

UNICEF OMAN COUNTRY OFFICE
Terms of Reference for Consultancy (Individual/Institutional)

SUMMARY

Title of consultancy	Strengthening behaviour change programming to achieve better results for children in the Sultanate of Oman
Purpose	Developing and implementing an effective C4D programme to support better practices in IECD, protection from violence and inclusion of children with disabilities.
Location	Muscat, Sultanate of Oman
Nature of assignment	In-country consultations and technical support
Reporting to/ supervisor	Programme Manager

BACKGROUND AND JUSTIFICATION

The Sultanate of Oman is a high income country of 4.2 million people, in the high human development category with a HDI rank in 2015 of 52 out of 188 countries, and mortality rates comparable to many OECD countries. Economic stability and income growth have gone hand-in-hand with rapid reductions in child and maternal mortality, universal child immunization, and universal primary education, consequences of a continued improvement in systems and services. The country has now reached a tipping point where a significant proportion of the issues preventing further progress are on the demand side more than on the supply one. A number of inadequate or negative practices are highlighted in the 2017-2020 Country Programme Document signed between UNICEF and the Government of Oman (GoO), and call for a strengthened focus on addressing behaviours and creating an enabling social environment for positive practices:

- Care-seeking behaviours need urgent attention with only 1 in 2 households having children with diarrhoea or acute respiratory infections that seek treatment from health providers¹.
- The prevalence of stunting at 14 per cent, while low, has increased from 10 per cent in 2009². The wasting prevalence of 7.5 per cent is a cause for concern³. This suggests that infant and young child feeding practices are suboptimal⁴.
- Oman has many components – including legal ones - to protect children from violence, but violence goes largely unreported and there appears to be an accepting attitude toward the use of violent discipline in schools and homes⁵. The full extent is hidden for reasons including the need for a more expanded case notification system, stigmatization, and culturally accepted practices not recognized as maltreatment. Research in the region shows that girls experience a higher prevalence of emotional abuse and neglect and have a higher risk of sexual abuse than boys, who are at greater risk of severe physical punishment. Children with Disabilities⁶ are also more vulnerable to maltreatment⁷. The promotion of positive parenting and discipline is a critical gap. Finally, cyber bullying and aggressive social media behavior is an increasing risk for adolescents⁸.

¹ NCIS and UNICEF (2015), MICS, 4.

² WHO (2014), Stunting Policy Brief. Even at low levels, the effects of stunting and wasting on young children are serious. Stunting before the age of 2y predicts poorer cognitive and educational outcomes. Stunting can reduce a country's gross domestic product by up to 3%.

³ NCIS and UNICEF (2015), MICS, 5; WHO [Global Database on Child Growth and Malnutrition](#), Cut-off points and summary statistics, December 2015.

⁴ GoO and UNICEF (2015), SitAn, 30. The diarrhoea incidence rate among children U5 years is 12per cent (MICS, 2015). In 2012 diarrhoea rates in North Ash Sharqiyah, Al Wusta, Musandam and South Ash Sharqiyah ranged from 35per cent to 46per cent.

⁵ MoH and UNICEF National Strategy for Child Maltreatment (2015), 13.

⁶ The 2010 Census found that approximately 1 per cent of children below the age of 15 or 7,500 children have disabilities

⁷ MoH and UNICEF National Strategy for Child Maltreatment (2015), 14. Physical violence against CwD in the home, school and workplace is the most common form of violence against these children. They are 3.6 times more likely to be victims of physical violence than children without disabilities.

⁸ MOH-UNICEF (2015), National Strategy for Child Maltreatment. 15.

- Despite significant disparities between and within Governorates, they share critical knowledge and behaviour gaps amongst service providers and caregivers, which inhibits parents from making the right choices about children's care, seeking support and using available services.

PURPOSE AND OBJECTIVES

The GoO-UNICEF programme aims to ensure that young children are ready to learn and thrive, that vulnerable children are protected and respected in their homes and communities, and that children with disabilities are cared-for, included, and supported to reach their full potential.

In line with this development goal and the key approaches defined in the cooperation agreement, the overall objective of this initiative is to **support the design and delivery of communication strategies, tailored to the Omani context, that promote positive behaviour change for critical child care practices**, across three programme areas where UNICEF is uniquely positioned to support GoO efforts: (1) Integrated early childhood development, (2) Protecting children from violence, and (3) Inclusion of children with disabilities.

Specific objectives

1. Phase 1 / advocacy, capacity building and social mobilization (3 months)

- Raise awareness and engagement of key stakeholders across institutions and sectors on the added value of behaviour change programming, concepts and efficient approaches
- Define the key elements of an Omani process of change, centred on local ownership, at the Government, service, and community levels
- Build the coordination mechanisms / steering committees which will oversee phases 2 and 3
- Scope the resources needed (people, funding, material goods) based on different suggested scenarios
- Identify evidence gaps and suggest ways to fill them
- Explore funding avenues and prospects

2. Phase 2 / Strategy design and planning (2 months)

Design a strategy and associated implementation plans which will contribute to the following:

Integrated Early Childhood Development (IECD)

- Increase parents and caregivers' awareness about the importance of the early years, early stimulation, positive parenting and play in the home
- Improve caregivers' feeding practices, care-seeking behaviours, and parenting skills
- Increase the availability and use of high quality, inclusive parenting education and support programmes
- Build trust in IECD providers and improve their interpersonal communication and counselling skills
- Raise participation of beneficiaries in the improvement of services and promote mechanisms creating accountability of service providers
- Mobilize communities and influencers to support parenting education and build positive attitudes and expectations toward IECD

Violence Against Children (VAC)

- Contribute to generation of evidence to understand child maltreatment
- Change the attitudes towards the use of violence in schools and homes
- Develop culturally-sensitive strategies to promote positive parenting and non-violent discipline in homes and schools
- Mobilize community networks to promote and reinforce alternatives to violence
- Enhance social expectations for the positive care of children, including children with disabilities
- Provide parents, caregivers, and service providers with knowledge and skills to recognize the danger signs and symptoms of child maltreatment

- Increase demand for Child Protection services (hotline, child protection committees, etc.)

Children with Disabilities

- Improve caregivers and parents' observation capacity - screening for early detection
- Improve public knowledge about the rights of persons with disabilities
- Influence behaviours associated with stigma and discrimination
- Enhance social and family values for the upbringing and care of children with disabilities
- Establish a training programme for teachers to include CwD in schools and curriculum
- Strengthen education strategies and programmes for families and service providers to promote the social acceptance and inclusion of CwD, and invest in their abilities to improve their quality of life
- Support parent groups as peer support groups, and to give voice to the needs and rights of children with disabilities
- Contribute to generating more evidence on the situation of children with disabilities.

3. Phase 3 / implementation (3 years)

- Conduct the multi-year initiative designed in steps 1 and 2, following the agreed path of piloting and scaling-up
- Monitor and adjust during implementation, with regular meetings of the steering committee(s)
- Evaluate and report at the end of the planning cycle

MEASURING PROGRESS AND SUCCESS – EXPECTED OUTPUTS

The monitoring and evaluation of the initiative will be conducted with the following indicators:

1. Phase 1 / advocacy, capacity building and social mobilization

- Identified key stakeholders have been oriented on behaviour change programming (number + metric on knowledge to be suggested)
- Line ministries for IECD, VAC and children with disabilities designate representatives to engage in the initiative
- Omani vision for social and behaviour change developed and endorsed by the government, as well as key community representatives and members involved in the process
- 2 to 3 scenarios moving ahead are available, with associated resources scoping
- SBC coordination mechanisms and cross-sectoral steering committee established (membership and TORs) at multiple levels
- Desk review of available data and evidence generation plan completed

2. Phase 2 / Strategy design and planning

- A communication strategy / communication strategies promoting positive behaviour change for critical child care practices across IECD, VAC and Inclusion of children with disabilities is endorsed by the SBC steering committee and includes:
 - o Situation Analysis focused on causal bottleneck analysis
 - o Programme goal and Communication objectives
 - o Communication approaches
 - o Channels / entry points / engagement platforms
 - o Pretested messages
 - o Piloting and scaling up approach
 - o Implementation Plan (Activities, Schedule, Role/Responsibilities)
 - o M&E plan
 - o Budget

3. Phase 3 / implementation

CPD ⁹ RESULTS AND METRICS	INITIATIVE'S ADDITIONAL INDICATORS
<p>Outcome 1. By 2020, high quality, inclusive IECD services, with stronger parent and caregiver engagement are available to all children, especially the vulnerable, in 2 Governorates</p> <p>Output 1.2 <i>In targeted Wilayats of 2 Governorates</i>, quality IECD services that include CwD, low income, and other vulnerable children, are delivered through Pre-schools and Community based learning centres by accredited IECD workers</p> <p>Output 1.3 High quality, inclusive parenting education and supports available and implemented in under-served areas</p> <p>1b. % Children 0 to 5 months who are exclusively breastfeed Baseline: 33% Target: 60%</p> <p>1c. % Children 6-23 months provided with minimum dietary diversity Baseline: 67% Target: 80%</p> <p>1d. % Children aged 0-59 months with diarrhoea receiving ORS Baseline: 59% Target: 90%</p>	<p>(awareness / attitude): % of caregivers who understand / support the importance of stimulation and positive parenting during early years</p> <p>(trust): % of caregivers who say IECD services providers are knowledgeable; respectful; care for the children's wellbeing</p> <p>(intention and demand): proportion of parents of children under 36 months who want them to attend an Early Childhood Education Programme / who want to attend a parenting programme</p> <p>(self-efficacy): Increase in fathers' level of confidence in performing X key childcare tasks (<i>tasks TBD</i>)</p> <p>(Practice): % of fathers who have demonstrated 5 key early learning and stimulation practices as a result of various ECD interventions (e.g. increased eye contact, playing with simple toys, reading picture books, etc.)</p> <p>(empirical expectation): proportion of parents that expects most fathers in their community would not engage in caregiving of young children (<1000 days)</p>
<p>Outcome 2. By 2020, families, caregivers, and service providers offer quality, effective protection practices and services for all children at risk of or exposed to violence.</p>	<p>(attitude): Proportion of caregivers who think that some form of corporal punishment is necessary to properly educate their children</p> <p>(practice): proportion of children 13-17 reporting any form of bullying by peers in the previous month</p>

⁹ CPD refers to the Country Programme Document and UNICEF's commitment to the Government of Oman for the period 2017-2020

<p>Output 2.3 Families and service providers able to recognize the danger signs and symptoms of child maltreatment and know where to seek help.</p> <p>2a. % Children aged 1-17 years who experienced any physical punishment by caregivers in the past month Baseline: NA¹⁰ Target: 25% reduction from baseline.</p>	<p>(empirical expectation): Proportion of teachers who believe that other teachers use corporal punishment in the classroom</p> <p>(normative expectation): proportion of parents who believe that other parents expect them to physically discipline their children if they misbehave</p> <p>(knowledge): proportion of caregivers and service providers able to recognize the danger signs and symptoms of child maltreatment</p> <p>(demand): increase in utilization of Child Protection Hotline and attendance to / participation in committees</p>
<p>Outcome 3. By 2020 CwD enjoy high quality services that promote their inclusion in Omani society</p> <p>Output 3.3 Families and service providers are able to recognise and accept the inclusion of CwD in education and social services</p>	<p>(Awareness): percentage of children with disabilities among children aged up to 18 years according to respondents</p> <p>(Awareness and behavior): expressions most frequently used to designate children whose physical, mental or sensory abilities are below average</p> <p>(Behavior): proportion of parents who have ever socialized with any child / person with disabilities</p> <p>(Attitude): proportion of respondents who think it is possible for a child with disabilities to become a famous artist, businessman, successful politician or statesman in Oman one day</p> <p>(Attitude): % respondents who think the state and society should do everything in their power to ensure equal opportunities and chances for children with disabilities, regardless of the costs</p> <p>(Attitude): % respondent who believe it is better for children with disabilities' development to attend a specialized institution than a regular school</p> <p>(Attitude): % parents who think it is an acceptable relationship for their child to live in the same street; go to the same school ; same classroom; play; be friend; be best friends; later engage in emotional relationship; later marry a child with disability</p> <p>(social perception/empirical expectation) % of caregivers who think other people in Oman see children with disabilities as equally valuable members of Society</p>

Process indicators to monitor the implementation of the communication activities will also be reported against (coverage, reach, recall, etc.), according to the plan developed in phase 2.

¹⁰ UNICEF will advocate with the NCSI to include this indicator as part of the next MICS and NHHS in 2017.

TIMEFRAME

- Phase 1 - advocacy, capacity building and social mobilization: 3 months
- Phase 2 - Strategy design and planning: 2 months
- Phase 3 - implementation: 3 years / ending no later than December 2020

ADMINISTRATIVE REQUIREMENTS

Expected places of travel, insurance, per diem, payments and responsibilities between UNICEF and the consultant team:

- Based on an agreed travel schedule, UNICEF will cover airfare of the consultant team to Oman in Economy class via the most direct and economical route
- The consultants/institutional team will be required to report on a daily basis to the UNICEF Supervisor.
- For long stays in-country, the team will be entitled to the same weekends and UN holiday schedule as UNICEF staff.
- Transportation upon arrival and departure is to be arranged by the travellers, terminal expense will be provided by UNICEF.
- For in-country stays, UNICEF will provide a DSA not exceeding the UN DSA rate.
- Any in-country travel related to the consultant team's assignment will be arranged for and covered by UNICEF.
- Consultants need to arrange their own insurance (life, health and other forms of insurance) covering the term of the contract while in Oman, and need to provide proof such insurance prior to travel.
- UNICEF will arrange for booking accommodation under UNICEF corporate rates, unless the consultant team wish to make their own arrangements. Settlement of any accommodation will be made directly by the consultants with the hotel.
- UNICEF will not provide the consultants with any equipment, unless it is requested by the consultants and approved by Operation Unit with appropriately completed form.

QUALIFICATION & SPECIALIZED KNOWLEDGE

An institution or team of consultants is sought for this assignment with specialized knowledge in:

1. Knowledge of and experience in global child rights standards and good practices concerning IECD, protecting children from violence and including children with disabilities.
2. Experience in designing and implementing C4D programmes in contexts similar to Oman.
3. Excellent facilitation skills for consultations with government counterparts, stakeholders and decision makers.
4. Knowledge of the Omani culture vis-à-vis IECD, violence against children and children with disabilities is an asset.
5. English is required for all UNICEF communication. Fluency in Arabic of at least some of the team members is essential.

SUBMISSION OF OFFERS

Interested parties are requested to send their offers by email **as soon as possible** to zrashid@unicef.org, with the subject heading: ***“SSA – Strengthening behaviour change programming”***.

The Offer should be in two parts: Part A – Technical; Part B – Financial, of not more than 5 pages.

Part A: Technical

1. Background information that includes an interpretation and understanding of the terms of reference;
2. Methodology and approach outlining a clear conceptual and analytical framework for the work to be undergone;
3. Proposed work plan outlining clear timeframe and logical steps in conducting the assignment;
4. Expectations of UNICEF in terms of logistical, technical, and other forms of support for the work;
5. Name and brief background of the vendor, including existing experience and expertise that will be of benefit to the proposed assignment;
6. Names and contact information of referees for the 3 most recent and relevant projects.

Part B: Financial

7. An itemized budget divided into professional fees and direct cost of activities in United States Dollars.