

Kenya Campaign: Zero Malaria – The Power of Everyone

INDEPENDENT FINAL EVALUATION

TERMS OF REFERENCE FOR CONSULTANCY SUPPORT

1: About Malaria No More UK and Zero Malaria Campaign Coalition

Malaria has been described as the oldest killer disease in history. Even now, despite recent progress, it claims the life of a child every minute. Malaria No More UK (MNMUK) has been raising support for malaria eradication since 2009 and is the only advocacy organization in the UK working exclusively to end malaria. We aim to cut malaria by 90% globally and eliminate it in 35 more countries by 2030 – saving ten million lives and averting nearly three billion cases. To realize this vision, we work in partnership with governments, influencers, businesses, and the public, inspiring them to commit funds, energy, and other resources to end deaths from malaria. We use our influencing, advocacy, and campaign capacities to leverage power worldwide, serving as a convener for the many parts of the malaria community to come together to act. Malaria No More UK brings proven global experience in advocacy and creative communications expertise to the zero-malaria fight.

In Kenya, MNMUK works as part of the Zero Malaria Campaign Coalition (ZMCC), which is a partnership of diverse stakeholders united to eradicate malaria in Kenya through sustained and strategic communication and advocacy. It is a platform for collaboration among malaria stakeholders, fostering innovative approaches to advance Kenya's zero malaria goal by 2030. By coordinating efforts and harnessing resources, the coalition amplifies the work of its partners to support the National Malaria Control Programme. ZMCC aligns with the umbrella campaign known as Zero Malaria Starts with Me (ZMSWM). This is a pan-African campaign to eliminate malaria. Launched in 2014 and endorsed by African Union leaders in 2018, the campaign's goal is to mobilize people to take action against malaria.

2: Kenya Campaign: Zero Malaria Starts With Me – The Power of EveryONE

Launched in February 2024 by the Zero Malaria Campaign Coalition (ZMCC), the Power of EveryONE campaign was a pilot campaign that ran nationally and in three high-burden counties - Kilifi, Kakamega, and Kisumu. It aimed to mobilize citizens and leaders behind the malaria fight, increase knowledge, and emphasize the power of every individual within collective action to reach the goal of zero malaria in Kenya. In the target counties, it aimed to focus people's attention on the steps they can take to keep themselves, their families, and communities safe and promote behavior change for malaria prevention and treatment.

The Campaign Approach

The campaign was developed to harness the power of mass media to deliver a national campaign across Kenya. Alongside this, we also developed an innovative social and behavior change pilot campaign, which specifically targeted audiences across three pilot counties affected by malaria. Delivered in combination, the aim was to deepen impact in the county work by bringing the national energy, focus and momentum to bear on the county pilot iterations. One of the key facets of this campaign was its inclusive and collaborative approach to creativity. It was developed by the ZMCC, under the guidance of the National Malaria Control Program in Kenya, alongside other public and private malaria partners to ensure it worked to support the broader malaria effort. It had a strong youth voice in development and was co-created in collaboration with those affected by malaria. The campaign had national and county level components.

National Level Campaign Component

This was a mass-scale awareness campaign reaching across Kenya. The national campaign sought to generate widespread awareness of, engagement in, and support to the fight against malaria more broadly. It employed mass media (i.e., radio ads, social media content/ads, billboards and display, transport media, influencers, and PR activity) to encourage a wide section of Kenyan citizens with a focus on youth to believe that malaria could be beaten and that they (and EveryONE) had a role to play in helping Kenya to reach zero malaria.

The campaign used mass-scale creative communication to create a sense of public mandate and indirectly influence society more widely.

The objectives of the national campaign were:

- To drive the belief that everyone has a role in ending malaria in Kenya.
- To engage as many Kenyan citizens as possible to support and act towards reaching zero malaria in their lifetime.
- To create an enabling environment that influences as many leaders and decision-makers as possible to raise malaria up their priorities regarding policies and funding.

County Level Campaign Component (Pilot in Kisumu, Kilifi, and Kakamega Counties)

This was a pilot component of the Kenya campaign designed to work alongside the national campaign to demonstrate how the 'priming' role of the national campaign could be harnessed to drive deeper impact in the three counties of Kisumu, Kakamega, and Kilifi. The County campaigns drew from the national campaign but were tailored with localized messaging and delivered through locally relevant platforms, voices, and formats. They were designed to support and drive behavior change towards specific attitudes and behaviors relating to malaria prevention and control drawn from the Kenya Malaria Strategy.

The objectives of the county campaign were:

- To contribute towards increased knowledge, attitudes, and practices related to malaria prevention and control within specific endemic communities.
- To contribute towards increased malaria intervention uptake within specific endemic communities.
- To develop toolkits and assets that partners can utilize to support their SBCC work in the future.

MNMUK and ZMCC are commissioning an independent external evaluation of the Kenya Campaign: Zero Malaria Starts With Me – The Power of EveryONE.

3: Evaluation Objectives

The evaluation will serve as a crucial learning and accountability process for MNMUK and ZMCC, exploring the campaign's effectiveness and results (impact/contribution) and identifying areas for improvement. It will serve as a frank and open assessment of its coalition work – engaging partners and staff alike to understand how a unified and integrated campaign can be designed and delivered. MNMUK's integrated campaign model combines politically sophisticated advocacy with disruptive creative communication,

leveraging resources, partnerships, and influential voices to maximize impact, create a multiplier effect, and continuously refine strategies for expansion into new markets and opportunities.

It is essential to highlight that the project lacks baseline data. As part of the assignment, the evaluators will design an approach to reconstruct baseline data and/or use techniques such as outcome mapping that apply in such cases.

The objectives of the evaluation are:

- A. To assess the campaign's impact on reach, awareness, attitudinal shifts, and actions, as well as specific evidence of knowledge, attitudes, and practices and change or intention to change behaviors within the pilot counties targeted with this messaging.
- B. To evaluate the campaign's contribution to the malaria advocacy and social behavior change communication space more broadly through amplifying partners' work.
- C. To assess the integrated campaign model and how the campaign was developed/co-created and rolled out with partners.
- D. To identify learning for future campaigns.

4: Evaluation Questions

The following questions will serve as the guide for the evaluation and will undergo further refinement during the inception phase:

A. Effectiveness – did the campaign achieve its objectives?

- To what extent did the campaign achieve its objectives and intended results at a national level?
- To what extent did the campaign achieve its objectives and intended results at a County level?
- What were the enablers and blockers to attaining or not attaining the objectives at a national and county level?
- Were activities implemented as planned?
- How effectively were campaigns designed and delivered?
- To what extent were the campaign activities and approaches adapted to accommodate changing contexts or emerging opportunities?
- How well did the campaign and its assets work for partners like the Kenya Malaria Youth Corps? What is the potential of the campaign in the future?

B. Relevance – did we do the right things?

- To what extent did the campaign align with the overarching goals of the Kenya Malaria Strategy?
- To what extent did the campaign meet the needs of the affected communities in the fight against malaria?
- Were the activities and outputs consistent with the objectives of the campaign and intended outcomes?

C. Efficiency – did we do what we said we would do? Did we use our resources well for the impact or outcomes? How do we know this?

- To what extent was the campaign implemented in a cost-efficient manner?
- How appropriate were the models and approaches employed to the context where we work?
- Did the results achieved reflect good value for money?
- Were the campaign objectives achieved on time and within the resources allocated? To what extent were the resources sufficient for the campaigns?

D. Impact-what change or contribution to change did the campaign make?

- What change or impact did the campaign make or contribute to?
- What was the role of the partners in this?

E. Sustainability- What long-term impact could/did the campaign make?

- To what extent are the changes/impacts from the campaign sustainable? How can such a campaign ensure lasting changes/benefits?

We anticipate the applicants to incorporate an evaluation matrix illustrating how each evaluation question will be addressed, including details on data sources, collection tools, and the analysis method.

5: Evaluation Scope

Being a pilot, the evaluation will focus on the campaign results and the effectiveness of the overall model, strategies, and approaches. The scope for data collection will be those reached directly by the pilot project. The evaluation will also incorporate perspectives from key stakeholders, including staff and partners who engaged in a project. Geographically, for the county work, the evaluation will focus on Kisumu, Kakamega, and Kilifi and the areas where the activities were implemented.

6: Evaluation Approach and Methodology

The evaluation should take a mixed methods approach (e.g., combining quantitative and qualitative tools) to allow for data triangulation and enhance accuracy. The evaluation envisages a combination of the following;

- A. **Desk review** of all relevant campaign documents such as plans, grant agreements, work plans, budgets, or other reports.
- B. **In-depth interviews** with stakeholders, including selected MNMUK staff, ZMCC partners, and supporters.
- C. **Targeted surveys** (if feasible) with relevant target groups, especially those who interacted with the campaign.
- D. **Change/Impact stories** collection.

While the outlined approach provides a suggested overarching framework, applicants are strongly encouraged to infuse innovation and creativity into their proposed methods. Given the project's context—particularly the absence of baseline data—applicants should leverage their expertise and experience to develop a tailored approach where applicable.

7: Expected Deliverables

The following deliverables are expected from the assignment.

- A. **Inception Report** outlining the proposed approach, methods, work plan, timeframe, roles, and confirmed budget for the assignment. The report will also include a draft outline for the final evaluation report.
- B. **Draft evaluation Report**
- C. **Delivery of a 1-day Learning Workshop** - The consultants will design and facilitate a highly interactive and engaging learning workshop with key stakeholders. They will present their findings and proposed recommendations, providing an opportunity for discussions and validation of the findings.
- D. **Final evaluation Report** and at least three stories demonstrating the results/impact.

8: Anticipated Evaluation Timeframe

The evaluation is expected to commence immediately after the consultants are recruited, at the end of February 2025. The table below outlines the proposed timelines;

Phase	Activity	Timeframe (weeks)
Inception	<ul style="list-style-type: none">• Kick-off meeting.• Preliminary desk review.• Scoping interviews.• Data collection tools design /drafting.• Evaluation work plan development.• Draft inception report.• Inception meeting.• Final inception report.	2
Data collection	<ul style="list-style-type: none">• In-depth desk review.• Refinement of data collection tools.• Data collection.	3
Data Analysis & Reporting	<ul style="list-style-type: none">• Data synthesis/triangulation.• Follow-up interviews, if needed.• Draft report.• Review and feedback.	3
Completion	<ul style="list-style-type: none">• Learning Workshop.• Final evaluation report & closing meeting.	1
Total		9

9: Evaluation Budget

The evaluation is budgeted at £10,000, covering all expenses and consultant fees. As this was a pilot rather than a full-scale intervention, the scope of the evaluation should be understood accordingly.

10: Evaluation Oversight

The Senior MEAL Manager at MNMUK will oversee the consultancy. An Internal Evaluation Advisory Committee, comprising the Director of Philanthropy and Programme Partnerships, the Head of Policy and Advocacy, The Chief of Staff, and the Africa Project Manager, will review and approve all deliverables associated with this consultancy. In addition to oversight, MNMUK will provide the following support to the consultants throughout the assignment:

- Availing all relevant project documents for desk review.
- Providing the names and contact information for interviews with stakeholders or interviews as well as facilitating access or introductions where needed and
- Reviewing the deliverables and providing feedback and sign offs.

11: Selection Criteria for the Preferred Consultancy Firm

We invite applications from consultancy firms or groups of consultants with demonstrated relevant experience and expertise to undertake the assignment. The general criteria for selecting the firm or group of consultants include:

- Extensive experience in undertaking similar evaluations in Africa, preferably health campaigns.
- The competencies and experience of the proposed team of consultants.
- The strength of the proposed evaluation methodologies and approaches, data collection and analysis, and production of high-quality evaluation reports.
- Organizational, analytical, and communication skills of the team (verbal and written).

12: Expressions of Interest Submission

Applicants meeting the above criteria are invited to submit a written proposal to recruitment@malariaenomore.org.uk with the subject line: "Kenya Malaria Campaign Evaluation EoI". Applications will be reviewed on a rolling basis, so please apply as soon as possible but no later than 21st February 2025. If you're interested, let us know immediately so we can share responses to questions and any additional information.

The proposal must not exceed fifteen (15) pages and must include the following:

- **Technical Proposal** detailing how the consultant(s) meet the above selection criteria; understands and interprets the purpose and objectives of the consultancy; their proposed approach and methods; the consultant's unique added-value; and a summary of past assignments of relevance.
- **Financial Proposal** detailing the breakdown of fees, including daily payment rates per consultant, number of days for each consultant, and any anticipated expenses (in GBP).
- **CVs** of all proposed team members.
- **Contact information for two references** who can attest to the firm's relevant experience and expertise.
- **Two reports** of recently completed evaluations of a similar nature and scope