



Strengthening Social Protection Delivery System Sindh (SSPDS)  
**SINDH SOCIAL PROTECTION AUTHORITY**  
**SOCIAL PROTECTION DEPARTMENT**  
**GOVERNMENT OF SINDH**

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## **Terms of Reference (ToRs)**

### **For conducting Formative Research for Mother and Child Support Program in selected districts of Sindh**

#### **1. Background**

Government of Sindh (GoS), through the Sindh Social Protection Authority (SPA), is implementing the “**Strengthening Social Protection Delivery (SSPD) System in Sindh**” project with the assistance of the World Bank to strengthen social protection service delivery system and enhance accessibility and utilization of mother and child health services in selected districts in Sindh.

The project will support three components, financed through an Investment Project Financing (IPF) instrument, with US\$200 million from the International Development Association (IDA) and US\$30 million from counterpart funding. The Project components are: (a) Strengthen Sindh Social Protection Service Delivery Systems to support the modernization of systems and processes to fully operationalize the newly established Sindh SP Authority and improve its institutional capacity by strengthening the administrative, operational, policy, and planning functions and capabilities, including the development of energy efficient/climate-smart information technology (IT) systems and capacity building through the provision of technical assistance; (b) Mother and Child Support Program (MCSP) focusing on birth and first 1,000 days where risks and needs are high but programmatic responses are weak; the main objective of this component is to create demand for Maternal and Newborn Child-Health (MNCH) services and promote behavioural change to increase uptake of the MNCH services focusing on the first 1,000 days of life through the provision of CCTs in selected 15 districts of Sindh; and (c) Contingent Emergency Response with zero allocation, providing the Borrower to gain quick access to Bank financing to respond to a crisis or emergency.

To effectively implement conditional cash transfer projects and achieve the desired outcomes and overall impact, it is crucial to understand the social conditions and individual behaviors involved.

A formative assessment will be conducted in 6 selected districts out of the 15 intervention districts to gather evidence crucial for developing a comprehensive SBCC strategy. The aim of the CCT and hence of the SBCC which will support the CCT is to increase the uptake of MNCH services. This research will enhance our understanding of how Conditional Cash Transfers (CCT) and social mobilization can improve access to, uptake of, and sustained engagement with Maternal, Newborn, and Child Health (MNCH) services. Additionally, the study will identify the health-seeking behaviours of the community, as well as the facilitators and barriers affecting service uptake. The formative assessment will concentrate on examining factors such as gender, social and cultural norms, individual behaviors and beliefs, knowledge, motivation, and skills, access to and affordability of services, quality of care, and communication resources.

## 2. Objective and Scope of the Study

### 2.1 Objective

The objective of the assessment is to explore and understand the knowledge, attitude, beliefs, norms, and behaviors of the target population regarding CCT, maternal and child health services at the individual, community, and social levels. It will help in identifying barriers to and opportunities for adopting effective behavior change approaches.

### 2.2 Sope and purpose of the Study

The research study aims to determine the maternal and child health seeking behaviors of a target audience by examining a variety of influential factors. The scope of the study includes identifying current barriers and prevailing norms that affect health-seeking behaviors, specifically focusing on Maternal, Newborn, and Child Health (MNCH) services which include ANC visits, institutional deliveries, PNC visits, exclusive breastfeeding practices, complementary feeding vaccinations, family planning and water, hygiene, and sanitation. Additionally, the study will assess knowledge and availing of Conditional Cash Transfer (CCT) program and locally used communication channels. To conduct effective formative research in 6 selected MCSP districts of Sindh for SSPA, the services of an experienced and dynamic agency are required. The selected districts, based on different cultural dynamics, are: Sujawal (coastal), Tharparker (desert), Tando Allahyar (irrigated), Sanghar (mix), Ghotki (north), and Kambar Shahdadt (near Baluchistan).

The suggested sample sizes for Key Informant Interviews (KIIs) are 10–15 households per district, and an average of 5 Focus Group Discussions (FGDs) per district. However, these are provided as examples. We encourage the selected agency to propose their own sample sizes and target audiences, based on their expertise and assessment of the project needs, which will form the basis of their technical proposal and input.

### 2.3 Target Audience for Formative Research, including, but not limited to

- i. Primary target audience
  - a. Pregnant & Lactating Mothers and Pre-conception Women, particularly those from poor and socially marginalized groups, and those not currently using MNCH services.
  - b. Husband and family members (including in-laws) of Pregnant Women (PW) & Lactating Mother (LM).
- ii. Secondary target audience
  - a. Group 1: Religious leaders/ Community Elders/ Educational mentors/ teachers  
Group 2: Adolescent girls
  - b. Group 3: Government Program Managers / NGOs Program Managers / Civil Society Organizations / Social Workers.
  - c. Group 4: Healthcare providers: Medical Officers (Mos) / Women Medical Officers (WMOs) / gynecologists Obstetricians.
  - d. Group 5: Frontline Health Workers: Lady health supervisors (LHSs) / Lady health workers (LHWs) / Traditional Birth Attendants (TBAs) / community midwives / nutrition counselors / family welfare workers / community health workers / Lady Health Visitors (LHVs) /.

Primary target audiences (pregnant and lactating mothers and preconception women) and their husbands may be assessed using key informant interviews (KII). All other influencers mentioned in the secondary target audiences may be evaluated through focus group discussions (FGD). However, we encourage the selected agency to propose their own assessment methodology, drawing on their expertise and insight into the project requirements.

## 2.4 Agency Deliverable

- a) **Inception Report:** A document outlining the agency's understanding of the study, detailed methodology, work plan, sampling strategy, and tools for data collection (e.g., KIIs, FGDs). This should include any proposed changes to the study design or approach based on the agency's expertise.
- b) **Data Collection Tools:** Finalized versions of all instruments used for data collection (interview guides, survey questionnaires, etc.) following approval.
- c) **Preliminary Findings Presentation:** A presentation summarizing the key findings from the data collected, shared with key stakeholders for initial feedback.
- d) **Comprehensive Formative Assessment Report:** A detailed report providing insights into the social and behavioral dynamics affecting the uptake of MNCH services, including:
  - Analysis of Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs).
  - Identification of key facilitators and barriers to MNCH service uptake.
  - Findings on gender, social norms, and individual behaviors that influence health-seeking behaviors.
  - Recommendations for Social and Behavior Change Communication (SBCC) strategies.
  - Conclusions and strategic recommendations for integrating CCTs with SBCC efforts.
- e) **SBCC Strategy Recommendations:** Based on the formative assessment findings, recommendations for an SBCC strategy that complements and enhances the CCT program, focusing on ways to improve access to and uptake of MNCH services.
- f) **Final Dissemination Presentation:** A final presentation of the findings and recommendations to stakeholders, incorporating feedback from the preliminary findings presentation.

These deliverables will ensure that the agency provides actionable insights and guidance to support the development of the SBCC strategy linked to the CCT project.

## 2.5 SSPA Deliverable

- a) Share relevant project documents to the Agency.
- b) Support the selected agency in seeking permission from relevant government bodies to conduct the field work (FGDs and KII). However, the responsibility lies with the agency.

## 3. Dissemination of findings

Results and recommendations will be communicated to SSPA technical and senior management.

#### 4. Ethical consideration

The study team will make clear to all participating stakeholders that they are under no obligation to participate in the study. All participants will be fully informed on data usage and protection policies as applied to their personal data. The full consent should be obtained from the participants prior to each interview/discussion. The study team will ensure prior permission is received for taking and use of visual still / moving images for specific purposes, i.e., 'for the study report and presentations.

Study team will ensure adequate level of confidentiality of the data and anonymity of individuals and organizations participating in the study. The Research Agency is responsible for determining whether the proposed methodology would require Institutional Review Board (IRB) clearance and will be responsible for clearing the process and training if such approval is required.

#### TEAM Composition and Qualifications

**Team Lead:** Post-graduate degree in social and behavioral sciences or a related field, with proven experience in social and behavioral change communication (SBCC).

It is also expected that experienced research experts, field supervisors, female moderators, and enumerators will be recruited and trained for the duration of field operations, including training sessions, field surveys, and follow-up activities.

□ The **Team Lead** is required to have a post-graduate degree in social and behavioral sciences or a related field, with proven experience in social and behavioral change communication (SBCC). Additionally, the individual should have demonstrated experience in leading large-scale research projects, particularly those focused on maternal and child health. A strong understanding of health and nutrition-related issues in the context of mother and child support programs is essential.

□ **Research Experts** must hold an advanced degree in public health, social sciences, or a related discipline. They should have at least five years of experience in qualitative and quantitative research, including expertise in survey design, data collection, and analysis within the health or development sector. A deep understanding of maternal and child health issues, especially within the context of Sindh, is highly desirable.

□ **Field Supervisors** are expected to have a Bachelor's degree in social sciences, public health, or a related field, along with a minimum of three years of experience in fieldwork. This includes managing and coordinating data collection teams for health-related projects. Strong organizational and leadership skills are necessary to supervise field teams and ensure the accuracy of data collected during the research process.

□ **Female Moderators** should possess a Bachelor's degree in social sciences, public health, or a related field, with specific experience in conducting focus group discussions (FGDs) involving women and children. A minimum of two years of qualitative data collection experience is required, along with strong communication and facilitation skills.

□ **Enumerators** must have at least a Bachelor's degree, preferably in social sciences or related disciplines. They should have proven experience in data collection using surveys, interviews, and other research methodologies. Familiarity with local languages and cultures in Sindh is an essential requirement for this role.

All team members, including research experts, field supervisors, female moderators, and enumerators, will undergo comprehensive training sessions before field operations commence.

These sessions will cover the research methodology, ethical considerations, data collection tools, and follow-up activities to ensure that all team members are fully prepared for the formative research phase.

### 5. Reporting Requirement:

The firm will closely cooperate with SSPA throughout the consultancy, reporting directly to the senior specialist in behavior change communication at SSPA. A monthly progress report is required from the service provider throughout the active assignment, demonstrating progress in initial baseline data analyses and outlining contingency plans for unexpected implementation shifts. However, during the data collection phase, a weekly report must be sent to SSPA, detailing data collection progress, addressing encountered challenges, and suggesting future strategies.

<b>Task/deliverables</b>	<b>Timelines</b>
Inception Report	Within one week of contract signing
Development of primary data collection tool	Within three weeks of contract signing
Validation of the tool	Within four weeks of contract signing
Training of data collectors	Within five weeks of contract signing
Data collection	Within ten weeks of contract signing
Analysis and Report writing	Within twelve weeks of contract signing
Facilitate validation workshop	
<b>Total</b>	<b>12 weeks</b>

### 6. Data Digitalization:

The selected firm will develop a robust method of digital data collection to maintain data quality and consistency and to avoid data entry errors; translate modules into the appropriate local language, if needed; adapt the program to reflect any changes from the base questionnaires; and facilitate the inclusion of supplementary data modules in consultation with the relevant Senior Specialist BCC at SSPA. The firm will also provide the raw data with proper labeling in a format that can be used with statistical packages.

### 7. Confidentiality and Data ownership:

The data remains the exclusive property of SSPA. The service provider is responsible for upholding data confidentiality. The survey tools, sampling methods, and information collected by field personnel cannot be utilized for personal or professional benefit by the service provider, their project management team, or field staff.

### 10. Duration the Assignment:

The assignment shall be completed within three (03) months after signing the contract.

### 11. Selection Process

The agency will be selected through Consultants Qualifications-based Selection (“CQS”) in accordance with the procedures set out in the World Bank Procurement Regulations for Borrowers, (November 2020)