |  |
| Technical support provided to ACSM partners for development of appropriate message content, communication material and approaches for reaching the population with accurate messages on COVID-19 and promote positive messages and to maintain public support for Government efforts around COVID-19. |  | Ongoing |  |
| Participation in ACSM coordination meetings and COVID-19 national taskforce as required, and briefing on findings from social data. |  | Ongoing |  |
| Monthly progress reports produced. | f) Monthly reports | Every month |  |
| Travel International (if applicable) | N/A |  |  |
| Travel Local (please include travel plan) | Local travel cost will be covered by the Country Office based on the needs up to $3000. |  |  |
| DSA (if applicable) | DSA to be covered by the Country Office based on the actual number of days and cities stayed. Up to $3000. |  |  |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** | | |
| Bachelors  Masters  PhD  Other  **Education:**  Advanced university degree in data management and analysis (e.g. information management, marketing, social sciences, or communications.) A bachelor’s degree in a relevant field may be considered in lieu of the advanced degree with 7 years of experience.  **Experience:** At least 5 years’ experience of relevant professional work in collecting, analyzing and reporting quantitative and qualitative social data. Practical experience in the application of data findings for developing strategies, action plans, and key messages. | * Knowledge of health system and work experience with health sector in Kenya will be desirable. * High analytical skills to filter, categorize and analyze information from social behavioral and anthropological data, media, social media and other social data. * Knowledge of rumour/misinformation management principles. Hands on experience desired. * Strong research, interpersonal communication and advocacy skills to advise a team of senior officials on effective RCCE response and transfer knowledge and skills. * Awareness on current issues and understanding of how media/social media networks operate in Kenya. * Fluency in both English and Kiswahili is essential; fluency in other languages spoken in Kenya an asset. | | |
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| **Administrative details:**  Visa assistance required:  Transportation arranged by the office: | Home Based  Office Based:  If office based, seating arrangement identified:  IT and Communication equipment required:  Internet access required: | | |
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