

Scope of Work/ Terms of Reference:

Social and Behavior Change Interventions Targeting Service Providers to Improve Malaria in Pregnancy Outcomes

Background

An inventory of strategic planning documents has been conducted in five countries (Nigeria, Liberia, Malawi, Ghana, Zambia) to assess the content and consistency of communication objectives related to malaria in pregnancy (MIP) in national malaria control, and national reproductive health program communication policy documents. The inventory found that malaria communication strategy documents outline community level SBCC priorities and indicators, but failed to recognize service providers as potential recipients of SBCC interventions.

Much of the recent literature, as well feedback from the RBM MIP Working Group, point to barriers in service provider behaviors and attitudes towards malaria prevention and treatment as contributing to low uptake of such key malaria commodities as RDTs, ACTs, and SP. To better understand and hone in on this important issue for country planners, HC3 will conduct a literature review of existing efforts to improve government service provider adherence to national guidelines for malaria in pregnancy to assess what, if any, approaches have addressed social and behavioral determinants. For example, if service providers have received training on national guidelines (frequency and timing of IPTp doses, for example) but do not comply with them, knowledge-based trainings will continue to be ineffective. If service provision has been addressed with skills or systems strengthening interventions (to improve stock management or procurement of SP, for example) but providers fail to appropriately provide SP, structural improvement activities may not be the solution. Service providers should be considered as an audience of SBCC interventions designed to affect their attitudes, self-efficacy, perceived risk, and social norms.

Countries like Mali and Nigeria have begun including SBCC indicators in their malaria communication strategies that include specific service provider behaviors. To encourage this, and to provide guidance to other countries looking to improve their own strategies and activity planning, HC3 is developing an "Illustrative Guide" that highlights best practices and identifies steps country programs can take to identify specific messaging and interventions for inclusion in their MIP strategic documents and planning. This review will inform the service provider section of that guide.

Purpose and Goals:

The purpose of this review will be to identify previously documented efforts to improve the provision of intermittent preventive therapy (IPTp), long lasting insecticide-treated nets (LLINs), and artemisinin combination therapy (ACT) for pregnant women, and make

recommendations for SBCC strategies and interventions targeting service providers. Previous efforts focused on trainings and orientation, process-improvement strategies, operational or tactical capacity building, or attempts to better integrate service provider and community health worker responsibilities. To the extent these activities describe challenges and identify gaps in knowledge, awareness, or attitudes government service providers have (that contribute to sub-optimal delivery of IPTp, LLINs, ACT), it should be possible to make informed decisions about how to tailor SBCC interventions to address this target group. The document will conclude with recommendations for developing service provider SBCC objectives and indicators, and identify general and specific opportunities for capacity strengthening. Recommendations will be vetted through MIP thought leaders, including PMI's MIP and Case Management teams, the RBM MIP Working Group, the RBM Communication Community of Practice (CCoP) and implementing partners and umbrella organizations with experience working with service provider training (e.g. the Core Group).

Methodology and Progress to Date:

To date HC3 has updated an illustrative guide to SBCC for malaria in pregnancy. The results of this review's inquiry will be submitted to PMI for approval, and recommendations will be included in a focus section in the Illustrative Guide that provides guidance on developing SBCC interventions targeting service providers as an audience.

HC3 is seeking a consultant to conduct the following scope of work:

Responsibilities to include:

- Conduct literature review documenting efforts to improve the provision of IPTp, LLINs, and ACT
- Present review findings to HC3 and incorporate feedback
- Present review and findings to JHUCCP and PMI and incorporate feedback
- Incorporate recommendations into the service provision section of the "Illustrative Guide"
- Submission of opinion article, based on findings

Deliverables:

1. Literature review reviewing efforts to improve provision of IPTp, LLINs, and ACT that target service providers
2. Presentation of findings to HC3/CCP and PMI before incorporating feedback
3. Finalize and submit final literature review including recommendations for service provider-focused interventions to improve uptake of IPTp, LLINs, and ACT for pregnant women
4. Finalized "Illustrative Guide" including review recommendations
5. Opinion article

Period of Performance

All tasks outlined here shall be completed within 20 days of work between **July 27, 2015 and September 20, 2015** according to the approximate calendar below (subject to change with agreement from HC3):

Activity	Date
<ul style="list-style-type: none"> Research on recent interventions, targeting service providers, to improve uptake of IPTp, LLINs, and ACT 	August 14, 2015
<ul style="list-style-type: none"> Edits to review per HC3 feedback 	August 21, 2015
<ul style="list-style-type: none"> Presentation of review to JHUCCP 	August 28, 2015
<ul style="list-style-type: none"> Presentation of guidance document to PMI 	September 15, 2015
<ul style="list-style-type: none"> Document revisions, final copy submitted to HC3 	September 21, 2015
<ul style="list-style-type: none"> ASTMH 	TBD
<ul style="list-style-type: none"> APHA 	TBD
<ul style="list-style-type: none"> Opinion article 	TBD

To Apply:

Qualified applicants should send their CV and a detailed cover letter of 1 page that describes their relevant qualifications and experience to Corinne Fordham at cfordha1@jhu.edu before close of business on **July, 24th**. Please **do not include** other attachments (e.g. diplomas, photographs, certificates) in your application.

Qualifications:

- Masters degree in Public Health
- Background in social and behavior change communication
- Familiarity with malaria in pregnancy policy and programming
- Experience creating public health guidance documents
- Experience conducting literature reviews

Preferred Qualifications:

- PHD in Public Health
- Familiarity with malaria in pregnancy policy and programming in sub-Saharan Africa