

**Terms of Reference: Service Provider to Conduct Behavioural Research for the National Social and Behavior Change Communication (SBCC) Campaign on NCD Prevention under PHSEP**

<b>Assignment Title:</b>	<b>Consultancy to Conduct Behavioural Research for the National SBCC Campaign on NCD Prevention under PHSEP</b>
<b>Project:</b>	<b>Health Promotion Bureau, Ministry of Health</b>
<b>Report to</b>	<b>Project Director PHSEP</b>
<b>Duration of Initial Contract:</b>	<b>36 months from the date of contract signing</b>
<b>Languages Required:</b>	<b>English and Sinhala/Tamil</b>
<b>Contract Start Date:</b>	<b>February 2026</b>

## **1. BACKGROUND**

1.1 The Government of Sri Lanka is committed to achieve sustainable development goals (SDGs) by 2030. The Ministry of Health has identified the reorganizing Primary Health Care (PHC) services as one of the key interventions under SDG 3 to ‘reduce by one-third premature mortality from NCDs through prevention and treatment’ by 2030. The strengthening of PHC will also contribute to the SDG 3 target for universal health coverage ensuring that all people have access to needed promotive, preventive, curative, and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services by increasing the utilization and quality of necessary PHC services as well as ensuring the availability of essential medication.

1.2 The Government of the Democratic Socialist Republic of Sri Lanka has received financing in the amount of US\$150 million equivalent from the World Bank toward the cost of the Primary Healthcare System Enhancing Project (PHSEP), and it intends to apply part of the proceeds to payments for goods, works, non-consulting services, and consulting services to be procured under this project.

The project comprises the following components:

- Component 1: Increase availability of comprehensive PHC services at Primary Health Care Institutions (PMCI) and Medical Officer of Health offices (MOHs).

- Component 2: Strengthen the quality of clinical and person-centered care at PMCIIs
- Component 3: Strengthen health promotion, community empowerment and citizen engagement
- Component 4: Project management and monitoring and evaluation
- Component 5: Contingent Emergency Response Component (CERC)

As a multi-year intervention, the PHSEP envisage to make a multiple impact on the primary healthcare system in the country as indicated above. While improved capacity and quality of care at PMCIIs will enhance the availability of curative care service, it does not guarantee utilization of services and improvements in health outcomes. Further, the scope of PHC goes beyond what is provided by PMCIIs, including prevention, promotion, risk factor management and behavior change.

Therefore, this project has identified the need for the development and implementation of a comprehensive SBCC strategy to raise public awareness of available preventive and curative healthcare services that the public can utilize, address NCD risk factors to raise awareness and change lifestyle behaviors.

As part of the implementation, PHSEP wishes to contract a consultant to do a series of surveys which will be done prior, during and at the end of the national SBCC campaign while monitoring the reach, exposure, and behavioural outcomes of the SBCC campaign over time.

The Ministry of Health established a project Coordinating & Management Unit (PCMU) has been established to support the PHSEP. The PCMU will assist in contracting the consultant while the Health Promotion Bureau (HPB) under the MoH will provide technical support to the consultant on behalf of the PCMU.

## **2. OBJECTIVE OF THE ASSIGNMENT**

The aim of the consultancy is to do a series of surveys to understand the current knowledge, attitudes, and practices related to NCD prevention and health-seeking behaviour among the general population and further seeks to understand the key behavioural barriers, motivators, and challenges influencing NCD risk-factor reduction and the utilization of primary healthcare-based NCD services. These surveys will assist to establish a robust monitoring and evaluation framework, including baseline, midline, endline, and pulse survey mechanisms, to assess the reach, exposure, and behavioural outcomes of the SBCC campaign over

time. This activity also seeks to address this evidence gap by generating robust behavioural data required to inform the design, monitoring, and evaluation of the SBCC campaign.

### **2.1 Overall Objective**

The overall objective is to generate high-quality behavioural evidence to inform the design, implementation, monitoring, and evaluation of a national SBCC campaign for NCD prevention and improved health-seeking behaviour in Sri Lanka.

### **2.2 Specific Objectives**

1. To assess current knowledge, attitudes, and practices related to NCD prevention and health-seeking behaviour among the general population and empaneled populations of PMCIs in Sri Lanka.
2. To understand behavioural barriers, motivators, and challenges related to NCD risk-factor reduction and utilisation of PHC based NCD services.
3. To establish a robust monitoring and evaluation framework including baseline, midline, endline, and pulse survey mechanisms to assess the reach, exposure, and behavioural outcomes of the SBCC campaign over time.

### **2.3 Expected outcome of the Assignment**

- A robust national evidence base on behavioural determinants related to NCD risk-factor reduction and health-seeking behaviour.
- Actionable insights to inform the design, refinement, and targeting of SBCC interventions under PHSEP.
- Improved use of behavioural data for decision-making related to primary healthcare-based NCD prevention services.

## **3. SCOPE OF SERVICES**

The Consultant shall undertake a mixed-methods research assignment consisting of the components described below. While indicative parameters are provided, the Consultant shall propose a detailed and context-appropriate methodology in the technical proposal and inception report.

The scope of the assignment includes following components

1- Quantitative and Qualitative Component

To assess Knowledge, Attitudes, and Practices (KAP) related to NCD prevention and health-seeking behaviour among the Sri Lankan population through three main surveys, two pulse surveys, and qualitative methods (FGDs and KIIs).

2- Digital Engagement Monitoring Component

To monitor the reach, exposure, and effectiveness of digital and social media IEC materials implemented under the SBCC campaign.

3- Social Mobilization and Advocacy Monitoring Component

To track community participation, distribution of incentives, institutional adoption of healthy policies, and media coverage related to NCD prevention and advocacy activities.

**3.1. Preliminary work – reviews, surveys, field work**

Desk review of relevant national and international literature, policies, and surveys

Development of a report detailing methodology, sampling strategy, tools, timelines, and quality assurance measures

Development of quantitative and qualitative data-collection instruments in consultation with HPB's Technical Advisory Committee (TAC)

Survey Rounds (Indicative):

- Baseline survey
- Midline survey
- Endline survey
- Two pulse surveys to support rapid behavioural monitoring

The consultant shall propose appropriate sample sizes, sampling techniques, and data-collection modalities for a nationally representative sample, justified statistically and operationally, and finalized during the inception phase. Data collection shall use digital platforms with GPS tracking and built-in quality-control mechanisms.

Qualitative research should be conducted to explore behavioural drivers, cultural norms, perceived barriers, and facilitators of behaviour change related to NCD prevention and service utilization.

**Indicative thematic areas to be explored include:**

- Knowledge, attitudes, behaviour and perceptions of NCD risk factors
- Health-seeking behaviour and service utilisation at PMCIs
- Barriers and facilitators to behaviour change
- Exposure to and recall of SBCC messages
- Trust, satisfaction, and perceived quality of PHC services
- Gender, equity, and vulnerability considerations

The consultant shall propose the number, frequency, and composition of focus group discussions (FGDs) and key informant interviews (KIIs) required to ensure adequate national sectoral representation (urban, rural, estate) and thematic saturation.

- Development of discussion guides and interview protocols
- Recruitment of participants and obtaining informed consent
- Conducting FGDs and KIIs
- Transcription, translation (where required), and thematic analysis

The methodology shall ensure adequate representation of women, youth, elderly, persons with disabilities, ethnic minorities, estate sector populations, and geographically vulnerable areas, in line with World Bank equity and inclusion principles.

## **Ethical considerations**

It is the responsibility of the consultant to obtain ethics clearance from a recognized ethics review committee and should include in their inception report the steps they will take to ensure that the concerns of research ethics have been addressed. In cases where individuals are to be interviewed, informed consent shall be obtained from these individuals for the purpose.

### **3.2. Preparation of reports/documents**

The consultant shall develop a set of agreed indicators with corresponding baselines, disaggregation variables, and metadata definitions to support longitudinal monitoring of SBCC outcomes across baseline, midline, endline, and pulse surveys.

Key deliverables include, but are not limited to:

- Inception report
- Baseline, midline, and endline survey reports
- Pulse survey reports
- Monthly digital-engagement analytics reports
- Final evaluation report with complete datasets

All reports shall be submitted in English, in electronic and hard-copy formats as specified in the contract.

### **3.3. Dissemination workshops/presentations**

One dissemination workshop needs to be planned. The Consultant shall present preliminary findings and a draft narrative report to the HPB and relevant stakeholders for technical review and validation prior to finalization of reports.

### **3.4. Training/knowledge transfer**

The contents of the reports may include, but not limited to, the followings ,

1. Executive Summary
2. Background of the survey
3. Methodology

4. Limitations
5. Findings
6. Lessons learned/Recommendations (including but not limited to recommendations for endline survey)
7. Conclusion.
8. Annexures: questionnaires, details disaggregation of data, meta data sheets etc.

All data, reports, databases, analytical outputs, and materials produced under this assignment shall be the exclusive property of the HPB. No publication, dissemination, or secondary use of data or findings shall be permitted without prior written approval from the HPB.

#### 4. DURATION OF THE ASSIGNMENT

The duration of the assignment is 36 months from the date of contract signing.

#### 5. SCHEDULE FOR COMPLETION OF TASKS (only if milestone completion is expected)

Activity chart/duration of each stage/phase

<b>Deliverable</b>	<b>Timeline</b>
Inception report (a document that outlines the plan for a project)	Month 1
Baseline survey and report	Month 2
Annual integration report-1 (social media + surveys)	Month 12
Pulse survey and report -1	Month 12
Midline survey and report	Month 18
Annual integration report-2 (social media + surveys)	Month 24
Pulse survey and report -2	Month 24
Annual integration report-4 (social media + surveys)	Month 36
Endline evaluation and Final report	Month 36
Monthly digital /social media analytics reports	1st week of each month

<b>Deliverable</b>	<b>Timeline</b>
Quarterly sentiment analysis summaries	2 weeks post-quarter/every four months
Quarterly FGDs and KIIs reports	2 weeks post-quarter/ every four months

The consultant shall develop a set of agreed indicators with corresponding baselines, disaggregation variables, and metadata definitions to support longitudinal monitoring of SBCC outcomes.

**6. DATA, SERVICES AND FACILITIES WILL BE PROVIDED BY THE HPB.**

**6.1. Reports, information access**

The HPB will provide access to the following, as required for effective implementation of the assignment:

- Relevant national policies, strategies, and guidelines related to Non-Communicable Disease (NCD) prevention, Social and Behaviour Change Communication (SBCC), and Primary Health Care reforms.
- Guidance and technical inputs through the Technical Advisory Committee (TAC) of the HPB at key stages of the research process.
- Feedback and formal acceptance on submitted deliverables in accordance with the agreed reporting schedule.

**6.2. Office facilities, transport, recurrent costs**

- The HPB will not provide office facilities, transport, or recurrent operational costs to the Consultant.

- The consultant shall be fully responsible for:
  - Office space, utilities, communication facilities, and equipment required for the assignment.
  - All local travel, transport, accommodation, and subsistence costs related to fieldwork, meetings, and workshops.
  - All recurrent and operational costs, including logistics for surveys, FGDs, KIIs, enumerator training, and stakeholder consultations.
  - All such costs shall be included in the Consultant's financial proposal under the lump-sum contract.

### **6.3. Support staff**

- The HPB will not provide support staff for the execution of the assignment.
- The consultant shall be fully responsible for recruiting, managing, and financing all professional, technical, and support staff required for data collection, analysis, reporting, quality assurance, and project management, as specified in the TOR.

## **7. CLIENT'S INPUT AND COUNTERPART PERSONNEL**

### **7.1. Services, facilities and property to be made available to the consultant by the client (HPB)**

The HPB will make available the following non-financial inputs:

- Institutional facilitation and coordination with relevant divisions of the Ministry of Health and other preventive health institutions, as required.
- Facilitation of ethical clearance processes through the Director, Health HPB Promotion Bureau, with technical assistance from the Consultant.
- Convening and participation in consultative and review workshops, including meetings related to:
  - Finalization of research methodology and tools
  - Review of preliminary findings
  - Validation of reports and dissemination of results

- Access to the Technical Advisory Committee (TAC) of the HPB for technical guidance and clarification when requested.

No physical assets, equipment, or permanent facilities will be provided by the HPB.

**7.2. Professional and support counterpart personnel to be assigned by the HPB to the Consultant's team:**

The HPB will assign the following counterpart personnel for coordination and technical oversight purposes only:

Technical Advisory Committee (TAC), HPB

- Comprising Consultant Community Physicians of the HPB, appointed by the Director General of Health Services, to provide technical guidance, review key outputs, and support alignment with national priorities.

Coordinator from HPB

- Appointed by the HPB to serve as the focal point for technical coordination and liaison between the Consultant, HPB, and the Ministry of Health.

These counterpart personnel will not be responsible for operational implementation, data collection, analysis, or report writing, which remain the sole responsibility of the Consultant.

**8. REPORTING REQUIREMENT & TIME SCHEDULE FOR DELIVERABLES (i.e., REPORTS, DRAWINGS, etc.) THAT WILL BE REQUIRED OF THE CONSULTANT (for Lump Sum contracts payments need to be linked to the outputs)**

**8.1. Format, frequency, and contents of reports;**

All the databases with complete data on quantitative components entered data components in formats compatible with used statistical software (SPSS, R) and MS Excel format.

All qualitative data should be handed over in the form of video audio.

Note: The research consultant is neither entitled to the report's authorship nor publication of the report. The publication would solely belong to the HPB.

**8.2. Number of copies, and requirements to electronic submission (or on CD ROM).**

Final reports shall be delivered in CD ROM in addition to the specified number of hard copies.

**8.3. Dates of submission; -----**

**8.4. Persons (indicate names, titles, submission address) to receive them; etc.**

- Submit quarterly reports/dashboards to the HPB, Ministry of Health.
- Present findings to stakeholders quarterly.
- A technical committee at the ministry level, including DG and DDG PHS II.

**9. PROCEDURE FOR REVIEW OF DELIVERABLES**

All deliverables submitted by the Consultant shall be reviewed by the HPB, Ministry of Health, with technical input from the Technical Advisory Committee (TAC). The Consultant shall revise deliverables based on consolidated feedback, and deliverables shall be considered final and eligible for payment only upon formal written acceptance by HPB.

**10. TEAM COMPOSITION & QUALIFICATION REQUIREMENTS FOR THE KEY EXPERTS WHOSE CV AND EXPERIENCE WOULD BE EVALUATED. ( should be same as in Clause 3.3 (iv) of Data Sheet of RFP, Information to Consultants.)**

**Expected Characteristics and Organizational Qualifications**

The consultant shall be legally registered with a minimum of five (05) years of relevant experience in conducting public health and SBCC-related research. The consultant must demonstrate proven capacity to manage multidisciplinary research teams and deliver complex assignments using quantitative and qualitative methodologies. The consultant shall have recent experience in similar assignments completed within the last five years, supported by the HPB references and contract details. The consultant must also demonstrate financial stability through submission of audited financial statements for the past three (03) years and commit to working under the technical guidance of the HPB's Technical Advisory Committee throughout the assignment.

**Key Team Positions and Minimum Qualifications**

**Team Leader**

The Team Leader shall hold a postgraduate degree in a relevant field, have at least eight (08) years of experience leading research studies, demonstrate strong expertise in quantitative and qualitative research

methods and NCD-related behavioural research, and be fluent in English and at least one local language. Prior experience with development partners is an added advantage.

### **Research Coordinator**

Bachelor's degree in a relevant field with a minimum of five (05) years of experience coordinating research studies or surveys, including field operations and data collection. Fluency in English and at least one local language (Sinhala or Tamil) is required.

### **Researchers (Quantitative / Qualitative and behavioral insight)**

Bachelor's degree in a relevant discipline with at least two (02) years of experience in research implementation, data collection, and analysis. Knowledge of public health and behavioural science is desirable, and experience in digital or social media data analysis is an added advantage.

## **11. PAYMENT SCHEDULE (Only for Lump Sum contracts) Should be in line with Deliverables.**

This assignment will be contracted on a Lump-Sum basis, with payments linked to deliverables as outlined in Section 4 (Deliverables).

### **a. Major Deliverables**

#### **Deliverable**

Submission and acceptance of **Inception Report**

Successful completion of **Baseline Survey and Baseline Report**

Successful completion of **Midline Survey and Midline Report**

Successful completion of **Pulse Survey 1 (Year 1)**

Successful completion of **Pulse Survey 2 (Year 3)**

Successful completion of **Annual Integration Report – 1**

Successful completion of **Annual Integration Report – 2**

Successful completion of **Annual Integration Report – 3**

**b. Continuous / Periodic Deliverables**

**Deliverable**

Quarterly FGD + KII Reports (Years 1–3: 12 reports)

Quarterly Sentiment Analysis Summaries (Years 1–3: 12 summaries)

Monthly Social Media Monitoring Reports (Months 1–36: 36 reports)

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**c. Final Deliverable**

**Deliverable**

Successful completion and acceptance of **Endline Evaluation and Final Report**, including full dataset handover

