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# Behavior Change Communication Guide

**PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT  
PROJECT**

**SHORT-TERM TECHNICAL ASSISTANCE REPORT (FINAL)**

Prepared by:  
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**Behavior Change Communication**  
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# ACRONYMS

BCC	Behavior Change Communication
HEPD	Health Education and Promotion Department
IEC	Information, Education, and Communications
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non-Governmental Organization
PA	Palestinian Authority
PPT	Power Point Presentation
SOW	Scope of Work
STTA	Short-Term Technical Assistance
TOT	Training of Trainers
USAID	United States Agency for International Development

## **ABSTRACT**

The consultant traveled to the West Bank in October 2010 to provide Short-Term Technical Assistance (STTA) to the United States Agency for International Development (USAID) Palestinian Health Sector Reform and Development Project in support of the development of a Behavior Change Communication (BCC) Guide and toolkit to support the Ministry of Health (MOH's) Health Education and Promotion Department (HEPD).

Specific tasks included:

- Review the outline and initial draft of the BCC Guide and toolkit with the MOH; to approve and identify further areas that are not included in the drafted outline.
- Draft the technical content of the BCC Guide and toolkit.
- Present an overview of the drafted Guide to the HEPD at the MOH, and integrate comments as needed.
- Prepare pilot test tools to validate the knowledge and test the Guide content.
- Prepare a draft schedule for the Guide's production, pilot, and subsequent training.
- Suggest a training plan and specialized individual who can take over the training of the MOH health education supervisors on the BCC cycle, BCC Monitoring and Evaluation (M&E), and measuring impact skills for the implemented BCC programs.

### **Accomplishments/Products**

- Draft BCC Guide and Toolkit (First draft) (see Annex D.1)
- Preliminary completion schedule of the BCC Guide
- Drafted preliminary next steps, specific to training curriculum development and schedule in line with the Project's current third year work plan (see Annex D.2)
- Developed a PowerPoint Presentation (PPT) on BCC and presented to Project technical staff (see Annex D.3)

The main question(s) that were addressed and answered during the consultancy were: agree on the principle purpose for the development of the BCC Guide, how it is envisioned to be used, the process for completing the Guide that would reflect international models and proven methodologies with local case study examples. Another key question is the envisioned practical use of the BCC Guide for the MOH, specifically the HEDP, as a reference guide to use as a tool in the development of future BCC interventions by using a consistent methodology. A final key question was the eventual roll-out and development of a training curriculum that will require the participation and pre-testing of the Guide in coordination with the MOH HEDP.

## SUMMARY OF RECOMMENDATIONS

Within the next month:

- Priority in the completion of BCC Training Guide (March) and the Project assigning a designated person to work/coordinate with the Consultant upon his departure from the West Bank.
- Priority to recruitment of new BCC coordinator. Consider including as part of envisioned future STTA's Scope of Work (SOW) for development of the training strategy based on BCC Guide to also address capacity building training/skills development of new BCC coordinator and/or the Project staff overall.

Within the next six months:

- Development of BCC Training Guide TOT Curriculum and detailed Training Schedule, to be completed by end of the second quarter of FY 2011 (STTA working with local staff to commence in January 2011).
- Select TOT personnel (master trainers) in second quarter of FY 2011 (in conjunction with the Project staff, MOH, HEPD staff), beginning in January 2011.
- Roll-out of BCC Guide Training Guide, led by trained TOT. Sessions to begin by third quarter of FY 2011. Initial phase should focus on MOH personnel, and key non-governmental organization (NGO) partners primarily working in health.
- In subsequent training roll-out phases, consider identifying a person or two from other ministries of the Palestinian Authority (PA), e.g. Ministry of Education, that can participate and learn skills. Consider as BCC activity under Year Four Work Plan.

## SECTION I: INTRODUCTION

The Palestinian Health Sector Reform and Development Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), designed and implemented in close collaboration with the Palestinian Ministry of Health (MOH). The Project's main objective is to support the MOH, selected non-governmental organizations, and selected educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The MOH identified improving its health communications as a priority during its health system assessment and listed it in its strategic plan 2011-2013. Health-related communications messages and activities have traditionally been donor-driven and focused on donor priorities, rather than on the MOH's. In addition, until recently, the MOH and donors emphasized information, education, and communications strategies (IEC), rather than community-based behavior change programs that could be monitored to gauge their impact on changing individual health practices and behavior. Therefore, the modules were intended to include capacity building on these health topics to enable primary and secondary healthcare workers, community health workers, media representatives, school teachers, and HEPD staff to target populations with well-defined health messages and materials that tackle a few health issues.

Under this consultancy, in response to a request by the HEPD of the MOH for the development of a BCC Guide that would be used primarily by MOH staff, the Project began the process of developing a BCC Guide with relevant tools that would pull together key stages in the development on an integrated BCC strategy. Upon completion and approval of the BCC Guide, the development of a training curriculum and training strategy would begin by using the Guide as the platform for topics to be included in the training.

## **SECTION II: ACTIVITIES CONDUCTED**

### **BCC Training Guide**

Meeting at HEPD: the main purpose of the meeting was to agree upon the outline of the BCC Guide with toolkit that will be used as a reference and educational/training document for MOH personnel related to BCC. The meeting was also to acquire initial agreement and general understanding of the lay out/presentation of the BCC Guide and to clarify how the MOH can also support the development of the BCC Guide by providing case studies of past BCC activities undertaken in the Palestinian Territories. It was agreed that being able to add local context to BCC theory would make the document stronger and more likely to be used.

Overall the outline for the BCC Guide was agreed upon, however, the HEPD Director, Mrs. Al-Sadder, had some specific additional requests to be included:

1. Request to include a few models presented in addition to the “P” model that is familiar to the HEPD.
2. Request to include a discussion on the similarities and differences between HEPD. Note: this may be more clarification on definition and use and be reflected in the definition section of the Guide.
3. Request to include illustrative modalities/M&E frameworks for measuring behavioral change, e.g. specific to sub populations/target audiences and rolled up into national indicators.
4. Request for M&E additions to BCC Guide should include: 1) a tool to evaluate the usefulness of the BCC Guide 2) an illustrative list of indicators for a BCC/framework for M&E and measuring impact.

Next immediate steps:

- HEPD Director, Mrs. Al-Sadder, will schedule a meeting with Dr. Ramlawi, General Director of Primary Healthcare. The MOH to provide an overview of the meeting, the deliverable, and to identify certain staff that they think could work in collaboration with the Project staff on the development of the BCC Guide. It was initially discussed that although inclusion of MOH staff outside of the HEPD Unit would be valuable, it is not critical in putting together the Guide.

### **Draft BCC Guide Implementation Schedule**

The Consultant working with the departed BCC Coordinator developed a BCC Training Guide implementation schedule (draft) that outlined the timeframe, specific activities, and initial persons responsible for each activity. Because there is a training component of the BCC Training Guide, once completed, and prior to actual implementation, the Consultant included an estimated timeframe for the development of a training schedule and

implementation that was in line with the estimated timing for these activities included in the Year Three work plan.

### **Mapping of the BCC Training Guide Process**

In conjunction with the development of the BCC Training Guide, it was requested that the consultant develop a mapping of the process of its development. The purpose of doing this mapping is to develop a guide/tool for use in the development of other Guides, e.g. the process and steps involved that can be used as a reference internally by the Project or potentially externally by the MOH. This activity is initially estimated at this point to take an additional two to three days of level of effort to detail out the steps involved and incorporate into a logical framework or GANTT chart.

### **Development of BCC Training Guide Case Study Template**

In meeting with the Director of the HEPD, the Consultant discussed the key items to be included in the Guide that reflected a blend of international examples of best practices with those BCC or IEC activities that have been completed in the West Bank. It was agreed that the HEPD Director and her staff would review past BCC initiatives and compose two or three case studies to be used as “local “examples within the Guide itself. To support this effort, the Consultant constructed a case study template that HEPD staff would populate based on information collected from the actual BCC campaign. Some of the key areas in addition to technical specifics of the campaign (e.g. health topic, time period, territory covered, target population) was evaluation on impact or results, challenges faced with implementation, and partnerships with NGOs or governmental bodies. The case study template was translated into Arabic for ease of HEPD staff in populating the template with the requested information. The HEPD provided the Consultant with the local case studies which are to be incorporated into the Guide after being translated into English.

### **Development of a Resource/Reference List for MOH HEPD on BCC**

At the request of the Director of the HEPD of the MOH, the consultant prepared a short reference sheet of BCC information and examples that have been used globally.

### **Review of the Project BCC Overview**

The Consultant was requested to contribute to and assist the Project with the finalization of a BCC Overview Report that summarized activities achieved to date as well as planned next steps. Specifically, the consultant worked with the departed Projects BCC Coordinator to review the contents of the document that included a summary of BCC activities accomplished to date and planned for the third year of project implementation, including those BCC activities to be conducted by grantees. Additionally, the consultant assisted in the review of the six health themes; specifically, focusing on ensuring BCC work completed to date and planned were represented. This effort was not planned for in the SOW but was an excellent source of information for the consultant with his further familiarization of the Project’s BCC activities to date and planned.

## **Review of the Project Log Frame**

The Consultant was requested to review the current BCC log frame that had been completed by the Project to ensure that it captured the entire BCC implementation process.

## **Project Nutrition Staff on BCC Coordination with Work Plan Activities**

The Consultant met with a STTA Nutrition Consultant and Project Nutrition Assistant to discuss preliminary collaboration in the development of BCC materials during the current year's work plan.

## **Monitoring and Evaluation Tool for BCC Diabetes Handbook, With Project Nurse(s) Trainer**

The consultant met the Project technical focal person that oversees the implementation of the trainings for nurses and doctors. A diabetes booklet had been created and approved for use in September 2010. After meeting with the Project staff member, the Consultant recommended that a monitoring plan of the use of the booklet by the various cadres be developed and implemented; namely, for doctors, nurses, clients, and health coordinators. Special attention should be given to the health coordinators since they are the main conduit between the health educators and medical professionals and clients in the community.

## **Behavior Change Communication Project Presentation**

The Consultant was requested to prepare a short BBC presentation for technical staff of the Project. The main purpose of this presentation was to lead staff in a discussion on the differences between IEC and BCC and linking this to Project component activities.

## **SECTION III: FINDINGS, CHALLENGES, RECOMMENDATIONS, AND NEXT STEPS**

### **A. Findings**

The main findings of the Consultant are as follows:

- The Project should make it a priority to identify a new BCC Coordinator to replace the recently departed staff member who held the position. Additionally, the Project should strongly consider identifying a senior technical advisor/manager that has a background in IEC/BCC and who has conceptualized, developed, and implemented BCC campaigns.
- The BCC activities that have been undertaken by the MOH's HEPD have mostly been in the development of IEC materials for specific activities or initiatives. The BCC Guide currently being developed will assist the HEPD in the development of strategic and integrated BCC campaigns by providing an outline of key steps involved in campaign development as well as introduce more robust M&E systems to track and measure campaign impact.

### **B. Challenges**

There were no major challenges encountered during this part of the consultancy. Although the Project's BCC Coordinator left the project on October 13<sup>th</sup>, the Project was able to identify a staff member that has been able to assist and ensure that the BCC Guide development process continues. Initial collaboration with the MOH's HEPD has been positive and they have delivered requested information, e.g. case study data for incorporation into the Guide, on a timely basis.

The Consultant would recommend that although the temporary assigned Project staff has satisfactorily supported the efforts to date, that the Project prioritize the recruitment of a new BCC coordinator as noted. Over time, as the BCC Guide enters its final review and approval stages, the BCC coordinator will also follow-up on activities such as development of a training curriculum for Guide trainings. This will require significant time and follow-up; especially once implementation of the BCC training begins.

### **C. Recommendations**

- Priority in the completion of BCC Training Guide (March) and the Project assigning a designated purpose to work/coordinate with the Consultant upon his departure of the West Bank.
- Priority to recruitment of a new BCC coordinator. Consider including as part of SOW of envisioned future STTA for development of the training strategy based on BCC Guide; to also address capacity building training/skills development of new BCC coordinator and/or Project staff overall.

- Development of BCC Training Guide TOT Curriculum and detailed Training Schedule, to be completed by end of third quarter of FY2011 (STTA working with local staff to commence in January 2011)
- Select TOT personnel (master trainers) in second quarter of FY 2011 (in conjunction with the Project staff, MOH, HEPD staff), beginning in January 2011.
- Roll-out of BCC Guide Training Guide, led by trained TOT. Sessions to begin by third quarter of FY 2011. Initial phase should focus on MOH personnel, and key non-governmental organization (NGO) partners primarily working in health.
- In subsequent training roll-out phases, consider identifying a person or two from other ministries of the Palestinian Authority (PA), e.g. Ministry of Education, that can participate and learn skills. Consider as BCC activity under Year Four Work Plan.

#### **D. Next Steps**

- Completion of BCC Training Guide.
- Development of BCC Training Guide, TOT Curriculum and Training Schedule.
- Roll-out of BCC Guide Training (Master Trainer) Sessions.
- Training of MOH staff, other key stakeholders to be identified in consultation with MOH.

## **ANNEX A: SCOPE OF WORK**

SOW Title: BCC Specialist  
Work Plan No: 2.2.2.2  
SOW Date: July 21, updated Sept 14, 2010  
SOW Status: Final  
Consultant Name: Shaun O'Neil  
Job Classification: Short-Term Expatriate Consultant  
Reporting to: Dr. Jihad Mashal, Director of Clinical and Community-Based Health.

### **I. Flagship Project Objective**

The Flagship Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MOH). The Project's main objective is to support the MOH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional, democratic Palestinian health sector able to meet its priority public health needs. The project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project will support the MOH implement health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas to the Ministry and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

### **II. Specific Challenges to Be Addressed by this Consultancy**

The Ministry of Health identified improving its health communications as a priority during its health system assessment. As such, the MOH developed an Institutional Development Module to improve its health communications through the development of 15 behavior change communications modules that tackle health issues not yet addressed by the Health Education and Promotion Department, namely in chronic diseases and injury prevention. Behavior Change Communications has traditionally been donor-driven and focused on donor priorities, rather than on the MOH. This consultancy will contribute to the Flagship Project's work in strengthening the capacity of the MOH Health Education Department to identify and develop evidence-based BCC modules that include interpersonal communications, mass media, community outreach, and other methodologies, as well as monitoring and evaluation of BCC activities and products.

### **III. Objective of this Consultancy**

The consultant will provide technical assistance through the production of a BCC Guide and toolkit to support the MOH's Health Education Department.

### **IV. Specific Tasks of the Consultant**

Under this Scope of Work, the Consultant shall perform, but not be limited to, the specific tasks specified under the following categories:

#### **A. Background Reading Related to Understanding the Work and Its Context.**

The Consultant shall read, but is not limited to, the following materials related to fully understanding the work specified under this consultancy:

1. MOH Health System Assessment
2. Flagship Project BCC approach
3. MOH IDP Module Improving Health Communications
4. MOH matrix of BCC products.
5. Flagship Project training materials on BCC and social marketing
6. Flagship Project YI communications strategy draft
7. BCC STTA Report, Tamara Babiuk

#### **B. Background Interviews Related to Understanding the Work and Its Context.**

The Consultant shall interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under this consultancy:

- Dr. Taroub Faramand, COP
- Dr. Damianos Odeh, DCOP, Technical
- Dr. Jihad Mashal, Component 2 Director
- Fadia Oweis, BCC Specialist
- Ziad Abdallah, Component 1 Director
- Dr. Daoud Abdeen, Primary Health Care Specialist
- Randa Bani Odeh, Community Mobilization Specialist
- Communications team
- M&E team

#### **C. Tasks Related to Accomplishing the Consultancy's Objectives.** The Consultant shall use his/her education, considerable experience and additional understanding gleaned from the tasks specified in A. and B. above to:

- Review the outline and initial draft of the BCC Guide and toolkit which was drafted by Tamara Babiuk with the MOH, to approve and identify further areas that is not included in the drafted out line;
- Draft the technical content of the BCC training, evaluation and tool kit Guide
- Present an overview of the drafted Guide to the Health Education and Promotion department at the MOH, and integrate comments as needed
- Prepare pilot test tools to validate the knowledge and test the Guide content.
- Prepare schedule for the Guide production, pilot and training.

- Suggest training plan, and specialized individual who can take over the training of the MOH health education supervisors on the BCC cycle, BCC M&E and measuring impact skills for the implemented BCC programs.
- In the event that new priority tasks are introduced during the consultancy, the consultant will work with the Flagship project staff to revise the tasks and expected products to accommodate for the new priorities.
- In addition to the above-listed tasks, the Flagship Project welcomes additional contributions and creative ideas in support of the Flagship objectives.
- The consultant is encouraged to support the identification of additional STTA and scopes of work to help accomplish Flagship goals and objective where possible.

## **V. Expected Products.**

Within three days of the consultant's arrival (unless otherwise specified), the consultant should provide the methodology for successfully completing the work (using Annex I: STTA Methodology). The substance of, findings on, and recommendations with respect to the above-mentioned tasks shall be delivered by the Consultant in a written report, policy statement, strategy, action plan, etc. for submission to USAID (using Annex II: the Flagship-provided STTA report template). A draft of this report is due no later than 3 business days prior to the consultant's departure (unless otherwise specified) and final no later than 10 business days after the consultant's departure.

Specific Deliverable: the BCC Guide and toolkit

## **VI. Timeframe for the Consultancy.**

The timeframe for this consultancy is on or about September 27, 2010 and will conclude on or about Dec 12, 2010, covering up to 6 days per week.

## **VII. LOE for the Consultancy.**

The days of level of effort are estimated to be 3 days for travel; 20 days for work in West Bank; and 20 days for work outside of West Bank and Gaza. Unless otherwise specified, up to two (2) days may be allocated for preparation of the work and up to two (2) days upon conclusion of work in West Bank to complete the assignment.

## **VIII. Consultant Qualifications.**

The Consultant shall have the following minimum qualifications to be considered for this consultancy:

### Educational Qualifications

- *Advanced degree in communications, marketing, or business administration or years of relevant experience.*

### Work Experience Qualifications

- *Experience working on BCC or strategic communication campaigns*

- *Experience working with a diverse audience*
- *Knowledge of USAID rules and regulations as it relates to materials and copyright*

## ANNEX B: CONSULTANT CV

### WILLIAM SHAUN O'NEIL

A social marketing and behavioral change specialist with 14 years of international private-public sector experience, providing management and technical assistance to local organizations and governments in Russia, Ukraine, Kazakhstan, Uzbekistan, Azerbaijan, Nepal, The Gambia, and Afghanistan. Areas of technical focus include design of IEC/BCC health strategies for FP/RH, MCH and HIV and AIDS projects; and social marketing. Areas of expertise include social marketing, IEC/BCC, public-private partnerships (PPP), commodity procurement, logistics and supply chain management, NGO capacity building, integrated marketing communication, and private sector policy. Has worked with multiple donors, including USAID, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), World Bank, KfW, as well as contracts with multiple host country governments. Designed and developed the Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan (COMPRI-A) Project and was the Deputy Director for the Futures Group's Center for Health Services and Solutions. Previously, led the development of the World Bank-funded HIV/AIDS Policy and Advocacy Project in Afghanistan. Mr. O'Neil is currently a Director at Chemonics International with technical focus on private-public partnerships and IEC/BCC. Fluent in English, proficient in Russian.

**EDUCATION** M.P.A., management, University of Southern California, Los Angeles, California and Washington DC, 1996.  
B.A., russian language, Miami University, Oxford, Ohio, 1991.  
B.A., international studies, Miami University, Oxford, Ohio, 1991.

### PROFESSIONAL HISTORY

**2010-present** **Director, International Health Group, Chemonics International**  
Provides management and technical leadership to home office and project staff. Provides technical assistance in areas for family planning, HIV and AIDS, and malaria for both private and public sector (national governments) in the areas of design of IEC/BCC strategies, public-private sector partnerships, local capacity building (training), operations systems, and private sector development.

**2007-2010** Deputy director, Center for Health Systems and Solutions, The Futures Group International/USAID Washington DC/Afghanistan, Provided technical leadership and assistance to private sector programs in IEC/BCC, social marketing, and private-public sector partnerships Under the COMPRI-A Project, worked with host national government, US-based, and local partners to develop IEC/BCC strategic plans for promotion of FP/RH and HIV and AIDS. Worked directly with corporate and local project staff in all aspects of compliance and financial/budget management of funds received from donor organizations/governments and generated from project activities. Alongside a partner organization, led the development of

the governance, by-laws, development, registration and policies for a stand-alone Afghan organization.

**2006-2007**

Deputy chief of party for sales, distribution and operations, The Futures Group International/USAID, Afghanistan, Managed and provided technical assistance to a nationwide USAID-funded social marketing program focused on operations, finance/accounting systems, compliance, human resources and recruitment, sales/marketing, supply chain development and management, and local/domestic/international commodities procurement. Specifically, supervised a team of thirty (30) local staff members in the design and implementation of procurement, warehousing, national distribution systems that integrated six (6) regional distribution centers, private sector pharmaceutical selection, private sector domestic and international procurement, budgeting, financial management, and monitoring and evaluation related to supply chain/sales impact and coverage. Other responsibilities included the supervision and development of the project's finance and administration, budgeting, and reporting, including the local administration of \$10 million of grant funds to local NGO and private sector manufacturing companies, as well as the oversight of over \$3 million in project income.

**2003-2006**

Resident advisor, Senior International Marketing and Communications, The Futures Group International/World Bank, The Gambia, Managed and provided technical assistance to a nationwide World Bank-funded social marketing program in the areas of national IEC/BCC strategic plan for FP/RH and HIV and AIDS and distribution of commodities. Specifically, provided technical assistance to the Gambian Government's Program Implementation Unit while managing the Gambian Family Planning Association and GSMF International. Technical assistance and management included social marketing design and implementation including IEC/BCC national campaigns for FP and HIV and AIDS, legal and regulatory review, private sector product selection and branding, private sector product procurement and supply chain development through public and private sector channels, market research, pricing, provider training, costing and budgeting, and monitoring and evaluation. Additionally, assisted and advised the Gambian Government and other departments of the Ministry of Health (MOH) in the design and implementation of national and community-level marketing communication strategies in health sectors such as nutrition, malaria control, diarrhea control, STI/HIV/AIDS, maternal and child health (MCH)/FP and Integrated Management of Childhood Illnesses (IMCI). Key successes included the establishment of a social marketing program, entry of a Pakistan-based private sector company into the Gambian market to sell locally branded oral contraceptive. Secured the declassification for the OC pill to be sold in general outlets and shops in the private sector.

**2000-2002**

Resident advisor, The Futures Group International/USAID/KfW/UNICEF, Nepal, Provided technical assistance for a nationwide USAID and KfW-funded social marketing program that distributed and promoted a wide range of contraceptives, condoms, and health products. Developed annual corporate business plans in line with donor objectives, including targeted IEC/BCC aimed at FP/reproductive health (RH) and HIV/AIDS; coordinated activities between international donor organizations; and assisted in the development, implementation, and evaluation of community-based distribution, private sector distribution/supply chain, and training programs for local NGOs. Worked with local counterparts, government officials and donors to provide monthly management reports to document program and results. Also managed a nationwide UNICEF-funded iodized salt social marketing program, overseeing its implementation with locally based commercial and NGO organizations. Worked with local counterparts to develop national-level IEC/BCC communication plans to increase awareness through targeted national and community-level education and communication (IEC) campaigns of iodine deficiency disorders (IDD), and bring about desired behavior change for the consumption of iodized salt. Helped design and implement a commodity distribution strategy and market research activities.

**1999-2000**

Regional program officer, ENI, Pathfinder International, Massachusetts, USA, Strengthened country program strategies, results frameworks and proposals. Additionally, supported preparation and implementation of country program annual work plans. Provided headquarters representation and technical direction for UNFPA-funded projects, other collaborating agencies, and negotiated contracts and program deliverables. Managed and monitored sub-project selection and review process.

**1996-1999**

Country manager, The Futures Group International/USAID, Ukraine, Directed the design and coordination of USAID-funded social marketing program that focused on strategies for family planning products and services aimed at moderate- and low-income target groups. Developed and managed training programs, helped develop training modules, and selected project consultants to lead training programs in contraceptive technology, pharmacy management training, and marketing that included IEC activities focusing on HIV/AIDS and adolescents. Managed the design, review, and integration of research activities into the social marketing program. In addition, provided in-country liaison with donor staff, local government, and pharmaceutical industry leaders, and was responsible for writing quarterly and annual reports. Represented SOMARC at donor-sponsored activities.

**LANGUAGES  
PERSONAL**

Fluent in English, proficient in Russian.  
United States

## **ANNEX C: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED**

1. The Project Contract, Amendment 5
2. The Project Proposal
3. Organizational Chart
4. The Project Work Plans, Quarterly, Annual Plans
5. The Project BCC Approach
6. MOH Matrix of BCC Products.
7. MOH BCC Materials (booklets, pamphlets)

## **ANNEX D: LIST OF MATERIALS DEVELOPED AND/OR UTILIZED DURING ASSIGNMENT**

Materials Developed (electronic copies attached):

1. BCC Guide And Toolkit
2. BCC PPT Presentation

Material Utilized:

3. MOH Health System Assessment
4. The Project BCC Approach
5. MOH IDP Module Improving Health Communications
6. MOH Matrix of BCC Products
7. The Project training materials on BCC and social marketing
8. The Project Year One Communications Strategy Draft
9. BCC STTA Report, by consultant Tamara Babiuk