

# FORMATIVE RESEARCH CONSULTANCY IN KAWKEREIK AND HPA AN TOWNSHIPS OF KAYIN, MYANMAR

## TERMS OF REFERENCE

<b>Zone/Country</b>	Kayin state – Myanmar
<b>Duration</b>	2-3 Months, start ASAP
<b>Funding</b>	Fondation SUEZ / Americares
<b>Author(s)</b>	Deputy HoM

## 1. INTRODUCTION

### 1.1. GENERAL CONTEXT OF THE INTERVENTION

With a strong history of strife in Myanmar, Kayin State is not new to conflicts. Though Kayin has hosted displaced populations since the 1990s, the population continues to be displaced some as recent as 2018. In addition to land mines preventing IDPs return, camps and sites where the displaced populations reside are not conducive to durable solutions. Affected by numerous conflicts, Kayin remains largely underdeveloped and most of the water, sanitation, and health (WASH) systems have been destroyed. Government, Karen National Union (KNU) CSOs, and I/NGOs are providing assistance in camps. Dependence on food assistance keeps many families from leaving camps. Therefore, the displaced households can neither return to the villages, nor integrate where they are, nor move somewhere else. Yet the assistance they have been receiving is insufficient. The decades of ethnic armed conflicts in Myanmar resulted in Ethnic Armed Organizations having control over sizeable parts of the country, de-facto control and therefore implementation of welfare and economic services and systems is highly fragmented.

The unstable security situation and peace agreements prevent social assistance workers to access the population, monitor the interventions, and assess their impact. The Multidimensional Disadvantage Index, based on Census 2014 data, indicates Kayin has observed to have striking levels of multidimensional deprivation. Kayin is among the states/regions with the highest stunting prevalence, a rate exceeding 35%.

Since the 1<sup>st</sup> of February 2021 and the coup, all the efforts on peace process have vanished and conflict has restarted in several areas of Kayin State leading to important displacements of population within townships, from townships to townships and from state to Thailand

(even if the border is closed and the displaced population are sent back to Myanmar when found by Thailand authorities).

## 1.2. PUI'S HISTORY OF ACTIVITY IN THE COUNTRY AND MISSION

PUI is an international NGO aiming to aid marginalized or excluded civilians as a result of natural disasters, war, and economic collapse. The first objective is to provide a rapid global response to the basic needs of male and female populations affected by humanitarian crises to help them regain independence and dignity.

PUI's endeavor in Myanmar to help improving the lives of ethnic minorities and displaced people began in 1984. As early as 1983, PUI has implemented counseling and training activities for Karen health workers in Kayin and provided cross border humanitarian assistance to Burmese refugees in Thailand.

PUI commenced Health projects specializing in community and township level SRH and Rights (including family planning, contraception, and post abortion care), MNCH, Primary healthcare, Mental Health Psycho Social Services and counselling services, nutrition, and WASH, in Government Controlled Areas and Non-Government Controlled Areas. PUI is well established with the Ethnic Health Organizations, aiding the provision of needed services to the displaced male and female populations.

## 1.3. MAP OF THE INTERVENTION ZONE



## 1.4. THE BASIS FOR THE FORMATIVE RESEARCH

PUI is currently implementing WASH Activities in Kawkareik Township through the provision of Water and Sanitation facilities in rural areas. In the framework of those activities PUI aims to develop adapted Hygiene and Health Promotion activities for adult and children based on the present formative research consultancy.

Beside this WASH activities, PUI implements Health, Nutrition, and FSL projects in the same area and other townships of Kayin.

## 2. CONSULTANCY OBJECTIVES

### 2.1. OVERARCHING OBJECTIVE

The formative research is aimed at understanding current hygiene practices in targeted townships of Kawkareik and Hpa An.

**The overarching objective is to inform and develop hygiene behaviour change packages aimed at promoting positive behaviour among communities, schools and health facilities.**

The research is also expected to contribute to the body of knowledge on the status of WASH and nutrition integration

### 2.2. SPECIFIC OBJECTIVES

The aim of the formative research is to answer four key questions:

1. Which specific practices are placing health at risk
2. What could motivate the adoption of safe practices?
3. Who should be targeted by the programme
4. How can one communicate with these groups effectively?

*Indicators related to the expected results of the consultancy are as follow*

- 1 formative Research Report is produced by the end of the consultancy
- Training and promotion tools adapted for different audiences are created and tested through pilot sessions by the end of the consultancy
- A Hygiene Promotion Strategy and Curriculum for different targeted publics is produced by the end of the consultancy

For information, Indicators for the project (to be noted that these indicators will be reached after the completion of the study and after the deployment of the HP program):

- 70% of the targeted beneficiaries (students, caregivers, teachers and medical staff) will have increased knowledge of good health and hygiene practices at the end of the project
- 70% of targeted beneficiaries will have knowledge of good nutrition, water, sanitation and hygiene practices, which will improve their living conditions
- 50% of the population of the target villages received a visit as part of the campaign
- Number of hygiene clubs established in schools

### 3. SUGGESTED METHODOLOGY

1. Initiate action
2. Make a detailed formative research plan
3. Carry out the Formative research
4. Analyze results, report and feedback
5. Make the communication plan
6. Set up and run the hygiene promotion program

The work may be thought of consisting of three phases (this plan is suggested and could be adapted or reviewed by the consultant)

#### **Identification phase**

This step will achieve the following:

1. Identify the range of highrisk practices Determine which common household or individual practices are most likely to cause health problems: Which risk practices are most widespread? Which risk practices can be altered? This will help in deciding which practices to target by HP activities.
2. Identify alternative “target” practices: selection of alternative hygiene practices to replace the risk practices, (e.g. prompt disposal of child faeces in a toilet, rather than their dispersion in the environment; handwashing with soap after use of the toilet, before preparing food, after cleaning infants’ bottoms, etc.0
3. Define the target groups: Identify the groups that should be contacted and influenced in order to bring about behaviour change across the community: Primary target groups: are those who carry out risk practices (e.g. mothers, children). Secondary target group are the immediate society of the primary group who influence them (e.g. fathers, school children, mothers-in-law). The third target group which is very important: opinion leaders such as religious, political, traditional leaders and elders. They can have a major influence on the success of the project, as can partner and collaborating agencies. Thus, it is important to determine Who and how many employ the risk practices? Who influence these primary groups?
4. Identify communication channels: identify what channels are currently used for communication? Which channels are most trusted or credible in disseminating hygiene

messages? Do these channels differ among different target groups? Which ones work best for which groups?

The consultant should consider the appropriate use of the following methods during the identification phase:

- Focus group discussions: It is anticipated that group discussions are going to be held in An Pha Gyi and Mingalone villages.
- Structured Observation: It is anticipated that the consultant will observe the developed list of behaviours as well as determine the awareness of caregivers at household level and schools in An Pha Gyi and Mingalone villages.
- Household and School surveys would also be conducted among the same community members covered under point 2 above.
- Environmental walls
- Behavior trials
- Structured interviewed

## **Analysis**

Analyze results of the previous step (from both focus groups and surveys) which identify risk practices and alternatives, target groups, and communication channels. First, the gathered data are summarized in tables, and a preliminary analysis performed by the consultant. The objectives, methods used, results and their interpretation are then presented to health workers and study participants to “triangulate” on the validity of conclusions drawn.

## **Development of promotional approaches**

At this stage in the formative research, the key question is “how can we motivate the adoption of safer hygiene behavior”? One useful way to look at this is to consider, from the “user’s” point of view “what are the advantages of the target practices?” To address this it is essential to find a number of child carers (or other target group members) who already use the safe practices (the structured observation should have identified some). The consultant (through his/her team) then needs to find out what made people adopt the safe practices, and the benefits that they feel they get from them. Health is just one, and often not the most important, motivation for hygiene, so it is necessary to probe the other benefits which child carers feel that they get from their adoption of target practices

In addition to identifying the motivational factors of greatest impact, the research should also investigate the media of communication most likely to transmit these motivational factors credibly and effectively to the various target groups.



The development of the Key message should be illustrated with contextual drawing.

**Scope :**

- Schools
- Health facilities
- Villages

## 4. CONSULTANCY ORGANISATION

### 4.1. CHARACTERISTICS OF THE CONSULTANCY TEAM

Due to the current context, an international consultant will be unlikely able to travel to Myanmar in a short notice and even if the consultant currently resides in Myanmar it is also unlikely that he/she could travel to kayin and the selected location. Therefore, PUI strongly encourage a collaboration with local counterpart to handle field data collection and FGD. (If needed PUI could facilitate the contact with local counterpart) so that the consultant could work remotely.

### 4.2. BIBLIOGRAPHY

-Project Proposal

-Former Evaluation in this area:

- WASH ASSESSMENT Kayin, Myanmar 19th-31th August.

-National Strategy for Rural Water Supply, Sanitation and Hygiene (WASH) and WASH in healthcare facilities

<https://www.unicef.org/myanmar/media/1916/file/National%20Strategy%20for%20Rural%20Water%20Supply,%20Sanitation%20and%20Hygiene%20.pdf>

-Myanmar Living Conditions Survey 2017/ 03-Poverty report. June 2019, World Bank.

<http://documents.worldbank.org/curated/en/921021561058201854/pdf/Myanmar-Living-Condition-Survey-2017-Report-3-Poverty-Report.pdf>

-WASH cluster website: <http://www.themimu.info/emergencies/wash-cluster>

-WASH sector website: <http://www.themimu.info/sector/wash/>

-UNICEF, A Manual on Hygiene Promotion, 1999

### 4.3. LOGISTICAL, SECURITY AND ADMINISTRATIVE ORGANISATION

Considering the current political context prevailing in Myanmar and the difficulty to enter the country, **the present consultancy will have to be conducted remotely**, based on local counterparts in Myanmar.

Due to the remote nature of the consultancy, PUI will not support any logistic cost or any administrative process. However PUI will facilitate the movement authorization to the project area for a local consultant - counterpart to conduct field data collection.

### 4.4. CONTACTS LIST

- In HQ: Desk Manager and WASH Adviser
- In Yangon:
  - Myanmar WASH Cluster and WASH Sector (suggested)
  - Irrigation and Water Utilization Management Department
  - Department of Rural Development
  - PUI Yangon team: Deputy Head of Mission, Country Medical Manager, Deputy Program Coordinator
- PUI Kayin team: Deputy Field Coordinator, WASH PM, Hygiene Promotion Officer, Health Team

### 4.5. CHRONOGRAMME

Activities	Duration
Preparation phase: (documents and briefings review)	3 days
Identification phase	15 days
Analysis Phase	5 days
Development of promotional approaches (including discussions with HQ WASH Advisor and Deputy Field Coordinator)	10 days
Writing up of final report and edition of the following comments	5 days
<b>Total</b>	<b>38 days</b>

**Estimated completion date: September 2021**

**Those days are not necessarily consecutive that could allow time for feed back or testing**

## 5. EXPECTED DELIVERABLE

### 5.1. CONSULTANCY REPORT

Following the established framework, with a minimum of 40 pages not including annexes.

A. An inception report that includes

- A detailed methodology
- Sampling framework
- Tools
- Databases
- Photos

B. A Draft Formative Research Report in soft copy which will be presented and validated 2 weeks before final submission (date to define at the start of the consultancy)

C. A Final Formative research report which will be disseminated as part of the creative process

- Any corrections or modifications can be requested by the WASH referent, the Myanmar Head of Mission, Deputy HOM or Deputy Field Coordinator after the report has been submitted. The evaluator must make himself available to consider these whenever necessary.

Supplementary requests by mission or headquarters are possible

### 5.2. AN HYGIENE PROMOTION STRATEGY AND CURRICULUM FOR DIFFERENT TARGETED PUBLICS

Curriculum should be designed for non-expert agents.

- A rough draft of the report must be presented 2 weeks before final submission (date to define at the start of consultancy)

- Hygiene promotion tools including:

- Hygiene promotion program design
- Communication strategy and plan
- Communication tools
- Monitoring tools (KAP Survey - tools)



- Any corrections or modifications can be requested by the WASH referent, the Myanmar Head of Mission, Deputy HoM or Deputy Field Coordinator after the report has been submitted. The evaluator must make himself available to consider these whenever necessary.

### 5.3. A TRAINING POWERPOINT AND/OR VIDEO TO TRAIN HYGIENE PROMOTERS/COMMUNITY AGENTS

This material should be developed to be easily translated in Myanmar language or Kayin language.

### 5.4. A DEBRIEFING

A debriefing session will be organized; it can be planned at headquarters.

## 6. REQUIRED SKILLS AND QUALIFICATIONS

- Advanced university degree or equivalent in social sciences research; public health (health promotion) or Behavior Change Communication and use of qualitative research methods, Humanitarian/Development Studies, Social Sciences, Health and WASH
- At least 10 years of relevant experience and proven expertise in high quality practical experience in conducting similar assessment or work including program formative assessment to inform hygiene behavior change and nutrition interventions; WASH integration in other areas; Designing for Behavior Change (DBC) and ABCDE approaches or any other approaches in the last five years, including prior experience in WASH/HP Consultancy
- Proven Experience in design of behaviour change communication interventions in the area of hygiene and nutrition that includes facilitating bridging for activities from barrier analysis
- Demonstrated experience conducting assessments, data collection and analysis in volatile, hostile or insecure environments.
- Excellent command in written and spoken English.

## 7. APPLICATION AND FURTHER INFORMATION

Interested and qualified candidates are invited to submit proposals with the following documentation no later than **13<sup>th</sup> of August 2021**. The consultancy period is expected to be undertaken during the months of August and September 2021.

### 1. A one page application letter addressing:

- The Consultant/Consultancy Team's previous experience and relevance to the proposed assignment.

- The names, expertise, years of experience and relevance of team members in undertaking this assignment.

2. Detailed response to ToRs, with specific focus addressing objectives of the assignment, methodology to be used. Detailed outline of initial work plan based on methodology.

3. Updated CVs for all consultants including relevant work, number of days required, specific roles, experience and qualifications.

4. Detailed and comprehensive budget breakdown based on expected daily rates and initial work plan covering all assessment costs, including consultancy fees, per diems, assessment and training costs, transportation, accommodation costs, etc.

5. Samples of recently written reports on similar assignments.

6. Company profile or CV including a minimum of 3 traceable references and evidence of having undertaken similar work.

7. Proof of formal registration in line of work in country of operation or home country

**Technical and financial proposals should be submitted as separate documents in PDF format to:**

[tboudant@premiere-urgence.org](mailto:tboudant@premiere-urgence.org) with Cc to

[mmr.deputyhom@premiere-urgence.org](mailto:mmr.deputyhom@premiere-urgence.org)

[tleguellec@premiere-urgence.org](mailto:tleguellec@premiere-urgence.org)

**For questions, please contact the e-mail addresses mentioned above.**

### **Selection criteria**

- Administrative Evaluation: Evaluated to ensure compliance with all the documents required
- Technical Evaluation:

Criteria	Notation
Experience in research work in a similar context (Kayin, Myanmar)	4
Experience in health/hygiene promotion analysis (at least 5 years of experience)	5
Excellent English writing skills, qualitative and quantitative analysis skills– evaluation based on the excerpts from recent evaluations submitted	5
Quality of the evaluation methodology – based on clear sampling methodology, tools development methodology (tools samples to be provided with the application) and coherent workplan	6
Total	20

Following a shortlisting based on these criteria, an interview will take place. The interview will be evaluated on:

Criteria	Notation
The in-depth knowledge of the consultant about Myanmar	4
The relevant expertise/experience based on the CV	4
The ability to demonstrate and justify the methodology relevance when challenged	5
The ability to work in autonomy	3
The consultant availability	4
Total	20

c. Financial Evaluation: For the applicants who pass the technical evaluation.