**FY21-0F-002**

**RTI – HAITI SOCIAL MOBILIZATION PLAN FOR MDA 2022**

DRAFT

**Terms of Reference (Social Mobilization Plan)**

**I- National Context (Haiti and the fight against Filariasis)**

Haiti joined the global momentum against Lymphatic Filariasis (LF) by creating the Coordination of Malaria and Lymphatic Filariasis Elimination Programs (CPNEMFL). The fight against Filariasis started in 2000 would in a very short time intensify until becoming one of the flagship public health programs in the country. Annual mass drug administration (MDA) campaigns have been implemented in Haiti since 2001 as a standard intervention for the prevention of intestinal worms and filarial parasites in endemic areas. This success is possible thanks to the unfailing support of a group of partners including RTI International, which over the years has proven to be a leading strategic and operational partner. As of November 2021, 122 of the 140 endemic municipalities (87%) no longer need mass distribution activities to stop the transmission of the parasite; there are only eighteen municipalities that still require MDA to reach the goal of eliminating LF as a public health problem by 2030.

Magnitude of the Problem

Despite the successes achieved in the fight against Filariasis in Haiti, the municipalities that still remain endemic share some common characteristics:

* They were for the most part the most infected during the baseline mapping, with prevalence exceeding 10%;
* They have already undergone on average more than a dozen annual MDA rounds.
* They have failed at least twice in sentinel site surveys known as pre-transmission assessment surveys (Pre-TAS) to verify that the infection is reduced below the 2% threshold required by the WHO before moving to more statistically rigorous TAS.
* They are mostly urban or peri-urban areas and communes where the local population are generally more skeptical towards public health interventions. In addition, the population in these areas generally wants more information justifying why they should participate in the LF MDA program.

Efforts are being made to address the situation as a result, (in particular the issue of non-compliance of the target population to participate in MDA and take the preventative drugs.) RTI have drafted a set of 4 hypotheses on potential forces driving non compliance and likely solutions:

* Increasing professionalism of campaigns will increase coverage and therefore lower prevalence.
* Increasing knowledge of risks of LF and benefits of LF MDA will increase coverage and therefore lower prevalence.
* Misinformation related to COVID is discouraging participation in MDA.
* People who have never participated in MDA are the reservoir of infection which is contributing to ongoing transmission.

One of the areas of intervention proposed to remedy this impasse is a social mobilization plan to change perceptions and help trigger demand for MDA at the level of certain subgroups of the population.

Research (Evaluation of the Social Mobilization at Croix des Bouquets 2017***)*** suggests that 21% of people have never taken part in MDA and that among the participants, less than 10% say they have heard about the campaigns through community meetings. It follows that there is a lot to do to exploit the health communication system already on site in the province (Nurse in charge of Filariasis / Malaria / ASCP, other successful public health program) and of course the potential for awareness at the level of Community staff (Leaders and Promoters).

# II- Purpose of the provision of the service

*(WHO 2009) Social mobilization consists of mobilizing all social and personal influences with the aim of triggering individual and/or collective action with regard to the... behaviors »*

With the aim of reviewing and strengthening social mobilization strategies to precede mass drug treatment activities; RTI is launching these Terms of Reference with a view to recruiting a Consultant or a Firm to deliver the outputs mentioned below.

**Purpose and Objectives of the Consultation**

* Based on the information collected by the program, including survey data and focus-group discussions, identify the obstacles and barriers to participation in MDA amongst the target population.
* From the wealth of information garnered from analysis and research, propose channels of communication, design/adapt social mobilization materials, and adapt messages to target groups.
* Pilot on targeted communes and refine the revised materials/channels/approaches
* Significantly increase client knowledge of (1) the dangers of Lymphatic Filariasis, (2) the means of control available, and (3) the state of the situation in the fight against Filariasis over the last 20 years.
* Significantly increase coverage in the 7 communes where past MDA have not yet achieved the expected results through improved social mobilization channels and messaging.

 **Specific objectives**

* Contribute to improve acceptability of MDA treatment services amongst the eligible target population in the 7 communes of interest for FY22;
* Strengthen collaboration among key sectors such as the Ministry of Health (MOH), the Ministry of National Education, **(MENJS),** The Ministry of Interior and Territorial Collectivities, **(MICT), ,** the Association of Pastors, ***the Association of Houngans and Manbo*** (Vodou) of the areas concerned.

# III- Tasks of the Consultant or the firm

The consultant or the firm will have to:

* Work very closely with in country Monitoring, Evaluation, Research Learning & Adaptation (MERLA) and Technical Program staff to review analyses of quantitative and qualitative data already conducted in order to identify barriers and obstacles taking into account demographic, as well as psychographic data.
* Establish channels of communication with the actors mentioned above (Mayors, Inspectors, Religious Leaders of the communes of interest)
* In consultation with RTI and MSPP, design tailored and appropriate communication strategies at national and sub-national (commune) levels based on those afore mentioned parameters
* Propose, discuss and adopt some theories of change that can guide the planned communication action in Market segmentation and analysis of target audiences
* Critically review of all IEC materials used and propose improvement and integration of new elements suggested by the findings of the various research conducted in the field
* Submit the models of the revised and improved IEC (which could include Poster, Banner, Brochure, Fact sheet, Job Aid)
* Contribute to the development of the theme of the MDA 2022 campaign
* Submit tailored scripts pre-tested on the field for audio, video, and jingles spots and their broadcast plan
* Present the social mobilization plan for the 2022 campaign

# IV- Deliverables and Expected Results

* Improved IEC mock-ups
* Slogan and theme of the 2022 campaign
* Revised social mobilization materials (this may include script of audio spots and jingle, Posters, Fact sheet, job aids, Town criers list of messages)
* Revised MDA Social Mobilization Strategy Document, incorporating recommendations from the LF Pause and Reflect Meeting planned December 13-15th 2021
* Pretest on targeted communes of audio spots, Posters, Fact sheets, set of messages for town criers
* Update of the spots, Posters, fact sheet, Town criers list of messages according to the results of the Pre-test

#  V- Profile of the consultant or firm

The selected consultant or the firm will have to meet the following profile

* Be a local consultant (Master's degree in Communication, Social Sciences or other related fields)
* Minimum 10 years of work experience in the field of communication, social marketing.
* Proven experience, preferably in the conduct of awareness campaigns in the field of public health
* Knowledge of the context of precarious neighborhoods in Haiti is a plus.
* Good knowledge of English, Fluency in written and oral French; Mastery of Haitian Creole
* Excellent writing, analytical and synthesis skills; Very good interpersonal skills.

#  VI- Logistical and financial aspects

The consultant or the firm assumes all costs relating to the service

 **VII**. Composition of the offer

To be compliant, the proposal must contain the following:

**A technical offer** in French, which will include a methodological note showcasing the understanding of the terms of reference and the expected work, the CV of the consultant(s) and his/her / their references relevant to the work requested.

**A financial offer** in French including all fees, travel costs, as well as the costs of collecting data to produce documents respecting the proposed schedule

***Bids will be provided in 1 original copy and 2 copies to facilitate the bid evaluation session.***

## VIII. Schedule of the offer

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| Description  | Deadline |
| Publication of the offer | November 26th, 2021 |
| Receipt of tenders ( Extension date ) | Until December 10, 2021 at noon  |
| Analysis of offers | December  |
| Contracting and start-up of activities  | December  |
| End of activities | February 25th, 2022 |
| Submission of activity reports  | March 11th 2022 |

## IX- Condition for submission of tenders

Bidders' bids must be submitted online no later than **December 10, 2021** at the latest at the following email address: procurement@ht.gere.rti.org

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