



Terms of Reference to conduct a learning evaluation on the effectiveness of the Hygiene Behaviour Change (HBC) programmes in community and institutional settings.

Background

WaterAid Malawi has a long-standing track record and proven expertise in the implementation of Water Sanitation and Hygiene (WASH) projects both in the rural and urban settings of Malawi, dating back to over 15 years. WaterAid recognizes that hygienic practices have a greater impact on disease prevention than just the provision of WASH facilities. The two must therefore go hand in hand to effectively combat disease and sustain improved hygiene behaviours.

Having noted that knowledge-based, educational hygiene approaches were not producing optimal results, WaterAid adopted Behaviour-Centred Design (BCD) approaches in integrating Hygiene Behaviour Change into on-going WASH interventions. The approach involves working with communities to understand their behavioural determinants, their drivers, motives and ambitions which later inform the design of specific innovative and engaging approaches to engender sustained positive hygiene behaviour change.

To design, implement and ensure sustained behaviour change, the BCD approach has a five-step (ABCDE) approach as summarised below:

- **Assess** – determine what is known and unknown about current and desired behaviours.
- **Build** – fill in the knowledge gaps by collecting data through formative research primarily focusing on understanding behaviour into the content and its determinants including motives, barriers, power-relation, touch points etc.
- **Create** – via a creative, participatory process, and using results from the formative research, design a hygiene promotion package that includes concepts, materials, tools and activities that are attractive, surprising and engaging.
- **Deliver** – execute the intervention so the target population is sufficiently exposed (at least 4–6 times within a year) to the programme's activities.

- Evaluate, monitor and adapt – determine whether the predicted environmental, psychological and behavioural changes were achieved. Use lessons from the intervention to inform future hygiene behaviour change programme design and packages and to assess the programme effectiveness in changing the behaviours.

Notably, a continuous cycle of reflection, learning and adaptation to improve future initiatives underpins the ABCDE approach.

Over the years, WaterAid has been implementing various Hygiene Behaviour Change programme designed using Behaviour Centred Design approach (ABCDE steps) targeting communities, schools, early childhood development centres and health care facilities across the country.

WaterAid would therefore like to generate evidence through a learning evaluation research that will analyze the effectiveness of the various behaviour change programmes implemented to achieve sustained adoption of positive hygiene behaviours and recommend any further contextualization of the intervention package for greater effectiveness and impact. The study should also provide a comprehensive review of the cost effectiveness of the approach against other common hygiene promotion approaches.

Objectives:

The objectives of the learning evaluation are:

Primary Interest / objectives:

- a) Assess effectiveness of the Hygiene Behaviour Change intervention and identify behavioural barriers and enablers in promoting positive hygiene behaviours.
 - To assess the prevalent hygiene knowledge, reported and observed hygiene behaviors, and social norms among households, schools, HCFs and Early Childhood centers.
 - To evaluate whether people's exposure with previously implemented hygiene intervention at schools, households, HCFs and ECDCs changed the target populations' hygiene behaviours (i.e. handwashing with soap, food hygiene, proper use of toilet including proper disposal of child's faeces, proper waste management and use of safe water).
 - To assess the functionality status of improved access to WASH services (water, sanitation, handwashing facilities) focusing on availability of products (soap, water, cleaning materials, menstrual hygiene products) at schools, HCFs and households (observed).
- b) Assess the overall cost needed for robust hygiene intervention per target population and cost benefits analysis for the multiple hygiene interventions implemented at various settings such as at schools, HCFs, communities and ECDCs.

- c) To assess the capacity and confidence level of frontline hygiene promoters to continuously promote the intervention design by Government, WaterAid and other partners.
- d) To assess why and how the project was successful in meeting the project outcomes and or what need to improve.
- e) To assess the usefulness of the various steps of the BCD approach (ABCDE) in implemented programme.

Secondary Interest / Objectives:

- To assess the prevalence of reported diarrhea (72 hours and 2 weeks recall period) among under five children in communities and ECDCs.

Methodology:

This will be a cross-sectional study in design using both quantitative and qualitative methods. The study will be conducted in previous intervention areas. The sample population for the study will be proportionate based on the total target population in those intervention areas. The primary target population/study participants will be those exposed with the intervention in different settings.

Projects	Total Users	Sample for evaluation (subject to discussion)	Remarks
Deliver Life I	82,800	179	
Thames Loves Malawi	23,190	179	
Swedish Post Code Lottery	6645	179	
WASH for Healthy Learning	21,724	179	
Total			

Multiples tools and methods will be used for data collection as follows:

Methods	Tools	Settings	Total sample
<u>Survey</u>	<u>Close ended survey questionnaires for knowledge, reported behaviours and social norms.</u>		
<u>Structured observation</u>	<u>Structured observation checklist for behavioural outcomes</u>		

Methods	Tools	Settings	Total sample
<u>Spot Check</u>	<u>Spot-check checklist for the functionality of the WASH services, hygiene products</u>		
<u>Focus group discussion</u>	<u>FGD checklist for the how and why the programme was effective, capacity, confidence etc.</u>		
<u>Key informant interview</u>	<u>KII checklist for cost, feasibility, capacity, confidence etc.</u>		

1. Expected Outputs of the assignment

- a) An **Inception report** which should include a detailed description of methodology, work plan and data collection tools (partial draft tools will be provided) that respond to the ToRs
- b) A **Draft report** with key findings segmented for all projects (each project should have its section of results)
- c) A **Validation workshop** with selected stakeholders on the key findings in the draft report (presented through powerpoint).
- d) A **Final report** informed by the main study and feedback received from stakeholders during the validation workshop and all interactive sessions with WaterAid and electronic copies of all data sets collected as part of the exercise.

2. Time frame

The assignment is expected to be executed and completed within two months of contract signing. The consulting firm is expected to come up with a clear outline of time schedule which will be submitted as part of the inception report.

3. Essential Skills and Experience

The nature of this assignment requires expert/s that will demonstrate complementary skills and competencies in line with the scope of this work. The consulting / research firm should have a broad understanding of the scope of work and capacity to mobilise a skilled team and take full responsibility in delivering the work on time. The desired qualifications and experiences include:

- a) A consulting / research firm / academic institution which past experiences in conducting WASH / behaviour change project evaluation and or research.

- b) The lead member must have a minimum of postgraduate qualifications in social sciences research; public health (health promotion) or and behaviour change communication.
- c) At least 8 years of relevant experience in similar work including use of qualitative research methods with a good understanding of the WASH in Malawian context.
- d) Demonstrated practical experience in conducting similar assessment or work including baseline and end line research, and or evaluation
- e) Knowledge of and experience in interacting with key stakeholders in WASH and Health Sector
- f) Skills and knowledge for grading of evidence, specifically familiarity with established methods for grading of evidence.
- g) Familiarity with WASH and behaviour change; previous engagement and proven track record with WASH and HBC, participatory research methodologies and research with WASH focused NGOs

4. Application process and submission

Interested candidates will be expected to prepare and submit a technical proposal and a financial proposal by **26 September 2022** with the following details:

- **Detailed Technical 3-4 paged proposal** with clear understanding of the Terms of Reference (ToRs), with a focus on addressing the purpose and objectives of the assignment, outlining methodology of data collection tools and methods; and suggestions of key audiences for specific tools; and proposed work plan.
- **Detailed Financial 2 paged proposal with tax clearly applied as per legal requirements** (in excel) with breakdown of cost centers based on expected daily rates and operation costs in **MALAWI KWACHA** and initial work plan.
- **Profile of team members** which should include CVs and citation of the most recent similar and/or relevant assignment conducted, including contact details for references for each assignment.

The Technical and Financial Proposals should be submitted as separate documents in PDF format. Proposals should be submitted electronically by emailing to: procurementmw@wateraid.org and should bear the Name of the applicant and the title of the assignment in the subject space.

The deadline for submission of both technical and financial proposal is 26 September **2022**.

For more details about the address, please contact the office phone number: **0887 376 442/3 or 0999 96 044**.

Note:

WaterAid has zero tolerance for all forms of harassment, discrimination, abuse and bullying, especially pertaining to children and vulnerable adults. Consultant(s) will be required to commit to adhere to WaterAid's safeguarding policies & code of conduct. Consultant(s) will ensure all staff on the project sign up to safeguarding policies as required. The consultant(s) will be required to support district and community level structures in understanding and implementation of safeguarding policies.