TERM OF REFERENCE FOR LOCAL CONSULTANT

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC) CONSULTANCY TO DEVELOP A NATIONAL NUTRITION SBCC STRATEGY

Location of Assignment: Monrovia

Duration of the contract: 4 months (April to July 2021)

Consultancy Reporting to: Nutrition Division Director and Action Against Hunger Nutrition Manager

Monthly Consultancy fees: $3,000.00 USD x 4 months

ABOUT US
Action Against Hunger is an international network with Head offices at (Paris, New York, London, Toronto, Madrid and New Delhi) committed to ending world hunger.

Action Against Hunger has been operating in Liberia since 1990 following the first Civil War, and since then has become one of the main humanitarian and development actor in the country, focusing on the links between nutrition, health (including mental health), FSL, WASH, governance to address the underlying and root causes of nutrition insecurity. Our target groups are children under 5 years, pregnant, lactating women, adolescents, and other vulnerable groups. Action Against Hunger is currently implementing on Health and Nutrition, WASH, Food Security and Livelihoods, Research and Advocacy activities in Liberia. Following the COVID-19 pandemic, AAH Liberia is supporting the efforts of the government in the pandemic response with emergency programs in 3 counties of Montserrado, Margibi and Nimba

Background:
The 2019-20 Liberia Demographic and Health Survey (LDHS)\(^1\) results show that 30 per cent children under age 5 are stunted while 10 per cent are severely stunted. The stunting prevalence can be classified as ‘very high’ based on the WHO-UNICEF threshold of ≥30 per cent. Stunting rates are spatially distributed across the county with geographical variations. For instance, children residing in urban areas are less likely to be stunted than those living in rural areas (25 per cent and 35 per cent, respectively). Among the country’s 15 counties, the prevalence of stunting is highest in Rivercess (41 percent) and lowest in Montserrado (21 percent) indicating the urban-rural disparities. The nutritional status of children varies with age. The LDHS 2019-20 showed prevalence of stunting at about 14 percent by 5th month of life, then rises to about 33 per cent by the 12th month of life. This is followed by a decrease to about 23 per cent by the 18th month

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\(^1\) The 2019-2020 LDHS is yet to be published. The Government launched the Key Indicator Report in mid May 2020.
of life, but rapidly rises, reaching a peak of 46 per cent at the 33rd month. Children from educated mothers and those from the highest wealth quintile are less likely to suffer from stunting. Stunting has long-term consequences for children’s survival and development because of the effects of stunting on brain development, learning performance and, ultimately, on adults’ health and productivity, and its strong association with increased morbidity and mortality.

Among all the causes of stunted growth in children, inadequate child feeding is one of the most proximal and immediate determinants (Black et al., 2013; Stewart, Iannotti, Dewey, Michaelsen, & Onyango, 2013). The LDHS 2019 shows that only 11% of children aged 6 to 23 months are fed with minimum dietary diversity, and only 3% of children age 6-23 months receive an adequate (quantity and quality) diet.

Three per cent of Liberian children are wasted, and 1 per cent are severely wasted (-3 SD). There is no variation in wasting based on area of residence with children in both urban and rural areas being wasted at 3 per cent each. Also, wasting is similar among boys (4 per cent) and girls (3 per cent). Unlike with stunting, there is no clear relationship between the prevalence of wasting and mother’s education; however, wasting increases with increasing wealth status before dropping among children in the highest wealth quintile.

With regards to underweight, the 2019-2020 demographic and health survey showed that 11% of Liberian children are underweight, with 3 per cent classified as severely underweight. The proportion of underweight children varies by residence, with 13 per cent of children in rural areas and 9 per cent in urban areas being underweight. By region, the proportion of children who are underweight ranges from 9 per cent in North Central to 16 per cent in North Western. The proportion of children who are underweight is highest in River Cess County (20 per cent) and lowest in River Gee County (7 per cent).

A trend analysis of anthropometric data in the 2013 and 2019-20 LDHS surveys shows that stunting, wasting, and underweight have improved in the last seven years. Over this period, stunting prevalence took a downward trend moving from 32 to 30 per cent, wasting decreased from 6 to 3 per cent while the proportion of underweight children decreased from 15 to 11 per cent. Additionally, both surveys show that stunting prevalence in Liberia varies with age with the highest increase recorded among children within the complementary feeding age of 6-23 months. In the 2019-2020 LDHS, the prevalence of stunting increases gradually from around 13 per cent among children aged 6-8 months and peaks at 31 per cent among children 18-23 months.

Micronutrient deficiencies appear to be of public health concern in Liberia. Overall, 45 per cent of women of child-bearing age are anemic; 23 per cent are mildly anemic, 21 per cent are moderately anemic while 1 per cent are severely anemic. The prevalence of anemia is higher among adolescent girls within the age range of 15-19 years (55 per cent) than among women in the other age groups (40-44 per cent). The prevalence of anemia is 52 per cent among pregnant women indicating their high likelihood to suffer from anemia than their breastfeeding (48 per cent) and non-breastfeeding/non-pregnant (43 per cent) counterparts. Women living in rural areas (47 per cent) are more likely to be anemic than those living in urban areas (43 per cent). By region, the prevalence of anemia ranges from 37 per cent in North Central to 52 per cent in North Western. By county, the prevalence is highest in Grand Bassa (59 per cent) and lowest in Nimba and Lofa (35 per cent each). There are no clear patterns in anemia prevalence according to education or wealth.
Given this backdrop UNICEF Liberia in cooperation with the Government and other stakeholders in the nutrition space in Liberia such as the Scaling Up Nutrition (SUN) movement, Breakthrough ACTION, UN REACH, WFP, AAH, the WASH consortium intent to develop a National Nutrition SBCC strategy of Liberia to guide a shift in demand creation and awareness-raising on nutrition in the country. The SBCC framework which has been developed under the leadership of the WASH consortium will feed into the SBCC strategy.

The consultant will operate under the Nutrition Division of the Ministry of Health and will lead the development of a National Nutrition SBCC strategy. The Nutrition Division of the Ministry of Health is mandated to ensure effective coordination of national and international stakeholders and or partners in nutrition and support the implementation of nutrition interventions in the country. The Nutrition Division work in close collaboration with government line ministries, agencies as well as UN agencies, international NGOs, the country SUN focal person and civil society organizations in Liberia.

Purpose of the Consultancy

The purpose of this consultancy is to support the planning and development of a five-year (2021 to 2025) social and behavior change (SBCC) strategy to prevent malnutrition among Liberians especially children, women of childbearing age and adolescents. The focus is on changing social and cultural norms, beliefs and practices, food perceptions and feeding practices and behaviors that lead to malnutrition.

Overall Objective: To develop a social and behaviour change communication strategy for nutrition to guide a shift in demand creation and awareness-raising on nutrition in the country for the prevention of malnutrition in all its forms.

The national nutrition social behaviour change communication strategy should clearly define the specific and measurable objectives that it will achieve when implemented, including impact on maternal infant and young children, women of childbearing age, adolescent boys and girls, parents/caregiver, male partners, health workers/ service providers and community/traditional and religious leaders’ practices. The strategy should also include overall approaches and specific activities that will be implemented at the national and sub-national levels. The strategy will delineate the participant groups, key (technical) messages and proposed approaches for different participants across the spheres of intervention (see below). The strategy will also include a M&E plan and a detailed implementation plan for 2 years. The strategy should facilitate in attaining the following broader communication objectives (to be further adapted and developed based on an analysis of the situation in Liberia):

**Increased awareness:**

- Raise awareness on optimal nutrition including adequate maternal infant and young child feeding and care practices as well as adolescents nutrition.

**Promotion of appropriate maternal infant and young child feeding and care practices:**

- Promotion of early initiation of breastfeeding within the first hour of birth, exclusive breastfeeding from birth up until six months of life, timely introduction of adequate complementary feeding at six months of life alongside breastfeeding up to 2 years of life or beyond.
- Promotion of Optimal feeding during pregnancy and lactation.
- Promotion of good health care seeking behaviors for maternal, infant and young children.
• Build knowledge on optimal maternal infant and young child feeding practices and create demand and awareness raising on their nutrition.

**Promotion of Optimal Nutrition for Adolescents**

• Promotion of optimal feeding of adolescents and physical exercises
• Promotion of good health care seeking behaviors among adolescents.
• Build knowledge on optimal adolescents’ nutrition and create demand and awareness raising on adolescent’s nutrition.

The priority spheres of interventions are at health facilities, communities, schools and households;

Additional spheres include:

• Communities including community networks (mother support groups, pregnant and lactating women, caregivers including parents, grandparents, religious and traditional leaders, chiefs and adolescents).
• Health facilities (health workers, pregnant and lactating mothers, caregivers including parents and grandparents, adolescents and women of childbearing age)
• Schools (teachers, adolescents, school aged children, and parents).

**Activities:**

**Key activities to be performed are as follows:**

1. Develop timeline and deliverables for developing the SBCC strategy covering the consultancy period for approval
2. Review current SBC Communication materials and all other relevant documents
3. Conduct a desk review and assessment of existing SBCC interventions to inform the stakeholder meeting to present the status of the with
4. Conduct a bi-monthly meeting with the Technical Working Group to present the status of the document and for input.
5. Develop the SBCC Strategy including M&E Framework and Implementation Plan
6. In collaboration with the Nutrition Division, UNICEF and Action Against Hunger organize and conduct a one-day validation meeting
7. Capacity building for key stakeholders/partners prior to strategy roll out.

**Deliverables and Timeline**

This consultancy will be for an estimated period of three (4) months from inception through development, validation and final Social Behavior Change Communication Strategy document.
Deliverable | Date Due
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1. Draft the inception report which includes a brief write up of the desk review, including an overview of the nutrition situation, synthesis of the theories on behaviour change and social norms, national and international best practices and innovations on attainment and or preservation of optimal nutritional status, as well as an overview of relevant research findings and an outline of specific behaviours, practices, amongst others, that are essential for the attainment and preservation of optimal nutrition status of children, women and adolescents. | (duration: 15 working days)

3. Draft and finalize the SBCC strategy (2021-2025) which includes:
   a) SBCC strategy
   b) monitoring and evaluation plan
   c) two-year implementation plan and budget
   d) stakeholder validation workshop | (duration: 55 working days)

4. SBCC training package (including TOT package) developed, delivered and finalized | (duration: 10 working days)

5. Delivery of SBCC training in selected 8 pilot counties including submission of training report | (duration: 20 working days)

6. Conduct follow up field visits including supportive supervision/ follow up/monitor/observation, using a M&E tool/check list to observe impact of roll out training and implementation of the SBCC strategy. | (duration: 10 working days)

7. Provide technical oversight and guidance to the production of communication materials, including IEC materials, flyers, radio messaging and billboards (including supervision of pre-testing of materials) | (duration: 10 working days)

Experience

- Advanced University degree (Master/PG) in communication, behavioural science, Public health, nutrition or related social sciences
- Minimum 8-10 years of proven work experience in the area of communication for development, including development of C4D strategies and training.
- Successful proven track record designing behaviour and social change communication strategies, conceptual frameworks, and messaging on violence prevention or related subject matter, which show measurable social impact or behaviour change;
- Demonstrated familiarity with social behavior change approaches (especially as it related to nutrition)
- Demonstrated knowledgeable practice of working at national and sub-national levels, nongovernmental and community-based organizations as well as the Ministry of Health in Liberia
• Excellent interpersonal communication skills
• Fluent in written and spoken English
• Added advantage of nutritionist

**Roles and Requirements:**

The Nutrition Division will

• Provide briefing to the selected National Consultant on the desired Scope of work (SOW)
• Liaise with relevant staff and other stakeholders to facilitate his tasks
• Organize weekly update meeting with Consultant
• Compensate Consultant as per agreed stipulations to fully execute activities leading to the development of the National Nutrition SBC Communication Strategy document.
• Provide logistical support for strategy development
• Print the final SBCC strategy

**The Consultant will:**

• Fully comply with all terms and requirements during the execution of this consultancy
• Ensure that all deliverables as indicated above are presented prior to termination of the Contract
• Report and provide weekly briefing to the National Nutrition Program.

**How to apply:**

Interested candidates or firms are requested to send a Curriculum Vitae form, cover letter (including monthly rate), writing sample from your previous work (minimum of 750-1000 words) to The Human Resource Office of Action Against Hunger via email recruitment@lr-actionagainsthunger.org no later than 5:00PM on March 31, 2021. Due to the urgency of this work, sorting and evaluation of qualified candidates/ firms will be done on a rolling basis and the consultancy may be offered to the successful candidate or firm before the stated deadline.

**Action Against Hunger is an equal opportunity Employer. Women are strongly encouraged to apply**

**NOTE: *This is a national position***