1.0 Introduction

Centre for Global Child Health at the Hospital for Sick Children (SickKids) in collaboration with Nutrition International (NI) and WaterAid Canada is leading the implementation of a five-year Increase Gains in Nutrition by Integration, Education, Evaluation, and Empowerment (IGNIT3) project. The project is being implemented in Pakistan, Ghana and Malawi. It seeks to leverage the technical and implementation expertise of the lead organizations in collaboration with local implementing partners including Kamuzu University of Health Sciences (KUHES) Nutrition International and WaterAid Malawi. In Malawi, IGNIT3 is being implemented in Mangochi, Mzimba, Blantyre City, Lilongwe City and Mchinji districts.

1.1 Goal

The goal of IGNIT3 is to improve nutrition for the poorest and most marginalized especially women, adolescent girls, and children in Malawi. Within all three countries, women, adolescent girls, and children are disproportionately impacted by malnutrition due to a range of biological and social-cultural factors including poverty, gender inequality, and community norms. IGNIT3 plans to address this by delivering targeted, integrated nutrition, health, and water, sanitation, and hygiene (WASH) programming to build sustainable capacity across the continuum of care and improve nutrition within vulnerable communities.

1.2 Intermediate Outcomes

To achieve the goal of the project, IGNIT3 will implement activities under three intermediate outcomes which include:

1. Improved nutrition and hygiene practices at community and individual level
among women, men, adolescent girls, and boys in target countries.
2. Strengthened provision of integrated nutrition, health, and WASH services that respond to the needs of the most marginalized, especially women, adolescent girls, and children.
3. Improved effectiveness of responsibility holders/duty bearers to use the best available evidence on implementing, enhancing, and sustaining nutrition, health, and WASH services that respond to the needs of the most marginalized.

2.0 Key result areas of the project

The project aims at achieving the following results based on its four Intermediate outcomes:

1. Improved knowledge related to nutrition and hygiene behaviour at the community and individual level among women, men, adolescent girls, and boys
2. Improved capacity of health workers in Malawi to provide gender-responsive, adolescent-friendly nutrition, health, and WASH services
3. Improved knowledge among responsibility holders/duty bearers and right holders of the best available evidence on implementing, enhancing, and sustaining gender-responsive, nutrition, health, and WASH services for the most marginalized

3.0 Current WASH & Hygiene status in Malawi

According to the Malawi Demographic and Health Survey (MDHS) (2015-2016), 52% of households in Malawi use improved toilets, and 31% use toilets that would be considered improved if they were not shared. Six percent (6%) of households have no toilets. Although significant progress has been made to decrease open defecation, 6% of the population still practice open defecation and only 26% have access to basic sanitation services.

Changing behavior around the proper use of latrines, handwashing with soap, and food hygiene has been challenging. According to The American Journal of Tropical Medicine and Hygiene (2023), contaminated food alone contributes to 550 million cases of diarrhea annually, with 230,000 deaths worldwide. The American Journal of Tropical Medicine and Hygiene (2023) also estimates that 125,000 deaths occur annually among children younger than 5 years in low- and middle-income countries (LMICs) resulting from the burden of food-borne diseases.
According to the Joint Monitoring Program (JMP) (2021), in Malawi, only 9.9% of households have handwashing facilities with soap (a proxy indicator for handwashing practice.). The JMP (2021) further reveals that in Malawi access to improved hygiene with basic handwashing facilities including water and soap is even lower, which is at only 8.3% nationally. These factors are a catalyst for diarrheal disease and infections and in Malawi, diarrhea is one of the key contributors to high child mortality rates.

According to WaterAid’s Malawi Situation Analysis report (2022), only 3% of the healthcare facilities (HCFs) in the country have basic sanitation services and 83% of the HCFs have limited sanitation services. Only 27% of HCFs in Malawi have basic handwashing facilities (i.e., station with basin, soap, and water or alcohol-based hand rub, and within 5m of a toilet). Forty-one (41%) of the health care facilities have limited hygiene facilities. Thirty-two (32%) of the HCFs had no hygiene services.

In Mangochi, the current WASH situation is dire. According to the MDHS (2015-2016), 68% of households have handwashing facilities. However, out of this percentage, 12% have soap at the hand washing station. The MDHS (2015-2016) results also indicate that 68% of households have improved latrines, while 31% have unimproved latrines.

4.0 Rationale

Multiple factors influence the adoption of good hygiene behaviors which are essential to securing the well-being benefits offered by improved water and sanitation services. IGNIT3 recognizes that the provision of WASH infrastructure alone is not enough to influence the adoption of good hygiene practices which are especially critical in contexts where food is being provided to children.

To ensure optimal benefits from WASH interventions aimed at improving the nutritional status of women, adolescent girls, and children (marginalized- a group of people that are treated as insignificant or peripheral), the IGNIT3 project will implement integrated WASH interventions that are gender responsive and adolescent friendly. The interventions aim to ensure that the targeted population and their households practice adequate hygiene at HCFs and in their communities thereby reducing the risk of exposure to repeated infections that have a bearing on the nutrition status of the targeted populations.
To identify these appropriate hygiene behaviors, the IGNIT3 project will undertake formative research. The evidence generated will inform the design of behavior change interventions for the targeted HCFs and the surrounding communities on behaviors including handwashing with soap at critical moments for all, safe and hygienic management and disposal of human excreta, proper toilet use, cleanliness of sanitation facilities, water treatment and storage, food hygiene and child feeding practices, and other nutrition context specific hygiene behaviors.

Additionally, through the formative research, IGNIT3 also seeks to understand how gender roles and social norms impact nutrition and hygiene-related interventions. It seeks to unearth barriers and enablers of nutrition and WASH services and practices that exist in the community and their effects.

5.0 Main and Specific Objectives of the Formative Research

5.1 Main Objective of the Formative Research

IGNIT3 thus seeks to:

1. Understand the current hygiene and nutrition practices in targeted communities and HCFs through gathering insights on motives, barriers, and drivers of behaviour in these contexts to inform the development of a nutrition-sensitive hygiene behavior change package.

5.2 Specific objectives

The specific objectives are to:

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

It will specifically:

a) Assess current WASH and nutrition behaviors and their determinants (physical, social, biological, and psychological). The following are the behaviors that are going to be prioritized.
- Handwashing with soap at critical moments i.e., Handwashing with soap and water before cooking, before eating/feeding, before breastfeeding, after defecation and cleaning child's bottom, after touching dirt/dust/play, after touching frequently touched surfaces.
- Household Cleanliness (House Keeping) i.e., Cleaning household environment (yard, kitchen)
- Hygienic use of sanitation facilities (toilets) including child feces management
- Water treatment and storage practices
- Food hygiene (child feeding practices, food preparation, food handling, and food storage in community settings),
- Proper animal waste management i.e., having specific/separate animal waste collection areas which are covered/protected. Encourage manure production, storage, and use.
- Proper waste collection and management in HCFs and in communities i.e., household managing solid waste (dispose of waste in designated areas). Introduce the four-R solid waste principles (reduce, reuse, recycle, and recover).

b) Assess and prioritize adversely practiced hygiene behaviors in the project area by conducting mapping exercises and identifying barriers to performing safe hygiene practices. This research should take into full account whatever is already known about hygiene behaviors in the area and is intended only to fill knowledge gaps.
c) Identify the most promising motivators for behavior change, i.e., the aspirations and desires most likely to be effective in promoting behavior change. Motives for practicing the different behaviors should be clearly documented.
d) Assess and document current nutrition and hygiene promotion activities/interventions in the setting and lessons learned; available corresponding hygiene messages, including institutional financing and departmental responsibilities as well as propose other possible entry points for good hygiene promotion.

2. Assess and determine various touchpoints to reach different target populations (HCW, women, youths, clients, adolescents, husbands) through the robust behaviour change promotion initiative.
3. Identify the most appropriate means/channels of communication for nutrition-sensitive hygiene promotion, to inform the design of the promotion package thus the designing for behaviour change (BCD) process.

4. Assess the extent to which hygiene promotion in HCF and communities is happening and is suited to the priorities and needs of the patients and communities they are intended to benefit; with specific reference to the experiences and opinions of the HCW, clients, and communities; and other influencing groups such as husbands and mother in-laws.

5. Assess the extent to which WASH is integrated into Nutrition interventions in a health facility and community-based interventions.

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

6.0 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 a statistically representative sampling frame and deploy multiple methodologies to capture quantitative and qualitative data.

6.1 Deliverables

a) An Inception report, which should include a detailed description of methodology, work plan, and data collection tools that respond to the ToRs

b) A draft report with key findings on all behaviours, and 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, (template to be provided)

   ii. Detailed recommendations on Behaviour Change Communication final strategy, and action plan, including milestones

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

e) Presentation of findings during the creative process

f) **Electronic copy** of all quantitative and qualitative data sets collected as part of this study.

### 7.0 Timeline and Reporting

**Estimated Total Working Days: 30-man days**

### 7.1 Dissemination of study findings and recommendations

Findings and recommendations of the Formative Research will be presented to consortium partners in the IGNIT3 Project, SickKids, Nutrition International, KUHES, and WaterAid. The findings will also be shared with the Mangochi District Council including national-level stakeholders and players in the WASH/Nutrition sector. The consultant will prepare and present study findings, recommendations, and final report through workshops which will be organized by SickKids and consortium partners in the project.

### 7.2 Reporting requirements

The researcher will be under the guidance of and will report to the Programme Manager of WASH and Health or any delegated authority, for the successful implementation of the consultancy. However, to carry out day-to-day operational activities, the consultant shall interact with WaterAid Malawi’s Hygiene Behaviour Change Specialist. All reports and documents will be in English, and all quantities expressed in the metric units where applicable.

### 8.0 Essential Skills and Experience

- Postgraduate qualifications in social sciences research; public health (health promotion) or behavior change communication and use of qualitative research methods at least 8 years of relevant experience (Team leader).
● Demonstrated practical experience in conducting similar assessments 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 in using statistical packages for analysis of data

9.0 Application
Interested consultant (s) should send an electronic Expression of Interest by 11th March 2024 with the subject line “IGNIT3 Project Formative Research” outlining exact availability in line with the approximate timeline. The expression of interest should contain: a technical offer and a financial offer, comprising:

1. **Detailed Technical 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.
2. **Detailed Financial 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.
3. **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.

Detailed TOR for the assignment can be found on WaterAid’s website [https://www.wateraid.org/mw/publications](https://www.wateraid.org/mw/publications). 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.

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.