
Terms of Reference

Evaluation of WorkerHealth behaviour change communication (BCC) campaign

Background

The garment industry in Cambodia is responsible for more than 80 per cent of national exports. It is also an important sector for reproductive health and family planning given that a quarter of all Cambodian women between the ages of 18 and 29 works in the garment factories (GFs). Of these women, it has been reported that 80 per cent are not using a modern method of Family Planning, and the same number again is also under the age of 30.

The WorkerHealth project aims to improve the health of garment factory (GF) workers in Cambodia with a specific focus on improving access to voluntary family planning (FP) and sexual and reproductive health (SRH) services. It is a USAID-supported initiative implemented by Marie Stopes International Cambodia and the Population Council and its partner, the Meridian Group under The Evidence Project.

Alongside research and policy components, the WorkerHealth project delivers high-quality voluntary family planning and reproductive health for garment factory workers through innovative approaches as follows:

- Behaviour change communication strategy delivered through tailored Call to Action messages
- Deployment of WorkerHealth 'Champions'
- Strengthening the garment factory infirmary to link workers with information and services
- Employment of a GIS equipped client referral system and app
- Establishment of a network of Quality Assured voluntary family planning service providers

A core element of the project is implementation of the WorkerHealth behaviour change communication (BCC) strategy with the aim of increasing GF worker knowledge and awareness of FP and SRH and ensuring they can access safe, voluntary FP services through a quality assured network of private providers close to their work and within their communities.

Marie Stopes implemented the BCC campaign for about 2 years using various communication channels and innovative approaches to reach and engage with factory workers. See detailed BCC strategy in Appendix 1.

Marie Stopes is looking to engage an agency, organization or individuals to evaluate, document and provide recommendations on the BCC campaign conducted for garment factory workers. The study will look at the overall BCC campaign including other key factors that influence the awareness, interest and uptake of voluntary FP services.

Purpose and Objectives

As the project draws to a close, Marie Stopes aims to conduct a study that will determine the overall effectivity and impact of the BCC campaign. This will help us provide evidence of what worked and did not work when engaging with garment factory workers to increase awareness, interest and uptake of voluntary FP services. The study will also document the process and implementation of the BCC campaign.

General objective

Evaluate the overall effectiveness of the WorkerHealth BCC campaign towards the behaviours, attitudes and knowledge of workers FP and SRH

Specific objectives

1. Identify the most effective and efficient communication channels used to reach and engage workers, and change behaviour/s

2. Determine how the BCC campaign influenced the garment factory workers' interest and uptake of voluntary FP and SRH services
3. Measure garment factory worker's understanding of the key messages of the campaign
4. Identify what behaviour/s have changed during and/or after the campaign
5. Provide key recommendations and develop effective BCC framework for future engagement and interventions with garment factory workers

Scope of work

The selected agency will be responsible for the following tasks:

1. Develop research design / study protocol to achieve the objectives of the evaluation
2. Conduct data collection, data entry, data analysis and cleaning
3. Work closely with WorkerHealth team, RME Manager, Head of Integrated Marketing and other relevant individuals who are involved with the program
4. Present findings, significant observations and recommendations
5. Submit evaluation report both on Word format and PPT format – used in the presentation

Target audience/s

Primary target audience

Female garment factory workers working in WorkerHealth partnered factory

Secondary target audience

- Male garment factory workers
- Garment factory infirmary providers
- WorkerHealth partnered private providers
- Garment factory HR personnel

Timeline

The evaluation will be conducted from December 2017. Final submission of report will be on February 2018.

Agency requirements for submission

Company credentials	Including experience working with sexual and reproductive health topics and NGOs, quantitative and qualitative research abilities, relevant experience on BCC evaluation will be an asset
Research design, methodology, proposed sampling frame and work plan	Detailed plan on how to achieve the objectives
Timeframe	Timings for conducting the survey
Overview of the team	Who would work on the research project and their experience
Proposed budget	Provide cost breakdown for each activity

Submission Requirements:

- Include all proposal documentation in a sealed envelope marked – WorkerHealth BCC Evaluation. Technical work and financial budget shall be on a separate envelope with appropriate labels.
- Deliver proposal documentation in a sealed envelope to MSIC offices no later than 3.00pm on November 20, 2017.

Requirements

- An agency, firm or group of consultants with experience on research, surveys, evaluation and consumer insight studies of no less than five (5) years
- Strong network of qualified and professional researchers, ability to get valid, reliable and insightful information
- Experience in BCC evaluation is preferred
- Excellent written Khmer and English verbal skills and strong interpersonal skills

Your values

- Be understanding of sexual reproductive health services
- Provide professional customer service, regardless of the account size
- Ability to meet deadlines no matter how short
- Ability to manage and work with various stakeholders
- Strong commitment to producing an excellent product

Evaluation criteria

- Proposed methodology and work plan
- Key personnel's experiences and ability
- Budget – value for money

Contact information

For more details regarding the TOR, please contact:

Camille Tijamo

Head of Integrated Marketing

camille.tijamo@mariestopes.org.kh

095 984 169

APPENDIX I

This the BCC strategy developed for WorkerHealth. The agency shall refer to this strategy evaluating the campaign.

WorkerHealth Behaviour communication change (BCC) strategy

Overall objective

Increase awareness among garment factory workers (GFW) on reproductive health including voluntary family planning counseling and services

Approach

Through call-to-action (CTA) strategy using various complimentary channels available and evident among GFWs.

Strategy

- Using simple and easy to understand key messages with imaging that's straightforward and generic that will inspire interest on FP
- Repeated, noticeable and evident key messages will be disseminated inside and outside GF using complimentary channels found in their immediate environment to gain a place in their consciousness.
- Messages will be part of their daily work routine and will not require them to get away from their work.
- Messages are relevant to the segment's needs and aspirations
- Clear and simple instructions that will all direct them either to call Hotline, visit infirmary provider, visit nearest private provider or approach WorkerHealth Champions

Target audience and client segments

Aspiring pre-children	<ul style="list-style-type: none"> • She wants to work before having kids • open to life beyond the family and displays behavior which supports this goal • thinks that she will have a better life if she will have fewer children
Deferential pre-children	<ul style="list-style-type: none"> • Feels it is not her decision, and is fearful of its effects and being judged • value is tied to having children, family planning is poorly understood and valued • strongly ties self-value with becoming a future mother and taking care of the family • lacks knowledge about STI and how to delay pregnancy, and finds it difficult to understand what is the right contraception for her
Aspiring mother	<ul style="list-style-type: none"> • Needs to be informed and reassured about full range of methods • open to life beyond the family but needs help achieving it • strong belief in education and having a good career and therefore delaying having children • having a smaller family means better life • her husband respects her point of view and takes care of her health and emotions
Passive mother	<ul style="list-style-type: none"> • Feels it's not her decision, her role is to care for family • family-focused, uninformed, uninvolved and under-valued by the husband

	<ul style="list-style-type: none"> • feels there are more important things to spend money on than contraception • more likely to believe that her core role is to have children and take care of the home • strongly ties self-value with motherhood and taking care of family
--	---

Overarching campaign concept

Every GFW can be able to do anything or even do more because they know how to. We want them to believe that because of family planning, they can be able to achieve their plans and dreams for themselves and their families.

Campaign name: #WeCanDolt

CTA message: We can achieve our plans and dreams because of family planning.

Aspiring pre-children	Deferential pre-children	Aspiring mother	Passive mother
<p>“I was able to buy a moto for my family because of FP.”</p> <p>“I was able to do my job well because of FP.”</p> <p>“I was awarded best worker because of FP.”</p>	<p>“I can have a happy family, nice house and business because of FP.”</p> <p>“I was able to send money for my family every month because of FP.”</p>	<p>“I was able to own a beauty salon because of FP.”</p>	<p>“I was able to send my child to school because of FP.”</p> <p>“My husband and I are no longer worried about our child’s future because of FP.”</p>

Communication channels

These are the communication channels proposed in the strategy.

Print	Broadcast / Audio	Digital	Interpersonal communication
<ul style="list-style-type: none"> • Posters via LCD screens • Banner • Outdoor signage • Tuktuk ads 	<ul style="list-style-type: none"> • Voice message • WH playlist (using the GF sound system) 	<p><u>Facebook</u></p>	<ul style="list-style-type: none"> • Facebook road show • Lunchtime events (3 types) • WorkerHealth Champions • Marie Stopes Call Centre • Tuktuk parades

<ul style="list-style-type: none"> Promo materials or giveaways (sticker, lunch bags, wallet, water bottle, t-shirt, key chain) 			
<ul style="list-style-type: none"> Umbrellas for outside vendors 			

WE CAN DO IT CAMPAIGN (Tailored Call to Action message)

WorkerHealth creates a platform for garment factory worker to accomplish their personal goals through greater access to family planning information and services. Call to action messages tailored to worker needs and aspirations are communicated across complementary channels inside garment factories and within workers communities. It's a multi-media communication campaign that includes LCD screens, videos, social media, audio playlists, print materials and mobile voice messages, to help workers understand the link between planned pregnancy and goal fulfillment so they can make informed, proactive decisions about if and when to have children.

The "We can do it!" campaign was launched in 31 garment factories with predominantly female workforce of 40,000 workers. Events were conducted in the community outside of working hours. The campaign was a call to action for women who were informed about their contraceptive options to apply this knowledge, seek further information and services and achieve their life goals.

"We can do it!" is a fresh approach to communications that takes into account the needs of garment factory workers and managers while delivering fun, interactive content including:

a. WorkerHealth Champions

Volunteer workers in each factory are trained to be WorkerHealth Champions. They are a friendly, familiar face for workers to approach for basic voluntary family planning information and referrals. They personally share these messages with their co-workers. They can also refer workers to the garment factory's infirmary, health care providers like Marie Stopes clinics and Marie Stopes Call Centre for comprehensive voluntary family planning information, counseling and services.

b. Audio

A custom-made audio playlist is broadcast over garment factory sound systems during working hours with popular songs, educative messages about contraception and contests.

c. Print media

LCD screens are installed in garment factories display workers' success stories. WorkerHealth banners are also displayed in the factories and branded prizes (stickers, water bottles, lunch bags, and wallets) are given away. Posters, banners and stickers are also displayed in shops, worker residences and markets.

d. Voice messages

Out-of-hours voice messages are delivered to workers' phones via the Marie Stopes' call centre.

e. Community concerts

Community concerts are held in areas where garment workers live and socialise. Popular celebrities provide music and comedic entertainment and participants can access free, confidential contraceptive counseling during the event.

f. Tuk tuk parades

Tuk tuks with 'We can do it' banners visit communities of workers with Marie Stopes promoters who distribute prizes and informational flyers.

g. Lunchtime events

'Lunch and Laugh' educational comedy shows and 'Meal and Music' singing competitions are held in

factory cafeterias and integrate messages about contraception.

h. **Facebook**

The WorkerHealth facebook page and #wecandoit encourage online engagement by workers and include key campaign messages and updates from events.

i. **Marie Stopes call centre**

For workers who need more information before making a decision about contraception, the Marie Stopes call centre is open 7 days a week. The call centre provides confidential, non-judgemental advice and referrals for quality services.