**TERMS OF REFERENCE**

**Required Services: Social Research/Communications Expert (National Consultant) for a study to better understand the risks to health and related economic costs, from the interface among humans, livestock, and the environment and humans' behaviour and agriculture practices, and proposed interventions.**

**Duty Station:** Ha Noi and site visits to Lang Son and Dong Thap provinces

**Duration:** 26 days during the period fromJanuary 2019 to 15 May 2019

**Reporting:** UNDP Viet Nam, National Project Director, SCOH2 project

**1) General Background**

In the mid-2000s, as avian influenza A(H5N1) spread to a number of countries in Asia and further afield, Viet Nam was considered to be a potential high-risk site for the emergence of a new human pandemic at the human-livestock-environment interface, with this risk seen as having been exacerbated by rapid intensification of livestock production in a context of growing consumer demand, with widespread small-holder production and aggregation of animals into increasingly complex value chains characterized by low biosecurity and biosafety awareness and practices.

Since that time, three successive national One Health plans—the OPI 2006-2010, the AIPED 2011-2015, and the current OHSP 2016-2020—have emphasized investments in improved awareness and practices at the human-livestock-environment interface alongside other investments in animal health and human health systems and capacity. During this period, Viet Nam has also undergone profound socio-economic transition at all levels and in all sectors and regions of the country, as well as significant improvements in household infrastructure and significant development of transport and communications as well as changes to land use and agricultural practices, as it has moved from low income to lower middle-income status. The Government of Viet Nam has identified a number of priority zoonotic diseases in Viet Nam, including zoonotic influenza, rabies, streptococcus *suis*, leptospirosis and anthrax.[[1]](#footnote-1)

The second phase of the project *Strengthening capacity for the implementation of One Health in Viet Nam (SCOH2)*, implemented by the Ministry of Agriculture and Rural Development (MARD) in cooperation with the Ministry of Health (MOH), with funding from USAID via UNDP, supports the Viet Nam One Health Partnership for Zoonoses (OHP) and its Secretariat located within MARD. A key activity of the SCOH2 project is to commission research to support One Health policy-making in Viet Nam. The topics for this research are identified by the OHP Secretariat under the guidance of key technical agencies within MARD and MOH as well as other national and international experts within the project’s Technical Advisory Committee (TAC).

As one contribution to support the development of clear information and recommendations to national policy makers and other key stakeholders, a study will be commissioned to better understand risks to health and related economic costs from the interface among humans, livestock, and the environment and humans' behaviour and agriculture practices in two selected provinces, and to propose interventions.

The study will focus on the following risk factors/potential drivers of disease at the human-animal-environment interface:[[2]](#footnote-2)

* *Inadequate biosecurity and biosafety practices at key nodes of farmed animal value chains* (including breeding, rearing, aggregation and trading at live markets, slaughtering, meat markers, transportation, handling, food preparation, consumption, etc.), particularly in a context of intensification of production, or in production models involving significant movement of livestock (e.g. movement of duck flocks following the rice harvest).
* *Movement of animals, including domestic and cross-border movements*, for example opportunistic trafficking or unregulated trade of live animals in response to price differences between countries.
* *Contact between farmed animal species (livestock and farmed wildlife) and with humans*, that may provide opportunities for amplification and spill-over of diseases between different species.
* *Excessive or otherwise inappropriate use of antimicrobials in animals and/or humans*, that may contribute to the development of resistant strains of bacteria.

Focusing on one northern district of Lang Son province and one southern district of Dong Thap province, this study will have the following components:

1. Describe farmed animal value chains in one district of each province, covering both livestock and farmed wildlife, placing these value chains in their wider provincial, national and cross-border context as relevant, and describing key risk nodes for amplification and spill-over of zoonotic diseases, taking into account the drivers of disease outlined above;
2. Evaluate human health risks at the human-animal-environment interface related to the identified risk nodes in these farmed animal value chains, taking into account the drivers of disease outlined above;
3. Identify and describe potential economic costs and livelihood impacts related to the identified risk nodes in these farmed animal value chains, taking into account the drivers of disease outlined above;
4. Investigate the knowledge, attitudes, practices and behaviours (KAPB) of key stakeholder groups related to the identified risk nodes in these farmed animal value chains, taking into account the drivers of disease outlined above; and
5. Propose recommendations to reduce risks to health and economic costs at the animal-human-environment interface in these farmed animal value chains.

The study will take a participatory approach, taking into account the perspectives and decisions of key stakeholder groups, and will focus on analysis of risk in identifying issues and making appropriate and proportionate recommendations. The study should focus on how the animal value chains actually work in practice, rather than how they should ‘ideally’ work.

The study findings are expected to contribute to wider discussion on how the context of One Health in Viet Nam is evolving, taking stock of progress in specific local areas, identifying potential new risks/disease drivers, and how national One Health efforts and international support for activities at the local level may need to evolve accordingly. Possible correlations between potential disease drivers and zoonotic disease incidence may also indicate fruitful areas for further policy-oriented research.

Key target audiences for the potential application of the study findings and recommendations for further interventions include the leaders, experts and responsible officers of related ministries and departments of the Government of Viet Nam, and other national and international members of the Viet Nam One Health Partnership for Zoonoses (OHP), provincial authorities, VOHUN members and other stakeholders.

***Composition of the study team***

A study team composed of two international researchers and two national researchers will be mobilised by the project as follows:

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| *Consultant* | *Responsibilities* |
| 1. Veterinary Epidemiologist/Animal Production Expert – International Consultant | * Team Leader for the overall study * Component (i) * Contribute to and consolidate Component (v) |
| 1. Public Health Expert (Zoonotic Diseases) – International Consultant | * Component (ii) * Contribute to Component (v) |
| 1. Economist – National Consultant | * Component (iii) * Contribute to Component (v) |
| 1. Social Research/Communications Expert (KAPB study) – National Consultant | * Component (iv) * Contribute to Component (v) |

These terms of reference are for recruiting an *Social Research/Communications Expert - National Consultant* to participate in the study team for this study (hereinafter referred to as ‘the Contractor’). The Contractor will work closely with the Team Leader and other consultants, who will be mobilized separately by the project.

**2) Objective of the assignment**

The objective of the assignment is to ***investigate the knowledge, attitudes, practices and behaviours (KAPB) of key stakeholder groups related to the identified risk nodes in one district in Dong Thap province and one district in Lang Son province, Viet Nam, taking into account key drivers of disease (as outlined above)***, as part of an overall study to better understand the risks to health and related economic costs, from the interface among humans, livestock, and the environment and humans' behaviour and agriculture practices, and to ***contribute to proposing recommendations to reduce risks to health and economic costs at the animal-human-environment interface in these farmed animal value chains***.

The study will draw on both secondary data (including official statistics as well as the results of other relevant studies) and primary data collected directly at the provincial, district, commune, village and household levels in the two target locations.

Component (iv) will identify the knowledge, attitudes, practices and behaviours of key stakeholders along the animal value chains in relation to the identify drivers/risks of disease and the key risk nodes and pathways for amplification and spillover of disease within animals and to humans. This includes identification of knowledge, beliefs and perceptions and attitudes regarding risk, practices that may increase, mitigate or reduce risk, and actual and potential motivations and incentives to continue in or change risky behaviours and to comply with or avoid risk interventions.

**3) Scope of work**

The following are the key tasks expected of the Contractor under this assignment:

1. Based on the initial consultations, contribute to the preparation of an inception report and detailed work plan for the overall study, including the design of the proposed detailed study contents and methodology for Component (iv). The plan should be tailored to the specific study locations and should be sent to the SCOH2 project and UNDP for review. Once finalized, it will be sent to the two provinces well in advance of the field work.
2. Lead the collection and desk review of related information and studies for Component (iv) of the study, including meetings and follow up with related national and international organizations, projects and programme in Ha Noi to collect information, documents and available secondary data.
3. Prepare the interview and survey tools and questionnaires for the collection of primary data for Component (iv) of the study that are not available from existing secondary sources, and supervise the testing of these tools. Revise the tools based on test results and comments from the SCOH2 project and UNDP.
4. Carry out the Component (iv) study activities in the field, which are expected to include:
   1. Structured interviews and questionnaires with relevant officials at the provincial, district and commune levels (selected districts and communes).
   2. Structured interviews and questionnaires with relevant representatives of the private sector at the provincial, district and commune levels (selected districts and communes).
   3. Structured interviews and questionnaires with relevant representatives of mass organizations, associations and civil society organizations at the provincial, district and commune levels (selected districts and communes).
   4. Structured interviews, focus group discussions and observation checklists with selected community leaders and households in the selected communes, including households selected to reflect the disaggregation of data by gender, livelihoods, ethnicity, economic status, and/or other relevant factors.
   5. Collection and review of relevant reports, policies, laws, regulations and other documents at all levels.
5. Collate and analyse the qualitative and quantitative data collected during the desk review and field work, prepare Component (iv) of the draft report, and contribute recommendations to Component (v) of the draft report.
6. Present the draft study findings on Component (iv) to a workshop of key stakeholders. This workshop will be organized by the SCOH2 project, either in Ha Noi or the study province.
7. Taking into account feedback from the Project and related stakeholders both directly and at the workshop, prepare the Component (iv) section of the full draft report and provide revised recommendations to Component (v).
8. Taking into account feedback from the Project and related stakeholders, finalise the Component (iv) section of the final report.

**4) Duration of assignment, duty station and expected places of travel**

The duration of the assignment is from January 2019 to 15 May 2019.

This service is home-based, with some presence in Ha Noi and site visits to Dong Thap and Lang Son provinces required.

The bidder must include health insurance and travel costs including travel to the field locations in their financial proposal.

**5) Final Products**

The Contractor is responsible for the following outputs, to be delivered in English:

* Contributions to an inception report detailing the approach, methodology and work-plan in implementing the study.
* Survey and interview questions, checklists and other tools for implementing the field research for Component (iv) of the study.
* The Component (iv) section of the overall report, with recommendations for Component (v) based on the study findings.
* Excel spreadsheets containing data and analysis of the results from the field work.
* Relevant supporting documents for the study, including copies of presentations, written notes and comments of consultation meetings and consultations with the project and the consultation workshop, and meetings with study stakeholders; photos taken and data collected during the site visits.
* List of references, outlining information collected and analysed during the desk review and field work.
* A list of people interviewed for the study.

**6) Tentative Implementation Plan:**

The Contractor will be expected to undertake the following tasks and deliver the required outputs (in English) as specified. Below is the suggested timeline for key outputs.

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| **Task Assigned/Output** | **Deadline** |
| 1. Inputs into the inception report and detailed work plan for the study, focused on the design of the proposed detailed study contents and methodology for Component (iv) and integration of this component within the overall study methodology. | 01 March 2019 |
| 1. Collection and desk review of related information and studies for Component (iv) | 15 March 2019 |
| 1. Prepare, test and finalize the interview and survey tools and questionnaires for Component (iv) | 20 March 2019 |
| 1. Complete the field study activities for Component (iv) | 29 March 2019 |
| 1. Collate and analyse the qualitative and quantitative data | 10 April 2019 |
| 1. Presentation of draft study findings for Component (iv) | 15 April 2019 |
| 1. Prepare the full draft report for Component (iv) and recommendations for Component (v) | 19 April 2019 |
| 1. A final report for Component (iv) and recommendations for Component (v) | 26 April 2019 |
| 1. Final revisions and clearance of the Component (iv) section of the final report | 02 May 2019 |

**7) Provision of monitoring and progress control**

* The Contractor will work closely with and taking the guidance of the SCOH2 PMU (OHP Secretariat), including overall reporting to the NPD and day-to-day reporting to the Secretariat Manager.
* The contracted Contractor will respond timely (within 24 hours, preferably) to technical requirements and other communications from the NPD and the Secretariat Manager.
* The Contractor will work closely with the Team Leader and other consultants mobilised by the SCOH2 project for this study to coordinate activities, share and apply findings between components, and contribute to common sections of the report.
* The deliverables shall be submitted to the SCOH2 PMU (OHP Secretariat) for review and approval. All deliverables are subject to technical clearance and approval from the NPD, the International Partnership Advisor, and the UNDP Programme Officer for the SCOH2 project.

**8) Qualification and work experience**

The Contractor should have the following qualifications and work experience:

* An advanced degree in a relevant field.
* At least 8 years of relevant experience in conducting field studies in relevant areas, including experience coordinating teams of researchers.
* Excellent critical analysis and report writing skills.
* Flexibility to operate in various cultural settings and with a variety of stakeholders.
* Excellent team work and collaboration skills.
* Fluency in spoken and written English.

**9) Quality review and payment terms**

Payments are based upon output, i.e. upon delivery of the services specified in the TOR. The Contractor shall receive payment in instalments from UNDP as follows:

* First payment of 10% of the contract value will be paid upon submission and acceptance of the inception report and list of recommended study locations;
* Second payment of 20% of the contract value will be paid upon submission and acceptance of the study tools (survey and interview questionnaires);
* Third payment of 40% of the contract value will be paid upon submission and acceptance of the preliminary findings and the draft report;
* Last payment of 30% will be paid upon submission and approval of all products under the contract.

**10) Administrative support and reference documents**

Administrative support will be provided by the OHP Secretariat in its capacity as the PMU for the SCOH2 Project. Copies of relevant documents and reports will be made available to the Contractor upon commencement of the assignment. The PMU will facilitate logistical arrangements for meetings with key stakeholders in Ha Noi, and for the arrangement of the workshop to present the preliminary study findings. The PMU will support the provision of official letters to key stakeholders at the provincial level to request their agreement and support to the study and the visits to the field locations.

**11) Assigned Consultants presence required on duty station**

[ ] NONE [ ] PARTIAL [X] INTERMITTENT [ ] FULL-TIME

1. Ministry of Health (MOH) and the Ministry of Agriculture and Rural Development (MARD) Inter-Ministerial Circular No. 16/2013/TTLT-BYT-BNN&PTNT; Viet Nam One Health Strategic Plan (OHSP), 2016-2020. [↑](#footnote-ref-1)
2. Potential disease drivers of disease may relate to and interact with each other. [↑](#footnote-ref-2)