

**UNICEF Nigeria**

**TERMS OF REFERENCE:**

**Knowledge, Attitude, Behaviour and Practice Survey on Yellow Fever in Nigeria**

**(Focusing on 16 states in Nigeria)**

**Requesting Section:** Communication for Development

**Date:** June 2019

**Programme Area and Specific Project Involved:** Communication for Development; demand generation.

1. **Background**

Yellow fever (YF) is a mosquito-borne, haemorrhagic, flavivirus infection endemic in tropical South America and sub-Saharan Africa. About 47 countries (34 in Africa and 13 in Central and South America) are endemic or partially endemic for YF. Currently the World Health Organization (WHO) estimates the burden of yellow fever in Africa at 84,000 to 170,000 severe cases and 29,000 to 60,000 deaths annually.

In Nigeria, although yellow fever vaccination was fully introduced into the country’s routine immunization schedule in 2004 as an under-utilized vaccine administered at 9 months of age, the coverage for YF has been at extremely low levels. The national routine immunization coverage (MICS) of 2006, 2010 and 2016 reveals a yellow fever routine immunization coverage of children aged 12 to 23 months at just 27.2%, 60.1% and 39% respectively. There are states like Jigawa, Katsina, Kebbi, Sokoto and Zamfara having Yellow Fever Vaccination coverage, among children of 12 – 23 months is as low as 9%,17%,13%,6%,12%, respectively[[1]](#footnote-1) .Such coverage levels resulted in ongoing accumulation of susceptible population a known trigger for outbreaks.

A yellow fever outbreak has been active in Nigeria since September, 2017[[2]](#footnote-2) .

* All Nigerian states (36 states and the Federal Capital Territory - FCT) reported 4,100 suspected cases in 604 (78.0%) LGAs.
* From 2017 to 2018, 139 cases of Yellow Fever were confirmed in 17 States.
* Out of all suspected, probable and confirmed cases, 80 deaths were recorded with 29 deaths among confirmed cases.
* The case fatality ratio (CFR) for all cases (suspected, probable and confirmed) is 2.0%, and 21.0% for confirmed cases.

The number of Yellow fever cases has shown an upward trend in 2018 as compared to 2017. Yellow fever response activities are coordinated by multi-agency Yellow Fever Technical Working

Group (YF TWG) with the media being monitored on traditional and social media channels and public health messages disseminated.

According to the National Brief of National immunization coverage survey (NICS), 2016-2017, Nigeria is committed to the goals of the Global Vaccine Action Plan (GVAP), however, immunization coverage in Nigeria among children is dramatically below GVAP goals, putting a substantial number of children at risk of preventable diseases. According to the NICS national brief:

* 40% of children do not receive any vaccines from the health system even though most live close to a health facility.
* Immunization coverage varies dramatically across Nigeria, but improvements are needed in every state.
* All states fall below the global goal of 90% coverage for 3 doses of pentavalent vaccine.
* Children in rural areas are half as likely to be vaccinated as those is urban areas and children of younger and less educated caretakers are at greatest risk.
* 77% of children aged 12-23 months did not receive all routine immunizations and reasons children are not fully vaccinated include lack of awareness, mistrust on vaccine and no faith on immunization in addition to service delivery issues.

In 2013, the country has held a preventive mass vaccination campaign in Akwa Ibom, Cross River and Nasarawa. But since September 2017, Nigeria reported several confirmed outbreaks of YF from 13 states (Kwara, Kogi, Kano, Zamfara, Kebbi, Nasarawa, Niger, Katsina Edo, Ekiti, Rivers, Plateau and Abia) leading to the implementation of reactive mass vaccination campaigns in the most affected states of Edo, Kogi, Kwara, and Zamfara in 2018 by the National Primary Healthcare Development Agency with support from partners.

Nigeria has adopted the Eliminate Yellow Fever Epidemic (EYE) Strategy which entails a review of the YF risk assessment and prioritization, development of a multiyear 2017-2026 YF strategic plan, development of a plan for preventive mass vaccination campaign (PMVC) and implementation, increase in support for attainment targeted YF coverage in routine immunization, support to surveillance and laboratory capacity strengthening and development of urban YF outbreak readiness and response plan. The recent outbreaks in the country have informed the decision to reprioritize states for preventive campaigns based on the current risk status of a national spread and an urgent need to contain the outbreaks in the current affected states. In line with the EYE strategy, the country conducted preventive campaigns for people ages 9 months to 44 years in 5 northern states (Borno, Kebbi, Niger, Plateau, Sokoto) and the Federal Capital territory (FCT) in the fourth quarter of 2018. It is planning to conduct another phase in 2019 in 5 states of Anambra, Ekiti, Katsina, Rivers and Borno.

Based on the experience, so far success of the yellow fever vaccination campaigns depends on implementation of evidence based social mobilization and demand generation interventions to achieve the objectives of high vaccination coverage. The data on current KABP of the community helps ensuring evidence-based planning of communication/social mobilization interventions. To get this end in view, a survey needs to be conducted to know about KABP of the community about prevention of the disease and the vaccine being used, to plan evidence based and area/issue specific communication/social mobilization interventions to promote knowledge, attitude, behaviours and practices and enhance vaccination coverage of yellow fever to prevent/reduce occurrence of the disease.

**2. Purpose of Assignment**

The purpose of the Assignment is to assess knowledge, attitude, behaviour and practice (KABP) of the target caregivers and other community members about impact and prevention of yellow fever diseases and its vaccination.

The specific objectives of the survey are to:

* measure current levels of KABP of communities regarding impact and prevention of Yellow Fever among the community.
* identify inequality (geographic, gender, social disparity) in KAP and barriers and motivators) towards Yellow fever vaccination.
* To deepen the understanding of the already available community-based behaviour about the yellow fever disease and its vaccination.
* Identify effective and trusted sources of information
* Generate data as baselines for KABP of yellow fever to design evidence-based strategies for creating awareness and demand generation for yellow fever and other vaccination.
* The findings of the survey will be used for planning of communication/social mobilization interventions to increase knowledge of community about prevention of the disease, create demand, enhance acceptance and promote positive behaviours, attitudes and practices about Yellow Fever vaccination.
* Further qualitative research, if needed on the basis of findings of this survey.
* Monitoring of changes/progress in improvement of KABP of communities about Yellow Fever in future surveys.

**3. Focus and Scope of the Survey**

The survey requires an **institutional contract** and will involve the following key phases:

* **Inception phase**

The main objective of this phase is to determine the best approach and design for the survey, considering the entire context (constraints of time, data availability, budget and methodology). As a consequence, the approach and methodology to be employed during the data collection phase will be developed by the selected consult firm/research agency and report into an inception report which will include a data analysis plan. The data analysis plan, will specify which of the proposed procedures related to the data will be utilised and how the data will be analysed in detailed. The data analysis plan is an integral part of the inception report

* **Field work/Data collection phase**

This phase is the implementation of the final agreed/approved survey plan, as per the inception report. The phase includes field data collection through the agreed methodology, such as house hold survey, key informant interviews, focus groups and other related field work, as relevant.

* **Reporting phase**

The reporting phase comprises of several steps: data processing and analysis of quantitative household survey plus the transcription/synthesis of qualitative information (FGD and KII) and may subsequent process reports. First, as if agreed, the consult frim/research will share regular reports (weekly or bi-weekly as agreed). The content of the report will be light and meant to inform on the ongoing progress on implementation of the survey. Towards the end of completion of the survey, during which a draft report is to be delivered, aligned with UNEG (United Nations Evaluation Group) standards, for comments and approval. The final survey report addressing all comments should be submitted, along-with a comprehensive power point presentation, covering, background, implementation, top-line findings and recommendations of the survey.

* **Dissemination**

The consulting firm/research agency, as agreed with UNICEF and NPHCDA will organize dissemination of the report.

**Geographic Scope**

The focus of the survey will be the 16 states across Nigeria that that have experienced outbreaks, implemented reactive and preventive campaigns and that will implement preventive campaigns in 2019.

***Focal states for the survey:***

1. ***States that experienced severe outbreaks leading to reactive campaigns:***
2. Edo
3. Kogi
4. Kwara
5. Zamfara
6. ***States that have implemented preventive campaigns***
7. Akwa Ibom
8. Cross Rivers
9. Nasarawa
10. Borno
11. Kebbi
12. Niger
13. Plateau
14. Sokoto
15. ***States implementing preventive campaign in 2019***
16. Anambra
17. Ekiti
18. Katsina
19. Rivers

The final scope of the survey will be guided by a study design and methodology to be discussed and agreed at the inception phase.

***Thematic scope***

The assignment aims to investigate at least the following research areas:

* Existing knowledge of the community about prevention of yellow fever vaccination.
* Cultural beliefs and behavioral patterns in relation to yellow fever
* Barriers which are negatively affecting yellow fever immunization
* Current attitudes/behaviours/practices about yellow fever disease and immunization
* Effective and trusted Sources of information and communication processes
* Existing preventive practices
* Gender dimensions towards immunization
* Perception variance from men to women, from the educated to no-formally educated, parents and non-parents, etc.
* Sustainable and effective strategies needed to address issues around yellow fever disease, immunization and their services.

1. **Methodological Requirements**

The evidence on Knowledge, Attitudes and Practices of YF in 16 States will be generated thought the combination of both quantitative method (HH Sample Survey) and Qualitative method (Focus Group Discussions, Key Informant Interview), Secondary Data Analysis from MICS, DHS 2018 and collection and trend analysis of Routine Administrative data of the National Immunization program or NHIS. Details of Design and methodologies will be developed by the selected Consult Firm/research agency for discussions within the Inception Report. However, this survey will collect data linked with objectives of the survey. The approach and methodology should include, but not limited to, the following:

* Ensure that all data collection processes, analysis and training of field staff, as relevant, are subject to a Quality Assurance plan that will be detailed in the proposal/Inception report.
* Incorporate data from the existing monitoring and information system implemented by the government/partners and other relevant sources of information available.
* As required help direct data collection tools and activities to be exclusively linked with objectives of the survey.
* Develop questionnaires for the survey, as relevant. Both the quantitative and qualitative questionnaires will be pre-tested and revised accordingly.
* The field plan to be drawn up including the number of enumerators, supervisors, training plan and expected tasks and responsibilities.
* A data analysis plan, in which the procedures related to the data to be analysed need to be described and detailed.

**Sampling methodology**

The Consulting Firm/Research Agency will elaborate sampling methodology in the proposal. However, a multistage stratified sample design will be adopted for sampling. The sampling methodology will include:

* Representative Sample size that will allow robust statistical measure of KABP
* Sampling frame and plans for primary data collection
* Clearly defined criteria for selecting respondents
* Coding strategy
* Sampling weights to be used in the data analysis
* Choice of design adequately defended

**Sample size**

The Consulting Firm/Research will calculate the sample size which is scientifically representative of the population and produce statistically acceptable results at the state level. Number of participants of the survey will be estimated along-with a rigorous geographic spread and having statistically valid representation from the total target population in all the target 15 states.

**Survey population**

Describe the target audiences who will participate in the survey.

**Quality assurance**

The selected consult firm/research agency is expected to come up with a comprehensive quality assurance mechanism not limited but include the following to maintain high standards of quality in:

* Identification/Selection and training of the field data collectors.
* Field data collection and resolving issues immediately, if there are any. (supervision of data collection, providing at the spot support to data collectors, evening review meetings etc)
* Data entry, cleaning and analysis.

1. **Major Tasks and Steps of the assignment**
2. **Desk Review and Context analysis:** Examine the global, regional, country and state-level available evidence and research on yellow fever disease and immunization.

Analyse available national and subnational research undertaken on the KABP of the target beneficiaries and identify existing gaps in evidence which can also guide the final research focus and questions.

1. **Planning of the overall research process, methodology and approach and development of an Inception Report.**

Develop an in-depth research process, appropriate methodology, **HH Survey Sampling methodology in liaison with NBS,** tools, data collection approach and plan. The plan should be presented in form on a draft inception report for UNICEF and NPHCDA’s review and approval after which it will be finalized (final inception report) to guide the research. The inception report will include data collection and field work plan and schedule.

1. **Develop data collection instruments, field test instruments and manage data collection.**

Ensure that the tools and guides are appropriate for the data collection and develop them in advance of the field work. Testing of the instruments is also important to ensure they are suitable. Plan and manage data collection.

1. **Data analysis and preparation of the draft report**

Carry out data, cleaning, analysis and drafting of report. A draft report will be presented to UNICEF and other partners for comments and adjustment will be made to it based on the feedback.

1. **Validation of the draft final report with stakeholders**

Organize an appropriate exercise for validation of the research findings, e.g. through a national (and state level) meetings with the key informants and stakeholders.

1. **Preparation of the final report and policy brief**

The final report will be prepared based on comments from UNICEF, NPHCDA, GAVI and various stakeholders through review and the validation exercise. The final report will include fact sheets and policy briefs (key findings and recommendations for advocacy).

1. **Presentation of the final report and key findings and recommendations in a national forum**

This includes preparation of the Power Point presentations of the final report, its key findings and recommendations that will be shared with UNICEF and NPHCDA in advance and which will be left with UNICEF and NPHCDA for further use, as needed.

1. **Key activities Deliverables and Timelines**

**The timeline for this activity is 3 months: September – November 2019**

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| **Tasks** | **Deliverables** | **Weeks** | **Payment** |
| **Inception, design and other pre-field work activities**   1. Analyse existing studies, research and data on the topic, and identify gaps that need further investigation. | Desk review and context analysis document | Week 1 | 1st payment  25% |
| 1. Plan the research and prepare the inception report based on desk review and discussions with UNICEF and NPHCDA. | Inception report and sampling | Week 2-3 |
| 1. Develop data collection and field work process and timetable | Recruitment and training of enumerators  Field work and data collection plan and schedule. | Week 4-9 | 2nd payment  35% |
| 1. Develop data collection instruments and interview guides and protocols. | Data collection instruments and guides and pilot test. |
| 1. Pre-testing of the survey instruments | Final version of the survey questionnaire |
| 1. Identify and train the data collector | Trained data collectors available |
| **Field work**   1. Data collection from the field, supervision and transmission of data. | Data as per the final questionnaire |
| **Data analysis and report**   1. Data management (cleaning, entry and analysis) | Preliminary findings from analysis of data |
| 1. Preparation of the draft report | Draft report. |
| 1. Organize and facilitate the validation workshop for the draft final report with stakeholders | Debriefing and validation exercise (workshop) for the draft report. | Week 10-11 | 3rd payment  40% |
| 1. Preparation of the final report and policy brief based on the validation exercise and the feedback. | Final research report including policy brief and fact sheets. |
| **Dissemination**   1. Presentation of the final report with key findings and recommendations (power point presentation) | Power point presentation of the research report and its key findings and recommendations. | Week 12 |

**End Product**

Comprehensive report of the survey with findings/inferences from data and recommendations and power point presentation on top line findings.

1. **Reporting Relationship**

The consulting firm/research agency will report directly to the Communization for Development Officer, with the oversight of the Communication for Development Specialist and Communication for Development Manager for all agreed deliverables, timeframes, and will work closely with NPHCDA Chair of the National Measles and Yellow Fever Technical Coordination Committee (NMYTCC) and the organisation’s focal managers of Yellow Fever intervention program. At the same time, the Consulting Firm/Research team will maintain close engagement and communication with other government stakeholders at various levels being accountable to them and meeting their expectations and needs within the scope of the survey. They will also collaborate with the UNICEF Field Offices and immunization teams in the states where data is being collected, as needed.

1. **Working Arrangements**

The consulting firm/research agency will work from their own office base but will be available for travel to engage in the field work and data collection and facilitate related meetings, as per the agreed inception report, research plan and timeline.

The consulting firm/research agency should take charge of its arrangements and logistics in the country and have the capacity and dedicated systems and resources in place to support the logistical and administrative arrangements and the field work.

1. **Key Competencies, Technical Background, and Experience Required**

This KAP Survey will be undertaken by a Local Consulting Firm that has solid capacities and considerable experience of performing HH Survey in Nigeria and generating high quality analytical report.

**Technical background and professional experience:**

* Advanced degrees in the areas of communication, Media and Public Relations, sociology, anthropology, social sciences or another related field.
* Demonstrated expertise in qualitative and quantitative research, particularly focusing on knowledge, attitudes, behaviors, practices and immunization.
* Minimum 8-10 years of professional experience in relevant and related communication for development, demand generation/creation, and social sciences research across multiple development contexts.
* Knowledge of the immunization context in Nigeria is desirable.
* Strong organizational and planning skills, inter-personal and communication skills.
* Experience working with UN agencies and UN priorities (i.e. Human Rights Based Approach, Vulnerability and Equity, Disabilities etc.).
* Fluency and excellent writing skills in the English language essential.

**Other desired characteristics:**

* Demonstrated ability to undertake qualitative and quantitative research; assess and analyse complex situations to succinctly and clearly distil critical issues and draw out forward looking conclusions.
* Strong technical team with demonstrated skills and expertise on research, evaluation, writing skills; experience in publication of technical reviews/reports and strong oral communication and presentation skills in English.
* Knowledge and ability to deliver products in high stress situationswith excellent organizational skills.
* Strong interpersonal communication skills, ability to coordinate and synchronize work with people of diverse cultural backgrounds.
* Strong skills on consensus building, team work and consortium dynamics.
* Flexible and responsive to recommended changes as part of the review and feedback process.

1. **Ethical Considerations**

The survey will fully be guided and abide by standard UNICEF ethical principles and guidelines including: all participants in the survey will be fully informed about the nature and purpose of the survey and their requested involvement. Only participants who have given their written or verbal consent (documented) will be included in the survey. Specific mechanisms for feeding back results of the survey to stakeholders will be included in the elaborated methodology.

All the documents, including data collection, entry and analysis tools, and all the data developed or collected for this survey/consultancy are the intellectual property of UNICEF. The researchers may not publish or disseminate the report or any other documents produced from this consultancy without the express permission of, and acknowledgement of UNICEF.

The survey is subject to a high level of compliance to ERIC (Ethical Research Involving Children (<http://childethics.com/>), and ethical research requirements applicable in Nigeria.

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| 1. **Estimated time of consultancy and deadline for submission of end product:**   This consultancy is expected to cover the period of three months |
| 1. **Official Travel involved:**   Travel to Nigeria including travel to the 15 specified states |

**Technical Evaluation Criteria and Relative Points for**

**Knowledge, Attitude, Behaviour and Practice Survey on Yellow Fever in Nigeria**

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| --- | --- | --- |
| **Technical Criteria** | **Technical Sub-criteria to evaluate** | **Maximum** **Points** |
| **Overall Response** | 1. Completeness of response 2. Overall concord between RFP requirements and proposal | 3  3 |
| **Company and Key Personnel** | 1. Range and depth of experience with similar projects (qualitative and quantitative research, especially KAPBs)      1. Number of customers, size of projects, number of staff per project 2. Client references 3. Key personnel and experience in research: relevant experience and qualifications of research team (team lead and suitability, team members, 4. Geographic presence of the firm 5. Previous evaluations conducted for UNICEF 6. Knowledge of immunization context in Nigeria. 7. Experience with UN agencies and UN priorities. | 8  5  5  8  5  3  4  3 |
| **Proposed Methodology and Approach** | 1. Technologies used - compatibility with UNICEF 2. Project management, monitoring and quality assurance process including sampling technique, sample size determination and clearly defined probabilities of selecting the target population. 3. Innovation approach 4. Instructional strategies | 5  8  5  5 |
| **Maximum Points** | **Total Technical Evaluation** | **70** |
| **Maximum Points** | **Total Financial Evaluation: Costing/Price** | **30** |
| **Total Maximum** | C:\Users\psule\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Documents\Sudan Backup\My Documents\Local Settings\Temp\Local Settings\Temp\notesB0B851\book G institutional contract_files\ecblank.gif | **100** |

**Provide minimum points required to be technically acceptable: Optimum cut off: 65% of maximum points for technical evaluation.**

**Provide minimum points required to be financially acceptable: Optimum cut off: 25% of maximum points for financial evaluation.**

1. Nigeria Multiple Indicator Cluster Survey 2016-17 [↑](#footnote-ref-1)
2. Situation report Nigeria Center for Disease Control (NCDC) - Yellow Fever situation report in Nigeria, Serial Number 07, EPI-Week: 09, 25th February – 3rd March 2019. [↑](#footnote-ref-2)