



# Behavior Change Communications

**PALESTINIAN HEALTH SECTOR REFORM AND  
DEVELOPMENT PROJECT (THE FLAGSHIP PROJECT)**

**SHORT-TERM TECHNICAL ASSISTANCE REPORT**

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# ACRONYMS

BCC	Behavior Change Communications
HEPD	Health Education and Promotion Department
IEC	Information, Education, and Communications
MoH	Ministry of Health
MoT	Ministry of Transportation
RRC	Results Reporting & Communications
SOW	Scope of Work

## ABSTRACT

The Ministry of Health/Health Education and Promotion Department identified “strengthening its health communications efforts” as a priority in its institutional development and strategic plans. Although the Department is successfully managing several donor and self-generated efforts in health education, the Directorate would like to increase staff members’ experience in developing, implementing, and evaluating true behavior change communications campaigns that can be measured to demonstrate impact on target audiences’ improved health behavior. Moreover, the 15 BCC modules on topics ranging from diabetes prevention to community first aid are in different stages in development. Progress has been impeded by the range of topics and the length of process in developing new content, field-testing messages, and ensuring that the information is medically sound through expert review. Activities under the modules have resulted in the printing or creation of several informational booklets and corresponding training and community outreach events. In the areas of household safety and road injury prevention, the USAID Flagship Project (the Project’s) BCC specialist and MoH counterparts have collaborated to create new messages for an informational booklet, anticipated radio, and TV spots, and will be coordinating with the USAID Palestinian Authority Capacity Enhance project and Ministry of Transportation, which has also begun to design a road safety awareness campaign so that messages or media can be integrated.

The consultancy focused on supporting the Project’s Objective 2.2 – Support delivery of a quality package of community-based health promotion and disease/injury prevention services, specifically Task 2.2.2 – Strengthen the capacities of Palestinian health institutions to effectively use communication strategies to promote healthier and safer behaviors, Deliverable 2.2.2.4: Expanded Opportunities for Health Communication Training Program for Health Care Providers and Patient Educators. Key recommendations here include: better defining what is meant by a BCC module and continue to aid the good work that is underway; training the health educator supervisors on BCC concept and how to measure the impact of the BCC activities on changing behavior and promoting health; and developing a manual to guide health educators on implementing health education.

## SUMMARY OF NEXT STEPS & RECOMMENDATIONS

Recommendations are listed below. Please see Section III for more detail.

### **Recommendations:**

- Group modules topics under campaign themes: Non communicable diseases (Cancer, cardiovascular diseases/ hypertension, and diabetes mellitus prevention); healthy life style (Nutrition, smoking cessation, Nargella and drug prevention); injury prevention (road safety and household injury prevention); women’s health; community first aid; and child health
- Make the M&E training “experiential”
- Capacity building needs in BCC should be focused on sustainable BCC campaign development to avoid reliance on “one-off” efforts
- Surge capacity for ensuring timely completion of BCC modules can be improved.
- Leveraging resources can help to involve all project staff in BCC and reinforce efforts.

## SECTION I: INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), designed, and implemented in close collaboration with the Palestine 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. As such, the MoH/Health Education and Promotion Directorate (HEPD) developed an Institutional Development Module, which included the development and dissemination of 15 behavior change communications (BCC) modules to improve its health communications. 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 not yet addressed by HEPD, namely in chronic diseases and injury prevention. The consultancy worked with the Project's BCC Specialist, Fadiyah Oweis, to review progress to date on the BCC Strategic Approach developed in March 2009 and help facilitate planning on how best to achieve the successful completion of the 15 BCC modules while building the MoH/HEPD capacity to own, design, direct, monitor, and evaluate the successful execution of their public health BCC activities.

This report contributes to Flagship Project Component 2, Objective 2.2 of the Flagship Project: Task 2.2.2, strengthen the capacities of Palestinian health institutions to effectively use communication strategies to promote healthier and safer behaviors; Workplan/Annual Implementation Plan Number deliverable 2.2.2.3 (15 BCC Modules Targeting Key Health Knowledge and Behaviors) and 2.2.2.4 (Expanded Opportunities for Health Communication Training Program for Health Care Providers and Patient Educators). This consultancy also contributed to the MoH IDP module number 13, improve health communications services.

## SECTION II: ACTIVITIES CONDUCTED

### BCC Health Communications

The key activities for this part of the consultancy included document review and consultations with the project staff and main counterparts to determine ways to amplify and simplify the presentation and implementation of the 15 BCC modules so that the PMP targets can be realistically achieved within the project lifespan.

The activities detailed above helped determine the recommendations in the following section and were the result of a review of the Project's core planning documents include the proposal, contract, work plan, BCC strategic approach drafted in March 2009, the BCC Module Matrix, indicators in the PMP, discussions with Project staff, priorities determined by MOH/HEPD, and appraising (based on inputs from several people interviewed) what were the major public health issues that needed to be prioritized or were relatively new for the MOH/HEPD.

Two meetings were held with MOH/HEPD counterparts. The first meeting in Ramallah covered the opportunities and limitations of the road injury and household safety booklets and anticipated radio spots. Although the objective of the meeting was to agree on simple, straightforward health behavior messages, the meeting also provided insight on more creative ways of targeting the audiences to achieve the desired behavior change goals. For example, targeting older siblings of large families to help prevention avoidable falls and cuts of children under two rather than just focus on mothers.

The second meeting in Nablus with HEPD Director Lubna Alsadder was instrumental in getting a candid overview of the HEPD structure, operations, achievements, ongoing information campaigns, current priorities and donor coordination. The meeting provided clarity on the purpose, scope, and the learning objectives for the draft outline for a BCC Training Handbook for field workers (See Annex G). The meeting also revealed the preferred level of instruction for enabling capable field works to be aware of basic principles and mechanisms for monitoring and evaluating BCC campaigns. A key takeaway was that the HEPD is also getting pressure from MoH management to demonstrate the impact of health education and promotion, but there are no existing baseline surveys of the Palestinian populations' current awareness, knowledge, or demonstrated behavior on healthy practices. However, the Central Bureau of Statistics is planning a new questionnaire on its health statistics and Director Lubna will reach out to the Bureau to coordinate how questions related to public health statistics can help inform the BCC module topics. Lubna was realistic about the timelines involved in finalizing 15 separate modules, but asked how we could accelerate the launch of the BCC booklet on diabetes.

After the meetings and consultations to determine needs and evaluate absorptive capacity to implement BCC campaigns that can achieve desired results, several documents (manuals, how-to guides, and communication product examples (videos, handouts, etc) and links to serve as background on both BCC campaign development and M&E were compiled on CD and are also listed in Annex B. Fadiyah will send several of the resources to HEPD. The key activity outputs included the consultancy deliverables:

- A draft BBC Training Handbook and production schedule
- A proposed agenda for a two-part training series on M&E with HEPD and its program coordinators
- Updated strategy on the BCC approach and schedule for module completion

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

### **A. Findings**

#### **BCC Health Communications**

The HEPD Director and Fadiyah are well on track to complete the stated deliverables and objectives in the Institutional Development Plan (IDP) and Project contract. They should be commended for their many achievements to date despite considerable obstacles in terms of absorptive capacity to review educational content for the 15 public health issues listed in table in Annex F as most projects concentrate on a few major health issues at a time. Lubna and Fadiyah's achievements include helping spur institutional change by creating a new (non-donor driven) consensus on Palestinian public health education priorities and soliciting inputs from a variety of stakeholders (including NGOs, doctors, nurses, and MoE counterparts) on audience-relevant and medically sound messages, thereby creating local ownership and buy-in on the messaging.

Health educators' skills on generating informational print materials (booklets, brochures, pamphlets, coloring books, and posters) are well developed. A lot of emphasis is placed on ensuring accurate and well-vetted content and reviewing formats and usage statistics. Plus, each communications product gets field-tested before being finalized and disseminated, reinforcing BCC best practice. The HEPD also keeps track of materials' distribution and usage. The HEPD staff understands that the BCC materials are just the means to an end. They've emphasized that behavior change can't be achieved unless there is better HEPD capacity to implement the cycle of strategic communications planning for BCC. Thus, there is a need for a field-focused manual on BCC that emphasizing the operational aspects of BCC, for example how to conduct formative research and identify constraints to behavior in order to develop more innovative means to reach the targeted audience group and measure results.

The Project's March 2009 BCC Strategic Approach document (which includes two of the Project's contract deliverables – the MoH BCC situation analysis and needs assessment) continues to be a useful guiding document; its suggested approaches are being implemented. As mentioned in the Approach, the development of informational materials is supplemented with community-based public awareness events, school health programs, training for health educators, and public awareness days (e.g. breast cancer awareness month, etc). The agreed-upon health issues in the 2009 Approach that determine the top five issues areas among the 15 BCC topics continue to be the MoH priorities: diabetes management, hypertension and heart disease, healthy living, accident prevention (road and house injuries) and community-based first aid.

The Health Communication Training Program activities led by Fadiyah, Project MDs, and the MOH, HEPD staff and community-based outreach efforts are making a difference (evidenced by Project M&E data on its community-based activities) in reaching target audiences with BCC messages. The community-based training activities emphasizing that "it takes a village" to help change behavior and that behavior change is enabled by a multi-pronged approach -- reinforcing messages through schools, clinics, families, and friends. Several well-received trainings to help disseminate the health messages were organized in the past six months, including the September 2009 training on BCC concepts for health educators, the January 2010 Flagship/Internews training for journalists on health coverage, and this February's two School Health Coordinators designed by the MOH, MOE, and Flagship trainers for representatives of over 28 schools.

After the last training, teachers discussed how to use the printed BCC materials provided by the MOH in school activities: morning discussions, student art competitions, and special events. One participant cited, “Once I received the booklet and brochure, I did not know what to do with it, but after the training, I’m thinking where to use this information and how to disseminate the printed material to reach more community members. I’ll give the brochure to the Nargella barber shop and other places.”

Thus, the BCC activity success so far has been primarily on training health educators on how to use these booklets in their interpersonal communications in schools, home visits, and in primary and secondary health facilities. These social mobilization efforts, coupled with greater ability to reinforce messages by accompanying print materials with broadcast and folk media (radio shows and theatre) plays, will further enable the Project and MOH to reach their strategic targets.

What is lacking is a clearly shared definition of what precisely a BCC module contains.

Chemonics proposed response to proposal development questions capture the module definition as follows: “To support specific BCC initiatives, we will, in close coordination with the National Committee for Health Education, develop specific BCC modules. Such modules will address key behaviors with special importance for the Palestinian people... Modules will be developed to respond to local needs taking into consideration local cultures and beliefs, and will be adaptable as the needs change. Modules will contain the key message so as to ensure consistency in messaging by all users — whether other ministries, NGOs working at the community level, or within different levels of health care delivery. Modules will also provide specific information materials oriented to different users, including individuals within communities, the general public, health providers, and health managers. It will also provide guidance for BCC activities and initiatives, including community-level IPC.”

So far, Project activities in support of the MoH BCC priorities have addressed the module characteristics described above. However, now that the project is entering its third year of implementation, a more precise definition is needed in order to declare a module “complete”. A definition is proposed below in italics.

## **B. Recommendations**

*BCC modules and their completion can be better defined.* Discussions during the consultancy confirmed that having a full-on multimedia campaign for each of the 15 health topics/would be costly and timely and would not be able to have significant impact on the full target audience. However, each of the health topics/modules requires different materials by the HEPD. Some just need a reprint of a popular booklet. Others are new topics – like the road injury prevention campaign. Therefore, a working definition of the module could be: “*A set of public health awareness messages and materials on a given health topic. To be considered complete, a module must include one written product, training on the topic, and one community-based outreach event.*”

*Modules topics can be grouped under campaign themes.* In order to measure change in behaviors of a target audience, it is recommended to concentrate efforts on no more than five multimedia BCC campaign themes through the life of project. The MoH 2011-2013 Strategic Plan only calls for two mass information campaigns. The BCC module topics can easily be grouped into the following themes (see Annex A for more detail):

- Non communicable diseases (Cancer, cardiovascular diseases/ hypertension, and diabetes mellitus prevention).
- Healthy life style (Nutrition, smoking cessation, Nargella and drug prevention)
- Injury prevention (road safety and household injury prevention)
- Women's health
- Community first aid
- Child health

The timing of the BCC campaigns should coincide with other technical assistance the Project is providing to the MoH, NGO, and other partners. In addition, the USAID PACE project has assisted the Palestinian Authority, in particular the Ministry of Transportation (MoT) to establish an inter-ministerial Traffic Safety Council, which will also be transmitting a series of TV, radio, and print materials on traffic safety control by September 2010. Rather than create a separate campaign on road safety, the MoH/road safety lead, Dr. Basem Najy, is already aware and keen on working with the MoT to coordinate efforts. USAID PACE has the following cartoon script (<http://www.pacapacity.com/en/multimedia>) and 30 episodes secured and is very open to working with Flagship on airing health message through this series.

*Make the M&E training “experiential”.* Once the campaign themes are agreed-to, they could serve as the basis for training educations on how to do formative research to measure changes in audiences over time and demonstrate easy ways to monitor reach (how many of the target audiences’ received the material, recalled the message, etc). A PPT (with a recorded audio lecture) on basic M&E principles can be adapted and delivered in English to Fadiah with one day LOE. The M&E training would be a continuation of the September BCC training. Given the time for vetting, the soonest the trainings could take place would be in June or July via a one-day or two-half day training. The training would consist of having participants on live case studies of developing indicators, targets, and data collection methodologies for their outreach programs. A draft of Section V of the proposed BCC manual would serve as the training material for the session.

*Capacity building needs in BCC should be focused on sustainable BCC campaign development to avoid reliance on “one-off” efforts* and reinforce the benefits of creative approaches to sharing messages that better target audience groups. The HEPD is aware that booklets are not enough and would like to focus more on audio-visual means of message transmission (including a travelling theatre performance) but don't because of the higher costs involved. To meet HEPD requests for a very hands-on, “how-to” manual for field workers administering behavior change messages and materials, a proposed outline is attached in Annex B. It is recommended that the manual briefly review BCC theory but devote the most attention to the strategic steps of campaign development, particularly low-cost means of conducting audience research, setting indicators, and monitoring and evaluating results and impact. The HEPD and other health educators are well familiar with the steps in creating print materials but lack a strategy for managing the production (liaising with designers, etc) without donor assistance, and developing non-traditional media. The 35-50 page manual should be similar in format to the HEPD's school educators' three-ring binder, which will have separate tabs for different topics that can be pulled out and referenced as needed and the UNFPA IEC guide (in terms of style). The manual should include key tips, a few case studies, and a list for further reading, as well as a CD compilation of referenced materials. In order that the manual not be generic, emphasis should be placed on demonstrating on how the “P Process” strategic planning stages of BCC can work in West Bank districts.

*Surge capacity for ensuring timely completion of BCC modules can be improved.* At Project start-up, a two-person BCC team was envisioned, but currently it is only Fadiyah who is shouldering the majority of the review, coordination, and technical liaison with the HEPD on more than 45 BCC products prioritized by the HEPD at the end of Annex F. By mid-April, the vendor to produce the audio-visual TV/radio spots will have been selected. The timing is now ideal to bring on another communications expert.

*Leveraging resources can help to involve all project staff in BCC and reinforce efforts.* Project staff, particularly the RRF team, should also be used as “focus groups” and consulted before each of the 2-3 agreed-upon public health BCC campaigns are developed. They could provide tips on attitudes and behavior constraints of the target audience, help segment the audience based on highest-risk health statistics, and consider ways that their activities with ministry and CBO counterparts can reinforce the campaign messages. Moreover, they’ll have access to customer surveys and Health Information Statistics to see if there can any correlation between outreach and reductions in recorded cases in avoidable health situations like falls, cuts, road accidents, diabetes, etc. Currently, Project staff are mostly assisting in the technical review of the medically sound messages or translation nuances in Arabic (which a translator can do as well).

### **C. Next Steps**

- Finalize the BCC module definition and criteria for a module being considered “complete” so the project contract and PMP targets can be met
- Determine priority BCC campaigns and ideal “launch” dates based on MoH priorities
- Facilitate division of labor between newly institute Traffic Safety Council and MoH on road safety BCC materials and messages
- Deliver M&E PPT (with voice-over) to Fadiyah and decide on M&E training dates
- Facilitate division of labor between newly institute Traffic Safety Council and MoH on road safety BCC materials and messages
- Finalize SOW for BCC Manual Production once the proposed contents are approved by HEPD.

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

### **Short-Term Consultancy Agreement Scope of Work**

SOW Title: BCC Communications Specialist  
Work Plan No:  
SOW Date: March 20, 2010  
SOW Status: Final  
Consultant Name: Tamara Babiuk  
Job Classification: Short-Term Expatriate Consultant  
Reporting to: Fadia Oweis, BCC Specialist

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

The Flagship Project is a five-year initiative funded by the U.S. Agency of 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 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 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.

In addition, the Flagship Project has undergone an expansion in technical scope and staff, which has allowed for expansion of the Results Reporting and Communications team. Despite the expansion of communications staff, however, the team faces challenges related to effectively capturing and

disseminating the myriad and volume of project activities, results, and impact. This consultancy will support the team in prioritizing its communications activities and establishing work processes to efficiently capture and disseminate project activities, results, and impact.

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

The consultant will provide technical assistance to the MoH's Health Education Department in BCC implementation through training and recommendations for BCC M&E. The consultant will also provide assistance to the Flagship Project field office with communication planning.

#### **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 Y1 communications strategy draft
- 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
  - Rebecca Sherwood, DCOP, Operations
  - Dr. Jihad Mashal, Component 2 Director
  - Fadia Oweis, BCC Specialist
  - Randa Bani Odeh, Community Mobilization Specialist
  - Dr. Salem
  - 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:

#### **BCC Tasks:**

- Provide technical advice to the MoH/ Health Education and Promotion Department in developing the BCC training manual including objectives and content.
- Review MoH BCC matrix that includes different BCC health awareness topics and Kind of products to be produced with MoH.

- Help facilitate planning session with MoH including different kind of BCC products and methodologies of implementation.
- Train on BCC M&E indicators to measure the impact of the BCC activities implementation to change community behavior towards health promotion.

#### Project Communications Tasks:

- Review the core structure of the Results Reporting and Communications team (RRC) and make recommendations for any re-division of roles
  - Conduct a half-day communications workplanning session
  - Identify necessary resources for implementing communications activities
  - Support the drafting or review of content for any RFQs for communication service providers
- 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.

#### **IV. Expected Products.**

- Draft outline of BCC training manual
- Planning session with MoH on BCC related to road safety/household injury prevention
- Training plan for MoH on BCC M&E indicators

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 7 business days after the consultant's departure.

#### **V. Timeframe for the Consultancy.**

The timeframe for this consultancy is on or about March 22, 2010 and will conclude on or about April 3, 2010.

#### **VI. LOE for the Consultancy.**

The days of level of effort are estimated to be 3 days for travel; 11 days for work in West Bank; and up to 5 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.

## VII. Consultant Qualifications.

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

- Designed and implemented BCC campaigns for preventing trafficking in persons (TiP) in the former Soviet Union (for USAID, State, and EC-funded projects in the Former Soviet Union and Western Balkans).
- Work included formative research, audience definition, testing messages, selecting firms to design the campaign materials, establishing M&E indicators, overseeing campaign launch and implementation, and working with governmental and institutional counterparts (both as donor and implementer) to adopt or adapt corresponding legislation regarding TiP.
- Other BCC work includes supporting Chemonics project staff in planning BCC activities for a ministry of finance outreach campaign to increase tax revenue and community-based BCC tools for an Armenian municipal heating program.
- At USAID, developed training materials and conducted workshops for over 60 and implementers and USAID officers on sharing USAID stories (success stories and video), speech writing, media relations, web site development, and event planning.
- At IOM, as program manager for the Europe-wide capacity building in migration management program, conducted over 15 workshops with senior government migration officials on global practices in migration management and data collection. Topics included visas, border management, return and reintegration, and institutional strengthening approaches and design/implementation of migrant rights campaigns.
- Developed and delivered three-day advanced project development seminar for 40 IOM program managers
- Trained CI (and co-developed materials) staff in two-to-half day sessions on project start-up, USAID 101, and ten sessions on strategic communications (writing and implementation a communications plan and tool development)
- Currently, adjunct professor at Georgetown University Center for Social Impact teaching fall semester course on Communications in International Development. Developed and delivered curriculum which focuses on how to plan and implement communication activities in a variety of international settings and sectors from farmer education programs to social marketing and BCC messages in health. The Global Health session focused on a case study of responding to a proposal to work with the Iraqi ministry of health to deliver BCC modules and brought in a guest speaker to help students learn how to understand the use of education –entertainment as one communication tool and design radio or TV program storylines for BCC messaging

## **ANNEX B: ASSIGNMENT SCHEDULE**

A schedule of daily meetings follow as well as the agenda items covered in each.

### **Thursday, March 25, 2010**

- 8:30 Meeting with Rebecca Sherwood, Project DCOP Operations/Acting RRC Team Leader
- Structure of the newly expanded Results, Reporting, & Communications RRC Team
  - New communications team liaisons to work more closely with technical teams
  - Copies of the recently issued RFQs for companies to provide design and production services for print and broadcast activities
  - Outputs of March 17<sup>th</sup> and previous work planning sessions
  - Overview of project scope and organizational priorities
- 10-11 Meeting with Maha El-Sheikh, Project Technical/USAID Reporting Communications Specialist
- Reporting schedule and feedback received; scope of work overview
  - Expectations for Friday's work planning session and desired outcomes
  - Weekly and quarterly report timing and content specifications from USAID
- 11-12 Brief introductions to RRC members, other project staff, and BCC Program Coordinator Fadia Oweis
- 4:00 Meeting with Dr. Damianos Odeh, DCOP/Technical Programs

### **Friday, March 26, 2010**

- 8:15 Weekly all-staff meeting
- 9:15 Overview of contract, work plan, and MoH institutional plan BCC activities with Fadhah
- 10-2 Work planning meeting with RRC to review audiences, objectives, and priority activities

### **Monday, March 29, 2010**

- 9-12 Meeting with Dr. Basem Najy, MOH focal point for road injury prevention, Dr. Anja Abu Zinat, MoH and Fadhah Oweis, Project BCC Specialist
- Review of messages and structure for household injury booklet, TV and radio scripts
  - Review of road injury draft materials and coordination with Ministry of Transportation

### **Tuesday, March 30, 2010**

- 9-11 Meeting with HEPD Director Lubna Alsadder
- Introduction of HEPD structure, achievements to date, priorities
  - Learning objectives for BCC module and preferred contents and format
  - Needs assessment for M&E training

- 1 Meeting with Dr. Jihad, Flagship Clinical and Community-based Health Director
  - BCC approach
  - Module status

### **Wednesday, March 31, 2010**

- 12-2 Meeting with USAID Palestine Authority Capacity Enhancement (PACE)
  - COP meeting to review communications products
  - Discussions with Ministry of Transportation (MoT) advisor, Tarij, on ways to coordinate road injury messages and BCC strategy between the MoH, MoT, and the newly established inter-ministerial Traffic Safety Council

### **Thursday, April 1**

- 8-9 Presentation at weekly project technical team meeting
  - STTA objectives
  - BCC what it means for the project and MoH communications
  - Review of USAID managing for results continuum – inputs to impact
- 10-11 Meeting with Tanya Habjouqa and Maha on video opportunities
- 11-12 Discussions with Fadiyah on activity time table for BCC, BCC module definitions, achievements to date, and draft Deliverable modifications and edits
- 1 Debrief with Project staff: Dr. Damianos, Dr. Jihad, Fadiyah, Maha
- 2-4 Meeting with Maha El-Sheikh
  - Technical reporting
  - Knowledge management

## ANNEX C: CONSULTANT CV

### TAMARA BABIUK

A project management and communications specialist with more than 15 years of progressively responsible training, communications, new business, donor relations, and leadership experience including eight years of living overseas in Europe and Eurasia and working in multi-cultural environments. Designed and implemented 1999-2003 communication strategy for USAID/Ukraine, and managed inter-agency cooperation among 11 country offices for the International Organization for Migration (IOM). Skills include civil society and media strengthening, public relations expertise, project and staff management, program design, grants and contracts administration, narrative and financial reporting, and a demonstrated ability to work across private, public, and non-governmental sectors. Fluent in Ukrainian and French.

#### EDUCATION

M.A., international relations and economics (concentration in conflict management and the former Soviet Union), Johns Hopkins University Paul H. Nitze School for Advanced International Studies, Bologna, Italy and Washington, D.C., 1997.  
B.A., international studies (minor in French), Vassar College, New York, 1993.

#### PROFESSIONAL HISTORY

##### 2009-Present

Director, Development Solutions Group, Chemonics International Inc., Manage new department that integrates knowledge-sharing with direct support services to assist project and proposal teams in communications, M&E, impact evaluation, and access to technical practice resources in democracy and governance, health, private sector development, agricultural and environment, management solutions for development, conflict prevention and management, education, and gender.

##### 2005-2009

Director, Project Communications department, Chemonics International Inc, Washington, D.C. Support Chemonics proposals and regions to plan and implement communications activities that share development impact and promote innovation. Designed and delivered trainings in strategic communications, USAID 101, project start-up, and new business development. Completed short-term assignments to enhance private-public dialogue and launch public awareness campaigns for USAID projects in Armenia, Ukraine, Georgia, and Albania.

##### 2004-2005

Chief of mission, acting interim, International Organization for Migration (IOM), Baku, Azerbaijan. Enhanced staff development, grant management, financial monitoring, and project development skills of 27 staff in IOM's Azerbaijan's field offices. Maintained and initiated strategic planning with the Government of Azerbaijan, donors, and the international community, including USAID and the U.S. Embassy. Initiated first inter-donor working group on establishing shelters for victims of trafficking and domestic violence. Created a new program that established a regional network of migrant support

centers in the South Caucasus. Drafted and coordinated submission of four successful proposals for European Commission and EU Member State grants with partner government and NGO counterparts.

**2003-2005**

U.S. associate expert/senior program officer, International Organization for Migration (Technical Cooperation Centre (TCC), Vienna, Austria.) Seconded by the U.S. State Department to coordinate best practices in migration management among 11 IOM missions in Eastern Europe and Central Asia (EECA). Oversaw the implementation of the first regional data collection system for EECA governments to monitor and exchange information on migration trends and statistics. Facilitated EU-PHARE migration data collection program in Bosnia-Herzegovina, Albania, Serbia, and Croatia. Managed a DANIDA program on improving Central Asian migrant rights and state-civic cooperation. Created TCC's intranet and external web site, and mentored staff (including chiefs of mission) on fundraising activities, proposal development, and donor relations. Won 12 out of 14 proposals coordinated by TCC, including two USAID counter-trafficking initiatives. Designed and co-facilitated three-day training for 30 IOM program development officers in Advanced Project Development.

**1999-2003**

Program officer, USAID Regional Mission to Ukraine, Belarus and Moldova, Kyiv, Ukraine. Appointed cognitive technical officer for the Poland-America-Ukraine-Cooperation Initiative, a grantmaking program which focused on building partnerships in SME development, local governance, and macroeconomic policy. Administered direct grants at start-up and facilitated dialogue among three governments. Developed anti-corruption-related indicators for D&G strategic objectives. Initiated and co-implemented Mission's communications strategy which included managing media relations, communications/web site development, public diplomacy events and conference planning, and briefing USG counterparts. Advised Mission staff and over 60 implementing partners on Mission guidelines for public outreach.

**1997-1999**

Senior account executive, corporate communications and public affairs division, Ruder Finn, Inc, New York, NY. Managed 10 person staff responsible for economic development client accounts in Europe, Africa and Asia, including Netherlands Foreign Investment Agency (NFIA), U.S. mission to the UN, Cisco Systems, Reebok International, and Euro currency launch. Supported SVP in new business efforts. Oversaw production of full service public relations campaign for NFIA; wrote and edited NFIA newsletters and annual reports on foreign investment; supervised development and placement of multimedia advertising campaign, including print, on-line, and video marketing. Managed monthly expenditures, billing, budget planning, and hiring. Awarded Silver Anvil Award for Excellence in Strategic Public Relations in 1999.

**1997**

Staff editor, *SAIS Review*, Washington, D.C. Wrote book reviews of new publications on conflict management in Africa and trends in U.S. foreign policy. Edited copy and managed layout for book review section. Solicited

articles on conflict prevention and global peacekeeping operations. Developed themes for future issues of *Review*.

**1995-1996** Summer research associate, Freedom House, New York, NY. Researched and wrote Eastern European sections for Freedom House’s annual political and economic freedom surveys, *Nations in Transit* and *Freedom in the World*. Conducted evaluations of political and economic developments in Africa and Eastern Europe for donor reporting and grant proposals.

**1993-1995** Corporate paralegal, Cleary, Gottlieb, Steen & Hamilton, New York, NY. Prepared supporting documents for debt and equity filings. Researched emerging markets and enterprise restructuring in the Newly Independent States. Translated French correspondence into English. Selected to train incoming paralegals.

**1992-1993** Communications intern, United Nations Association, New York, NY. Researched UN Security Council Resolutions regarding UN peacekeeping missions in Somalia, Bosnia-Herzegovina, and Cambodia. Wrote social issues section for UNA’s annual publication, *A Global Agenda; Issues Before the 48th General Assembly*. Section included review of poverty indicators and global health trends. Handled responses to public and media queries.

**LANGUAGES** English and Ukrainian (native), French (fluent), Russian (intermediate) and Italian (basic).

**TRAINING** Communications in International Development; Georgetown University, Adjunct Professor (Fall 2009-present)  
Project Communications and USAID 101; Chemonics, Trainer (2007-08)  
Advanced Project Development Workshop; IOM, Facilitator (2004)  
Proposal Budgeting Workshop, The Foundation Center, NY (2003)  
Monitoring and Evaluation/Performance-based Contracting, Kyiv (2002)  
Grants and Contract Administration for CTOs, Kyiv (2002)  
USAID Assistance and Acquisition, Kyiv (2001, 2002)

**PUBLICATIONS** *Sharing Data: Where to Start*; Contributor (IOM, 2007)  
*IOM World Migration Report*; Section writer (IOM, 2005)  
*IOM Research Manual*; Co-editor (IOM, 2004)  
*Counter-Trafficking in EECA*; Co-editor (IOM, 2003)  
“The Impact of the Euro,” *Teleprofessional Magazine* (April 1998)  
*Netherlands Investment News* (Netherlands Foreign Investment Agency)  
“Social Issues” *A Global Agenda: Issues Before the 48th General Assembly* (©UNA, 1993)

**PERSONAL** U.S. citizen

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

1. Flagship Project Contract
2. Flagship Proposal
3. Organizational charts
4. RCC staff job descriptions/CVs
5. Project Work Plans, Quarterlies, Weeklies, and PMP
6. MoH Health System Assessment
7. Flagship Project BCC approach
8. MoH IDP Module Improving Health Communications
9. MOH matrix of BCC products.
10. Flagship Project training materials on BCC and social marketing
11. Flagship Project Y1 communications strategy draft
12. Flagship Project communications PowerPoints
13. February-March Communications Strategy/RRC team meeting notes
14. Copy of Communications deliverables, March 26, 2010
15. Web sites for MoH, Central Bureau of Statistics, USAID PACE, other donor-funded health efforts in West Bank
16. MoH BCC materials (booklets, pamphlets)
17. UNRWA/ECHO Manual on IEC (in Arabic)

## **ANNEX E: LIST AND COPY OF MATERIALS DEVELOPED AND UTILIZED DURING ASSIGNMENT**

1. Annex F - BCC Approach March 2010 Annual Update (developed by Fadiyah, reviewed by consultant)
2. Annex G - Draft BCC Manual Design Document/Table of Content (with Fadiyah)

Resources shared include but are not limited to:

A field guide to BCC campaigning in the field (we can see what may be relevant for the MoH training guide)

<http://www.jhuccp.org/pubs/fg/02/index.shtml>

### **Road and Household Injury Prevention**

Campaign/product links

Jordan “enough” KAFA

<http://www.rhas.org.jo/kafa/site.html>

The media link has lots of PSAs.

Safe Kids (UAE and others)

<http://www.safekids.org/worldwide/where-we-work/united-arab-emirates/>  
[http://www.health.vic.gov.au/healthpromotion/downloads/child\\_injury.pdf](http://www.health.vic.gov.au/healthpromotion/downloads/child_injury.pdf)

Make Roads Safe

<http://www.makeroadssafe.org/Pages/home.aspx>

Sample games children can play online <http://www.makeroadssafe.org/media/Pages/Games.aspx>

Seattle pamphlets on household injuries - scroll down for lots of video

<http://campaign.seattlechildrens.org/safety-wellness/safety-injury-prevention/>

### **WHO Resources**

WHO Guidebook on Road Injury Prevention

[http://whqlibdoc.who.int/publications/2006/9241546751\\_eng.pdf](http://whqlibdoc.who.int/publications/2006/9241546751_eng.pdf)

2010 marks decade of Road Safety (WHO)

[http://www.who.int/violence\\_injury\\_prevention/road\\_traffic/rs\\_decade\\_of\\_action/en/index.html](http://www.who.int/violence_injury_prevention/road_traffic/rs_decade_of_action/en/index.html)

Examples of country programs road safety

[http://www.who.int/violence\\_injury\\_prevention/road\\_traffic/countrywork/en/index.html](http://www.who.int/violence_injury_prevention/road_traffic/countrywork/en/index.html)

### **Other**

Living Proof Examples of testimonials - nice use of championing M&E and better health outcomes

<http://www.gatesfoundation.org/livingproofproject/Pages/default.aspx>

TV Clip on Handwashing in Cambodia

Catchy song made children's incidence of handwashing measurably increase

[http://www.bbc.co.uk/worldservice/trust/whatwedo/where/asia/cambodia/2008/04/080407\\_cambodia\\_hiv\\_aids\\_mch\\_project\\_handwashing\\_video.shtml](http://www.bbc.co.uk/worldservice/trust/whatwedo/where/asia/cambodia/2008/04/080407_cambodia_hiv_aids_mch_project_handwashing_video.shtml)

**M&E and Formative Research (forthcoming on CD or via ChemDaily “Share” page)**

Health Communication Partnership (2003). *The new P-Process, steps in strategic communication* Baltimore: Johns Hopkins Bloomberg School of Public Health.

Colle, Royal. (2007). *Advocacy and Interventions: Readings in Communication and Development*. Internet First University Press: New York. pp. 352-379

Piotrow, P. et al. (1999). “Conceptual Frameworks for Strategic Communications,” *Health Communication*. Praeger Publishers.

Schoen, J. (2006). “Fitting Projects to People or People to Projects” in Jan Servaes, Thomas L. Jacobson and Shirley A White, eds. *Participatory communication for social change*. Sage Publications, New Delhi.

Mody, Bela. (1991). *Designing messages for development communication: An audience participation-based approach*. CA: Sage. Chapters 6 and 5.

UNICEF. (2008). *Essentials for Excellence: Researching, Monitoring and Evaluating Strategic Communications for Behavior and Social Change*.

[http://www.unicef.org/cbsc/files/Essentials\\_for\\_excellence.pdf](http://www.unicef.org/cbsc/files/Essentials_for_excellence.pdf)

Colle, Royal. (2007). *Advocacy and Interventions: Readings in Communication and Development*. Internet First University Press: New York. Chapter 10 on monitoring and evaluation.

Singhal, Arvind; Cody, Michael; Rogers, Everett, Sabido Miguel. (2004). *Entertainment Education and Social Change*; Chapters 1, 3, and 5.