TERMS OF REFERENCE

Hygiene Formative Research Survey for Momentum Project

1. Introduction

Amref Health Africa, in partnership with D-Tree International, Emmanuel International, Family Planning Association of Malawi, Youth Wave, Family Health Services (formerly PSI Malawi) and WaterAid (Tikweze Umoyo consortium) will implement a district-led health systems strengthening (HSS) intervention anchored on the primary health care (PHC) approach that specifically focuses on provision of essential MNCH, FP/SRH, nutrition services, WASH services, and malaria; empowering individuals and communities (including local organizations) for demand creation; community engagement, and social behavior change; and engaging multiple sectors to address social determinants of health such as WASH, nutrition, gender, education, livelihood, and policy. This is a five-year project focusing on 5 districts of Karonga, Chitipa, Kasungu, Nkhotakota and Salima.

The goal of Momentum is to contribute towards government’s efforts to reduce maternal, newborn, and child morbidity and mortality through improved access and quality of health service delivery, with particular focus on MNCH, FP/RH, nutrition, WASH, and malaria prevention and treatment, and ensuring links to HIV and tuberculosis services and COVID-19 response and prevention services as appropriate.

1.1 Specifically, the project aims

- To scale up and sustain access to and use of evidence-based, quality MNCH, FP/RH, nutrition, WASH, and malaria information, services, and interventions.

- To improve and institutionalize capacity of public and private institutions, local organizations, and providers to deliver quality MNCH/FP/RH/nutrition, WASH, and malaria services.

- To increase adaptive learning and use of evidence in MNCH/FP/RH/nutrition, WASH, and malaria programming through sustained technical leadership.
To increase cross-sectoral collaboration and innovative partnerships between MNCH/FP/RH and non-MNCH, FP/RH, nutrition, WASH, and malaria organizations.

For WASH interventions, the project will target communities in the districts of Chitipa, Kasungu and Salima. The communities in these districts will be reached out with portable water, sanitation, and hygiene. Youths, adolescents, women of childbearing age, and under five children will also benefit from the WASH interventions to be implemented by the project in the three mentioned districts.

1.2 Justification for Hygiene Formative Research
For Tikweze Umoyo to design contextually appropriate hygiene behavior change interventions, it is important to understand both adverse and positive hygiene behaviors that occur in HCFs, schools and communities; how the setting hinders or reinforces these behaviors; and limit or increase the contamination pathways through which infants, young children, women, youth, and men are exposed to pathogens and other disease vectors. To do this Tikweze UMoyo will conduct a Hygiene Formative Research that will unpack the setting, motivations, the barriers, and enablers that drive sanitation and hygiene behaviors and explore contextually appropriate strategies and approaches for targeting behavior change interventions.

2.0 Main Objective of the formative Research

There are multiple factors that influence adoption of good hygiene behaviors which are essential to secure the wellbeing benefits offered by improved water and sanitation services. WaterAid recognizes that provision of WASH infrastructure is not enough to influence adoption of good hygiene practices. Good hygiene behaviours are critical in the prevention of diseases associated with poor hygiene including sepsis and diarrhoea. For instance, simple hygiene practices during antenatal care, labour, and birth can reduce the risk of infections, sepsis, and death for infants and mothers. Additionally, poor environmental cleanliness amongst others, provides a conducive environment for breeding vectors that can increase the risk of contracting malaria. WaterAid thus seeks to understand these dynamics through a formative research which is aimed at understanding current hygiene practices in targeted HCFs, schools and communities. The formative research will also gather insights on motives, barriers, and drivers of behaviour in these contexts to inform the development of a hygiene behaviour change package aimed at promoting key WASH specific, behaviours in targeted HCFs and communities in Chitipa, Salima and Kasungu district.

The research will focus on three key work streams at HCF, school and community levels.
2.1 Specific objectives

Tikweze Umoyo would like to generate evidence through formative research to inform the design of behavior change interventions for achieving good hygienic practices in Health Facilities, schools and communities which will target health workers, clients, in targeted health facilities, schools and the surrounding communities in the districts.

Detailed Specific Objectives for the Formative Research

This formative research will address, but not necessarily limited to the following specific areas:

1. Understand specific WASH behaviour determinants (environmental motives and barriers). Specifically:

   a) Assess current institutional and household hygiene behaviours below and their determinants (physical, social, biological and psychological) in selected HCFs, schools and communities. Document differences by geography and by socio-demographic variability:

      - Handwashing with soap at critical moments that are context specific (HCF, School and Community)
      - Hygienic use of sanitation facilities including child faeces management
      - Water treatment and storage practices
      - Waste management
      - Environmental cleanliness
      - Food hygiene (food handling practices specifically covering nutrition sensitive WASH approach)
      - Child feeding practices
      - Menstrual Hygiene Management in schools

   b) Other relevant behaviours as identifying through initial mapping i.e. review of documents and previous interventions

   c) Identify the most promising motivators for change in behaviour, i.e., the aspirations and desires most likely to be effective in promoting change in WASH behaviours in different settings. (Motives for practising the different behaviours should be clearly documented)

   d) Identify cues for hygiene behaviour change in the setting.
e) Identify barriers to the prioritized hygiene behaviours in the setting.

f) Assess and document current hygiene promotion activities/interventions in the setting and lessons learnt; available corresponding hygiene messages, including institutional financing and departmental responsibilities as well as propose other possible entry points for good hygiene promotion.

g) Assess and determine various touchpoints to reach with different target populations (HCW, women, youths, clients, adolescents, husbands) through the robust hygiene behaviour change promotion initiative.

h) Identify the most appropriate means/channels of communication for hygiene promotion, to inform the design of the promotion package thus the designing for behaviour change (BCD) process.

i) Document current routine hygiene behaviour change lessons provided at the centres and propose other possible entry points for good hygiene promotion activities

j) Assess the potential public health risk from the current hygiene practices

2. Assess the extent to which hygiene promotion in HCFs, schools and communities is happening and is suited to the priorities and needs of the HCW, patients, communities, and youths they are intended to benefit, with specific reference to the experiences and opinions of the HCW, schools and communities and HCW and other influencing groups such as husbands.

3. Assess the extent to which WASH is integrated into Nutrition, Malaria, RH, MNCH, and FP interventions in a health facility and community-based interventions.

4. Assess if there are indications or measures for long-term sustainability of the WASH interventions and the extent to which user communities and other local structures are or could be integrated in the project implementation processes

3.0 Study design and methodology

The study design and methodology will be proposed by the consultant depending on their understanding of the assignment. The study design and methodology will then be discussed with WaterAid at the beginning of the consultancy. The consultant is encouraged to use statistically representative sampling frame and deploy multiple methodologies to capture quantitative and qualitative data.

4.0 Deliverables

a) An Inception report which should include a detailed description of methodology, work plan and data collection tools that responds to the ToRs
b) A **draft report** with key findings on all behaviours, research questions in the study, including the barrier analysis as per the Behaviour Centered Design (BCD) checklist including,

i. A **summary of findings** of all the behaviours as per BCD analysis, sheet to be provided

ii. **Detailed recommendations** on BCC final strategy action plan, including milestones

iii. A **recommendation on indicators** to monitor and evaluate the success of the plan based on the context

iv. **Recommendations** that could be taken forward to the overall **SBCC strategy** for the project.

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.

### 5.0 Time frame

The assignment is expected to be executed within a period not exceeding 50 days. 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.

**Proposed work schedule**

**Estimated Total Working Days: 50**

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Duration</th>
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<tbody>
<tr>
<td>- Induction, Project Document and Secondary data review</td>
<td>2 day</td>
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<tr>
<td>- Enumerator Training</td>
<td>2 days</td>
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<tr>
<td>- Pretesting,</td>
<td>2 days</td>
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<tr>
<td>- Data collection</td>
<td>16 days</td>
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<tr>
<td>- Data entry</td>
<td>14 days</td>
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<tr>
<td>- Data analysis and Tabulation including touchpoint maps</td>
<td>4 Days</td>
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<tr>
<td>- Report writing</td>
<td>10 days</td>
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The consultant will be under guidance and report to the WASH advisor - Momentum Tikweze Umoyo Project

| - Producing 1st draft of analysis and narrative report including development of BCD frameworks of activities to address barriers identified through the surveys and existing messages |
| - Final report after addressing comments |
| - Debriefing and presentation of study report with findings and recommendations to Amref, Consortium members, District Councils and USAID |

3 days

| The consultant will be under guidance and report to the WASH advisor - Momentum Tikweze Umoyo Project |

5.1 **Dissemination of study findings and recommendations**

Findings and recommendations of the Formative Research will be presented to consortium partners in the Tikweze Umoyo Project, USAID and Amref. The findings will also be shared with Chitipa, Salima and Kasungu District Councils including national level stakeholders and players in the WASH/Malaria/RH/MNCH/FP sector. The consultant will prepare and present study findings, recommendations and final report through workshops which will be organized by Amref and consortium partners in the project.

5.2 **Reporting requirements**

The researcher will be under guidance of and will report to the WASH advisor - Momentum Tikweze Umoyo Project or any delegated authority, for the successful implementation of the consultancy. However, for carrying out day-to-day operational activities, the consultant shall interact with the Hygiene Specialist. All reports and documents will be in English and all quantities expressed in metric unit where applicable

6.0 **Essential Skills and Experience**

- Postgraduate qualifications in social sciences research; public health (health promotion) or and behavior change communication and use of qualitative research methods at least 8 years of relevant experience (Team leader);
- Demonstrated practical experience in conducting similar assessment or work including program formative assessment to inform evidence-based hygiene behavior change interventions; Designing for Behavior Centered Design (ABCDE) approaches
- Proven training and research coordination ability, especially in low-capacity contexts
● Proven ability to motivate participants for high quality outputs, and ability to conceptualize and plan.
● Demonstration of experience as lead person/s of using qualitative research methods
● Ability to express clearly and concisely ideas and concepts in written and oral form.
● Knowledge and experience of using statistical packages for analysis of data

7.0 Application

Interested consultant (s) should send an electronic Expression of Interest by 10th November 2023 to procurementmw@wateraid.org with subject line “Tikweze Umoyo Project Formative Research” outlining exact availability in line with the approximate timeline. The expression of interest should contain: (a) a technical offer and (b) a financial offer, comprising:

A. Technical offer:
● Technical proposition detailing proposed methodology (max 3 pages).
● At least three traceable references
● An example of a report from similar work which demonstrates evidence of the skills and experience required.
● Up to date CV of the consultant (s)

B. Financial offer:
● Financial proposition detailing charges and expenses in line with proposed methodology