

**ASIAN DEVELOPMENT BANK**

**TAR:OTH 34189**

**TECHNICAL ASSISTANCE  
(Financed from the Japan Special Fund)**

**FOR THE**

**ROLL BACK MALARIA INITIATIVE**

**IN THE GREATER MEKONG SUBREGION**

**December 2000**

## ABBREVIATIONS

ACTMalaria	–	Asian Collaborative Training Network for Malaria
ADB	–	Asian Development Bank
GMS	–	Greater Mekong Subregion
IEC	–	information, education and communication
Lao PDR	–	Lao People's Democratic Republic
NGO	–	nongovernment organization
RBM Initiative	–	Roll Back Malaria Initiative
TA	–	technical assistance
UNICEF	–	United Nations Children's Fund
WHO	–	World Health Organization

## NOTE

In this report, "\$" refers to US dollars.

## I. INTRODUCTION

1. The Asian Development Bank (ADB) has been actively promoting economic cooperation in the Greater Mekong Subregion (GMS), which consists of Cambodia, Lao People's Democratic Republic (Lao PDR), Myanmar, Thailand, Viet Nam, and Yunnan Province of the People's Republic of China since 1992. The Third Ministerial Conference under the GMS initiative held in Hanoi in April 1994 identified malaria as a priority concern. The GMS Working Group meetings on Human Resources Development recommended regional technical assistance (TA) to support the Roll Back Malaria (RBM) Initiative<sup>1</sup> in the subregion through a coordinated approach to malaria control. Accordingly the TA<sup>2</sup> seeks to assist the six GMS governments in their efforts to control malaria. The ADB Fact-Finding Mission attended the meeting on the joint United Nations Children's Fund (UNICEF)/World Health Organization (WHO) RBM Initiative in the GMS organized by WHO in Bali, Indonesia from 4 to 5 May 2000 and discussed the TA framework with the participating countries, UNICEF, WHO, and international RBM partners. The TA framework is presented in Appendix 1.

## II. BACKGROUND AND RATIONALE

2. Malaria is the world's most important tropical parasitic disease; it kills more people than any other communicable disease except tuberculosis. Globally, malaria affects about 400 million people annually. In the GMS, about 35 million people or 15 percent of the GMS population live in endemic malaria areas with inadequate vector control and are at high risk of malaria infection. According to WHO estimates, about 400,000 people suffer from clinical malaria each year, with over 20,000 deaths. While overall malaria incidence has declined due to extensive control measures, the distribution of malaria is very uneven, with pockets of very high incidence among poor and isolated communities. These are mostly ethnic minorities and resettled people living in hilly border regions with poor infrastructure. They are particularly vulnerable to malaria epidemics, and their mobility often facilitates the spread of the disease. Morbidity and mortality are particularly high among pregnant women, small children, and sick persons lacking immunity. Malaria during pregnancy causes severe anemia and low birth weight, and contributes to maternal deaths in endemic areas. Malaria is also a major cause of under-five child mortality and school absenteeism.

3. In addition to human suffering, neglecting residual pockets of malaria where people are not treated properly carries the risk of escalating the spread of multidrug-resistant malaria. Malaria also constrains overall economic development causing immense losses of human capital, resulting in potential social implications. At the household level, malaria exacerbates poverty and social inequality, increasing vulnerability and malaria burden. In endemic areas, malaria cases occupy about 30 percent of hospital beds with an average 10-day stay. In agricultural areas, malaria severely affects productivity. Research shows that malaria-affected families clear only about 40 percent<sup>3</sup> of their land compared with healthy families. Children affected with malaria often miss or drop out of school, and the disease can leave the child learning-impaired. Thus, effective malaria control would significantly increase economic productivity, education, and income of poor families, and enhance development capacity. Therefore, breaking the vicious circle is essential for improving quality of life, supporting human development, reducing poverty, and accelerating growth and development.

4. Prevention is the best protection from malaria. It includes individual protection such as the use of insecticide-treated bednets, mosquito repellants, and drug prophylaxis for pregnant women and infants; and community measures such as the control of mosquito breeding sites, insecticide spraying, and drainage. However, the poor and ethnic minorities living in remote areas lack the information and

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<sup>1</sup> RBM Initiative – was initiated in 1999 by the six Mekong countries, Australian Agency for International Development, Department for International Development, European Community, United Nations Children Fund, United Nations Development Programme, United States Agency for International Development, World Bank, World Health Organization, NGOs and research organizations as part of the global RBM mobilization to combat malaria.

<sup>2</sup> For \$600,000, approved by Regional TA Screening Committee on 7 March 2000.

<sup>3</sup> WHO. 1998. Malaria, Fact Sheet No. 94, p. 3.

knowledge to protect themselves against malaria. The knowledge and application of preventive measures is low. According to an ADB household survey in the Lao PDR, only 14 percent of the population use bednets. Community organizations are often not active in applying vector control measures. The key to disease management is early detection, and prompt and appropriate treatment. Once malaria occurs, the symptoms will usually be recognized but people are reluctant to seek help in health facilities, which are often far away from the village and may lack drugs. In addition, travel to these facilities involves substantial travel and opportunity costs. The uneducated often underestimate the risk of malaria and consequences for their health and productivity, and are often not knowledgeable about self-treatment. Effective information, education, and communication (IEC) campaigns are necessary to promote understanding of malaria transmission and motivate community- and family-based activities for malaria control and prevention.

5. Within the Mekong RBM Initiative,<sup>4</sup> WHO and UNICEF have defined a joint project. The goals of the Mekong RBM Initiative<sup>5</sup> are to (i) reduce malaria mortality in the GMS by 50 percent by 2010 relative to 1998; and (ii) halt the progression of multidrug resistance. The Mekong RBM Initiative focuses on major issues causing a high disease burden among the poor and vulnerable populations living in remote and isolated areas, ethnic minority groups, and migrant workers. These issues include lack of information, unavailability of preventive measures, lack of basic treatment, and misuse of antimalarial drugs leading to multidrug resistance. Reasons why these services are lacking in the concerned high-risk populations are well known, and include geographic conditions, cultural and linguistic constraints, human resource imbalances, lack of political commitment, and managerial and financial constraints. In addition, coordination of institutions and countries to address common problems has been notoriously weak.

6. The UNICEF/WHO joint RBM Initiative aims to address these issues through intensive, well-targeted disease management and prevention activities, including special vector control efforts, the popularization of bednets in particular for children, surveillance and drug resistance monitoring, and better case management. WHO and UNICEF plan to support coordinated action from all stakeholders, in recognition of the need for mobilizing greater support. This entails a sector-wide approach to control malaria based on generating political commitment; strengthening partnership; developing national programs; and coordinating activities at regional, country, and district levels. The RBM initiative is establishing functioning partnerships with a range of organizations at regional, country, and institutional levels to develop a sustained capacity to address malaria and other vector-borne diseases. WHO's main role is to provide strategic direction and catalyze actions. UNICEF plays a key role by providing support to malaria control efforts of the governments and nongovernment organizations (NGOs). Other external agencies are involved in surveillance, vector control, service delivery, and training. ADB has been asked to support the community-based IEC activities, social mobilization, and advocacy. The results of two ongoing ADB studies will be used to develop more appropriate means of meeting the needs of disadvantaged people.<sup>6</sup>

7. A key aim of the RBM Initiative is to develop effective IEC materials designed to meet the needs of various populations for information about ways to prevent the spread of malaria and about proper treatment. The RBM Initiative also aims to mobilize support for IEC among the poor and ethnic minorities; in particular those living in isolated and border areas. Regional collaboration will be beneficial for developing effective IEC materials in the local language and recognizing local cultural beliefs and practices. Because of the diversity of languages and ethnic groups, regional collaboration in each of these areas would be beneficial as ethnic groups sharing the same language and beliefs often live in two to four countries. Regional collaboration will also benefit national malaria control

<sup>4</sup> Statement by the Director General WHO in her speech at the fiftieth session of the WHO Regional Committee for the Western Pacific, Macao, 17 September 1999.

<sup>5</sup> Comprising IEC and advocacy, insecticide treated bednets, diagnostic testing and antimalarial drugs, capacity building, networking and training, management and coordination, and surveillance, evaluation and research.

<sup>6</sup> TA 5794-REG: *Study of Health and Education Needs of Ethnic Minorities in the GMS*, for \$800,000, approved on 30 June 1998 and TA 5881-REG: *HIV/AIDS among Mobile Populations in the Greater Mekong Subregion*, for \$800,000, approved on 16 December 1999.

programs, which are not adequately organized and equipped to combat malaria among the isolated poor and ethnic minorities. Regional collaboration will provide an opportunity for GMS governments and other stakeholders to compare IEC programs and learn from each other's experiences. Regional collaboration will raise awareness about the malaria problem and spur national malaria control efforts in the GMS. Reaching ethnic minority groups and mobile migrants at remote, often transborder areas poses particular problems that can only be addressed regionally. Regional collaboration will facilitate development of IEC and social mobilization programs. A regional approach therefore offers potential economies of scale and opportunities for comparative analysis and learning. ADB support for RBM will help meet the human development and poverty reduction goals of the Subregional Economic Cooperation Program in the GMS.

### III. THE TECHNICAL ASSISTANCE

#### A. Objectives

8. The overall objective of the TA is to improve the health status of poor and vulnerable population groups in the GMS by reducing morbidity and mortality due to malaria. The TA will support the joint UNICEF/WHO RBM Project in the GMS, and has three objectives: (i) to develop user-friendly IEC materials and guidelines for poor and vulnerable population groups at high risk for malaria infection; (ii) to enhance capacities of the governments in community-based activities in malaria prevention, control, and treatment; and (iii) to make national malaria control programs more responsive to the needs of the target communities, particularly poor and vulnerable population by supporting a common regional plan.

#### B. Scope

9. The TA objectives will be achieved through a coordinated and joint effort for reviewing available information, developing user-friendly IEC packages and guidelines, establishing common strategy, and optimizing existing resources to strengthen implementation of the RBM initiative. Emphasizing community-based activities, the TA will adopt a participatory approach, involving governments in the GMS, international RBM partners, NGOs, research institutions, and the target ethnic minority communities and migrants. By mobilizing community members the TA aims to improve the quality of life, particularly through poverty reduction and health care.

10. **Situational Analysis.** In the early phase, the TA team will review existing IEC materials and situational analyses on the malaria burden; transmission, and focal issues; interpersonal activities; stakeholder analysis; and ways to organize malaria prevention, control, and treatment community-based activities. Many present IEC materials are often outdated in content as well as in form. Available data and research findings, including geographic information system in the GMS countries will be used to identify the individual and community-level characteristics—dynamics, location, density, organizations of the ethnic minority groups and migrants, and the environment, including vegetation and ecology as well as their high-risk behavioral patterns. Attention will be paid to gender-based differences in risks and vulnerability. Based on the available examples on good practice, the TA team will develop community-friendly IEC packages and guidelines to support malaria prevention, control, and treatment community-based activities under the joint RBM Initiative. The IEC packages and guidelines will be developed in consultation with stakeholders including the beneficiary groups, community-based organizations, and related NGOs. The TA team will seek feedback and comments from the GMS governments, ADB, and the joint UNICEF/WHO RBM Initiative and the international RBM partners.

11. **Drafting and Field Testing of IEC Materials and Guidelines.** The draft IEC materials and guidelines will be field tested in areas with large concentrations of ethnic minority groups and migrants. The field test areas may include (i) agricultural, rubber, coffee, and fruit plantation workers; (ii) shifting farmers and gemstones miners; and (iii) loggers, security, and construction transborder migrant workers. In each of the field tests, the impact of the intervention will be measured through

surveys before and after testing. Provision of community-based services to ethnic minority groups and migrants may encounter problems such as (i) poorly organized communities, (ii) wide variety of traditional beliefs about malaria, and (iii) low literacy rates. Field tests will also provide information about the cost and required administrative capacity for using the IEC packages and guidelines. Experience from each intervention will be documented and will be finalized for the GMS countries.

12. **Common Strategy for the GMS Countries.** Based on the background research, field studies, and national malaria control programs, the TA team will develop a common strategy for community-based activities in areas with high malaria burden, particularly the minority ethnic groups and migrants. The plan will include practical and feasible activities that can be done by the governments, NGOs, and international RBM partners: (i) IEC materials and interpersonal activities translated into dialects/languages spoken by the minority groups and migrants; (ii) training workshops organized for skills building for malaria control programs at regional and country levels; management capacity will be strengthened for malaria programs to enhance integration, partner coordination, and decentralization; (iii) training of provincial health staff for improved, integrated provincial supervision of districts, and development of support networks for related fields, and execution of locally adapted malaria control plans.

13. **Dissemination, Advocacy, and Streamlining of Common Strategy.** In the final phase, the common strategy will be shared with the key policymakers and malaria control program managers to streamline with the national programs. The governments' health policies will ensure sufficient resources allocated to the RBM Initiative. The IEC packages and guidelines including advocacy messages will be shared with key government officials, NGOs, research institutions, the private sector, and the international RBM partners with the aim of establishing stronger health care delivery systems in the GMS countries. A regional and national media alliance for the RBM Initiative in the GMS is needed to publicize the problems of malaria; foster and mobilize political, financial, and technical support; encourage social mobilization; and sustain enthusiasm. Dissemination workshops will be held to improve the governments' and NGOs' capacity to organize malaria prevention and control activities for ethnic minority groups and migrants. The workshop will also equip the participants with skills that will help them refine and adapt the IEC materials and guidelines to their specific needs. In collaboration, WHO and UNICEF will support the workshops, translation, and printing of the IEC materials and guidelines into local dialects/languages. The findings of the TA will also be disseminated through the internet, including NGOs and research institutions by supporting the web site established by ACTMalaria. The experience of the TA will be shared and the regional plan for prevention of malaria among ethnic groups and migrants at transborder areas will be presented for approval at a GMS human resource development working group meeting.

14. **Social Mobilization.** The TA team will develop IEC materials and guidelines for creating in-depth awareness training of facilitators who will motivate communities in high-risk areas and establish cooperation for implementing activities of joint interest. Regular reports will be submitted to the joint UNICEF/WHO RBM Initiative monitoring team. At the community level, activities will include (i) training in prevention, control, and treatment activities; data collection; and improving preparedness during emergency and epidemics; (ii) mobilization and raising awareness of malaria prevention, control, and treatment, and involving the community in planning and implementation of malaria control programs; (iv) strengthening practices through IEC packages and guidelines, community support networks, skills building and traditional/mass media; and (vi) disseminating information on policy, standards, procurement, and distribution for impregnated bednets; and (v) monitoring and evaluating community-based activities.

### C. Cost Estimates and Financing Plan

15. The total cost of the TA is estimated at \$750,000 equivalent. This will cover the cost of international, regional, and domestic consulting services, international and domestic travel, surveys and studies, advocacy campaigns, production of IEC packages and guidelines, dissemination workshops, and monitoring and consultation. ADB will provide \$600,000 on a grant basis from the

Japan Special Fund, funded by the Government of Japan. UNICEF will contribute \$50,000 and WHO will contribute \$25,000. The participating GMS countries will contribute \$75,000 in kind in terms of personnel for the steering committee and dissemination workshops. The cost estimates are in Appendix 2.

#### **D. Implementation Arrangements**

16. ADB will be the Executing Agency for the TA with technical guidance from WHO and UNICEF. A steering committee consisting of representatives from ADB, UNICEF, WHO, the governments of the participating DMCs, and the consultants will be established to provide overall guidance for the TA. The steering committee will collaborate closely with the national coordinators for the ADB-assisted subregional economic cooperation program, other international RBM partners, and NGOs. Each participating GMS country will designate focal points, normally in the ministry of health, for the implementation of the TA. In each country, the local UNICEF and WHO offices will assist with TA implementation.

17. It is proposed that the UNICEF be directly appointed as the consultant. In the Joint UNICEF/WHO RBM in the GMS Project of which this TA will be a part, UNICEF contributes about 59 percent of the total estimated cost of \$10.2 million. UNICEF prioritizes affordable community-based malaria prevention and treatment, and integrates community-based malaria programs with maternal and child health services and other health-promoting community-based programs. UNICEF has extensive experience with IEC, community mobilization, and advocacy, and assists GMS countries in monitoring malaria problems at the community level. The TA will require 47 person-months of consulting services including three international consultants for a total of 30 person-months, with experience in health information, education, and communication and one domestic consultant (17 person-months) with experience in management information systems. The experts will be selected and engaged by UNICEF, in consultation with ADB and in accordance with ADB's *Guidelines on the Use of Consultants* and other arrangements on the engagement of consultants satisfactory to ADB. The outline terms of reference for the consultants are in Appendix 3.

18. The TA will be implemented over about 24 months, from January 2001 to December 2002. An inception meeting will be held within four weeks after recruitment of the consultants by UNICEF. During the inception meeting, a detailed action plan will be developed for the conduct of the TA. The TA team leader will prepare a draft inception report within two weeks after the inception meeting. The report will provide an action plan for TA implementation and the detailed mechanism for coordinating with focal points in the participating governments, UNICEF, WHO, international RBM partners, and NGOs. The steering committee will organize a midterm review meeting in one of the participating countries after the IEC materials and guidelines have been field tested and a draft common strategy prepared. The steering committee will provide comments on the draft common strategy for finalization. A third meeting may be held after all IEC materials are completed and the regional strategy prepared to review and evaluate the results of the TA and to formally adopt the regional strategy.

#### **IV. THE PRESIDENT'S DECISION**

19. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance, on a grant basis, in an amount not exceeding the equivalent of \$600,000 for the Roll Back Malaria Initiative in the Greater Mekong Subregion, and hereby reports such action to the Board.

### TECHNICAL ASSISTANCE FRAMEWORK

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions & Risks
<p><b>A. Goal</b> Decrease in the annual incidence of malaria cases and deaths among the poor populations</p>	Decrease in number of new malaria cases and deaths.	National malaria control programs and epidemiological profile	Remote and mobile population in the Greater Mekong Subregion (GMS) countries are at high risk
<p><b>B. Objectives</b></p> <p>1. Develop user-friendly information, education and communication (IEC) materials and guidelines</p> <p>2. Enhance capacities of the governments in community-based activities</p> <p>3. Develop national malaria control programs more responsive to the needs of target communities</p>	<p>Stakeholders and beneficiaries will develop clearer picture of malaria burden, transmission, risks, and vulnerabilities</p> <p>IEC materials and guidelines developed for community-based activities</p> <p>Strategy and measures developed by national malaria control programs</p>	<p>Evaluation report of dissemination workshops</p> <p>Feedback from policymakers, governments, and Roll Back Malaria (RBM) partners</p> <p>National control programs monthly reports and country tracking system</p> <p>Implementation of national program and budget ,and international support for RBM Initiative</p>	<p>Policymakers, agencies, and organizations agree on the importance of the RBM Initiative and attend the national and/or regional workshops</p> <p>IEC materials and guidelines useful and adaptable to changing needs over time</p> <p>Importance of providing malaria control coverage to remote ethnic minority population and migrants is accepted</p>
<p><b>C. Outputs</b></p> <p>1. <b>IEC Materials and Guidelines</b> Provide IEC materials and guidelines for community-based malaria prevention and control activities</p> <p>2. <b>Regional Approach</b> Enhance national programs by sharing common strategy for social mobilization and community-based activities</p>	<p>IEC materials and easy-to-follow guidelines for community-based activities are available and accessible</p> <p>Workshop organized for all key stakeholders</p>	<p>Feedback from governments in the GMS, nongovernment organizations (NGOs), and international RBM Initiative partners</p> <p>Workshop report and feedback from the UNICEF/WHO RBM Project in the GMS</p>	<p>Continued support for development of IEC materials and guidelines under the joint United Nations Children's Fund (UNICEF)/World Health Organization (WHO) RBM Initiative</p> <p>Strategies can be developed for ethnic communities and transborder migrant workers and coordinated with the GMS working group on Human Resources Development</p>

(Reference in text: page 1, para. 1)

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions & Risks
<p><b>D. Inputs</b></p> <p><b>1. Consultants</b> Three international consultants on IEC in Bangkok, Vientiane, and Phnom Penh, and one management information system (MIS) domestic consultant in Bangkok</p>	<p>IEC materials guidelines developed and workshops organized</p>	<p>Frequent discussions and communication supervision missions and progress reports</p>	<p>Consultants recruited, are committed, and perform well</p>
<p><b>2. Situational analyses</b></p> <p><b>3. Field Tests of IEC Materials and Guidelines</b></p> <p><b>4. Advocacy Campaign</b></p> <p><b>5. Training Workshops</b></p>	<p>Reports on current malaria situation in the GMS and IEC available</p> <p>IEC materials and guidelines translated to major local dialects/languages</p> <p>Campaign for RBM Initiative in GMS countries</p> <p>Regional and country training workshops for developing IEC plans, materials, and guidelines for the RBM Initiative</p>	<p>Reports on RBM Initiative Project in The GMS</p> <p>Supervision missions and progress reports</p> <p>Supervision missions and progress reports</p> <p>Workshop reports and feedback from governments</p>	<p>Adequate information on malaria situation in the GMS is available.</p> <p>Consultants and NGOs with field offices in the GMS countries are interested.</p> <p>Information is a transparent and honest way through flexible and functional partnerships</p> <p>Workshops have the necessary infrastructure</p>

**COST ESTIMATES AND FINANCING PLAN  
(US\$)**

Item	Total Cost
<b>A. Asian Development Bank Financing<sup>a</sup></b>	
1. Consultants	
a. Remuneration and Per Diem	
i. International Consultants (30 person-months)	348,000
ii. Domestic Consultant (17 person-months)	55,000
b. Travel	
i. International Consultants	37,000
ii. Domestic Consultant	5,000
2. Advocacy campaign, regional level	20,000
3. Workshops	35,000
4. Supplies and equipment:	10,000
a. Computers and printers	3,000
b. Audiovisual equipment (video camera, monitor, data show projector, tape recorder)	3,000
c. Printing costs (IEC materials and guidelines)	4,000
5. Contingencies	90,000
<b>Subtotal (A)</b>	<b>600,000</b>
<b>B. Government Financing</b>	
1. Office Accommodation	35,000
2. Administrative and Secretarial Support	20,000
3. Counterpart Staff	20,000
<b>Subtotal (B)</b>	<b>75,000</b>
<b>C. UNICEF/WHO Financing</b>	
1. Staff Salary for TA Administration	45,000
2. Administrative and Secretarial Support	28,000
3. Others	2,000
<b>Subtotal (C)</b>	<b>75,000</b>
<b>Total</b>	<b>750,000</b>

IEC = information, education and communication, UNICEF = United Nations Children's Fund, WHO = World Health Organization.

<sup>a</sup> Japan Special Fund

Source: Staff estimates.

(Reference in text: page 5, para. 15)

## OUTLINE TERMS OF REFERENCE OF THE CONSULTANTS

### A. International Consultants (8 person-months)

#### 1. Information, Education, and Communication (IEC) (One Senior Expert for 8 person-months)

1. The senior expert will be a public health specialist with extensive experience in planning, organizing and evaluating national and community based malaria control programs with experience in leading groups of professionals and in providing training. The expert will travel and carry out liaison with various countries in the GMS.
2. **Overall Leadership.** Stationed at the UNICEF Regional Office at Bangkok, Thailand, while the senior expert will focus on Thailand and Myanmar, will provide advice to all six participating governments in the GMS, including national malaria control programs, UNICEF, WHO and international RBM Initiative partners on IEC, social mobilization and advocacy for RBM. The senior expert will be responsible for:
  - (i) ensuring the collective work of the consulting team;
  - (ii) preparing detailed plans for the implementation of the technical assistance (TA);
  - (iii) ensuring the TA is implemented according to the terms of reference and the provisions of the consultancy contract between the ADB and the UNICEF Regional Office at Bangkok as well as for any subsequent instructions/guidance to be provided by ADB;
  - (iv) preparing in a timely manner all formal written reports including the inception report, periodic progress reports, draft final report, and final report;
  - (v) organizing meetings with UNICEF, WHO, other international RBM Initiative partners and the Steering Committee;
  - (vi) liaising with key international RBM Initiative partners, government counterparts, the national coordinators for the ADB-assisted subregional economic cooperation program, nongovernment organizations (NGOs) and community-based organizations to ensure participatory implementation of the TA; and
  - (vii) organizing and supervising all surveys, studies and dissemination workshops conducted under the TA.
3. **Situational Analysis.** With the two IEC consultants, the senior expert (TA team) will review existing IEC materials, current malaria situation in the GMS, interpersonal activities, and community-based malaria prevention, control and treatment activities, characteristics of target populations, particularly ethnic minority groups and migrants, their environment and high risks behavioral patterns.
4. **IEC Common Action Plan.** The TA team will develop a common strategy for the poor populations at high risk, in particular minority ethnic population groups and migrants in the GMS. Focusing on high malaria transmission areas, the plan will include feasible and sustainable activities that can be done by the governments, NGOs, and international RBM partners:
  - (i) IEC materials and interpersonal activities translated into dialects/languages spoken by the minority groups and migrants;
  - (ii) training workshops organized for skills building for malaria control programs at regional and country levels. Management capacity will be strengthened for malaria programs to enhance integration, coordination and decentralization; and

- (iii) training of provincial health staff for improved, integrated provincial supervision of districts, and developing support networks, and execution of locally adapted malaria control plans.

The senior expert will present the draft action plan in a regional meeting, and finalize the action plan based on comments from the participating governments and international RBM partners.

5. **Draft and Field Test IEC Packages and Guidelines.** The TA team will draft community-friendly package for malaria prevention, control and treatment activities materials and guidelines and developed in consultation with stakeholders including beneficiary groups, NGOs and community-based organizations. The TA team will seek feedback and comments from the GMS governments, the ADB and the joint UNICEF/WHO RBM Initiative and the international RBM partners. Coordinating closely with UNICEF and WHO offices in the participating countries, the TA team will support development of new IEC materials and guidelines for community-based implementation of RBM including social marketing activities.

6. **Dissemination and Training Activities.** The TA team with assistance of country teams, will develop indicators and systems for monitoring the impact of IEC activities; plan and organize country-level dissemination workshops for policy makers and program managers in the six participating countries, and prepare a report on the dissemination activities undertaken.

7. **Social Mobilization Activities.** The TA team will address target groups such as poor population groups, and will be responsible for:

- (i) summarizing lessons learned on IEC/behavior change communication from relevant projects in the region and other parts of the country;
- (ii) developing methods, relevant information and materials related to IEC tool kits and training;
- (iii) developing implementation plans;
- (iv) assisting country teams, as required during field testing; and
- (v) assisting as required, in documentation of case studies and dissemination activities.

8. **Advocacy Activities.** The TA team will in collaboration with ministries of health, international RBM partners and other sectors organize advocacy campaigns aimed mainly at regional level including development of advocacy materials that can be used in work with external donors who are not yet involved.

9. **Coordination with Country Coordinators.** The TA team will:

- (i) assist information collection about target population (minority ethnic groups), their migration patterns and other related studies from the country;
- (ii) overall responsibility for field testing draft tool kits in the country, including preparation of detailed implementation plan; preparatory work for field testing; liaison with relevant agencies; pre-test survey; actual implementation and supervision; ensuring participation of all stakeholders in the field test; submission of periodic progress reports (periodicity and format for the report will be decided in the inception workshop); and post survey;
- (iii) support consultant in organizing country level dissemination workshops.
- (iv) describe the main ethnic population characteristics based on available information, profiling each type of migrant and mobile ethnic population by age-group; language, education situation; knowledge, attitude and practices/behavior related to malaria;

assess malaria risks and vulnerabilities; and alternatively organize focus group interviews.

## **2. Information, Education, and Communication (Each Technical Adviser for 11 person-months)**

10. Under guidance of the senior expert in Bangkok, one technical adviser stationed at Vientiane, Lao People's Democratic Republic (PDR) will support the Ministries of Health and national malaria control programs for Lao PDR and Yunnan Province of People's Republic of China (PRC) and one at Phnom Penh, Cambodia will support the Ministries of Health and national malaria control programs for Cambodia and Viet Nam, WHO and other international RBM partners on IEC, and social mobilization and advocacy for the RBM Initiative in the GMS. The consultants will be communication specialists and one with background in health services. The consultants will:

- (i) provide advice to Ministry of Health, National Malaria Control Program, WHO, other RBM partners on IEC, social mobilization and advocacy for RBM
- (ii) advocacy messages and information materials on malaria control and related issues in context of the GMS countries;
- (iii) support development of educational methods and manuals, and IEC materials/tool kits and guidelines for intervention and participatory approaches.
- (iv) in cooperation with Center for Malariology, Center for Health Education, World Bank and ADB projects and other RBM partners, through planning and implementation and evaluation hands-on capacity for IEC, community mobilization, collaboration with education sector; and
- (v) Develop new materials and guidelines for IEC and community mobilization required for community-based implementation of the RBM Initiative, including social marketing activities for RBM.

## **B. Domestic Consultant (17 person-months)**

### **1. Information System Specialist (One Consultant for 17 person-months)**

11. One domestic consultant on information systems will be stationed at the UNICEF's Regional Office in Bangkok, Thailand. The consultant will:

- (i) provide informatics support for UNICEF and WHO for coordination in the RBM Initiative in the GMS;
- (ii) develop and manage information systems on inputs, implementation and evaluation of the RBM Initiative in the GMS;
- (iii) building on earlier preparatory work and available information, and incorporating any modifications required to adapt to the results of the evaluation to be conducted review and work of monitoring;
- (iv) review need for organizational framework for information systems, including responsibilities and staffing requirements, and developing necessary action plan to implement the recommendations; and
- (v) assist countries to strengthen management information systems design, to ensure that appropriate arrangements for monitoring and evaluation of IEC activities.