UNITED NATIONS CHILDREN’S FUND

Communication for Development

Terms of Reference

State SBCC consultant – CSD

# BACKGROUND

With 11 percent of total geographical area of the country, Rajasthan is India’s largest state. Along with this large area comes a wide and diverse topography; from the Thar Desert in the west to forested hilly terrain in the south. The state is home to more than 68 million people. It is predominantly rural, with 75 per cent of its population living in villages. More than 30 per cent of its population belongs to scheduled castes (17.8 per cent) and scheduled tribes (13.5 per cent)[[1]](#footnote-1).

Being counted amongst the six fastest economically growing states of India, the emphasis on improving the social indicators is more pronounced. Rural sanitation condition and practices have been a serious concern and high on the agenda. The National Flagship rural sanitation programme of the GoI, Swachh Bharat Mission Gramin (SBM-G), is being implemented in Rajasthan by Panchayati Raj Department. The State Government has already declared its commitment to make the State ODF by March 2018.

SBM-G continues the legacy of the Nirmal Bharat Abhiyan where a state Sanitation and Hygiene Advocacy and Communications Strategy (SHACS 2012-17) was endorsed to strengthen the programme around the elements pertaining to elimination of open defecation, hand washing with soap at critical times, proper menstrual hygiene and drinking water handling and storage.

At present, the census reports the practice of Open Defecation at about 80.4%[[2]](#footnote-2). Rajasthan has pursued a policy of promoting ODF (Open Defecation Free) villages, and about 41% Gram Panchayats have achieved 100% toilet coverage, so far[[3]](#footnote-3).

Equity issues are accentuated and the access to toilets poorest amongst the most marginalized. As per RSOC, households using improved toilet facility in rural Rajasthan is reported as 19.8 percent, and amongst the tribal population it is as low as 7.7 percent.[[4]](#footnote-4) The tribal community is largely located in the southern part of Rajasthan which in the forested zones of Aravalli hills. Administratively these areas are covered under the districts of Udaipur, Banswara, Banswara, Pratapgarh, Dungarpur and Sirohi.

Results of various studies and surveys such as DLHS, NFHS and SRS have established that Scheduled Caste and Scheduled Tribe communities have poor health and nutritional status and share the highest burden of IMR, U5MR, prevalence of diarrhea and under nutrition etc. as compared to general communities. These communities represent the lower socio-economic strata of the society. Issues related to access to services Existing local norms, culture and practices are bound to impact them differently than the general population. The most disadvantaged are the girl children and women with little control over resources and decision making.

In Rajasthan too, decades of water scarcity, uneven water tables and hierarchical as well as patriarchal social systems have contributed to strong norms around sanitation and hygiene practices. Studies by UNICEF, show that one of the biggest obstacles remains the socio-cultural norm that accepts open defecation and the absence of felt need for toilets. Currently however, the programme design on sanitation and hygiene is neutral to these issues.

UNICEF’s has a sustained and continued partnership with the state government and WASH programme towards supporting the government in policy, planning, implementing and monitoring of SBM, comprehensive engagement of communities through SBCC and involving local governance structure of Panchayati raj supported by community based groups like SHGs and local networks.

There is a clear need for stimulating the comprehensive Social and Behaviour Change Communication (SBCC) intervention to strengthen the programmatic initiatives towards an Open Defecation Free (ODF) status in a mission mode at the earliest. The ground realities demand development of an array of technical alternatives and their promotion as well as an elaborate community engagement for social and behaviour change; and finally an implementation framework with clear roles and responsibilities within the department itself and also other sectors and stakeholders.

This initiative is envisaged to be convergent in nature, implemented in coordination with various stakeholders such as Departments of Education, Health and Family Welfare, Panchayats, ICDS, Rajivika, along with Community Based Organizations and academic Institutions, women and youth groups, etc. among others.

# PURPOSE OF ASSIGNMENT

The primary purpose of this assignment is to provide technical support towards the development and implementation of holistic SBCC intervention adopting a District wide approach for elimination of open defecation, across the tribal districts of southern Rajasthan in Udaipur division. The objective of inducing enhanced demand generation for entitlements and adoption of recommended practices in the communities, in sync with SBM-G guidelines, is envisaged to be achieved through qualitative implementation of communication components of SBM-G through mandated service providers, institutionalization of community approaches and Knowledge Management for creating evidences for different approaches adopted in the State under SBM- G. The profile includes effective coordination, monitoring and network among key stakeholders including at state and district Administration, SHG networks, NGOs, research and design agencies and other concerned stakeholders.

# PRGRAMME AREA AND SPECIFIC PROJECT INVOLVED

C4D

**Programme Component Result 1**: Infants, young children and their mothers have equitable access to, and utilize, quality services for child survival, growth and development

**Intermediate Result 1.15:** Governments and other key stakeholders and partners can stimulate demand for services and promote practices regarding child survival, growth and development especially the most deprived

# DUTY STATION

Jaipur, Rajasthan

# SUPERVISOR:

C4D Specialist, UNICEF, Rajasthan.

Supported by WASH Specialist and A&C specialist.

# ESTIMATED DURATION OF CONTRACT AND DEADLINE FOR SUBMISSION OF END-PRODUCT:

1 March 2017- 31 December 2017

# MAJOR OUTCOMES/ TASKS/ DELIVERABLES TO BE ACCOMPLISHED:

1. **Participatory planning and implementation of SBCC intervention in SBM across 5 tribal districts through mandated service providers rolled out**
   1. Coordination of 5 district level SBCC planning workshops across tribal districts

*Time line:* quarter 1

*Deliverable*: SBCC planning workshop document with workshop agenda, participant list and 5 Agreed District implementation plans

* 1. Participation and recommendation in quarterly review meetings for SBCC Task force at district level across 5 districts

*Timeline* : Quarter 1, 2,3

*Deliverables:* quarterly district SBCC review reports1,2,3 including minutes of the meeting and key recommendations across 5 districts ; one in each quarter

* 1. Monitoring and supportive supervision through visits of 2 days per district across 5 districts, on a monthly basis in the field to grassroot level stakeholders

*Timeline* Quarter 1,2,3

*Deliverable* : Consolidated monthly monitoring reports -1,2,3(one per quarter)

* 1. Develop capacities of mid media partnerships (academia/ folk/ CBOs) to rollout localized mid media campaigns

*Timeline* Quarter 2

*Deliverable* : consolidated Mid media actions plans of 5 districts

* 1. Coordinate for refresher of DRGs on SBCC – CATS capacity cascade including experiential, class room based, and exchange visit based learning opportunities through final traibal module

*Timeline* Quarter 1

*Deliverable* : DRG capacity building report

1. **Institutionalization of community based approaches (through Rajivika- Women self Help groups; NSS and NYKS – for youth and children groups; DIETS - Head teachers; PRI members - Panchayati raj institutions) for sustainable sanitation and its implication on nutrition in 5 tribal districts of Rajasthan facilitated**
   1. Convergence meeting towards development of strategic framework of engagement of women based community networks defining roles, review indicators, norms, resource flow mechanisms, and authority & accountability framework.

*Time line* : quarter 2

*Deliverable* : GR at the district level with agreed engagement framework with Rajivika/ SHG networks (including clear communication on responsibility, accountability, capacity and accountability)

* 1. Organization of Convergence meet and consultation with NSS/NYKS and DIETS towards development of strategic framework of engagement of youth and children based community networks defining roles, review indicators, norms, resource flow mechanisms, and authority & accountability framework.

*Time line* : quarter 2

*Deliverable* : GR at district Level with agreed engagement framework with NSS/NYKS and DIETS (including clear communication on responsibility, accountability, capacity and accountability)

* 1. Consultation with District, block and village level PRI representatives leading to development of strategic framework of engagement of PRIs defining roles, review indicators, norms, quality assurance and recognition.

*Time line* : quarter 2

*Deliverable* : PRI engagement report with agreed engagement framework with PRI department (including clear communication on responsibility, accountability, capacity and accountability)

* 1. Coordination with design agency towards finalization of multi stakeholder SBCC tool Kit after review of existing tools across Rajasthan and other neighboring states in the Rajasthan Context with special focus on tribal districts

*Timeline* : Quarter 1

*Deliverable*: Draft of multi stakeholder tool kit with key recommendations included.

1. **Knowledge management for creating evidences for different approaches adopted in the State under Swachch Bharat Mission and its implication on malnutrition and health indicators for advocacy for upscale and convergence**
   1. Facilitation of the documentation of Most Significant changes, processes and outcomes.

*Timeline* : quarter 3

*Deliverable*: experience sharing document of 5 districts with about 15 success stories of change

* 1. Provide SBCC orientation in ongoing capacity building programmes for district resource group and training institutions across 15days

*Timeline* : quarter 3

*Deliverable:* consolidated report of Orientation agenda in multiple stakeholder capacity building programmes

* 1. Organize state level Tribal consultation Dissemination of successful initiatives.

*Timeline* : quarter 3

*Deliverabl*e: Tribal consultation report with recommendations advocacy for upscale

# DELIVERABLES:

|  |  |  |
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|  | Deliverable/ Means of Verification | What will it achieve |
| Quarter 1: | | |
| 1 | SBCC planning workshop document with workshop agenda, participant list and 5 Agreed District implementation plans | 5 tribal Districts will have district SBCC plans with agreed funds, timelines and monitoring mechanism |
| 2 | Quarterly district SBCC review report-1 including minutes of the meeting and key recommendations across 5 districts | District collector/ CEO of the tribal districts will have evidence of the performance of the mandated service providers and community engagement for fine-tuning and decision-making |
| 3 | Consolidated monthly monitoring report- 1 | Frequently encountered barriers in SBCC intervention for demand generation will be identified for course correction at managerial level and also inclusion of inputs in capacity building / orientation programmes, in coordination with RDD |
| 4 | Desk Review report SBCC tools for Capacity and community engagement with recommendations for design/ adaptation | District level repository of contextualized communication tools and developed for use of service providers and community leaders. |
| 5 | DRG capacity building report | Institutionalized system strengthening through capacity enhancement of mandated service providers |
| Quarter 2 | | |
| 6 | Quarterly district SBCC review report-2 including minutes of the meeting and key recommendations across 5 districts | District collector/ CEO of the tribal districts will have evidence of the performance of the mandated service providers and community engagement for fine-tuning and decision-making |
| 7 | Consolidated monthly monitoring report -2 | Frequently encountered barriers in SBCC intervention for demand generation will be identified for course correction at managerial level and also inclusion of inputs in capacity building / orientation programmes, in coordination with RDD |
| 8 | consolidated Mid media actions plans of 5 districts | Partnerships of district administration with communication Resource groups developed |
| 9 | GR at the district level with agreed engagement framework with Rajivika/ SHG networks (including clear communication on responsibility, accountability, capacity and accountability) | Institutional partnership of district rural development team with Rajivika under the chairpersonship of District collector implemented and included in quarterly review. |
| 10 | GR at district Level with agreed engagement framework with NSS/NYKS and DIETS (including clear communication on responsibility, accountability, capacity and accountability) | Institutional partnership of district rural development team with NSS/NYKS/DIETS under the chairpersonship of District collector implemented and included in quarterly review |
| 11 | PRI engagement report with agreed engagement framework with PRI department (including clear communication on responsibility, accountability, capacity and accountability) | Institutional partnership of district rural development team with PRI under the chairpersonship of District collector implemented and included in quarterly review |
| **Quarter3:** | | |
| 12 | Quarterly district SBCC review report-3 including minutes of the meeting and key recommendations across 5 districts | District collector/ CEO of the tribal districts will have evidence of the performance of the mandated service providers and community engagement for fine-tuning and decision-making |
| 13 | Consolidated monthly monitoring report- 3 | Frequently encountered barriers in SBCC intervention for demand generation will be identified for course correction at managerial level and also inclusion of inputs in capacity building / orientation programmes, in coordination with RDD |
| 14 | consolidated report of SBCC orientation included in multiple stakeholder capacity building programmes | Institutionalization of SBCC component s for ODF promotionin ongoing government activities. |
| 15 | Experience sharing document across 5 districts with about 15 success stories of change | Documentation of key good practices in the context of tribal districts for dissemination focusing on identification of key issues and resolutions in the tribal context |
| 16 | Tribal consultation report with recommendations advocacy for upscale | Inclusion of key interventions in state action plan |
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OFFICIAL TRAVEL INVOLVED:

The Consultant would be based in Jaipur. Travel is required within the state and in special cases, may need to travel outside the State if it contributes to the achievement of the assignment objectives, as approved by the Supervisor. The Consultant will be on travel approximately for 15 days a month. The consultant would be required to make own arrangement for travel and stay during travel, and bear the cost for the same

# Life and Health Insurance:

# I. UNICEF does not provide or arrange life or health insurance coverage for consultants and individual contractors, and consultants and individual contractors are not eligible to participate in the life or health insurance schemes available to United Nations staff members. Consultants and Individual contractors are responsible for assuming all costs related to required inoculations, vaccinations and medical examinations.

# II. Consultants and individual contractors are fully responsible for arranging at their own expense such life and other forms of insurance covering the period of their services as they consider appropriate. The responsibility of UNICEF is limited solely to the payment of compensation for service incurred due to death, injury or illness as per provision detailed below.

# III. Insurance for service incurred death, injury or illness

# A. Consultants and individual contractors who are authorized to travel at UNICEF expense or who are required under their contract to perform services in a UNICEF or United Nations office shall be provided with insurance coverage, through a UNICEF-retained third party insurance provider, covering death, injury and illness attributable to the performance of official UNICEF duties (see Annex IV).

# Compensation in the event of service-incurred death, injury or illness shall be equivalent to amounts stipulated in the agreement between UNICEF and the insurance provider.

# QUALIFICATIONS, KNOWLEDGE/EXPERIENCE REQUIRED:

* Post Graduate in Social Work/Mass Comm /Social Communication/ Social Sciences/ engineering / environmental sciences
* 8-10 years of experience in the area of Monitoring and programme management for SBCC, communication for development, participatory communication, communication planning, participatory research, and impact evaluation of communication interventions.
* Experience of having worked with governmental departments preferably related to WASH and child survival, responsible for communication / social mobilization.
* Ability to develop and put into practice a monitoring and evaluation framework.
* Ability to express clearly and concisely ideas and concepts in Reports and documentation
* Knowledge of computer systems and applications
* Fluency in English and Hindi
* A positive, result oriented attitude with ability to take initiative

Technical Evaluation Criterion – SBCC, C4D

**Technical comparison template for Consultant State SBCC consultant CSD March 2017- Dec 2017**

**Terms of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **S. No.** | **Criteria** | **Name:** | | **Name:** | | **Name:** | |
|  |  | **Score** | **Remarks** | **Score** | **Remarks** | **Score** | **Remarks** |
| **1** | **Qualifications**  **(Min 7/Max.10)** |  |  |  |  |  |  |
| **2** | **Relevant Experience**  **(Min 13Max.20)** |  |  |  |  |  |  |
| **3** | **Language ( Hindi, English- written and spoken)**  **(Min 7/Max.10)** |  |  |  |  |  |  |
| **4** | **Interview**  **(Min 21/Max.30)** |  |  |  |  |  |  |
| **5** | **Written Test**  **(Min 21/Max 30)** |  |  |  | . |  |  |
|  | **Total score - 100**  **(Minimum qualifying marks 70 i.e. 70% of the total 100)** |  |  |  |  |  |  |

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1. Census 2011 [↑](#footnote-ref-1)
2. Census 2011 [↑](#footnote-ref-2)
3. MDWS website, 24 January 2017 [↑](#footnote-ref-3)
4. RSOC 2013-2014 [↑](#footnote-ref-4)