

Terms of Reference

Research Consultant for Hygiene 4 Health Campaign

Background

WaterAid Nepal's Hygiene for Health (H4H) Campaign will be implemented for 9 months from August 2021 to April 2022, prioritizing Hand Hygiene (HH) in all settings, and Water, Sanitation and Hygiene (WASH) in Health Care Facilities (HCFs).

Evidence suggests that about 80% of infectious diseases are transmitted by unclean hands touching contaminated surfaces and objects.¹ Therefore, frequent handwashing with soap is the most cost-effective measure to prevent and control Covid-19 and other infectious diseases, particularly in vulnerable communities. Handwashing with soap reduces the risk of diarrheal disease by 40%², and handwashing with soap at key critical times has been shown to reduce diarrheal diseases and acute respiratory infections.³ Moreover, hand hygiene reduces ARI by 23 percent⁴ and it reduces the likelihood of COVID-19 infection by 36% .⁵ It reduces the trend of the outbreak of cholera, Ebola, SARS and hepatitis E.⁶ UNICEF's Hand Hygiene for All global report indicates that three billion people – 40 % of the world's population – do not have a handwashing facility to wash their hands with water and soap.

Government has prioritized hand hygiene after Covid-19 in all kinds of institutional settings, which serves as an opportunity to work further to promote sustainable and lasting access to handwashing with soap and water and change hand hygiene behaviors.

In Nepal, 36 percent of Healthcare Facilities do not have basic water supply, 8 percent of HCFs do not have no toilet facilities, 54 percent of HCFs do not have Handwashing materials at point of care, and only 1 percent of HCFs have basic waste management practices⁷. These data highlight the poor condition of WASH in HCFs where even Health workers lack awareness on importance of WASH in HCFs. Budget allocation for WASH in HCFs is a question in Nepal, as there is no standard on WASH for Healthcare Facilities. There is a dire need to advocate at the federal and local level to allocate budget to improve the WASH status in HCFs.

¹ National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID) and National Center for Zoonotic, Vector-Borne, and Enteric Diseases (NCZVED), <http://www.cdc.gov/CDCTV/HandsTogether/>)

² Matthew C. Freeman, Meredith E. Stocks, Oliver Cumming, Aurelie Jeandron, Julian P. T. Higgins, Jennyfer Wolf, Annette Prüss-Ustün, Sophie Bonjour, Paul R. Hunter, Lorna Fewtrell and Valerie Curtis. Hygiene and health: systematic review of handwashing practices worldwide and update of health effects, *Tropical Medicine and International Health*, 19 (8): pp 906–916 August 2014).

³ Curtis & Cairncross 2003; Rabie & Curtis 2006; Aiello et al. 2008

⁴ Aiello AE, Coulborn RM, Perez V & Larson EL (2008) Effect of hand hygiene on infectious disease risk in the community setting:

a meta-analysis. *American Journal of Public Health* 98, 1372–1381, Aiello & Larson 2002, Balle & Curtis 2006

⁵ Beale et al. 2020

⁶ Taylor et al. 2015.

⁷ Global JMP Baseline Report 2019

As per the WHO/UNICEF 2020 JMP (Joint Monitoring Programme for Water Supply, Sanitation and Hygiene) report, in Nepal 47% of school have basic water available, 31% have limited water available, 23% of schools have no water and 17% of schools have no sanitation facilities.

WAN has been working in Hygiene promotion through Routine Immunization, Hand hygiene and WASH in Healthcare facilities for a considerable length of time. All the themes carry their own essence while collaborating with Health and WASH Sector. WaterAid addresses these issues through collaboration with the Government and partners by integrating water, sanitation and hygiene in policy and programmes. WaterAid works with partners to deliver messages on hand hygiene, hygiene promotion and WASH in HCFs, schools and communities, to design and develop inclusive WASH facilities for all.

Objective

The objective of research work is to

- Generate evidence to inform and influence the prioritization of hand hygiene and gender responsive, inclusive WASH in Healthcare Facilities to find adequate actions.

Scope of Tasks and Activities to be completed

1. Conduct research on investments in Water, Sanitation and Hygiene in Healthcare facilities by the Government over last 3 years and develop a report.
2. Develop minimum cost investment estimation booklet on WASH in HCFs drawing from WaterAid Nepal's WASH in HCFs Project, Bardiya.
3. Develop 2 policy briefs on budget allocation on WASH in HCFs and expenditure gap in WASH in HCFs.

Reporting

The partner/consultant will report to Hygiene and Health -Team Lead, WaterAid Nepal and coordinate with WAN relevant teams. The partner/consultant and WAN will work in close coordination with Management Division, Department of Health Services.

Duration

The expected duration of the contract will be 3 months. The assignment is expected to start from end September 2021.

Submission of expression of interest

The interested consultancy firm is required to submit a company legal documents such as Company registration, VAT Certificate, Income tax clearance certificate of the current fiscal year i.e FY 2076/2077. Consultancy firm to submit technical and financial proposal along with a cover letter and updated CVs of the team. The proposal should demonstrate required knowledge, technical skills and capability and understanding of the requisite tasks set forth in the ToR. The

consultancy firm should be familiar with working Department of Health Services, Ministry of Health & Population. The consultant should also provide evidence of similar assignments undertaken in development organizations.

The submission shall be in electronic copy with the subject line mentioning “**Proposal for Research Consultant for Hygiene for Health Campaign**” to the email address: nepal-procurement@wateraid.org by **16 September 2021**.