



REQUEST FOR PROPOSAL (RFP)

Hiring Consultant/Firm

“Barrier Analysis for Maternal, Infant and Young Child Feeding and Hygiene Practices for Emergency Food Security Program (EFSP)”

To: Consultant/Firm

Date: 3 November 2019

Dear Sir/Madam:

We kindly request you to submit a proposal for **“Barrier Analysis for Maternal, Infant and Young Child Feeding and Hygiene Practices for Emergency Food Security Program (EFSP)”**.

Please be guided by the information attached below with annexures:

General RFP Guidelines and Instructions:

RFP Name:	“Barrier Analysis _ EFSP”
RFP Reference:	WVB-COX-SCM-RFP-0001-01/20
Submission of Proposal:	<p>Separate Technical and Financial proposals shall be sent directly through email in <u>PDF format</u> to: wvb_scm@wvi.org</p> <p>Maximum file size: 9MB. If mail returned due to over file size, please split the file and send in separate email.</p> <p>RFP reference “Barrier Analysis _ EFSP”. Shall be mentioned in subject line.</p>
Deadline for the submission of proposals:	<u>Deadline for proposal submission is: On or before 10th November, 2019 within 5.00 P.M</u>
Procurement Focal Point:	Kallal Shing, kallal_shing@wvi.org
WVB Contact regarding Technical Specification:	Sara Leister, Sara_Leister@wvi.org
List of Annexures:	<p>Annexure-1: Instructions to Offeror</p> <p>Annexure-2: General and Particular Terms and Conditions</p> <p>Annexure-3: Vendor’s Primary Information Collection Sheet</p> <p>Annexure-4: WV safeguarding behavioural protocol</p> <p>Annexure-5: Declaration of Conflict of Interest</p> <p>Annexure-6: Terms of Reference (ToR)</p>

INSTRUCTIONS TO OFFEROR

Cost of proposal:	The Offeror shall bear all costs associated with the preparation and submission of the Proposal, the World Vision Bangladesh (WVB) will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the solicitation.
Contents of solicitation documents:	Proposals must offer services for the total requirement. Proposals offering only part of the requirement will be rejected. The Offeror is expected to examine all corresponding instructions, forms, terms and specifications contained in the Solicitation Documents. Failure to comply with these documents will be at the Offeror's risk and may affect the evaluation of the Proposal.
Clarification of solicitation documents:	A prospective Offeror requiring any clarification of the Solicitation Documents may notify the procuring WVB entity in writing at the organization's mailing address or fax number indicated in the RFP. The procuring WVB entity will respond in writing to any request for clarification of the Solicitation Documents that it receives earlier than one week prior to the deadline for the submission of Proposals. Written copies of the organization's response (including an explanation of the query but without identifying the source of inquiry) will be sent to all prospective Offerors that has received the Solicitation Documents.
Amendments of solicitation documents:	<p>At any time prior to the deadline for submission of Proposals, the procuring WVB entity may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective Offeror, modify the Solicitation Documents by amendment.</p> <p>All prospective Offerors that have received the Solicitation Documents will be notified in writing of all amendments to the Solicitation Documents.</p> <p>In order to afford prospective Offerors reasonable time in which to take the amendments into account in preparing their offers, the procuring WVB entity may, at its discretion, extend the deadline for the submission of Proposals.</p>
Language of the proposal:	The Proposals prepared by the Offeror and all correspondence and documents relating to the Proposal exchanged by the Offeror and the procuring WVB entity shall be written in the English language. Any printed literature furnished by the Offeror may be written in another language so long as accompanied by an English translation of its pertinent passages in which case, for purposes of interpretation of the Proposal, the English translation shall govern.
Proposal currency	All prices shall be quoted in BDT.

Proposal prices	The Offeror shall indicate on an appropriate Price Schedule, an example of which is contained in these Solicitation Documents, the prices of services it proposes to supply under the contract.
Submission of proposals	<p>Separate Technical and Financial proposals shall be sent directly through email in <u>PDF format</u> to: wvb_scm@wvi.org</p> <p>Maximum file size: 9MB. If mail returned due to over file size, please split the file and send in separate email.</p> <p>RFP reference “Barrier Analysis _ EFSP”. Shall be mentioned in subject line.</p> <p>A Proposal shall contain no interlineations, erasures, or overwriting except, as necessary to correct errors made by the Offeror, in which case such corrections shall be initialed by the person or persons signing the Proposal.</p>
Late Proposals	Any Proposal received by the WVB after the deadline for submission of proposals, pursuant to clause Deadline for the submission of proposals, will be rejected.
Modification and withdrawal of Proposals	The Offeror may withdraw its Proposal after the Proposal's submission, provided that written notice of the withdrawal is received by WVB prior to the deadline prescribed for submission of Proposals. No Proposal may be modified subsequent to the deadline for submission of proposals. No Proposal may be withdrawn in the interval between the deadline for submission of proposals and the expiration of the period of proposal validity specified by the Offeror on the Proposal Submission Form.
Documents comprising the proposal	<p>The Proposal shall comprise the following components:</p> <ol style="list-style-type: none"> 1) Operational and technical part of the Proposal, including documentation to demonstrate that the Offeror meets all requirements; 2) Declaration of Conflict of Interest as per Annexure-6; 3) Declaration on Child Protection and Behavioral and Security Policy Protocol as per Annexure-5; 4) Vendor Information Sheet Annexure-4.
Clarification of proposal	To assist in the examination, evaluation and comparison of Proposals, the Purchaser may at its discretion, ask the Offeror for clarification of its Proposal. The request for clarification and the response shall be in writing and no change in price or substance of the Proposal shall be sought, offered or permitted.
Preliminary examination	<p>The Purchaser will examine the Proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the Proposals are generally in order.</p> <p>Arithmetical errors will be rectified on the following basis: If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price</p>

	<p>shall prevail and the total price shall be corrected. If the Offeror does not accept the correction of errors, its Proposal will be rejected. If there is a discrepancy between words and figures the amount in words will prevail.</p> <p>Prior to the detailed evaluation, the Purchaser will determine the substantial responsiveness of each Proposal to the Request for Proposals (RFP). For purposes of these Clauses, a substantially responsive Proposal is one which conforms to all the terms and conditions of the RFP without material deviations. The Purchaser's determination of a Proposal's responsiveness is based on the contents of the Proposal itself without recourse to extrinsic evidence. A Proposal determined as not substantially responsive will be rejected by the Purchaser and may not subsequently be made responsive by the Offeror by correction of the non-conformity.</p>
Evaluation and comparison of proposals	<p>A two-stage procedure is utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any price proposal being opened and compared. The financial proposals will be opened only after the respective bidder has passed the minimum technical score of 70% of the obtainable score of 100 points in the evaluation of the technical proposals. The technical proposal is evaluated on the basis of its responsiveness to the Term of Reference (TOR).</p> <p>In the Second Stage, the financial proposal of all contractors, who have attained minimum 70% score in the technical evaluation, will be compared.</p> <p>The final evaluation shall be done applying quality and cost based selection (QCBS) procedure. Setting the total score of 100, 70% weight is given in Technical Proposal and 30% weight is given in Financial Proposal. In the case of QCBS, the lowest evaluated (Technical proposal obtained score 70% and higher) Financial Proposal will be given the maximum Financial Points of 100. The Financial Points of the other Financial Proposals will be computed accordingly.</p> <p>The point of financial proposal shall be computed using formula:</p> $F_p = \frac{100 \times F_m}{F}$ <p>Here: <i>F_p</i> = Financial Score of Offeror being evaluated <i>F_m</i> = Lowest Financial proposal among technically qualified Offerors <i>F</i> = Financial Proposal of Offeror being evaluated</p> <p>Combined score shall be calculated using formula mentioned below: <i>CS</i> = [<i>TS</i> * 0.7 + <i>F_p</i> * 0.3]</p>

	<p>Here: <i>CS = Combined Score</i> <i>TS = Score obtained from Technical Proposal</i></p> <p>Contract shall be awarded to the highest combined (Technical and Financial) score obtained Offeror.</p>
Technical Evaluation Criteria	<p>The technical part of the proposals will be evaluated on the basis as detailed below:</p> <ul style="list-style-type: none"> • Understanding the survey work i.e. (a) understanding the objectives, (b) quality of methodology, (c) innovativeness, (d) work programme, (e) comments on TOR and (f) presentation of proposal. • Experience of Consultants and human resources i.e. (a) experience of team leader about different types of studies conducted for national and international agencies, (b) experience of the Evaluation Consultant, (c) Technical supporting staffs (d) experiences of the consultant with World Vision Bangladesh. • Organizational profile and experience, experience in providing service to International NGOs, UN and Bilateral Organizations, Reference information of former clients. • Documents of legal entity (i.e. Trade License, TIN certificate, VAT Registration etc.)
Demonstration of Proposal	<p>As a part of evaluation process, Offeror(s) may be asked for presentation of submitted proposal before Proposal Evaluation Committee.</p>
Payment Terms	<p>WVB shall effect payments to the Contractor after acceptance by WVB of the invoices submitted by the contractor, upon achievement of the corresponding milestones. Milestones period will be decided during the signing of the contract.</p>

GENERAL AND PARTICULAR TERMS AND CONDITIONS

A. General Terms and Conditions

1. Offerors have to submit technical and financial proposals separately through email wvb_scm@wvi.org.
2. The offer shall remain valid for 90 days from the closing date of receiving of Proposal by WVB.
3. Payment shall be made through Straight to Bank (S2B).
4. All the columns/requirements in this form/ToR must be properly completed. Quote for each item separately, and in units as specified. Incomplete offers or offers which do not comply with any of our tender conditions/ToR will not be considered.
5. WVB reserves the right to accept the partial or whole or part of your offer. WVB authority reserves the right to impose penalty or cancel the entire or partial purchase order if vendor fails to maintain the quality, specification, and delivery date.
6. WVB authority reserves the right to accept or reject any or all the Proposals in part or full or alter any of the provisions as deemed necessary, without showing any reason whatsoever at any time and acceptance of any liability. WVB reserves the right to accept the whole or part of your offer.
7. Making a payment to any employee as an inducement or any canvassing to enable you win this bid will result in automatic disqualification participating in this tender or any other tenders. Any solicitation/influence/non-compliance of the Terms & Conditions of this Tender, will lead to disqualification of the submitted Tender/Bid and will be treated informal/rejected.
8. The Proposal must be placed through email not later than 05:00 P.M. on the closing date.
9. Descriptive literature or samples of the items offered has to be forwarded with Proposal. All descriptive literature must be in English language.
10. **Your financial offer should indicate final price, which includes all costs for delivery of final product at WVB, discount, Income Tax and VAT. All kind of charges including applicable Taxes/VAT will be deducted at source from the total bill as per Govt. Rules & Regulations.**
11. Proprietor or an authorized representative of the Offeror must sign this form, and all the documents accompanying this bid must be properly rubber-stamped and signed.
12. If you do not wish to quote, please endorse the reason on this form and return it, otherwise your name will be deleted from WV list of items listed here on.
13. Inspection (at buyer's expense or unless negotiated as seller's expense) may be applicable and will be advised at time of purchase order and arranged by WVB or the supplier.
14. After submitting the proposal result will be informed to successful Offeror(s) within thirty working days after the closing date of receiving proposal.
15. The work shall be completed in all respects within the completion date mentioned in the purchase order.
16. Any late submission of Proposal after the schedule date and time will be rejected.
17. Environmental policy: WVB's policy is to purchase products and services, which have the least negative impact on the environment. Environmental considerations covering manufacture, transport, packing, use and disposal of goods form part of WVB evaluation and selection criteria.

18. Terrorists: WVB will not do any business with any known terrorist group or company involved in any way with terrorists. WVB shall therefore not knowingly purchase goods or services from companies that are involved with terrorist groups in any form. If you submit a bid based on this request, it shall constitute a guarantee that neither your company nor any affiliate or any subsidiaries controlled by your company are not involved with any known terrorist group. A contract clause confirming this will be included in an eventual purchase order based on this request.
19. In all cases, the decision of the World Vision Management will be final.
20. The Offeror has to submit duly filled up Vendor's Primary Information Collection Sheet (Annexure-4).
21. The Offeror has to agree to comply with WV safeguarding behavioural protocol_Bangla (Annexure-5).
22. The Offeror has to make a declaration whether the Business Entity has relative or business partner in World Vision Bangladesh (WVB) who can influence the purchase decision or not (Annexure-6).

I/We hereby agree to execute the work specified in the above memorandum strictly and fully in accordance with all the terms and conditions of the contract (if awarded) described above and in the annexure hereafter and will abide by and fulfill all such Terms & Conditions.

Name & Signature of the Offeror: _____

Name of the Company: _____

Date with Seal of the Company: _____

Annexure-3**VENDOR'S PRIMARY INFORMATION COLLECTION SHEET**

Vendor's Name :

SL#	Description of Requirements	Information to be Provided here
1	Category of Vendor	Consultancy
2	Trade License Number	
3	Tax Identification Number (TIN)	
4	VAT Registration Number	
5	Address of Business Center	
6	Contact Telephone Number	
7	Contact Mobile Number	
8	FAX Number (Optional)	
9	Email Address:	
10	Webpage Address (Optional)	
11	Contact Person's Name	
12	Vendor's Bank Name	
13	Name of Bank Branch	
14	Bank Sorting Code (Optional)	
15	Bank Account Name	
16	Bank Account Number	
17	Bank Routing Number/Swift Code	

Information Submitted by

Date:

Annexure-4 WV safeguarding behavioural protocol

To be signed by all staff, interns, volunteers, suppliers, board members, consultants, visitors that are not WV staff, formal partners, and any other affiliates of WV Bangladesh who gains access to children or their personal information through their affiliation with WVB (During accepting the offer)

Safeguarding Behavioral and Security Policy Protocol

All WV staffs, volunteers, interns, donors, visitors who are not World Vision staff, formal partners, consultants, suppliers, and any other affiliate who gains access to children or their personal information through his or her affiliation with WV acknowledge in writing the receipt and understanding of WV Bangladesh behavior protocols and commit to abide by them. Any violations of the provisions outlined in this document may be ground for action by WVB, including disciplinary or legal action, and/or severance of cooperation agreements and relevant contracts, as deemed appropriate by WVB.

My Commitment: I have received and understood World Vision Bangladesh Safeguarding Policy, procedures and protocols and I commit to the following

1. I will always behave with children and adult beneficiaries in ways that are respectful of their rights, and I will be careful about perception and appearance in my language, actions, and relationships with them. I will be intentional in caring for the needs and in protecting the rights of the children and adult during my tenure of service with World Vision.
2. I will always be appropriate and culturally sensitive during all interactions with children and adult.
3. I will not spend excessive or unnecessary time alone with a child, whether in the child's house, in WV's program premises, or elsewhere, away from others or behind closed doors or in a secluded area.
4. In case of deemed necessity of providing specific support for example medical assistance or counseling to the children and adult I will always take initiative with consent from appropriate line management within WVB.
5. I will always comply with "two adult rule" (where possible and practical) when conducting WVB work wherein two or more adults supervise all activities that involve children and are visible and present at all times.
6. I will only photograph or take videos of children and adult when they are appropriately dressed, and I will respect their dignity and right to privacy at all times. I will never take pictures or videos of children in moments of trauma or grief.
7. I will ensure that informed consent always is taken from parents/legal guardians, adult and children themselves before taking any photographs, videos, and any other communication materials and will submit the consent document to the responsible person for recording in the files at the concerned AP office or NO or at both level where appropriate. I am aware of the provisions regulating the cases in which the informed consent should be provided in writing by guardians and children, as outlined in WVB Safeguarding policy.
8. I will never use verbal conduct such as derogatory comments, or use language, make suggestions or offer advice which is inappropriate or abusive, including language that may cause

- shame or humiliation, or is belittling or degrading for children and adult both.
9. I will never expose, facilitate or condone the exposure of children and adult to pornography, sexual advances, unwanted invitations, or use of power and authority to persuade a child to do something. I will always ensure that all physical contact with children and adult is culturally appropriate. I will not hold, fondle, hug, kiss, or touch the children and adult in any inappropriate or culturally offensive way.
 10. I realize that, for any instance of abuse, neglect, exploitation, violence, or any other inappropriate behavior towards children and adult, I will be subject to action by WVB and/or relevant national authorities, and that I expose myself to any consequent decision that such instances may result in. Should any I have a contractual relation with WV, and should I be found guilty by WVB of breaching WVB Safeguarding policy, I authorize WVB to disclose such information to any prospective employer who asks references about me to WVB.
 11. I will comply with any safeguarding related investigation (external and internal), and commit to make available of information or any document necessary for the completion of the investigation.
 12. I will not hire children below 18 years of age, in any form of child labor, including (but not limited to) as house help. Should I require to hire a child in legal work, I will seek the advice and follow the instructions of the National Office CP specialist on the best interest of the child and the alignment of such hiring with national and international law, prior to engaging in this matter.
 13. I will not behave in an inappropriate physical manner with children and adult, and as per child act 2013 I will never develop sexual relationships with a child (under 18 years old) regardless of legal age of consent in the country. I realize that I will always be accountable for my response to a child's behavior, including if a child behaves in a sexually inappropriate manner. I will avoid being placed in a vulnerable or compromising position with children and adult.
 14. I highly discourage child marriage and also I will not perform, conduct or direct any child marriage. I will not condone or participate in behavior which is illegal, unsafe or abusive towards children, harmful traditional practices, including early marriage, dowry, spiritual or ritualistic abuse.
 15. I will always use positive and non-violent methods to manage children's behavior. I will never hit, mentally torture or use any other corporal punishment against a child while the child is in care of WVB or under any project of WVB.
 16. I will behave positively with disable children, and will not humiliate them at any cause.
 17. Unless it is absolutely necessary and with parental and management consent, I will not take a child alone in a vehicle for any of WVB work.
 18. I will report any safeguarding incident suspected or happened by WVB staffs or affiliates, any humanitarian's aid worker or stranger in the community to WVB staffs/NO CP lead through established reporting mechanism.
 19. I am aware of WV's policy on Kidnapping and Hostage situation where no ransom will be paid or gain will accrue to those who employ such methods. I confirm that my understanding that WV Bangladesh will not be responsible in the event of a kidnap or hostage situation.
 20. I am aware of the country's political and security situation and will follow WVB's security advice. I will not hold WVB responsible if anything goes wrong with regard to my personal security during my tenure of service with World Vision Bangladesh.

Consequences of Breach

Corrective Action: *Failure to follow Behavior Protocols, or other inappropriate behavior toward children and adult stated in the Policy is grounds for taking disciplinary action by World Vision Bangladesh up to and including dismissal from employment, volunteer/internship or Board/Advisory Council membership. Breach of the Behavior Protocol and the policy is ground for termination of contracts with suppliers, vendors.*

WVB authority can also take legal action if the incumbent found guilty of violation of the policy, to local Law Enforcing Agency authorities of Bangladesh Government based on legal obligations and the best interests of the child.

Acknowledgement of receipt and undertaking to comply:

I, (insert name)_____ of (insert address)

hereby agree and confirm that:

- I have received, understand and will abide by WVB's Safeguarding Behavioral and Security Policy Protocols; and
- (*) (where applicable) In the course of contracted work, I agree that where I have interaction with children and adult beneficiaries

The data –

- (i) I will act in the best interest of children and uphold WVB's Safeguarding Behavioral and Security Policy Protocol and other adult safeguarding measures as requested AND
- (ii) if I become aware of any harm or risk to children and adult I will inform WVB immediately

Signed by:

Date:

Name:

Designation:

Department/Project:

Annexure-5

DECLARATION OF CONFLICT OF INTEREST

Having examined my relationships with other organizations and employees of World Vision Bangladesh to the best of my knowledge, and nothing that if in doubt a relationship should be disclosed for further discussion, I have carefully reviewed each of the four statements below and marked either “yes” or “no” for each with additional information where necessary.

Circle ☐ the appropriate

Answer for each

1. YES NO I/My Business Entity have/has a financial interest in or otherwise involved with, an organization or person with which World Vision Bangladesh or any of its office has business or ministry dealings.

Sl.	Name of Organization	Office or Interest in Organization

2. YES NO I/My Business Entity am/is involved in any dispute with, World Vision Bangladesh or any of its office has business or ministry dealings.

If Yes, explain: _____

3. YES NO The following staff employed by World Vision Bangladesh or, other World Vision entities are related to me/my Business Entity. This is a complete list of individuals related to me/my Business Entity who are employed by World Vision Bangladesh/ other World Vision entities.

Sl.	Name of WVB Employee	Position held in WVB	Relation

4. YES NO I have no relationships, business affiliations, involvements, associations, positions, financial interests, gifts, loans or other transactions to disclose.

I hereby certify that my answers to statements 1-4 above are accurate and that all the information I have declared above is true and is fully updated to the best of my knowledge.

Terms of Reference (ToR)

Barrier Analysis for Maternal, Infant and Young Child Feeding and Hygiene Practices for Emergency Food Security Program (EFSP)

October 2019

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I. Introduction

The goal of the USAID/FFP-funded EFSP program is to improve food security and nutrition status of 34,112 Rohingya refugees HHs and 5,229 vulnerable host community HHs in Cox's Bazar District who are impacted by the Rohingya refugee influx. World Vision will work toward this goal with the following 2 purposes: 1) Increased consumption of diverse and quality foods that meet the nutritional requirements of vulnerable house-holds in Refugee Camps and Host Communities and 2) Capacity of Refugees and Host Communities to withstand future shocks enhanced.

The Rohingya refugee population in need in Cox's Bazar, Bangladesh stands at 906,512ⁱ. The Government of Bangladesh leads an international humanitarian response effort reaching 1.2 million Rohingya refugees and host community members in the Ukhia and Teknaf *upazilas*. November 2017 data shows 80 percent of new refugee arrivals were vulnerable to food insecurity, with 16 percent using savings brought from Burma to access sufficient food.ⁱⁱ Due to Government policies restricting refugees' ability to work, earn income or leave their assigned camp, 100 percent of Rohingya households (HHs) in Ukhia and Teknaf are now dependent on humanitarian food assistance to meet their daily calorie needs. The number of refugees in urgent need of food assistance is projected to remain the same throughout 2019ⁱⁱⁱ. Even though WFP has transitioned 318,847 refugees as of April 2019 from in-kind General Food Distributions to a Voucher system^{iv} enabling access to both staple and fresh foods^v, dietary diversity remains an unmet need for the majority of refugee HHs, particularly women and children. Currently, NGOs (WV, Oxfam, RIC and GUK) are reaching an additional 104,936 individuals with complementary vouchers for fresh food items; WV serves 21,000 of these individuals in two camps with private funding and coordinates closely within the Food Security Sector at the National and response level. Expanding complementary voucher interventions is a priority for the Food Security Sector,^{vi} as poor dietary diversity is one key reason for malnutrition among refugees^{vii}.

Global Acute Malnutrition rates for children U5 in the response has been below WHO emergency threshold but remain within the "serious" category at 11 percent.^{viii} Nearly 40 percent of children U5 suffers from anemia, and stunting is at 40 percent among children 0-59 months. Anemia rate, even for women 15-49 years who are not pregnant or lactating, is nearly 23 percent. Refugee women face additional hurdles in enabling food security and nutrition outcomes for themselves and their children. Cultural pressure to remain in the home means limited mobility and access to information; access to community or women's groups are limited (only 14% of women as of August 2018 participating in Women Groups); males in the HH are traditionally prioritized for food intake; and the general stress of living in an extremely congested and high-risk environment for Gender Based Violence (GBV) all detract from child nutrition outcomes^{ix}.

Prior to August 2018, Cox's Bazar District was classified as Integrated Food Security Phase Classification (IPC) 3^x. The rapid refugee influx disproportionally impacted Ukhia and Teknaf,

where the majority of new arrivals settled. The population of these two *upazilas* nearly tripled with refugees now outnumbering Bangladeshi's 3:1. Despite ongoing blanket distribution of staple food, the proportion of HC HHs with a poor or borderline Food Consumption Score spiked from 31 percent at the start of the influx to 80 percent one year later^{xij)} with dietary diversity also falling from 3.7 to 2.6.^{xii)} Of the total Ukhia and Teknaf Bangladeshi population of 548,400^{xiii)}, approximately 336,000 are currently in *Crisis*, or IPC Phase 3.^{xiv)}

While rates of malnutrition have been historically lower in Teknaf and Ukhia than national averages, according to the 2016 SMART nutrition survey, stunting rates are notably higher—at 43 percent for Ukhia and 48 percent for Teknaf, exceeding the 40 percent WHO “very high” threshold—indicating chronic malnutrition driven by poor socioeconomic conditions and possibly early exposure to illnesses^{xv)}. Prevalence of underweight children in 2016 was nearly 33 percent, exceeding the WHO “very high” threshold of 15%. Also poor practice of positive feeding behaviours affects the poor nutrition outcomes among under 5 and pregnant and lactating women. Data from soon after the influx showed Minimum Dietary Diversity for Women in the host communities as not too varied from refugee women: Only 30 percent of host community females achieved minimum dietary diversity (compared to 24 percent of refugee women) and an average of 3.61 food groups consumed (compared to 3.39 for refugee women), well under the acceptable threshold of five.

The proposed Barrier Analysis is a rapid assessment tool used in community health and other community development projects to identify behavioural determinants associated with a particular behaviour so that more effective behaviour change communication messages and support activities can be developed and disseminated. Barrier Analysis for will help identify and understand the determinants which influence adoption of the selected behaviours (see Box 1).

Box 1: Determinants of Behaviours

1. **Perceived self-efficacy/skills** - An individual's belief that he/she can do a particular behaviour given his/her current knowledge and skills
2. **Perceived social norms** - The perception that people important to an individual think that he/she should do the behaviour. Norms have two parts: who matters most to the person on a particular issue and what the person perceives those people think he/she should do
3. **Perceived positive consequences** - What positive things a person thinks will happen as a result of performing a behaviour. These may include advantages (benefits) of the behaviour, attitudes about the behaviour, and perceived positive attributes of the action
4. **Perceived negative consequences** - The negative things a person thinks will happen as a result of performing a behaviour, these will include disadvantage of the behaviour, attitudes about the behaviour, and perceived negative attributes of the action
5. **Access** – Access has many different dimensions. It includes the degree of availability of the needed resources or services required to adopt a given behaviour. It also includes barriers related to cost, geography, distance, linguistics, cultural issues, and gender

6. **Cues for action/reminders** – This is about the presence of reminders that help a person remember to do a particular behaviour or the presence of reminders that help a person remember the steps involved in doing the behaviour.
7. **Perceived susceptibility/risk** - A person's perception of how vulnerable or at risk he/she feels to the problem that is being addressed/prevented by adopting certain behaviour.
8. **Perceived severity** – The belief that the problem (being prevented by the behaviour) is serious and needs to be prevented.
9. **Perceived action efficacy** - The belief that by practicing the behaviour one will avoid the problem or the belief that the behaviour is effective in avoiding the problem
10. **Perceived divine will** – this is about a person's belief that it is God's will (or the gods' wills) for him/her to have the problem and/or to overcome it. It includes the priority group's perception of what their religion accepts or rejects and perceptions about the spirit world or magic (e.g., spells, curses)
11. **Policy** - Laws and regulations (local, regional, or national) that affect adoption of behaviours and access to products and services required for the adoption of certain behaviours.
12. **Culture** - The set of history, customs, lifestyles, values, and practices within a self-defined group. May be associated with ethnicity or lifestyle.

Source - Kittle, Bonnie. 2013. A Practical Guide to Conducting a Barrier Analysis. New York, NY: Helen Keller International

1.1 Description of project

EFSP is a two year (24) month project that seeks to meet the immediate life-saving food assistance needs of 39,341 most vulnerable households, for both the refugee and host community with a start date of 1st August 2019. For the refugee (camp) the project will end on the 31st July 2020, and 31st July 2021 for the host community. The overall goal of the project is to improve food security and nutrition status of Rohingya refugees and vulnerable host community members in Cox's Bazar District, Bangladesh. In this regard, WV will work towards fulfilling the project goal with two (2) project purposes and expected outcomes as shown below;

Purpose 1: Improved access to and consumption of diverse and nutritious foods for 34,112 refugee HHs; while also addressing the short-term food security needs and strengthening the medium-term livelihoods recovery of 5376 of the most vulnerable host community HH's directly impacted by the refugee influx.

Intermediate outcome 1.1: Improved access to and consumption of diverse and nutritious foods for 34,112 refugee HHs and 5,229 host community HHs directly impacted by the refugee influx

Intermediate outcome 1.2: Enhanced Refugee and Host Community HHs' capacities to sustainably access nutritious and diversified food

Purpose 2: Capacity of Refugees and Host Communities to withstand future shocks enhanced
In line with two purposes, the project proposes to accomplish this through the following outcomes:

Intermediate outcome 2.1: Community assets and infrastructure restored in Host communities through CFW.

Intermediate outcome 2.2: Community savings groups strengthened

Intermediate outcome 2.3: Social cohesion reinforced between host community and refugee HHs

i). Conditional cash transfer

For the Host community cash for work will target vulnerable households with able bodied persons. A well-defined targeting, selection and verification processes will be conducted in order to finalize participants prior the commencement of the cash for work activities. Cash for work activities will aim to rehabilitate community assets critical to food security and nutrition outcomes and not create dependencies for HHs with adults capable of working for wages. The major aim of the cash for work activities is to address the short-term food security crisis and medium-term livelihood recovery needs of 5, 229 most vulnerable households selected and confirmed.

ii). Unconditional cash transfer

The project will target HHs with no able-bodied members to participate, while meeting rest of the other selection criteria as defined for the conditional cash transfer. These include pregnant women headed households, persons with disabilities, elderly, chronically ill adults, children headed households, landless, as well as those with income irregularities and single source of income and are permanent residents in a village

iii). Fresh food vouchers

From the camp site 34, 112 HHs will be selected to benefit from the fresh food voucher modality, with specific consideration given to, in no particular preference, HHs with pregnant or lactating mothers, children under the age of 5, female headed, containing family members with disability or chronic illness, and/or without any HH member currently paid to volunteer for an aid organization or participating in cash for work. The major aim of this intervention is to increase refugee access to a diverse choice of food and meet their household food needs.

iv). Home gardening/IGAs

Under different activities WV will address social dynamics such as women's' mobility restrictions and income generating restrictions by engaging males in the same communities through building awareness on GBV prevention, benefits of women engaging in Income Generating Activities (IGA) s to boost HH income and importance of nutrition for mothers and infants and promote sector of integrated approach to address social gaps within the intervention areas. Through this approach, WV will encourage behaviour and attitude change in the context of protection, particularly SGBV is an integral part of the complimentary approach. Additionally, Multipurpose Centers (MPCs) will be used as a platform/space to raise awareness and educate both men & women on key topics such as the nature and types of sexual exploitation and how to identify and report them; positive parenting and family care; forced and child marriage; shared decision making

in HHs; hygiene knowledge including menstruation hygiene, and nutritional food intake will be discussed

v). Training, awareness and mobilization in community for promotion of positive nutrition and health practices for children and for women of child bearing age.

Increased access to and utilization of nutritious foods will be ensured by encouraging participation by the woman in each beneficiary HH most influential on HH food purchases, cooking, and consumption of nutritious foods. The project will apply the Lead Mothers Group (LMG) Approach to encourage Infant and Young Child Feeding (IYCF)¹, nutritional counselling, and cooking demonstration, leading to improved nutrition outcomes. The 150 LMGs (max.15 members per group) will consist of the influential mothers among the targeted 5,229, HHs and will be trained by WV staff on key IYCF messaging, cooking methods and child care practices, so they could in turn share this knowledge with their fellow female community members throughout and beyond the lifetime of the project.

v). Social cohesion

To reduce tension between host communities and refugees the project will use approaches where activities such as Community Cooking and learning Centers (CCLCs) and cash transfers will benefit both refugee and the host community. Different exchange skills and interaction between the host and refugee community will be promoted through the CCLC approach.

The list below highlights some low performing indicators that EFSP would like to explore through the Barrier Analysis (BA) study. In each of selected location all five behaviours will be analysed:

- a) Exclusive breast feeding for children less than 6 months
- b) Consumption of iron rich foods by women of child bearing age –chicken kidney & liver,green banana, Kuchu loti,Kuchu gula,Red leaf, Khala Muza(Banana flower) Khala inner part, Egg plant,Guava,Painagula,Maitta alu, Bashkrual(Bamboo stem) Derosh,Vat bagun,
- c) Consumption of foods from at least 4 of the following food groups (Note: the BA will only assess the limiting factors to consuming one group or type of food e.g. iron rich/fortified foods, vitamin A rich food, animal source foods, etc.)
 - a. grains, roots and tubers
 - b. legumes, seeds and nuts
 - c. dairy products (milk, (fresh and sour), Doi,
 - d. flesh foods (meat, fish, poultry and liver/organ meats) Dry fish,
 - e. eggs
 - f. vitamin-A rich fruits and vegetables, carrot, pumpkin, Tomato,

¹ Infant & Young Child feeding practices, including pre and post-natal care advice to be provided to beneficiaries *and* then support in referring them to the appropriate health care centers.

- g. other fruits and vegetables
- d) Frequency of feeding, defined as:
 - a. 2 times for breastfed infants 6–8 months
 - b. 3 times for breastfed children 9–23 months
 - c. 4 times for non-breastfed children 6–23 months
 - d. “Meals” include both meals and snacks (other than trivial amounts!), and frequency is based on caregiver report.
- e) Hand washing at the following five critical moments ;
 - a. After using the latrine
 - b. after changing/cleaning a baby who has defecated
 - c. before cooking
 - d. before eating
 - e. before feeding a baby

I.2 BA Study purpose and objectives

A Barrier Analysis is a survey that focuses on identifying what is preventing the priority group from adopting the intended behaviour, as well as enablers of that behaviour. To identify the key barriers and motivators for a particular behaviour, the priority group is asked a series of questions which explores up to 12 potential determinants that can block people from taking action. Barrier Analysis asks more explicit questions about each of the 12 behavioural determinants to identify the important determinants for the behaviour. The results of the questions are compared among groups of people who already have adopted the new behaviour, known as “Doers” and people who haven’t yet adopted the new behaviour, called “Non-Doers”. By comparing the percentage of Doers to that of Non-Doers the most important behavioural determinants can be identified. This is called the Doer/Non-Doer methodology and it is the main methodology for a barrier analysis.

Objectives:

The general objective of this consultancy is to train EFSP staff (health and nutrition staff and MEAL staff) on how to conduct the Barrier Analysis, lead and guide the BA teams in all BA processes, which include defining the goal, behaviour and target group, developing the behaviour question, questionnaire design, data collection, data analysis, interpretation and identification and designing of key messages. The BA will be conducted in the project targeted locations (both host and refugee camps. Specifically the consultant will:

- ✓ Train BA teams (one BA team for the host communities’ survey and one team for refugee camps survey). Each BA team comprises of 18 participants working in 9 small teams of 2 people.
- ✓ Finalise BA questionnaires for the selected IYCF behaviours – each BA location will conduct five BAs, (5 behaviours).
- ✓ Supervise data collection and guide the teams to organise the data for analysis.
- ✓ Analyse data and interpret the results
- ✓ Present results to the teams and facilitate workshops for identification and designing of key messages for care groups.
- ✓ Write BA reports

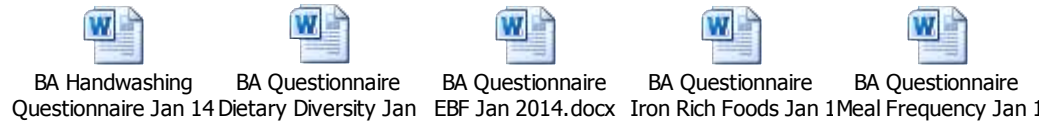
2. Key Study questions

The study seeks to answer the following questions;

- i. What are the most important barriers and motivators for the adoption of maternal, IYCF and hygiene practices?
- ii. What are the key differences in perceptions of Doers and Non-Doers for what could make a behaviour easier or more difficult to adopt?
- iii. What messages can help mothers/caregivers adopt recommended maternal, IYCF and hygiene practices?

- iv. Who are the priority and influencing group for the behaviours under study?
- v. What are the bridges to activities and activities required to address each of the determinants of behaviours identified in the study.

The consultant is expected to develop the specific BA questionnaires for the behaviours to be studied in each location. Attached are examples of key specific questions to be asked to Doers and non- Doers on the five behaviours listed above. **Please see below pages for details**



Study Methodology

3.1 Study design

This study will be cross-sectional in nature; providing a snapshot of information on current determinants to behaviours under study. The cross-sectional study will allow for the comparison of responses from different population groups at a single point in time. In this study comparing responses from Non-Doers and Doers will be facilitated in the identification of important determinants for the behaviors under study. Findings will also be generalized for the entire communities under study, host and refugees from which a minimum sample of the 45 Non-Doers and 45 Doers has been drawn. Messages and activities developed as a result of the study will be relevant for promotion in the entire study community.

The BA will primarily generate qualitative data, however, some data can be quantified by grouping similar responses into categories, putting them into percentage form and doing comparisons of Doers and Non-Doers to determine the important differences.

2.2 Study Area

The barrier analysis will be conducted in the 13 targeted refugee camps and five unions (Ukhia: Jalia Palong, Raja Palong, Palong Khali; Teknaf: Baharchhara, Nhila). The consultant together with project team will choose the number of locations for this study depending on shared characteristics of locations. The study locations will be selected based on the homogeneity of the communities considering ethnicities (cultural identities and practices), social norms, economic dynamics and geographical locations. A minimum of 2 locations from host communities and 2 locations from refugees' camps should be selected for this BA study. *Refer to the appendix for the map of locations.*

3.3 Data Collection and Analysis

Data for the five behaviours being studied in each study location will be collected and analysed on separate sessions. Two teams of enumerators will be created for the BA survey. Each team has 18 enumerators which will work in pairs. One enumerator will ask questions while the other one record the responses, the two will swap roles during the survey.

Data will be analysed manually by the whole team as part of the training. The data will be reviewed and organized into categories based on the responses given for each question during data collection. A code will be created for each category of similar responses. The results are tabulated manually on flip charts and the percentages are calculated. The team will then identify the important categories; the ones that show the biggest differences between Doers and Non-Doers. Those responses with a 15 point difference or higher indicate the most significant determinants. BA data will be quantified during analysis by converting responses given for each category into percentages and do comparisons of Doers and Non-Doers to determine the important differences. The table below is an example of a tabulation sheet for analysis

Table 4: Coding Guide and Tabulation Sheet for Analysis

Responses	#Doers	% Doers	# Non-Doers	% Non-Doers
Perceived positive consequences: What are the advantages of doing the behavior?				
Perceived negative consequences: What are the disadvantages of doing the behavior?				
Perceived self-efficacy: What makes it easier to do the behavior?				
Perceived self-efficacy: What makes it more difficult to do the behavior?				

The consultant will lead the data analysis process and will also be required to train participants on how to analyse data using an Excel Barrier Analysis Tabulation Worksheet, table 5. The excel BA Tabulation Worksheet allows for a lot more quantitative analysis of the data collected, using results of the manual analysis. Once the raw data is entered the results are calculated automatically. The results include odd ratios and P-values which will provide quantitative information on the differences between responses from Doers and Non-Doers.

Table 5: Barrier Analysis Excel Tabulation Sheet

[illegible]

3.4 Study population

Most experts recommend using the Doers and Non-Doers methodology which involves individual interviews with priority group members as the BA data collection method. Previously focus group discussions were considered an acceptable option, but experience has shown that the results with individual interviews are more reliable (Practical Guide to conducting BA, Bonnie L. Kittle, 2013). In view of this, this BA will only collect data through interviews with the different priority groups. No observations or key informant interviews will be conducted during this study. Additionally BA analysis guidelines focus on analysing data from Doers and Non-Doers only, see tables 4 and 5 above. In this barrier analysis a number of behaviours will be studied and the priority group for each behaviour will form the study population, Table 6.

Table 6: Study population by Behaviour to be studied.

Behaviour Under Study	Study Population (Priority Group)
Exclusive breast feeding	Mothers with children less than 6 months
Consumption of foods from at least 4 of the 7 recommended food groups	Mothers/caregivers of children 6 – 23 months
Frequency of feeding	Mothers/caregivers of children 6 – 23 months
Hand washing at the five critical moments a. After using the latrine b. after changing/cleaning a baby who has defecated c. before cooking d. before eating e. before feeding a baby	Mothers/caregivers of children 0 – 23 months

3.5 Sampling:

Sampling strategy/size calculation

Purposeful and convenient sampling will be used during this BA. Selection of study locations is purposeful to ensure that the selected communities represents the EFSP program operational area. The program areas are quite similar in terms of agro-ecological zones and socio-economics status. However some diversity can be found in religion, ethnicity and settlement type. The sampling process will pay particular attention to these differences to ensure that communities selected for data collection are representative of the population in the study locations. This will ensure that generalizations made about key findings.

The heterogeneous nature of the communities under EFSP should be recognised and represented for instance differences in religion or ethnicity should be considered when selecting study locations. Other factors that may impact the practice of the behaviour e.g. geography or settlement type should also be taken into consideration. Sampling should therefore be purposeful to ensure that the above mentioned is observed. In view of this some of the BA participants should be familiar with the study locations.

The study subjects for each behaviour will be selected conveniently to ensure that data collection teams get the required sample size of Doers and Non – Doers for each behaviour under study. The BA data will be generated from Doers – a group of people who have already adopted the behaviour under study and are doing it and Non-Doers – a group of people who have not yet adopted the behaviour under study and are not doing it. Based on literature the BA methodology requires a minimum sample size of 45 Doers and 45 Non-Doers for each behaviour under study, to generate adequate information for each study location. A series of questions, based on the behaviour definition will be asked at the beginning of the interview, to help determine if an interviewee is a Doer or a Non-Doer. Once this is established Doers will be asked questions that are designed for Doers and Non-Doers will have their own set of questions. In this BA five behaviours will be studied in each study location, these will however be done on different days and in different though similar communities.

4. Methodological strengths and limitations

The BA methodology is hands on and is specifically designed for use by NGO staff that intends to use results to design behaviour change messages and or strategies. The BA training may require previous training in Designing for Behaviour Change (DBC), the absence of which may hinder understanding of the BA concepts.

Additionally, unlike other surveys, and due to the small sample size, BA survey results cannot be generalised at population level but rather only for a community. This may hinder the project's ability to create messages that respond to the behaviour change needs of the larger population.

5. Program/project responsibilities

WV Bangladesh/EFSP Program staff will be responsible for the following activities

- ✓ Seek GoB approval to conduct BAs in targeted locations
- ✓ Identify and choose project staff who will be trained and conduct the BA
- ✓ Identify and inviting participants for the various activities including participants for the BA (data collection and analysis)
- ✓ Identify and book venues for the following activities which will be led by the consultants
 - The BA trainings- this includes data collection and analysis
 - Dissemination of BA results meetings in the targeted locations
 - Key IYCF message design workshops
- ✓ Organising in-country transportation
- ✓ Other logistical arrangements, stationery etc.
- ✓ Submissions of final BA reports to WV Bangladesh

6. Composition of study team

The BA will be conducted in 4 study locations (two host communities and two refugee camps). Two teams comprised of 18 participants working in 9 small teams of 2 people will be in place for

data collection and analysis. Each data collection team is expected to interview 10 respondents during data collection day and in total 90 people are to be interviewed in each location (45 non doers and 45 doers) for each of 5 behaviours under analysis

The BA data collection teams will be made up of a mix of EFSP program staff (Nutrition staff and MEAL staff) MoH staff working in health and nutrition at district level and National level (if feasible) and some external enumerators who have experience conducting health surveys. This mix of data collection team is aimed at removing the bias which may be created if respondents recognise that the interviewees are from the Ministry of Health. Staff that has previous training on designing for behaviour change will be preferred. The study teams, who will work under the overall guidance of the BA consultant. The BA teams will be provided with meals during the course of the BA.

7. Expected Deliverables

The expected outputs of the consultancy are:

- BA questionnaires for the selected behaviours
- The filled questionnaires and the excel BA Tabulation Worksheets
- A power point presentation of BA results dissemination meeting for EFSP team and partners, WVUS and FFP.
- Set of key messages to be used by care group leaders to promote behaviour change for the selected behaviours.
- A guide/handbook on how to conduct barrier analysis, with associated training materials. This will guide the EFSP/WV Team in conducting future BAs on their own.
- BA location level reports (4 BA reports) see required report structure below.
 - Executive Summary
 - 1. **Introduction**
 - Child nutrition situation in study location
 - Overview of current Feeding practices for children 0-23 months in study location
 - BA Rationale, Objectives and Questions
 - 2. **Methodology**
 - Study design, Study areas, Sampling techniques, Consent process, Training, Data collection, Data processing and analysis, Ethical considerations and Limitations of the study
 - 3. **Key Findings**
 - i. Important barriers and motivators for the adoption of maternal, IYCF and hygiene practices?
 - ii. Key differences in perceptions of Doers and Non-Doers for what could make behaviour easier or more difficult to adopt?
 - iii. Key messages can help mothers/caregivers adopt recommended maternal, IYCF and hygiene practices?
 - iv. Priority and influencing group for the behaviours under study?
 - 4. **Discussion**
 - 5. **Recommendations** to also include - recommendations on participants who have capacity to lead future BAs.

8. Time frame

The consultancy is estimated to be done in 52 days (including in-country travelling days). Five behaviours will be studied in each study area. The BA field exercise will be conducted over a two week period. The consultant will be supported by local EFSP MEAL staff in monitoring data collection teams. The process is estimated to happen in following stages:

Pre field phase (5 days)

- ✓ Desk review of relevant project documents
- ✓ Preparation of training materials and related guides
- ✓ Meeting with project team and finalize the training logistics

Training and preparing for field work (3 days)

- ✓ Introduction to Barrier Analysis,
- ✓ Factors that Influence our Decisions about Behaviours (the 12 behaviour determinants)
- ✓ Introduction to the Seven Steps in Barrier Analysis
- ✓ BA Step 1—Defining the Goal, Behaviour and Target Group for the Formative Research
- ✓ BA Step 2—Developing the Behaviour Questions
- ✓ BA Step 3—Review questionnaire to be used in the five BAs
- ✓ Good interviewing and data collection techniques
- ✓ Pre-test of BA questionnaires
- ✓ BA Step 4 – Organising for field work

Field work/data collection and analysis (2 weeks)

- ✓ BA Step 5 - Field work - Data collection for all five behaviours in two locations of host communities
- ✓ BA Step 6— Organising, Coding, Tabulating, and Analysing the Data for the five behaviors
- ✓ BA Step 7—Using the Results of Barrier Analysis to make decisions
- ✓ BA Step 6— Organising, Coding, Tabulating, and Analysing the Data for the second behaviour the second behaviour
- ✓ Data collection for all five behaviors in two locations of refugee camps
- ✓ Organising, Coding, Tabulating, and Analysing the Data for the five behaviors in two locations of refugee camps

Development of Key IYCF messages and BCC plan (2 days)

- ✓ Using the Results of Barrier Analysis to make decisions
- ✓ Plan for findings dissemination workshop

Report writing finalizing (20 days)

Table 7: Tentative Schedule for the Assignment:

Dates	Activities
27 October – 29 October 2019	• Desk review of EFSP project documents and operational areas
	• Preparation of training materials and finalize the topical guides
30-31 October 2019	• Arrival, meetings with EFSP project team
	• Finalise training arrangements
2– 4 November 2019	• Training and testing of the questionnaires
5 – 12 November	• Conduct 10 Bas - data collection and analysis for host communities locations
13- 20 November 2019	• Conduct 10 BAs - data collection and analysis in refugee camps locations
21- 22 November 2019	• Conduct 2 meetings to disseminate findings
23- 24 November 2019	• Development of Key IYCF messages and BCC plan (1 workshop for host community location and 1 workshop for refugees locations)
25 November- 5 December 2019	• Report writing – 3 days for each report (4 reports in total)
6 December 2019	• Submit 1 st draft reports
7- 11 December 2019	• EFSP/WV team, WVUS, FFP provides feedback to the report.
12– 14 December 2019	• Consultants incorporate comments and finalise reports
	• Consultants submit final reports to EFSP management

9. Qualifications

The consultant should preferably have:

- A post graduate degree in nutrition, public health, sociology or related discipline.
- At least 5 years designing for behaviour change.
- Documented experience managing at least three Barrier Analysis exercises and/or three evaluations. BA experience in international development settings; experience specific to Nutrition is preferred.
- A strong background in both qualitative and quantitative data analysis.
- Strong analytical, negotiating, communication and advocacy skills
- A good command of English required.

10. Logistics and budget

World Vision shall pay the consultant full amount of the task, technical (consultancy fees) and logistical (flight fares, accommodation and food for the consultant in country). Word Vision Bangladesh will cover the costs for the data collection in country and will coordinate all survey related logistics. World Vision Bangladesh MEAL EFSP team will coordinate and sensitize all relevant stakeholders on the planned surveys. The field coordinators will provide all the support to assist the consultant to carry out the study without any major issues.

11. Appendices (Please see attached File)



12 Payment Milestone: Payment shall be made as per below milestone. Please quote the price including VAT, TAX and all other service charges.

Milestone		% of Total value
1	Inception report, covering detailed analysis methodology to be used, data collection plans and timeline.	30%
2	Completion of data collection and preliminary analysis, Submission of Draft Report	30%
3	Final Report presenting the findings and conclusions in a comprehensive way, covering all areas and issues listed in the Statement of Work (along with other issues that the consultant finds relevant for the main conclusions).	40%
Total		100%

-
- ⁱ Joint Response Plan for Rohingya Humanitarian Crisis, 2019.
- ⁱⁱ WFP: *Refugee influx Emergency Vulnerability Assessment (REVA)—Technical Report*. December 2017.
- ⁱⁱⁱ Food Security Information Network: *Global Report on Food Crises 2019*.
- ^{iv} ISCG: *Situation Report, Rohingya Refugee Crisis*. April 2019.
- ^v WFP's eVouchers can be exchanged for 18 different food commodities.
- ^{vi} Joint Response Plan 2019.
- ^{vii} Food Security Information Network. *Global Report on Food Crises 2019*.
- ^{viii} Nutrition Sector, Cox's Bazar: *Emergency Nutrition Assessment Round 3*. December 2018.
- ^{ix} Oxfam Joint Agency Research Report: Rohingya Refugee Response Gender Analysis. August 2018.
- ^x Integrated Food Security Phase Classification. Bangladesh: Acute Food Insecurity Situation for June-November 2016 and Projection for January-April 2017.
- ^{xi} WFP. *Rohingya refugee emergency Food Security update*. December 2018.
- ^{xii} Ibid
- ^{xiii} IOM Needs and Population Monitoring Round 8; ISCG July 2017. The Government of Bangladesh's latest official figures put the combined population at 471,800 (Bangladesh Bureau of Statistics. (December 2013). *District Statistics 2011: Cox's Bazar*).
- ^{xiv} Food Security Information Network: *Global Report on Food Crises*. 2019.
- ^{xv} World Vision. *Report on Contextual Assessment of the Ultra-Poor and Gendered Poverty in Selected Unions in Cox's Bazar Districts of Bangladesh*. September 2018.

Key study questions



BA Handwashing
Questionnaire Jan 14



BA Questionnaire
Dietary Diversity Jan



BA Questionnaire
EBF Jan 2014.docx



BA Questionnaire
Iron Rich Foods Jan 1



BA Questionnaire
Meal Frequency Jan 1

Barrier Analysis Questionnaire

BEHAVIOUR: Mothers of children aged 0-23 months who live in a household with soap or ash who wash their hands with soap at three of that five critical times in the last 24 hours (1) after defecation, 2) after cleaning/changing a child who has defecated, 3) before preparing food, 4) before feeding a child and 5) before eating)

Intro: Hello, my name is and I work for ENSURE, WV/CARE. We are conducting a survey and would appreciate your participation. I would like to ask you questions related to your hand washing practice. This information will help us to develop effective messages for the community. All information given will be treated as confidential and will only be used for the purpose of this survey. You are not obliged to take part and no services will be withheld from you if you choose not to. The questionnaire will take around 30 minutes to complete. Will you participate in this survey? Do you want to ask anything about the survey?

Interviewer..... Date.....

Interview site.....

Supervisor.....

Questions to distinguish between a Doer and Non-Doer:

Question	Yes	No
a. How old is your child? _____ months	0-23 months <input type="checkbox"/> <i>If the child is older than 23 months, kindly thank the caregiver and discontinue the interview.</i>	
b. How many times did you wash your hands yesterday?	<i>If mother answers 3 or more times, tick Yes and ask Question C.</i>	<i>If mother answers between 0 and 2 times, tick No and proceed to determinants</i>
c. What did you use to wash your hands yesterday?	Soap <input type="checkbox"/> Ash <input type="checkbox"/> <i>If mother answers soap or ash, ask Question D.</i> <i>If mother answers 'water only', proceed to determinants.</i>	
d. When you used soap/ash yesterday for hand washing/at which moments? (PROMPT 'When else?')		
1. after defecation		
2. after cleaning/changing a child who has defecated		
3. before preparing food		
4. before feeding a child		
5. before eating		

DOER	NON-DOER	DO NOT INTERVIEW
Question a = Between 0-23 months	Question a = Between 0-23 months	Question a = Older than 23 months
Question b = Yes (3 or more times)	Question b = Yes (1-2 times) or No (0 times)	
Question c = Soap or ash	Question c = May or may not mention soap or ash	
Question d = Lists at least 3 out of 5	Question d = Lists less than 3 out of 5	

GROUP: _____ **DOER** _____ **NON-DOER**

Introduction

There are five critical moments when it is recommended to wash your hands with soap or ash. These include after defecation, after cleaning/changing a child who has defecated, before preparing food, before feeding a child and before eating. Please keep these in mind as we go through the questions.

Perceived Positive Consequences (Advantages)

DOER

1. What are the advantages/benefits of washing your hands with soap/ash at these five critical moments during the day? **PROMPT 'anything else?'**

NON DOER

If you washed your hands at the five critical moments with soap or ash during the day, what would be the advantages/benefits? **PROMPT 'anything else?'**

Perceived Negative Consequences (Disadvantages)

DOER

2. What are the disadvantages/negative consequences of washing your hands with soap/ash at these five critical moments during the day? **PROMPT 'anything else?'**

NON DOER:

If you washed your hands at the five critical moments with soap or ash during the day, what would be the disadvantages/negative consequences? **PROMPT 'anything else?'**

Perceived Social Norms (Approves/Disapproves)	
DOER 3. Who are the people that encourage you to wash your hands with soap/ash at the critical moments during the day? <i>PROMPT 'anything else?'</i>	NON-DOER If you washed your hands at the five critical moments with soap or ash during the day, who are the people that would encourage you to do this? <i>PROMPT 'anything else?'</i>
DOER 4. Who are the people who discourage you to wash your hands with soap/ash at the critical moments during the day?	NON-DOER If you washed your hands at the five critical moments with soap or ash during the day, who are the people who would discourage you to do this?

<p>DOER</p> <p>5. Which of these people you listed is more important to you?</p>	<p>NON-DOER</p> <p>Which of these people you listed is more important to you?</p>
<p style="text-align: center;">Perceived Self- Efficacy</p>	
<p>DOER</p> <p>6. In your current situation, do you think that you could wash your hands with soap/ash at all five critical moments during the day?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> <i>If no, ask 'why not?'</i></p>	<p>NON-DOER</p> <p>In your current situation, do you think that you could wash your hands with soap or ash at all five critical moments during the day?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> <i>If no, ask 'why not?'</i></p>
<p>DOER</p> <p>7. What makes it easy for you to wash your hands with soap/ash at the critical moments during the day? PROMPT 'anything else?'</p>	<p>NON-DOER</p> <p>What would make it easier for you to wash your hands with soap or ash at the critical moments during the day? PROMPT 'anything else?'</p>

<p>DOER</p> <p>8. What makes it difficult for you to wash your hands with soap/ash at the critical moments during the day? <i>Probe by asking, 'What else?'</i></p>	<p>NON-DOER</p> <p>What would make it difficult for you to wash your hands with soap or ash at the critical moments during the day? <i>Probe by asking, 'What else?'</i></p>
<p style="text-align: center;">Perceived Action Efficacy</p>	
<p>DOER</p> <p>9. If you wash your hands every day at the five critical moments with soap or ash, do you think you or _____ (use name of child) will be at less risk of getting diarrhoea?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>NON DOER</p> <p>If you wash your hands every day at the five critical moments with soap or ash, do you think you or _____ (use name of child) will be will be at less risk of getting diarrhoea?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p style="text-align: center;">Cues for Action</p>	
<p>DOER</p> <p>10. How difficult is it to remember to wash your hands with soap/ash at the critical moments during the day?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult <input type="checkbox"/> b. Somewhat difficult <input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> Don't know</p> <p>PROBE 'why?'</p>	<p>NON-DOER</p> <p>How difficult do you think it would be to remember to wash your hands with soap or ash at the critical moments during the day?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult <input type="checkbox"/> b. Somewhat difficult <input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> Don't know</p> <p>PROBE 'why?'</p>

Perceived Severity	
<p>DOER</p> <p>11. How serious would it be if you or _____ (<i>use name of child</i>) got diarrhoea?</p> <p style="text-align: center;">READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very serious</p> <p><input type="checkbox"/> b. Somewhat serious</p> <p><input type="checkbox"/> c. Not serious at all</p> <p><input type="checkbox"/> Don't know</p>	<p>NON DOER</p> <p>How serious would it be if you or _____ (<i>use name of child</i>) got diarrhoea?</p> <p style="text-align: center;">READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very serious</p> <p><input type="checkbox"/> b. Somewhat serious</p> <p><input type="checkbox"/> c. Not serious at all</p> <p><input type="checkbox"/> Don't know</p>
Perceived Susceptibility	
<p>DOER</p> <p>12. How likely is it that you or _____ (<i>use name of child</i>) would get diarrhoea in the next rainy season?</p> <p style="text-align: center;">READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very likely</p> <p><input type="checkbox"/> b. Somewhat likely</p> <p><input type="checkbox"/> c. Not likely at all</p> <p><input type="checkbox"/> Don't know</p>	<p>NON DOER:</p> <p>How likely is it that you or _____ (<i>use name of child</i>) would get diarrhoea in the next rainy season?</p> <p style="text-align: center;">READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very likely</p> <p><input type="checkbox"/> b. Somewhat likely</p> <p><input type="checkbox"/> c. Not likely at all</p> <p><input type="checkbox"/> Don't know</p>
Perceived Divine Will	
<p>DOER</p> <p>13. Do you think it is because of God's will/curses/supernatural causes that children get diarrhoea?</p> <p>God's will <input type="checkbox"/></p> <p>Curses <input type="checkbox"/></p> <p>Supernatural causes <input type="checkbox"/></p> <p>None of the above <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	<p>NON DOER:</p> <p>Do you think it is because of God's will/curses/supernatural causes that children get diarrhoea?</p> <p>God's will <input type="checkbox"/></p> <p>Curses <input type="checkbox"/></p> <p>Supernatural causes <input type="checkbox"/></p> <p>None of the above <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>

Policy	
<p>DOER:</p> <p>14. Are there any community laws or rules in place that encourage you to wash your hands with soap or ash at the five critical moments of the day? <i>Ask for examples</i></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	<p>NON-DOER:</p> <p>Are there any community laws or rules in place that encourage you to wash your hands with soap or ash at the five critical moments of the day? <i>Ask for examples</i></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>
Culture	
<p>DOERS:</p> <p>15. Are there any cultural rules or taboos that you know of for or against washing your hands with soap or ash at the five critical moments during the day? <i>Ask for examples</i></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	<p>NON-DOERS:</p> <p>Are there any cultural rules or taboos that you know of for or against washing your hands with soap or ash at the five critical moments during the day? <i>Ask for examples</i></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>
<p>DOERS</p> <p>Can I see the soap/ash you used yesterday?</p> <p><i>Observations:</i></p>	

End of survey. Thank participant for her time.

Barrier Analysis Questionnaire

BEHAVIOUR: Mothers of children aged 6-23 months who feed their children with food from four or more of the following food groups per day.

- a. grains, roots and tubers
- b. legumes, seeds and nuts
- c. dairy products (milk, (fresh and sour), yogurt, cheese)
- d. flesh foods (meat, fish, poultry and liver/organ meats)
- e. eggs
- f. vitamin-A rich fruits and vegetables
- g. other fruits and vegetables

Intro: Hello, my name is and I work for ENSURE, WV/CARE. We are conducting a survey and would appreciate your participation. I would like to ask you questions related to the feeding of your baby. This information will help us to develop effective messages for the community. All information given will be treated as confidential and will only be used for the purpose of this survey. You are not obliged to take part and no services will be withheld from you if you choose not to. The questionnaire will take around 30 minutes to complete. Will you participate in this survey? Do you want to ask anything about the survey?

Interviewer..... Date.....

Supervisor.....Interview site.....

Questions to distinguish between a Doer and Non-Doer:

Question	
1. How old is your child? _____ months	<input type="checkbox"/> 6-23 months <i>If this child is not in this age range, kindly thank the caregiver and discontinue the interview.</i>
2. What foods was your child given to eat yesterday during the day and/or night? (PROBE: 'Anything else?', 'What did he/she have with that?', 'Did you mix anything else with that?')	Check boxes of food groups as individual foods are listed: <input type="checkbox"/> Grains, roots, tubers (sadza, porridge, bread, rice) <input type="checkbox"/> Legumes, seeds and nuts (beans, cow peas, ground nuts, rounf nuts) <input type="checkbox"/> dairy products (milk, (fresh and sour), yogurt, cheese) <input type="checkbox"/> flesh foods (meat, fish, poultry and liver/organ meats) <input type="checkbox"/> Eggs <input type="checkbox"/> Vitamin A rich foods (pumpkin, carrots, yellow sweet potato, mango, papaya) <input type="checkbox"/> Other fruits or vegetables (banana, pineapple, orange, cabbage, okra, nyevhe, amarath)

DOER	NON-DOER	DO NOT INTERVIEW
Question 1 = 6-23 months	Question 1 = 6-23 months	Question 1 = Older than 23 months
Question 2 = Lists foods from 4 or more food groups	Question 2 = Lists food from less than 4 food groups	

GROUP: _____ DOER

_____ NON-DOER

Introduction: Read to mother

It is recommended that children aged 6-23 months are fed food from at least four food groups. Food groups are:

- Grains, roots, tubers (*sadza, porridge, bread, rice*)
- Legumes, seeds and nuts (*beans, cow peas, ground nuts, round nuts*)
- dairy products (milk, (fresh and sour), yogurt, cheese)
- flesh foods (meat, fish, poultry and liver/organ meats)
- Eggs
- Vitamin A rich foods (*pumpkin, carrots, yellow sweet potato, mango, papaya*)
- Other fruits or vegetables (*banana, pineapple, orange, cabbage, okra, nyevhe, amarath*)

1.	DOER What are the advantages/benefits of feeding _____ (<i>use name of child</i>) with food from at least four food groups per day? PROMPT 'anything else?'	NON DOER If you fed _____ (<i>use name of child</i>) with food from at least four food groups per day, what would be the advantages/benefits? PROMPT 'anything else?'
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Perceived Negative Consequences (Disadvantages)

2.	DOER What are the disadvantages/negative consequences of feeding _____ (<i>use name of child</i>) with food from at least four food groups per day? List Responses. PROMPT 'anything else?'	NON DOER: If you fed _____ (<i>use name of child</i>) food from at least four food groups per day, what would be the disadvantages/negative consequences? List Responses. PROMPT 'anything else?'
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Perceived Social Norms (Approves/Disapproves)

3.	DOER Who encourages you to feed _____ (<i>use name of child</i>) with food from at least four types of food groups every day? PROMPT 'Who else?'	NON-DOER If you fed _____ (<i>use name of child</i>) with food from at least four types of food groups every day, who would encourage you to do this? PROMPT 'Who else?'
4.	DOER Who discourages you from feeding _____ (<i>use name of child</i>) with food from at least four types of food groups every day? PROMPT 'Who else?'	NON-DOER If you fed _____ (<i>use name of child</i>) with food from at least four types of food groups every day, who would discourage you? PROMPT 'Who else?'
5.	DOER Which one of these people you listed is most important to you?	NON-DOER Which one of these people you listed is most important to you?
Perceived Self- Efficacy		
6.	DOER <i>Continue to question 7.</i>	NON-DOER In your current situation, do you think that you could feed _____ (<i>use name of child</i>) with at least four types of food every day? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, ask 'why not?'
7.	DOER What makes it easy for you to feed _____ (<i>use name of child</i>) with food from at least four types of food groups every day? Probe and ask 'what else?'	NON-DOER What would make it easier for you to feed _____ (<i>use name of child</i>) with food from at least four types of food groups every day? Probe and ask 'what else?'

8.	DOER: What makes it difficult to feed _____ <i>(use name of child)</i> food from at least four food groups every day? Probe and ask 'what else?'	NON-DOER: What would make it difficult to feed _____ <i>(use name of child)</i> food from at least four food groups every day? Probe and ask 'what else?'
Access		
9.	DOER How difficult is it for you to get what you need to feed _____ <i>(use name of child)</i> with food from at least four types of food groups every day? READ ALL RESPONSES <input type="checkbox"/> a. Very difficult <input type="checkbox"/> b. Somewhat difficult <input type="checkbox"/> c. Not difficult at all <input type="checkbox"/> d. Don't know Ask why?	NON-DOER If you fed _____ <i>(use name of child)</i> with food from at least four types of food groups every day how difficult would it be for you to get what you need? READ ALL RESPONSES <input type="checkbox"/> a. Very difficult <input type="checkbox"/> b. Somewhat difficult <input type="checkbox"/> c. Not difficult at all <input type="checkbox"/> d. Don't know Ask why?
Perceived Action Efficacy		
10.	DOER Do you believe that feeding _____ <i>(use name of child)</i> with food from at least four types of food groups every day helps to prevent malnutrition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If no, ask what they believe would prevent malnutrition	NON DOER Do you believe that feeding _____ <i>(use name of child)</i> with food from at least four types of food groups every day would help to prevent malnutrition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If no, ask what they believe would prevent malnutrition

Cues for Action		
11.	<p>DOER How difficult is it for you <u>to remember</u> to feed _____ <i>(use name of child)</i> with food from at least four types of food groups every day?</p> <p style="text-align: center;">READ ALL RESPONSES</p> <p> <input type="checkbox"/> a. Very difficult <input type="checkbox"/> b. Somewhat difficult <input type="checkbox"/> c. Not difficult at all <input type="checkbox"/> d. Don't know </p>	<p>NON DOER How difficult would it be for you <u>to remember</u> to feed _____ <i>(use name of child)</i> with food from at least four types of food groups every day?</p> <p style="text-align: center;">READ ALL RESPONSES</p> <p> <input type="checkbox"/> a. Very difficult <input type="checkbox"/> b. Somewhat difficult <input type="checkbox"/> c. Not difficult at all <input type="checkbox"/> d. Don't know </p>
12.	<p>DOER What makes you <u>remember</u> to feed _____ <i>(use name of child)</i> with food from at least four types of food groups every day?</p>	<p>NON DOER What would make you <u>remember</u> to feed _____ <i>(use name of child)</i> with food from at least four types of food groups every day?</p>
Perceived Severity		
13.	<p>DOER How serious would it be if _____ <i>(use name of child)</i> became malnourished?</p> <p> <input type="checkbox"/> a. Very serious <input type="checkbox"/> b. Somewhat serious <input type="checkbox"/> c. Not serious at all <input type="checkbox"/> d. Don't know </p>	<p>NON-DOER How serious would it be if _____ <i>(use name of child)</i> became malnourished?</p> <p> <input type="checkbox"/> a. Very serious <input type="checkbox"/> b. Somewhat serious <input type="checkbox"/> c. Not serious at all <input type="checkbox"/> d. Don't know </p>
Perceived Susceptibility		
14.	<p>DOER How likely is it that a child could become malnourished?</p> <p> <input type="checkbox"/> a. Very likely <input type="checkbox"/> b. Somewhat likely <input type="checkbox"/> c. Not likely at all <input type="checkbox"/> d. Don't know </p>	<p>NON DOER How likely is it that a child could become malnourished?</p> <p> <input type="checkbox"/> a. Very likely <input type="checkbox"/> b. Somewhat likely <input type="checkbox"/> c. Not likely at all <input type="checkbox"/> d. Don't know </p>
Perceived Divine Will		

15.	<p>DOER</p> <p>Do you think it is because of God's will/curses/supernatural causes that children become malnourished?</p> <p> <input type="checkbox"/> God's will <input type="checkbox"/> Curses <input type="checkbox"/> Supernatural causes (ask them to explain) <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know </p>	<p>NON DOER</p> <p>Do you think it is because of God's will/curses/supernatural causes that children become malnourished?</p> <p> <input type="checkbox"/> God's will <input type="checkbox"/> Curses <input type="checkbox"/> Supernatural causes (ask them to explain) <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know </p>
<p>Culture</p>		
16.	<p>DOERS</p> <p>Are there any cultural rules or taboos that you know of that encourage or discourage feeding _____ (use name of child) with food from at least four types of food groups every day? <i>If yes, ask for examples</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </p>	<p>NON-DOERS</p> <p>Are there any cultural rules or taboos that you know of that encourage or discourage feeding _____ (use name of child) with food from at least four types of food groups every day? <i>If yes, ask for examples</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </p>

End of survey. Thank participant for her time.

Barrier Analysis Questionnaire

BEHAVIOUR: Mothers who exclusively breastfeed their infants less than 6 months.

Intro: Hello, my name is and I work for ENSURE, WV/CARE. We are conducting a survey and would appreciate your participation. I would like to ask you questions related to the feeding of your baby. This information will help us to develop effective messages for the community. All information given will be treated as confidential and will only be used for the purpose of this survey. You are not obliged to take part and no services will be withheld from you if you choose not to. The questionnaire will take around 30 minutes to complete. Will you participate in this survey? Do you want to ask anything about the survey?

Interviewer..... Date.....

Interview site.....

Ask the name of the child

Questions to distinguish between a Doer and Non-Doer:

Question	
1. How many months old is your child? _____ months	Less than 6 months <input type="checkbox"/> <i>If the child is 6 months or older, kindly thank the caregiver and discontinue the interview.</i>
2. What foods and liquids was your child given to eat or drink yesterday during the day and night? (PROBE: 'Anything else?')	

DOER	NON-DOER	DO NOT INTERVIEW
Question 1 = Less than 6 months	Question 1 = Less than 6 months	Question 1 = Older than 6 months
Question 2 = Breast milk ONLY	Question 2 = Any foods or drinks, including water, <i>in addition to</i> breast milk or not breastfeeding at all	

GROUP: _____ **DOER** _____ **NON-DOER**

Introduction: Read to mother	
It is recommended that children aged 0-6 months are exclusively breast fed. This means that the child is given only breast milk and <i>no other foods or liquids, not even water</i> , for the first six months of life. Please bear this in mind as we go through the questions.	
Perceived Positive Consequences (Advantages)	
DOER What are the advantages/benefits of exclusively breast feeding _____ (use child's name)? PROMPT 'anything else?'	NON DOER If you were exclusively breastfeeding _____ (use child's name), what do you think would be the advantages/benefits? PROMPT 'anything else?'
Perceived Negative Consequences (Disadvantages)	
DOER What are the disadvantages/negative consequences of exclusively breast feeding _____? List Responses. PROMPT 'anything else?'	NON DOER: If you were exclusively breastfeeding _____, what would be the disadvantages/negative consequences? List Responses. PROMPT 'anything else?'
Perceived Social Norms (Approves/Disapproves)	
DOER Who are the people that approve/support you to exclusively breast feed _____? PROMPT 'Who else?'	NON-DOER If you were exclusively breastfeeding _____, who are the people that would approve/support you? PROMPT 'Who else?'

DOER Who are the people that disapprove of you exclusively breast feeding _____? PROMPT 'Who else?'	NON-DOER If you were exclusively breastfeeding _____, who are the people that would disapprove? PROMPT 'Who else?'
DOER Which of these groups or individuals you listed is most important to you?	NON-DOER Which of these groups or individuals you listed is most important to you?
Perceived Self- Efficacy	
DOER What makes it easy for you to exclusively breast feed _____? Probe and ask 'what else?'	NON-DOER What would make it easier for you to exclusively breast feed _____? Probe and ask 'what else?'
DOER: What makes it difficult for you to exclusively breast feed _____? Probe and ask 'what else?'	NON-DOER: If you were exclusively breastfeeding _____, what would make it difficult for you to do this? Probe and ask 'what else?'

Perceived Action Efficacy	
<p>DOER</p> <p>Do you believe that exclusively breast feeding _____ helps to prevent malnutrition?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>NON DOER</p> <p>Do you believe that exclusively breast feeding _____ would help to prevent malnutrition?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
Cues for Action	
<p>DOER</p> <p>How difficult is it for you to remember to exclusively breast feed _____?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult</p> <p><input type="checkbox"/> b. Somewhat difficult</p> <p><input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> d. Don't know</p> <p>PROBE 'Why?'</p>	<p>NON DOER</p> <p>How difficult would it be for you to remember to exclusively breast feed _____?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult</p> <p><input type="checkbox"/> b. Somewhat difficult</p> <p><input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> d. Don't know</p> <p>PROBE 'Why?'</p>
Perceived Severity	
<p>DOER</p> <p>How serious would it be if a child became malnourished?</p> <p><input type="checkbox"/> a. Very serious</p> <p><input type="checkbox"/> b. Somewhat serious</p> <p><input type="checkbox"/> c. Not serious at all</p> <p><input type="checkbox"/> d. Don't know</p>	<p>NON-DOER</p> <p>How serious would it be if a child became malnourished?</p> <p><input type="checkbox"/> a. Very serious</p> <p><input type="checkbox"/> b. Somewhat serious</p> <p><input type="checkbox"/> c. Not serious at all</p> <p><input type="checkbox"/> d. Don't know</p>

Perceived Susceptibility	
<p>DOER</p> <p>How likely is it that _____ could become malnourished?</p> <p><input type="checkbox"/> a. Very likely</p> <p><input type="checkbox"/> b. Somewhat likely</p> <p><input type="checkbox"/> c. Not likely at all</p> <p><input type="checkbox"/> d. Don't know</p>	<p>NON DOER</p> <p>How likely is it that _____ could become malnourished?</p> <p><input type="checkbox"/> a. Very likely</p> <p><input type="checkbox"/> b. Somewhat likely</p> <p><input type="checkbox"/> c. Not likely at all</p> <p><input type="checkbox"/> d. Don't know</p>
Perceived Divine Will	
<p>DOER</p> <p>Do you think it is because of God's will/curses/supernatural causes that children become malnourished?</p> <p>God's will <input type="checkbox"/></p> <p>Curses <input type="checkbox"/></p> <p>Supernatural causes <input type="checkbox"/></p> <p>None of the above <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	<p>NON DOER</p> <p>Do you think it is because of God's will/curses/supernatural causes that children become malnourished?</p> <p>God's will <input type="checkbox"/></p> <p>Curses <input type="checkbox"/></p> <p>Supernatural causes <input type="checkbox"/></p> <p>None of the above <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>
Culture	
<p>DOERS</p> <p>Are there any cultural rules or taboos that you know of for or against exclusively breast feeding your child? <i>Ask for examples</i></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	<p>NON-DOERS</p> <p>Are there any cultural rules or taboos that you know of for or against exclusively breast feeding your child? <i>Ask for examples</i></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>

End of survey. Thank participant for her time.

Barrier Analysis Questionnaire

- a) **BEHAVIOUR:** Women aged 15 – 49 years eat iron rich foods every day- beef, liver, kidney heart, whole small grains, dries fish and kapenta and dark green leafy vegetables – amaranth, cow pea leave, pumpkin leaves, nyevhe, black jack, spinach etc.

Intro: Hello, my name is and I work for Concern Worldwide in Nyamlell. We are conducting a survey and would appreciate your participation. I would like to ask you questions relating to your eating habit. This information will help us to develop effective messages for the community. All information given will be treated as confidential and will only be used for the purpose of this survey. You are not obliged to take part and no services will be withheld from you if you choose not to. Will you participate in this survey? Do you want to ask anything about the survey?

Interviewer..... Date.....

Supervisor.....Interview site.....

Questions to distinguish between a Doer and Non-Doer:

Question	
1. How old are you? _____years	<input type="checkbox"/> 15 – 49 years <i>If the woman is not in this age range, kindly thank her and discontinue the interview.</i>
2. What foods did you eat yesterday during the day and/or night? (PROBE: ‘Anything else?’, ‘What did you have with that?’, ‘Did you mix anything else with that?’)	Check boxes of food groups as individual foods are listed: <input type="checkbox"/> beef, liver, kidney heart, <input type="checkbox"/> whole small grains, <input type="checkbox"/> dries fish and kapenta <input type="checkbox"/> dark green leafy vegetables – amaranth, cow pea leave, pumpkin leaves, nyevhe, black jack, spinach etc

DOER	NON-DOER	DO NOT INTERVIEW
Question 1 = 15 – 49 years	Question 15 – 49 years	Question 1 = < 15 and older than 49 years
Question 2 = Lists foods from 2 or more of the food groups above	Question 2 = Lists no food from the 4 food groups above or list food form 1 of the groups above	

GROUP: _____DOER

_____NON-DOER

Introduction: Read to mother

- a) It is recommended that women of child bearing age eat iron rich foods everyday- beef, liver, kidney heart, whole small grains, dries fish and kapenta and dark green leafy vegetables – amaranth, cow pea leave, pumpkin leaves, nyevhe, black jack, spinach etc.

Perceived Positive Consequences (Advantages)

1.	DOER What are the advantages/benefits of eating iron rich foods every day? PROMPT ‘anything else?’	NON DOER If you ate iron rich foods every day, what would be the advantages/benefits? PROMPT ‘anything else?’
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Perceived Negative Consequences (Disadvantages)

2.	DOER What are the disadvantages/negative consequences of eating iron rich foods every day? List Responses. PROMPT ‘anything else?’	NON DOER: If you ate iron rich foods every day, what would be the disadvantages/negative consequences? List Responses. PROMPT ‘anything else?’
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Perceived Social Norms (Approves/Disapproves)

3.	DOER Who encourages you to of eat iron rich foods every day? PROMPT ‘Who else?’	NON-DOER If you ate iron rich foods every day, who would encourage you to do this? PROMPT ‘Who else?’
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4.	DOER Who discourages you from eating iron rich foods every day? PROMPT 'Who else?'	NON-DOER If you ate iron rich foods every day, who would disapprove you? PROMPT 'Who else?'
5.	DOER Which one of these people you listed is most important to you?	NON-DOER Which one of these people you listed is most important to you?
Perceived Self- Efficacy		
6.	DOER <i>Continue to question 7.</i>	NON-DOER In your current situation, do you think that you could eat iron rich foods every day? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, ask 'why not?'
7.	DOER What makes it easy for you to eat iron rich foods every day? Probe and ask 'what else?'	NON-DOER What would make it easier for you to eat iron rich foods every day? Probe and ask 'what else?'
8.	DOER: What makes it difficult for you to eat iron rich foods every day? Probe and ask 'what else?'	NON-DOER: What would make it difficult for you to eat iron rich foods every day?? Probe and ask 'what else?'
Access		
9.	DOER How difficult is it for you to get what you need so	NON-DOER If you ate iron rich foods every day, how difficult would

	<p>that you eat iron rich foods every day??</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult</p> <p><input type="checkbox"/> b. Somewhat difficult</p> <p><input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> d. Don't know</p> <p>Ask why?</p>	<p>it be for you to get what you need?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult</p> <p><input type="checkbox"/> b. Somewhat difficult</p> <p><input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> d. Don't know</p> <p>Ask why?</p>
<p style="text-align: center;">Perceived Action Efficacy</p>		
10.	<p>DOER</p> <p>Do you believe that eating iron rich foods every day helps to increase blood?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p>If no, ask what they believe would prevent malnutrition</p>	<p>NON DOER</p> <p>Do you believe that eating iron rich foods every day would help to increase blood?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p>If no, ask what they believe would prevent malnutrition</p>
<p style="text-align: center;">Cues for Action</p>		
11.	<p>DOER</p> <p>How difficult is it for you <u>to remember</u> to eat iron rich foods every day?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult</p> <p><input type="checkbox"/> b. Somewhat difficult</p> <p><input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> d. Don't know</p>	<p>NON DOER</p> <p>How difficult would it be for you <u>to remember</u> of eat iron rich foods every day?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult</p> <p><input type="checkbox"/> b. Somewhat difficult</p> <p><input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> d. Don't know</p>
12.	<p>DOER</p> <p>What makes you <u>remember</u> to eat iron rich foods every day?</p>	<p>NON DOER</p> <p>What would make you <u>remember</u> to eat iron rich foods every day?</p>

Perceived Severity		
13.	DOER How serious would it be if you were to have less blood? <input type="checkbox"/> a. Very serious <input type="checkbox"/> b. Somewhat serious <input type="checkbox"/> c. Not serious at all <input type="checkbox"/> d. Don't know	NON-DOER How serious would it be if you had less blood? <input type="checkbox"/> a. Very serious <input type="checkbox"/> b. Somewhat serious <input type="checkbox"/> c. Not serious at all <input type="checkbox"/> d. Don't know
Perceived Susceptibility		
14.	DOER How likely is it that you could have less blood? <input type="checkbox"/> a. Very likely <input type="checkbox"/> b. Somewhat likely <input type="checkbox"/> c. Not likely at all <input type="checkbox"/> d. Don't know	NON DOER How likely is it that you could have less blood? <input type="checkbox"/> a. Very likely <input type="checkbox"/> b. Somewhat likely <input type="checkbox"/> c. Not likely at all <input type="checkbox"/> d. Don't know
Perceived Divine Will		
15.	DOER Do you think it is because of God's will/curses/supernatural causes that you could have less blood? <input type="checkbox"/> God's will <input type="checkbox"/> Curses <input type="checkbox"/> Supernatural causes (ask them to explain) <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know	NON DOER Do you think it is because of God's will/curses/supernatural causes that you could have less blood? <input type="checkbox"/> God's will <input type="checkbox"/> Curses <input type="checkbox"/> Supernatural causes (ask them to explain) <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know
Culture		
16.	DOERS Are there any cultural rules or taboos that you know of that encourage or discourage eating iron rich foods every day? <i>If yes, ask for examples</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	NON-DOERS Are there any cultural rules or taboos that you know of that encourage or discourage eating iron rich foods every day? <i>If yes, ask for examples</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

End of survey. Thank participant for her time.

Barrier Analysis Questionnaire

BEHAVIOUR: Mothers/caregivers who feed their breastfed children the minimum number of 3 times per day as per age requirements

- Child 6-8 months also being breastfed: minimum of 2 -3 meals per day
- Child 9-23 months also being breastfed: minimum of 3 -4 meals per day
- Child 9-23 months NOT being breastfed: minimum of 4 meals per day

Intro: Hello, my name is and I work for a program called ENURE Under WV/CARE. We are conducting a survey and would appreciate your participation. I would like to ask you questions relating to how your child eats. This information will help us to develop effective messages for the community. All information given will be treated as confidential and will only be used for the purpose of this survey. You are not obliged to take part and no services will be withheld from you if you choose not to. Will you participate in this survey? Do you want to ask anything about the survey at this point?

Interviewer..... Date.....

Supervisor.....Interview site.....

Questions to distinguish between a Doer and Non-Doer:

Question		
1. How old is your child? _____ months	<input type="checkbox"/> 6-23 months If the child is under the age of 6 months, kindly thank the caregiver and discontinue the interview	
2. Are you currently breastfeeding your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Yesterday, did you give your child anything to eat in addition to breast-milk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Yesterday, not counting breast feeding, how many times did you feed your child food?		
DOER	NON-DOER	DO NOT INTERVIEW
Question 1 = 6-23 months	Question 1 = 6-23 months	Question 1 = Younger than 6 months or older than 23 months
Question 2 = Yes	Question 2 = Yes	Question 2 = No
Question 3 = Yes	Question 3 = Yes or No	
Question 4; 1. For a child 6-8 months also being breastfed- a minimum of 2 meals per day 2. For a child 9-23 months also being breastfed - a minimum of 3 meals per day 3. For a child 9-23 months NOT being breastfed – a minimum of 4 meals per day	Question 4 1. For a child 6-8 months also being breastfed - less than 2 meals per day 2. For a child 9-23 months also being breastfed - less than 3 meals per day 3. For a child 9-23 months NOT being breastfed - less than 4 meals per day	

GROUP: _____ **DOER** _____ **NON-DOER**

Introduction: Read the appropriate statement to mother

It is recommended that

- Your breast feeding child who is ----- (6-8) months old should eat food at least 2 times per day.
OR
- Your breast feeding child who is ----- (9-23) months old should eat food at least 3 times per day.
OR
- Your child who is ----- (9-23) months and NOT being breastfed should eat food at least 4 times per day.

Please bear this in mind as we go through the questions.

Perceived Positive Consequences (Advantages)

1.	DOER What are the advantages/benefits of feeding _____ <i>(use name of child)</i> at least 2/3/4 times per day? PROMPT 'anything else?'	NON DOER If you were to feed _____ <i>(use name of child)</i> at least 2/3/4 times per day what would be the advantages/benefits? PROMPT 'anything else?'
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Perceived Negative Consequences (Disadvantages)

2.	DOER What are the disadvantages/negative consequences of feeding _____ <i>(use name of child)</i> at least 2/3/4 times per day? List Responses. PROMPT 'anything else?'	NON DOER: If you were to feed _____ <i>(use name of child)</i> at least 2/3/4 times per day what would be the disadvantages/negative consequences? List Responses. PROMPT 'anything else?'
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Perceived Social Norms (Approves/Disapproves)

3.	DOER Who encourages you to feed _____ <i>(use name of child)</i> at least 2/3/4 times per day? PROMPT 'Who else?'	NON-DOER If you were to feed _____ <i>(use name of child)</i> at least 2/3/4 times per day who would encourage you to do this? PROMPT 'Who else?'
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4.	DOER Who discourages you to feed _____ (use name of child) at least 2/3/4 times per day? PROMPT 'Who else?'	NON-DOER If you were to feed _____ (use name of child) at least 2/3/4 who would discourage you to do this? PROMPT 'Who else?'
5.	DOER Which one of these people you listed is most important to you?	NON-DOER Which one of these people you listed is most important to you?
Perceived Self- Efficacy		
6.	DOER: Continue to question 7.	NON-DOER: In your current situation, do you think you would be able to feed _____ (use name of child) at least 2/3/4 times per day? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, ask 'why not?'
7.	DOER What makes it easy for you to feed _____ (use name of child) at least 2/3/4 times per day? Probe and ask 'what else?'	NON-DOER If you were to feed _____ (use name of child) at least 2/3/4 times per day what would make it easier for you? Probe and ask 'what else?'
8.	DOER:	NON-DOER:

	What are the challenges you face in feeding _____ (use name of child) at least 2/3/4 times per day? Probe and ask 'what else?'	What are the challenges that you would face if you fed _____ (use name of child) at least 2/3/4 times per day? Probe and ask 'what else?'
Access		
9.	<p>DOER How difficult is it for you to access what you need to feed _____ (use name of child) at least 2/3/4 times per day? (Examples might be food, money, transport)</p> <p style="text-align: center;">READ ALL RESPONSES</p> <p> <input type="checkbox"/> a. Very difficult <input type="checkbox"/> b. Somewhat difficult <input type="checkbox"/> c. Not difficult at all <input type="checkbox"/> d. Don't know </p> <p>Ask why</p>	<p>NON-DOER If you were to feed _____ (use name of child) at least 2/3/4 times per day, how difficult would it be for you to access what you need? (Examples might be food, money, transport)</p> <p style="text-align: center;">READ ALL RESPONSES</p> <p> <input type="checkbox"/> a. Very difficult <input type="checkbox"/> b. Somewhat difficult <input type="checkbox"/> c. Not difficult at all <input type="checkbox"/> d. Don't know </p> <p>Ask why</p>
Cues for Action		
10.	<p>DOER What makes it easy to remember to feed _____ (use name of child) at least 2/3/4 times per day?</p>	<p>NON DOER What would make it easier to remember to feed _____ (use name of child) at least 2/3/4 times per day?</p>
11.	DOER	NON DOER

	<p>How difficult is it for you <u>to remember</u> to feed _____ <i>(use name of child)</i> at least 2/3/4 times per day?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult</p> <p><input type="checkbox"/> b. Somewhat difficult</p> <p><input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> d. Don't know</p>	<p>How difficult would it be for you <u>to remember</u> to feed _____ <i>(use name of child)</i> at least 2/3/4 times per day?</p> <p>READ ALL RESPONSES</p> <p><input type="checkbox"/> a. Very difficult</p> <p><input type="checkbox"/> b. Somewhat difficult</p> <p><input type="checkbox"/> c. Not difficult at all</p> <p><input type="checkbox"/> d. Don't know</p>
Perceived Action Efficacy		
12.	<p>DOER</p> <p>Do you believe that feeding _____ <i>(use name of child)</i> at least 2/3/4 times per day helps to prevent malnutrition?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><i>If no, what do they believe prevents malnutrition</i></p>	<p>NON DOER</p> <p>Do you believe that feeding _____ <i>(use name of child)</i> at least 2/3/4 times per day would help to prevent malnutrition?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><i>If no, what do they believe prevents malnutrition</i></p>
Perceived Severity		
13.	<p>DOER</p> <p>How serious would it be if _____ <i>(use name of child)</i> became malnourished?</p> <p><input type="checkbox"/> a. Very serious</p> <p><input type="checkbox"/> b. Somewhat serious</p> <p><input type="checkbox"/> c. Not serious at all</p> <p><input type="checkbox"/> d. Don't know</p>	<p>NON-DOER</p> <p>How serious would it be if _____ <i>(use name of child)</i> became malnourished?</p> <p><input type="checkbox"/> a. Very serious</p> <p><input type="checkbox"/> b. Somewhat serious</p> <p><input type="checkbox"/> c. Not serious at all</p> <p><input type="checkbox"/> d. Don't know</p>
Perceived Susceptibility		
14.	DOER	NON DOER

	<p>How likely is it that a child could become malnourished?</p> <p><input type="checkbox"/> a. Very likely</p> <p><input type="checkbox"/> b. Somewhat likely</p> <p><input type="checkbox"/> c. Not likely at all</p> <p><input type="checkbox"/> d. Don't know</p>	<p>How likely is it that a child could become malnourished?</p> <p><input type="checkbox"/> a. Very likely</p> <p><input type="checkbox"/> b. Somewhat likely</p> <p><input type="checkbox"/> c. Not likely at all</p> <p><input type="checkbox"/> d. Don't know</p>
Perceived Divine Will		
15.	<p>DOER</p> <p>Do you think it is because of God's will/curses/supernatural causes that children become malnourished?</p> <p><input type="checkbox"/> God's will</p> <p><input type="checkbox"/> Curses</p> <p><input type="checkbox"/> Supernatural causes (<i>ask them to explain</i>)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Don't know</p>	<p>NON DOER</p> <p>Do you think it is because of God's will/curses/supernatural causes that children become malnourished?</p> <p><input type="checkbox"/> God's will</p> <p><input type="checkbox"/> Curses</p> <p><input type="checkbox"/> Supernatural causes (<i>ask them to explain</i>)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Don't know</p>
Culture		
16.	<p>DOERS</p> <p>Are there any cultural rules or taboos that you know of that encourage or discourage feeding _____ (<i>use name of child</i>) at least 2/3/4 times per day? <i>If yes, ask for examples</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	<p>NON-DOERS</p> <p>Are there any cultural rules or taboos that you know of that encourage or discourage feeding _____ (<i>use name of child</i>) at least 2/3/4 times per day? <i>If yes, ask for examples</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>

End of survey. Thank participant for her time.