

## Request for Hygiene Promotion Consultancy Services for the UNICEF WASH Programme

### Summary

<b>Title</b>	Consultancy services to support the promotion of hygiene education in the overall UNICEF WASH strategy to prevent Acute Watery Diarrhoea in Southern Sudan.
<b>Purpose</b>	To review and standardize all existing IEC materials from UNICEF and partners, and train key human resource in PHAST techniques within the framework of the overall preventive strategies of AWD.
<b>Expected fee</b>	P3
<b>Location</b>	Juba, South Sudan with frequent travel to the field
<b>Duration</b>	5 months
<b>Start Date</b>	February 2008
<b>Reporting to</b>	WES Specialist, Water, Hygiene and Sanitation Section

### Background

Due to the prolonged civil war in Southern Sudan, Water and Sanitation infrastructure is extremely underdeveloped. Lack of safe drinking water, excreta disposal facilities and poor hygiene practices leave a large portion of the population at persistent risk of having water/sanitation related diseases including diarrhoea, typhoid, dysentery, cholera, etc. Improvements in potable water supplies, coverage of basic sanitation and marked behavioural change will likely take many years to complete. Returnee movements from neighbouring countries and from other parts of Sudan have placed an ever increasing demand on existing infrastructure which will cause people to fetch water from unsafe sources.

Sudan Household Health Survey 2006 reported 48.8% and 6.4% respectively for access to improved water supply and sanitation. The implications of the above figures are reflected in the rapid spread of water related diseases in Southern Sudan especially among rural populations along river courses. Many of the populated areas do not have access to a reliable supply of potable water and people are left to draw water from rivers. All of the water treatment plants in urban towns are in need of overhaul and only reach a small proportion of the population. For example, the facility in Juba operates at 50% capacity with high losses.

Sanitary facilities are virtually non-existent in many communities. In communities where these facilities have been provided, cultural beliefs and practices remain the biggest challenge. Water and sanitation related diseases including diarrhoea, typhoid, dysentery, cholera, etc. are known to have contributed to the high morbidity rates among children in Southern Sudan (Under-5 Mortality and Infant Mortality rates of 134 and 101.6 respectively, SHHS 2006).

People continue to rely mainly on unsafe river or stagnant water for drinking and household use. Lack of knowledge and poor attitude to environmental hygiene results in unsafe practices that lead diarrhoeal disease infections. This, together with poor personal hygiene and excreta disposal system contribute largely to the high number of diarrhoea cases and other water borne diseases.

## Justification

Rapid assessment reports give a picture of a severe shortage of water supply and sanitation facilities in the intended areas of arrival of returnees. Inadequate access to safe drinking water, unsafe disposal of human excreta coupled with poor hygiene behaviour has been found to be the root cause for the prevalence of Acute Watery Diarrhoea across Southern Sudan. As of October 2007, a total of 9,738 cases of Acute Watery Diarrhoea (AWD) had been reported in Southern Sudan, with 397 deaths. An additional 849 cases of Blood Diarrhoea were also reported.

Diarrhoea being a major problem with evidence or risk of high morbidity or mortality, focus of any planned intervention would be safe excreta disposal, handwashing, protection of water from contamination and the provision of clean water in adequate quantities. The necessary software or hygiene promotion interventions should similarly focus intensively on these aspects until risks have been mitigated. Emergency response capacity will be enhanced through training on techniques to scale-up sanitation and hygiene

UNICEF WASH Programme (as lead agency) has been very instrumental in the responses to outbreaks of the disease in the past years. The efforts have been complimented by other International NGOs and local NGOs. The WASH programme continues to contribute to overall reduction of children's morbidity and mortality caused by water and sanitation related diseases, and specifically to the progressive realisation of MDGs 4 and 7, as well as the JAM priorities through sustained and equitable provision of water and sanitation services, with appropriate focus on areas with high numbers of IDPs and returnees. The programme will also contribute overall towards promotion of grass roots peace building where competition over water resources could lead to conflict. Furthermore, it contributes to the 2002-2006 UNDAF outcomes with respect to improved access to basic social services including emergency response and preparedness; and rehabilitation and development of sustainable livelihoods

The lack of a coherent hygiene promotion strategy within the WASH sector has been the missing link in the entire WASH programme intervention in Southern Sudan. The need for an in-house focal person for hygiene promotion had been recognized over the last three years. In February 2007, a cholera review meeting was organised by ECHO for all ECHO funded agencies together with the line ministries. The outcomes of this meeting indicated the need to scale-up hygiene promotion and sanitation in order to improve cholera prevention and preparedness.

The services of the Hygiene Promotion Consultant is therefore being sought to bridge up the gap and provide a well coordinated and comprehensive strategy to hygiene promotion in the sector's quest to prevent the recurrence of Acute Watery Diarrhoea in Southern Sudan.

## Specific Tasks

Under the guidance of the WES Specialist in UNICEF Juba, and in consultation with the Ministry of Cooperatives and Rural Development (MCRD), Ministry of Health and the Cholera Prevention Working Group, consultant will:

1. Collate and review the appropriateness and suitability of existing Information, Education and Communication (IEC) materials used by all sector partners making amendments where feasible.
2. Standardize and develop the IEC materials taking into consideration the diverse cultural backgrounds in Southern Sudan.

3. Organise a stakeholder's consultative meeting for validation of the materials. With the inclusion of comments from stakeholders, mass-produce the IEC materials.
4. Organize a Training of Trainers (ToT) workshop for selected group of counterparts, NGO staff, community members, opinion leaders, etc. from 5 focus states on the effective use of the materials through PHAST approaches;
5. Design, produce video clips and show them in communities on the endemicity of Acute Watery Diarrhoea.
6. Assist in the procurement of appropriate communication equipment for use in a hygiene promotion exercise.
7. Make regular field visits and document information obtained from such visits.

## Time Frame

The duration of the consultancy assignment will be 5 months starting February 2008

## Expected Deliverables

1. Report on consultative meeting with stakeholders to review the standard IEC materials developed.
2. Standard IEC materials.
3. Trainers from 5 focus states trained in the effective use of the IEC materials based on PHAST methodologies.
4. Video clips and report on video shows organized in communities;
5. Field trip reports.

## Reporting

- Inception report will be submitted within 2 weeks of arrival at the duty station.
- The consultant will provide monthly progress report to the WES Specialist at Juba Area Office. These will include all field trip reports, stakeholder's meeting report, etc.
- Final report will be prepared and submitted to the same at the end of the contract period;

## Expected background and Experience

Advanced university degree in Public Health, Health Education, Communication or related technical field with over 5 years experience in developing training materials and facilitation of training workshops and field experience in developing countries with similar characteristics to southern Sudan.

Fluency in spoken and written English.

Good analytical, negotiating, advocacy and training skills.

Familiarity with relevant computer applications, and good reporting and presentation skills.

Knowledge of the local conditions an asset.

## General Conditions: Procedures and Logistics

- DSA will be provided at the current Juba rate depending on choice of accommodation.
- The consultant will work from a combination of locations i.e. from UNICEF office, Ministry of Health GOSS and or remote locations depending on the availability of office space at UNICEF.
- The consultant will be provided with a laptop computer and other office supplies related directly to the task for the duration of the consultancy.
- While in the field, the movement of the consultant will be facilitated by UNICEF; thus access to UNICEF transport will be authorized.
- Final payment to the consultant will be dependent on the satisfactory completion of deliverables.
- UNICEF will only cover the costs of the economy class from destination to Juba and back. All flight costs within Southern Sudan will also be covered by UNICEF. Unless authorized, UNICEF will buy the tickets of the consultant. In exceptional cases, the consultant may be authorized to buy his/her travel tickets and shall be reimbursed at the "most economical and direct route" but this must be agreed to beforehand.
- The consultant will qualify for RR in which case the appropriate conditions will apply.

## Policy both parties should be aware of:

- The consultant is 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.
- For international consultants outside the duty station, signed contracts must be sent by fax or email. Signed contract copy or written agreement must be received by the office before the consultant can be allowed to travel to the field.
- No travel in lieu of the contract will be undertaken by the consultant to the duty station without prior submission of insurance cover and waiver in the event of injury while executing the duty.
- The consultant 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.