

## Terms of Reference

### Individual Consultant (International)

<b>Title</b>	International Consultant (developing national Hand Hygiene for All Strategy for Ghana)
<b>Purpose</b>	To assist the Ministry of Sanitation and Water Resources of Ghana in developing the National Hand Hygiene for All (HH4A) Costed Strategy (CS) that bridges COVID-19 response with longer-term National Development goals in hand hygiene.
<b>Location/duty station</b>	Remotely (with 1.5 month visit to Accra)
<b>Duration</b>	126 working days in 7 months between August 2021-February 2022
<b>Expected Start Date</b>	August, 2021
<b>Expected Fee</b>	TBD
<b>Reporting to</b>	WASH Specialist (Sanitation & Hygiene – SH)
<b>Budget Code/WBS No</b>	GS200011 (1620/A0/05/803/007/001)
<b>Project and activity codes</b>	Activity 7.1.4
<b>Support to</b>	Ministry of Sanitation and Water Resources (MSWR)

#### 1. Background

The latest Multiple Indicator Cluster Survey (MICS) 2017/2018, indicates that only 48.5 percent of Ghana's population (estimated to be 30 million) practice handwashing with soap. This shows steady progress, from 11.9 percent in 2011 (MICS, 2011) and 20.9 percent in 2014 (DHS, 2014). However, there is a need to urgently accelerate the rate of handwashing practice in the country, firstly to protect from the ongoing COVID-19 pandemic and secondly to meet the Sustainable Development Goal (SDG) 6 which ends by 2030. This is critical, given the pivotal role handwashing with soap (HWWS) and hand hygiene (HH) plays in preventing the spread of COVID-19. In addition, HHWS is also one of the most effective measures in preventing diarrhea (estimated 45% - WHO 2004): in Ghana, an estimated 3,600 under five (U5) children die every year due to diarrhea (WHO 2015 – Global Health Observatory data repository: Ghana).

The COVID-19 pandemic was a jolting reminder that hand hygiene is one of the most effective ways to stop the spread of a virus and also one of the simplest. Not only does hand hygiene protect us; it also stops transmission of infection to other people. The severity of the pandemic requires hand hygiene to be practiced by all and in all settings to control the spread. This includes households, public places such as transport hubs, markets and worship centres, institutions such as schools and health care facilities, jails, refugee camps etc.

The momentum created as a result of this pandemic has undoubtedly allowed Ghana to build on and make handwashing hygiene a social norm in this crisis period and during the recovery and post-recovery periods. This means making sustainable hand hygiene products and services such as improved handwashing facilities, regular supply of water, soap and hand sanitizers available and accessible for all at all times. Thus, a multi-faceted approach including mobilizing the private sectors, civil society organisations, academia, donors, religious leaders etc. is a pre-requisite for the success of HH4A.

In response to this challenge, the Government of Ghana needs to review the national handwashing strategy initially developed in 2011 to broaden and incorporate all of the emerging issues and opportunities to promote HH4A in the country.

## 2. Purpose and rationale for the assignment

The main purpose of the assignment is to support the Government of Ghana in developing a National Hand Hygiene for All Cosated Strategy (NHH4ACS) covering access to hand hygiene in all contexts and settings during the COVID-19 crisis period, recovery and post-recovery periods.

The NHH4ACS will provide government and sector stakeholders with an agreed strategy and and a road map for achieving hand hygiene for all.

The strategy will be comprehensive, covering the key areas of engagement with government, political leadership, the private sector and media. It will also cover capacity gap analysis and measures to strengthen them including resource mobilisation and budget allocation to ensure accessibility of hand hygiene products and services by all.

This assignment aims to provide the Government of Ghana with the required comprehensive NHH4ACS that bridges COVID-19 responses to longer-term development needs. This is a fairly new area requiring a dedicated full-time expert who understands international practices and emerging trends in the sub-sector. Hence external support is essential to accomplish the assignment. The assignment is in line with the AWP 2021, Output 7.1.4 *“Hand Hygiene Strategy developed”*.

## 3. Objective and scope of the assessment

UNICEF is seeking the services of an International Consultant to develop a comprehensive national HH4ACS for the period 2021-2030 under the leadership of the MSWR. The strategy will be adaptive enough to make provision for implementation reviews and updates in response to significant changes over the period.

#### 4. Methodology

In undertaking the above assignment, the Consultant will be required to submit a detailed methodology and workplan at the inception phase. The following are guidelines on key aspects of the methodology.

The Consultant will work closely with the MSWR for a total of six months. For five out of these six months, the Consultant will work from their residence (off-site). The remaining month will be in-country and will be split into three weeks for data collection and capacity gap assessment. The consultant will return to Ghana for one week for the final consultation and validation of the strategy.

This assignment requires extensive consultation with stakeholders from various sectors throughout implementation. S/he will report to the National Hygiene Focal Person on a bi-weekly basis to ensure easy coordination of activities and timely resolution of challenges that may emerge. She/he will, together with the national consultant, hold regular planning and monthly review meetings with the National Technical Working Group on Hygiene (NTWGH).

To facilitate the development of a comprehensive NHH4ACS, the International Consultant will review the current handwashing strategy and finalize a Theory of Change (ToC) and a roadmap for hand hygiene in the country. The review will incorporate both hardware and software components of hand hygiene and provide guidance for implementation of same in different settings, including households, public places, institutions (such as schools, health care facilities; correctional centres etc.) as well as refugees camps and worship centres at all times including the COVID-19 crisis period, recovery and post-recovery periods. Additionally, the review will incorporate gender, age and disability dynamics, looking at the factors informing the differences in roles of men and women in hand hygiene practices and the learnings from the outbreak of COVID-19 to make the National Hand Hygiene for All Strategy and Costed Implementation Plan gender, age and disability-responsive.

The consultant will facilitate a validation and a wrap-up meeting with key sanitation and hygiene stakeholders.

The scope of the assignment will also require the consultant to collaborate with UNICEF Communication for Development, Health and Nutrition and Education teams.

#### Precautions

Considering the COVID-19 outbreak as well as other possible pandemic scenarios, the consultant will carry out the assignment partly remotely and s/he is expected to take

precautionary measures during his/her visit to Ghana to avoid all risks. Adherence to all COVID-19 hygiene protocols is required during in-person engagements and interactions with the different stakeholders.

## 5. Tasks To be Completed

The specific tasks for the development of national HH4ACS are:

- I. Conduct review of global, regional, national literature, recent national hygiene strategies carried out in similar settings, programme documents, project reports and evaluation reports on hygiene in Ghana and prepare an inception report on the assignment
- II. Undertake a programme assessment of Hand Hygiene interventions in Ghana and carry out broad consultations with various key actors, including Government Ministries, Departments and Agencies such as the MSWRs, Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Interior, and the Ghana Enterprises Agency (GEA), formerly National Board for Small Scale Industries, key donors, private sector, Civil Society Organisations (CSOs) and Non-Governmental Organisations (NGOs), at national, regional and district level and prepare an assessment report clearly outlining (i) what is working well at both strategic and implementation levels; what is not working well and (ii) what needs improvement
- III. Assess the capacity of collaborating institutions, particularly the (i) lead institution to implement the HH4AS and prepare a capacity gap assessment report and plan of action to address capacity gaps.
- IV. Develop a national HH4ACS with the following components ensuring sector participation right through the drafting, development and finalization stages.
  - a. Roadmap for hand hygiene in Ghana developed based on a nationally agreed Theory of Change
  - b. Contingency plan for hand hygiene service delivery during emergencies. This should cover supplies as well as risk communication and community entry for hand hygiene in emergencies
  - c. Costed implementation plan covering both development and emergency programming.
- V. Identify gaps for hygiene data and recommend hygiene data that can be integrated into existing systems like BaSIS, EMIS, DHIMS and the SIS to enable progress tracking on access to hygiene in the country.

- VI. Recommend key performance indicators on behaviour change to be included in the national, regional and district M&E systems.
- VII. Conduct a hand hygiene financing landscape and develop a resource mobilisation plan as an integral part of the Hand Hygiene strategy making provision for consultative discussions with development partners and potential investors including non-traditional partners such as businesses, foundations, and philanthropists

## 6. Deliverables and timeframe for submission

#	Activity	Deliverables	Estimated days
1	Conduct a review of global, regional, national literature, recent national hygiene strategies carried out in similar settings, programme documents, project reports and evaluation reports on hygiene in Ghana and prepare an inception report on the assignment	By 31 August 2021, the inception report including defined scope of work submitted.	15 days
2	Undertake a programme assessment of Hand Hygiene interventions in Ghana and carry out broad consultations with various key actors including Government Ministries, Departments and Agencies such as the MSWRs, MoH, MoE, and the GEA, key donors, private sectors, CSOs and NGOs at national, regional and district level and prepare an assessment report clearly outlining (i) what is working well at both strategic and implementation levels; (ii) what is not working well and (iii) what needs improvement	By 30th October 2021, an assessment report including progress made, identified gaps and required improvements at both strategic and implementation levels submitted	30 days
3	Assess capacity of collaborating institutions particularly the (i) lead institution to implement the NHH4ACS and prepare a capacity gap assessment	By 30 <sup>th</sup> October 2021, Report on capacity gap assessment at national and subnational levels and	15 days

	report and plan of action to address capacity gaps	accompanying plan of action submitted	
4	Develop a national HH4ACS with the following components ensuring sector participation right through the drafting and development stages: (i) road map for hand hygiene in Ghana developed based on a nationally agreed Theory of Change (ii) contingency plan for hand hygiene service delivery during emergencies. This should cover supplies as well as risk communication and community entry for hand hygiene in emergency situations (iii) costed implementation plan, covering both development and emergency programming	By 31 <sup>st</sup> December, adraft NHH4ACS with the following submitted: (i) a road map for hand hygiene in Ghana (ii) contingency plan including supplies and risk communication and community entry for hand hygiene service delivery during emergencies (iii) cost implementation plan for both development and emergency programming	45 days
5	Identify gaps for hygiene data and recommend: (i) hygiene data that can be integrated into existing systems like BaSIS, EMIS, DHIMS and the SIS to enable progress tracking on access to hygiene in the country. (ii) key behaviour performance indicators to be included in the national, regional and district M&E systems	By 31 <sup>st</sup> January, report on recommendations for: (i) integration of hygiene data in national systems e.g. BaSIS, EMIS, DHIMS and (ii) key behaviour performance indicators for national, regional and district M&E systems submitted	10 days
6	Conduct a hand hygiene financing landscape and develop a resource mobilisation plan as an integral part of the Hand Hygiene strategy making provision for consultative discussions with development partners and potential investors including including non-traditional partners such as	By 28 <sup>th</sup> February Resource mobilization plan for NHH4ACS developed	10 days

	businesses, foundations, and philanthropists		
7	Share final report with UNICEF incorporating feedback from the validation meeting.	By 28 <sup>th</sup> February 2022, Final report submitted.	1 day
Total	Delivered within the overall period of 7 months		7 months

## 7. Supervision and Reporting Arrangement

The consultant will work under the overall guidance of Chief WASH with day to day coordination of activities with WASH Specialist (SH). S/he will also hold consultative meetings with the WASH team and other relevant UNICEF sections as may be required.

The scope of the assignment will also require the consultant to collaborate with UNICEF Communication for Development (C4D), Health and Nutrition and Education teams.

## 8. Payment and Schedule

The contractual total amount is to be negotiated between the successful applicant and UNICEF, following established contractual processes.

The consultant will be paid fees based on specified deliverables and the schedule below.

- 20% of fees upon completion of deliverable 1
- 20% of fees upon completion of deliverable 2 & 3
- 20% of fees upon completion of deliverable 4
- 20% of fees upon completion of deliverable 5 & 6
- 20% of fees upon completion of deliverable 7

**Recourse:** UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.

## 9. Official Travel Involved:

The consultant is expected to travel to Ghana for one month during the period. This travel will be made twice, first will be for 3 weeks and the second will be for one week on dates to be agreed with supervisor. Field visits are expected for this assignment to different regions where necessary during the period consultant is in-country. UNICEF will cover the cost for such field visits (outside Accra) and arrange for transportation where feasible. All travels must be

according to the workplan and travel plan approved by supervisor and must comply with the Government of Ghana and the UN travel protocols

## 10. Expected Qualifications, Experience, specialised knowledge/skills and competencies

The person should have:

- Advanced university degree in Environmental Health or a field relevant to international WASH Programme development. Additional training in Health Education or Communication for Development (Programme Communication) an asset.
- At least 8 years progressive experience with research or programming on handwashing with soap and be conversant with market-based hygiene and private sector engagement
- Previous experience in supporting countries in developing WASH related policies, strategies and implementation plans, especially in hygiene and sanitation
- Familiarity with the SDGs, the hand hygiene for all initiative (HH4A) and other related global trends and priorities, most up-to-date country experiences from developing countries.
- Strong analytical, writing and communication skills
- Ability to conduct online consultations
- Excellent interpersonal and professional skills in interacting with the government and development partners and other stakeholders
- Familiarity with the local social and cultural context is highly recommended

## 11. General Conditions: Procedures and Logistics

The consultant will work remotely, with regular meetings with UNICEF staff. He/she is expected to arrange for his/her own transport facilities for commuting to the office. The consultant is expected to use his/her own computer and data storage devices.

## 12. Policy both parties should be aware of:

- Under the consultancy agreement, a month is defined as 21 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.
- Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
- No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.



- Unless authorized, UNICEF will buy the tickets of the consultant. In exceptional cases, the consultant may be authorized to buy travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed upon prior to travel.
- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- Consultant will be required to sign the Health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
- The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant upon arrival, at the HR Section.

### 13. Copyright, Patents and other Proprietary Rights (if applicable)

Outputs delivered by a consultant or individual contractor as part of the contract with UNICEF remain the property of UNICEF.

UNICEF shall be entitled to all property rights, including but not limited to patents, copyrights and trademarks, with regard to material created by the Contractor which bears a direct relation to, or is made in order to perform, this contract. At the request of UNICEF, the Contractor shall assist in securing such property rights and transferring them to UNICEF in compliance with the requirements of the law governing such rights.

#### ***Application Procedure:***

Interested candidates should apply on-line to the link provided indicating their daily professional fees in US dollars. In addition to the CV/Resume, candidates should attach a two-page note on how he/she intends to effectively accomplish this assignment within time frame. *Two examples of previous work done should be attached (if applicable, e.g. strategic documents, photos, edited work, videos etc)*

## Annex 1: Workplan showing interrelationship between International and National Consultancies

Legend:

International Consultant

National Consultant

TOR Tasks	Period of implementation									
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
I. conduct review of global, regional, national literature, recent national hygiene strategies carried out in similar settings, programme documents, project reports and evaluation reports on hygiene in Ghana and prepare an inception report on the assignment										
I. Develop Minimum standards, including QA & certification protocols for HH4A for all settings and contexts in the country										
II. Provide technical support to collaborating sectors to implement pilot HH4A activities and consolidate information from pilot activities into draft operational guidelines for each sector										
II. undertake a programme assessment of Hand Hygiene interventions in Ghana and carry out wide consultations with various key actors including Government Ministries, Departments and Agencies such as the Ministry of Sanitation and Water Resources, Ministry of Health, Ministry of Education and the National Board for Small Scale Industries, key donors, private sector, Civil Society Organisations and Non-Governmental Organisations, at national, regional and district level and prepare an assessment report clearly outlining (i) what is working well at both strategic and implementation levels; , what is not working well and (ii) what needs improvement										
III. assess capacity of collaborating institutions particularly the (i) lead institution to implement the Hand Hygiene strategy and prepare a capacity gap assessment report and plan of action to address capacity gaps.										
III. Provide input for developing the hand hygiene strategy based on lessons learnt from supporting implementation of pilot HH4A activities										
IV. develop a costed national hand-hygiene strategy with the following components ensuring sector participation right through the drafting and development stages. a. road map for hand hygiene in Ghana developed based on a nationally agreed Theory of Change b. contingency plan for hand hygiene service delivery during emergencies. This should cover supplies as well as risk communication and community entry for hand hygiene in emergency situations c) e. costed implementation plan, covering both development and emergency programming										
IV. Develop operational guidelines for various sectors (WASH, Education, Health, and Private Sector, Civil Society etc) to promote/enforce HH4A in relevant settings and contexts in the country in collaboration with key national and sub-national actors. This should cover both development and emergency programming including risk Communication and Community Entry (RCCE) for hand hygiene in emergency situations										
V. identify gaps for hygiene data and recommend hygiene data that can be integrated into existing systems like BaSIS, EMIS, DHIMS and the SIS to enable progress tracking on access to hygiene in the country										
VI. conduct a hand hygiene financing landscape scan and develop a Resource Mobilisation strategy for hand hygiene for the country in consultation with development partners and potential investors. This will cover the following activities: i) review and map existing donors and potential investors in the country including non-traditional partners such as the Multilateral Development Banks, potential private sector investors such as businesses, Foundations and philanthropists ii) facilitate engagement with partners and investors for financing hand hygiene in the country.										
V. Develop a Communication strategy for HH4A and conduct a review of existing promotional materials with recommendations for Audience specific communication materials for all contexts and settings and with links to COVID 19 and other diseases										
VI. Support to establish a partnership for HH4A in Ghana with partners from Government, Development partners private sector and Civil Society. As part of this task the consultant will be required to develop a memorandum of understanding for Members of the partnership										