REQUEST FOR PROPOSALS - CONSULTANCY SERVICES

Formative Research and development of an Integrated Behaviour Change Intervention Strategy in Shinyanga and Singida region

ABOUT MI AND ENRICH PROJECT

Micronutrient Initiative (MI) is a Canadian-based international non-governmental organization (NGO) dedicated to improving the health and nutrition of the world’s most vulnerable; especially women and children. MI is part of a consortium of NGOs implementing the Enhancing Nutrition Services to Improve Maternal and Child Health (ENRICH) project. The ENRICH project is funded by Global Affairs Canada (GAC), and World Vision Canada targeting five countries in Africa (Kenya and Tanzania) and Asia (Bangladesh, Pakistan and Myanmar). The consortium includes World Vision, MI, Harvest Plus, the University of Toronto, and Canadian Society for International Health. The project will be implemented over a four-year period, concluding in 2020.

The project is expected to increase the access to basic nutrition and health services to a total of 2.09 million people, including 835,000 women and 740,000 children. In Tanzania, ENRICH will be implemented in five districts of which three are in Shinyanga region (Kishapu, Kahama and Shinyanga Rural) and two of are in Singida region (Ikungi and Manyoni). The project is expected to directly benefit 707,000 pregnant and lactating women and children under two years, and nearly one million people in total.

In the period November 2016-February 2017 baseline assessment will be conducted in Shinyanga and Singida regions to determine the health and nutrition status of pregnant women and young children. The assessment will provide initial insight into some of the contextual factors that affect the health status of communities in the ENRICH project area. These initial findings will be used to identify areas that require deeper investigation, through formative research.

BACKGROUND AND RATIONAL FOR THE FORMATIVE RESEARCH

Children under two years, women of reproductive age especially pregnant and lactating women are the most affected by undernutrition due to their physiological needs for growth and reproduction. In pregnant women and children the 1,000 day-period from conception to two years, is crucial and offers a critical window for actions that result in high impact. Adequate nutrition during pregnancy and in the first two years of children’s lives is vital for brain development, healthy growth and a strong immune system and the benefits from good nutrition help set the foundation of peoples lifelong health.

The Tanzania government has invested time and resources into establishing various committees to address maternal, newborn and child health and nutrition (MNCHN). Some of these committees include: the High Level multi-sectoral Steering Committee on Nutrition, Recruitment of District Nutrition Officers and the establishment of District/Council Multi-sectoral Nutrition Steering Committees. In addition there are a number of strategies and guidelines that have been developed by the Ministry of Health, which include: 1)

1http://thousanddays.org/the-issue/why-1000-days/

Although Tanzania has seen some significance declines in infant and child mortality rates over the last 25 years (92\(^2\) to 42\(^3\) deaths per 1,000 live births and 141\(^2\) to 67\(^3\) deaths per 1,000 live births, respectively), the maternal mortality rate has increased from 454\(^2\) to 556\(^3\) deaths per 100,000 live births.

In spite of considerable progress in some nutrition indicators, undernutrition remains a serious public health problem in Tanzania. According to Tanzania Demographic Health Survey (TDHS) 2015-2016, the prevalence of stunting, underweight and wasting among children under five years of age are 34%, 14% and 5%, respectively. Only half of mothers initiated breastfeeding within the first hour of birth and 59% of mothers exclusively breastfeed their infants under 6 months. Only 4 in 10 children under five years of age received a Vitamin A supplement in the six months before the survey. Poor integration of nutrition interventions remain a cause of concern.

More than half of children under 5 years of age suffers from anaemia. Almost half (45%) of Tanzanian women of reproductive age are anaemic and this prevalence has remained essentially unchanged since 2004/05, when the TDHS reported 48% of women of reproductive age to be anaemic. TDHS 2015/16 reported that only 20% of women age 15-49 took iron tablets or syrup for at least 90 days during their last pregnancy.

A majority of these nutrition indicators relate to behaviours that need to be changed either at the individual, family or service provider level. However, behaviour change is a complex process that requires a clear understanding of current behaviours and socio-cultural practices that impact the nutritional status of women and children. Barriers and enablers for behaviour change need to be identified and communication strategies worked out using the information.

Formative research is hence required to gain qualitative information around identified behaviours that would feed into development of an effective behaviour change intervention (BCI) strategy. MI through ENRICH project will do a formative research study to develop an integrated BCI strategy in Shinyanga and Singida regions which will ultimately support the government plan to achieve implementation of NMNAP.

MI seeks to contract a consultancy team to conduct formative research to identify barriers and enablers to positive food and nutrition behaviours for pregnant and lactating women, newborns and young children and their delivery platforms (antenatal care, delivery care, postnatal care, home visits, community groups, child health days etc.). The assignment will ultimately include an appropriate BCI strategy for the project’s targeted population in Shinyanga and Singida using information gained from the formative research.

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\(^2\) Tanzania Demographic Health Survey 1991/92
\(^3\) Tanzania Demographic Health Survey 2015/16
The following table shows list of food and nutrition behaviors that the project is interested in doing formative research around:

<table>
<thead>
<tr>
<th>Nutrition</th>
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<tr>
<td>1 Early initiation and exclusive breastfeeding</td>
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<td>2 Timely introduction of complementary food</td>
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<td>3 Complementary feeding (minimum acceptable diet) and responsive feeding practices</td>
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<td>4 Management of children with severe and/or moderate acute malnutrition</td>
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<tr>
<td>5 Micronutrient supplementation (including multiple micronutrient powders, Vitamin A, zinc/oral rehydration salts, and iron-folic acid for pregnant women)</td>
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<td>6 Water Sanitation and hygiene</td>
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<td>7 Food taboos and cultural beliefs</td>
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<table>
<thead>
<tr>
<th>Food/agriculture</th>
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<tbody>
<tr>
<td>1 Micronutrient fortification of staple foods and/or complementary foods</td>
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<tr>
<td>2 Home gardening &amp; keeping of small livestock/animals</td>
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<tr>
<td>3 Food diversification including bio-fortification</td>
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<td>4 Distribution of seeds and tools to farmers</td>
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OVERALL OBJECTIVE OF CONSULTANCY
Through formative research, identify enablers and barriers for food and nutrition behaviours to inform an effective behaviour change intervention strategy.

SCOPE OF WORK
The following activities will be conducted to achieve the overall objective:

1. Desk Review
   - Review of existing and relevant Tanzania maternal and child nutrition information and food and agriculture specific services
   - Undertake a desk review of recent evidence/data of behaviour change intervention (BCI) strategies and nutrition specific services implemented in Tanzania and the project area, with the aim of understanding the existing behaviours around the nutritional status of pregnant and lactating women, newborns and young children prioritizing the key behaviours, identifying the audience segments, barriers and enablers to behaviour change.
   - This will include an analysis of behaviour change interventions around coverage and adherence of micronutrient supplementations (e.g. IFA, Vitamin A, zinc/oral rehydration salts and MNP) and all other basic nutrition interventions. In addition, the agency will be expected to collate and analyze existing communication campaigns and materials on the issue from the perspective of program requirements.
   - Review of nutrition specific services implemented in Tanzania and the project area including a SWOT analysis of the BCI strategies
2. **Stakeholder Consultation**
   - Consult with consortium members, national and district-level stakeholders and any other relevant groups from national and district level to identify needs/requirements and further refine the scope of the formative research.
   - Consult with ENRICH field staff, district health and family planning department and district Nutrition officers on appropriate timing for conducting the formative assessment.
   - Consult with MI’s Technical Advisor on the design and implementation of the formative research and later on the BCI strategy; and obtain approval prior to finalization/implementation.

3. **Develop Research protocol**
   - Include a strong background in context Tanzania and objectives and research questions
   - Detailed description of how the team intends to ensure rigor in measurement and data collection, outlining conceptually grounded and solid data collection approaches like individual in-depth interview, focus group discussion and observation of feeding environment, caregiver-infant feeding interactions. This needs to included sampling, design of questionnaire and discussion guides, training and field supervision, quality assurance, quality interview transcription, translation coding including back translation and interpretation, and identification of areas for promotion of gender equality
   - Detailed plan that clearly outlines activities and schedule for implementation in accordance with the project timeline and in collaboration with stakeholders.
   - Obtain approval for the research protocol by stakeholder consultation.

4. **Conduct Formative Research at Shinyanga and Singida regions**
   - Seek and obtain ethical (and other as needed) approval for conducting formative assessment from relevant authorities.
   - Implement agreed upon research design and methods to collect data to identify 1) health and nutrition practices in the project areas; 2) health system, environmental, socio-economic, cultural, gender, household, individual and interpersonal barriers and enablers to change in behavior; 3) appropriate channels and agents of communication to promote health and nutrition (see Annex 1 for more details around suggested questions and activities for the formative research and observational research)

5. **Produce Formative Research Report**
   - The report should include:
     - Background and rationale (plus desk review as annex)
     - Objectives and research questions
     - Research design and methodology (coding scheme as annexes)
     - Description of population and target groups (background of research area: geography, demography, socio-economic conditions, etc.)
o Results (description of current health and nutrition situation and practices, specific possible practices changes, motivations and constraints)

o Discussion or interpretation of findings, with summarized material and how it relates to other similar research projects

o Challenges, study limitations and any change from the original proposal lessons learned and good practices

o Recommendations with distinct sections on: delivery strategy, communication strategy (including needs for revised messages, IEC and counselling materials and respective target groups), provider training (including needs related to revisions of training manuals and methods) and monitoring information system (related to BCI strategy effectiveness) and the rationale for how these various strategies and approaches will improve gender equality and how they will target each respective audience.

o Annexes should also include: A. Terms of Reference; B. Coding Scheme; C. Data Collection Tools. D. Desk review

- Attachments will include soft copies of all interviews/FGDs, translation and coded datasets/interview in qualitative assessment software package such as NVivo, ATLAS.ti or other.
- Develop a 2-4 page summary brief based on the results of the formative research

6. Develop BCI Strategy and Implementation plan

- Strategy and Plan will develop/refine key messages for promoting optimal health and nutrition practices, using the most effective motivators for change; identify the approaches (e.g. various communication channels), materials, tools and activities to promote behaviour change among targeted groups; and the scope, frequency and location of activities, stakeholder arrangement and responsibilities and budget.
  - This should be based on both the formative research and the desk review of BCI strategies

- Proposed methods for monitoring implementation and evaluating the effectiveness of the BCI strategy.

- The agency/consultant will design a participatory workshop with all relevant stakeholders, including consortiums members, government officials and development partners where-in findings of the formative research are utilized to develop the components of a BCI strategy. The focus of the workshop would be to seek inputs to develop the draft strategy and to ensure commitments from all stakeholders for roll-out of the implementation plan. The workshop should also include development of an implementation plan for the strategies identified. The plan should ideally incorporate existing as well as new activities that will need to be undertaken and specify the modification of existing materials; development of new communication materials if any as well as the role of different stakeholders in the implementation.

- Finalize the strategy and the implementation plan in consultation with MI and key stakeholders for the interventions.
Communication materials will be developed based on the recommendations from the strategy development workshop and in consultation with MI, develop a set of communication materials in line with the overall strategic approach and key messages identified.

The materials are to be developed with inputs from MI in English and Kiswahili languages and will need to be pretested and finalized. While the final set of materials will depend on the recommendations from the strategy development process, the agency may propose an indicative minimum set of materials keeping in mind potential audience segments and communication objectives.

DELIVERABLES

The following deliverables will be required to be submitted in electronic and hard copies to MI:

- Desk review report
- Stakeholder consultation minutes and key recommendations
- Final English and translated questionnaires for data collection of formative research
- Plan for training researchers
- All field notes and interviews legibly transcribed and translated in electronic form
- Cleaned and labelled qualitative transcripts
- Detailed study report and PowerPoint presentation summarizing key findings
- Develop a policy brief based on the results of the formative research
- Desk review / literature review report for BCI strategy
- BCI strategy development workshop report with recommendations from key stakeholders
- Final BCI strategy and implementation plan document and power-point presentation
- Pre-test reports on the communication material
- Final communication materials in soft copy (high res open files and low res pdf) and five sets each in hard copy in English and Bengali languages
- Task completion report (financial & narrative)
### TIMELINE OF ACTIVITIES (WEEKLY BASIS)

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<tr>
<th>Activities</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Desk review report</td>
<td>1 2 3 4 5 6 7 8 9 1 2 1 1 1 1 1 1 1 2 2 2 2 3</td>
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<tr>
<td>Stakeholder consultation minutes and key recommendations</td>
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<tr>
<td>Formative research protocol, ethical clearance and conduct research</td>
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<tr>
<td>Formative research report</td>
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<td>Dissemination workshop on formative research findings</td>
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<tr>
<td>Policy brief</td>
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<tr>
<td>Desk Review of BCI strategies</td>
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<tr>
<td>Development of BCI strategy</td>
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<tr>
<td>BCI strategy report</td>
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<tr>
<td>Development of phototype materials, pre-test and finalization of communication materials</td>
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<tr>
<td>Final report</td>
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### CONSULTANCY TEAM PROFILE

The team should be hosted by a university, institution or consultancy firm in Tanzania. The Principle Investigator (PI) of the team should have a minimum of 10 years post-graduation experience that includes substantial experience with qualitative research and development of BCI strategies. The team must have a license for a qualitative data analysis tool on which data coding and analyses will be conducted.

The team members, one of which should be the PI, should be comprised of the following members:

**Qualitative Researcher:** He/she will hold a PhD degree in the social sciences or public health and should have post-graduation experience (10 year, if the PI) with qualitative research in a health setting as a lead and/or consultant, and demonstrated capacity in gender mainstreaming. The individual will also have demonstrated capacity to successfully design, implement and manage qualitative research or program evaluation studies and be capable of convening a multidisciplinary team of researchers to cover the needs of the project. The Qualitative Researcher will have knowledge and experience developing discussion guides, leading and interpreting findings from focus groups and other qualitative methodologies as well as qualitative research data analysis and publication; and s/he will guide the design, data management and analysis of the qualitative research. He/she should have capacity to produce quality narrative and financial
Nutritionist: The individual will have a Master’s degree in Public Health or a relevant discipline; and more than five years of specialist work (10 years, if the PI) in the area of maternal, newborn and child health, with experience in both clinical and community-based programmes and application of BCI to these programme settings. The individual will also have extensive familiarity with Tanzania’s health structures/system and understanding of services relating to maternal and child nutrition and health care. This individual will provide technical guidance on maternal, newborn and child health and nutrition along with any other responsibilities appropriate for the proposed formative research design and interpretation of results.

Behavior Change Communication Specialist: He/she will have at least a Master’s degree in one of the following or related fields – Sociology, Public Health, Human Nutrition, Behavior Change Communications, and Behavioral Science; and have at least five years of experience (10 years, if lead) providing technical guidance to behavior change projects across multiple sectors in Tanzania including addressing gender-based barriers to change. The experienced team member will guide the design and data management and analysis of the qualitative research. The BCC Specialist will provide technical input and oversight in the development of the BCC strategy, including its field testing and the applications of approaches, messages, materials and tools. The BCC Specialist will maintain close communication and coordination with county level stakeholders (i.e. ENRICH project staff, Ministry of Health, Community Development, Gender, Elderly and Children and Ministry of Agriculture, Livestock and Food security) to develop the BCI strategy.

GUIDELINES FOR SUBMISSION
Interested consultants should send submit the following:

i. **Capacity of firm/ CVs:** CVs should not exceeding 5 pages. Composition of team as per above description and proposal summarizes the role of each team member & how their competencies fir those roles.

ii. **Technical proposal:** not exceeding seven pages, describing understanding of the task, proposed methodology (including ethical clearance, sample sizes, qualitative methods and BCI strategy development), responsibilities of key stakeholders and detailed work plan that breaks down activities, outputs and associated timelines; proposal addresses potential adjustments should there be delays and how this will be met.

iii. **Financial proposal:** including daily fee rate, total number of days broken down by activity, suggested number of trips/days in-country and any other expenses required to fulfill the terms of the consultancy (field trips, meetings, materials, etc.), and reasonable estimate of total costs.

PROPOSALS SHOULD BE SUBMITTED VIA EMAIL TO:
llucas@micronutrient.org cc: nlema@micronutrient.org

Deadline for submission of proposal is COB Wednesday March 1st, 2017.

Question may be sent via email to the following email address: llucas@micronutrient.org
ANNEX 1:

Formative research questions may include but not limited to:

- What knowledge and beliefs do mothers and other primary caregivers have on health, hygiene and nutrition issues and what are current practices?
- What are the knowledge, attitude and practice of health care providers for the delivery of nutrition services?
- What is the perception of mothers on MNP to their children?
- What is the perception of mothers with regards to MNP use?
- How accessible and of what quality are health and nutrition services in the area (family planning, antenatal care, child health services, child nutrition services) and what are the determinants of health and nutrition service use?
- What are the cultural practices related to sexual and reproductive health, including family planning and birth spacing for pregnant and lactating women and contraception, delivery care, child marriage and family planning for adolescent girls?
- Which food production systems (crops, soil conditions, animals, biofortification, technologies, and constraints) exist already and what are the current household food availability, quality and variety?
- How does food production system translate into household food availability, quality and variety and are these associated with child nutritional status?
- What are the gender and social determinants of malnutrition? Are there any socio-cultural practices, taboos, cultural beliefs or caring practices that may affect women’s, girl’s, boy’s and men’s nutrition status differently?
- How food is distributed within the home between women, girls, boys and men?
- Who within the household has control over resources and does this impact to food and feeding habits?
- What is women’s daily time allocation for different tasks, their decision-making power, gender role attitudes, social contacts, access to land and community organisation?
- What tools/communication materials, if any, are currently used by government and other stakeholders for monitoring, interpersonal communication and counselling? How effective are these tools/materials?
- Is women’s empowerment, at the individual and community level, associated with maternal and child nutritional status?
- What is the influence of women’s empowerment on preventive and curative health service use and is service use associated with maternal and child nutritional status?

Observational research will be conducted in the participants’ home in a natural environment where one can study the spontaneous behaviour of participants. The researcher will record what they see in whatever way they can.

- Eating behaviour of the family, mothers/caregivers behaviour and environmental factors on feeding of complementary foods for 6 to 23 months, hygiene practices of the caregiver/mothers and other family members, cooking pattern, behaviour of the service provider during provision of different nutrition services etc.
Identify barriers and enablers to adoption of optimal maternal and IYCF nutrition practices from the perspectives of service providers, pregnant and lactating women, caregivers, religious leaders and other social influences. Barriers and enablers could be related to:

- Understanding of malnutrition, prevention and recognition of signs
- Production or consumption of bio-fortified crops
- Gender issues related to food production, use and consumption
- Cultural practices related to food consumption (i.e. who eats first, foods prohibited for pregnant women, child feeding practices such “own bowl”, who gets meat, etc.)
- Available delivery platforms of nutrition and health interventions for pregnant and lactating women, newborns and young children
- Available delivery platforms and key messaging on sexual and reproductive health for pregnant and lactating women
- Cost issues related to nutrition choices and practices
- Issues related to interactions within and across health facility, community (including peers) and household members related to nutrition practices, counseling, and other engagements
- Gender issues related to advocacy for nutrition
- Perceptions about the quality and reliability of nutrition information from various sources and delivery platforms
- At the facility level, issues related to stocks, training
- Food preservation and storage
- Use of micronutrient supplements (iron/folic acid for pregnant and lactating women, micronutrient powders or vitamin A supplements or zinc for children, etc.) and the delivery platforms for each micronutrient supplement