**TERMS OF REFERENCE**

**Improving assessment, monitoring and quality of water provided to**

**Nestle supported WASH projects, from source to household level.**

1. **Introduction**

Nestle supports sustainable Water, Sanitation and Hygiene Projects in Ivory Coast and Ghana. This is the result and outcomes of long term partnership between Nestle and International Federation of Red Cross and Red Crescent (IFRC) that started since 2002. The partnership is in accordance with Nestlé’s ***Creating Shared Value*** concept and the IFRC ***Global Water and Sanitation Initiative*** (GWSI), which recognizes the importance of fostering a more favourable environment for rural communities with a special focus on helping communities, increase productivity, protect the environment and gain sustainable development through improved water, sanitation and hygiene services.

The primary project goals are to enhance community resilience by increasing sustainable access to Water, Sanitation and Hygiene (WASH) services and improved health status of vulnerable rural population in both countries.

The project in Ivory Coast is in the final stages of a fourth and final phase (winding up by end of December 2016) and the Ghana project is in start-up mode moving into full scale implementation for the next two years.

In addition to the Nestle and IFRC goals, these projects will contribute to the UN Sustainable Development Goal number 6.1: *“By 2030 achieve universal and equitable access to safe and affordable drinking water for all”.*

It is important to note the emphasis on ‘*safe*’ water, a major change from the MDG’s which referred more to ‘access to an *improved* water source’. This is in recognition that although that MDG success was significant, there was no real emphasis on water quality.

This assessment and consultancy has as its primary goal to better inform the future strategic and technical orientation of the current and future WASH programming in relation to water quality in both countries, and to advise what we should do to ensure as much as possible we are providing safe water at source as well as encouraging safe transportation, storage and use at the household level. This proposed piece of work will not be restricted to the two target countries but has the opportunity to better inform all GWSI programming worldwide, especially as we transition from MDG to SDG’s.

1. **Background /Scope**

The Nestle supported project in Ivory Coast has had a water quality testing regime principally to ensure that new or rehabilitated water points, one completed and commissioned, were providing water that was free of harmful pathogens. Although this was a precondition to handing over water points to communities, subsequent testing discovered that some water points after time were not free of pathogens, and in most cases attributed to poor construction historically (not due to the Nestle project period, where we had only rehabilitated existing water points) and mostly related to poor sanitary sealing or apron cracks allowing pollution by surface runoff, especially in shallow wells as opposed to bore holes. Repair works to those water points are now under way but we continue to monitor water quality in the 150 water points in total where we had interventions. This consultancy is expected to observe and review the water quality testing process and regime and also analyse the data collected.

Further to the above, this consultancy is expected to provide concrete and succinct advice on what role HWTS may play in improving water quality after collection. Water in around 1’000 households was tested in 2015. Results found a substantial share of the water to be contaminated at the household level.

The treatment and safe storage of drinking-water at the household level (household water treatment and safe storage - HWTS) has significant potential to reduce the burden of diarrhoeal disease and increase child survival. Household water treatment and safe storage address a real need in conditions where people lack access to improved sources of drinking-water where water quality is jeopardized at the point of use by poor hygiene or where storage is necessary because of the unreliability of both improved and unimproved drinking-water supplies. Household water treatment will become increasingly important in water-scarce situations. In this regard HWTS refers not only to drinking-water treated in the home but also in schools, health care settings and other community locations. In addition, it includes water that is treated by small-scale vendors before selling at the household level. Low-cost interventions for household-based treatment of drinking-water and safe storage can significantly reduce the microbial load in drinking-water and thereby reduce the risk of diarrhoeal diseases. In addition, safe storage can contribute to a reduction of breeding sites for disease vectors (dengue and malaria) in and around the house. Main consideration is focused on contextual suitability of different treatment and storage options. The five most common interventions for household water treatment (chlorination, solar disinfection, boiling, filtration, flocculation) as well as combined approaches which have been the subject of much research. While the effective and positive impacts on health of water treatment have been proven, it has been a challenge to scale up use of HWTS sustainably. A low willingness to pay and to use regularly, high distribution and high social marketing costs have been key obstacles to the dissemination of HWTS. Another knowledge gap concerns that of the socio behavioural aspects of household water treatment and safe storage. The paradigm that there is a best option in each setting is fairly recent and needs further exploration. As an intervention HWTS must be tailored to context if it is to be successful to scale and sustainable.

1. **Objective**

**Objectives of the consultancy:**

Primary Objectives:

* To provide and identify guidance on how to improve water quality including both water source and point of use water quality surveillance, HH level water quality surveillance and guidance on scaling-up HWTS that is relevant to context.

**Secondary Objectives:**

* Is to assess existing household water treatment practices within both country project catchment areas and their known or proven efficacy, impact, sustainability and scope of use.
* Is to assess the overall relevancy, performance, sustainability and impact of monitoring of water quality at existing or planned water sources at point of collection.
* Is to assess the overall relevancy, performance, sustainability and impact of monitoring of HH water quality at point of use.
* To assess the data collection methods and analysis, assumptions reached and their dissemination (or data governance) to stakeholders and partners.

**Key deliverables**

**This assessment is expected to produce** a **report comprising:**

1. An executive summary of 5 pages focusing upon findings and recommendations on how to improve (a) water quality surveillance at point of collection and point of use and (b) on how to improve water quality at the point of use. A maximum of three options are expected to be provided under (a) and (b), including a description of strengths and weaknesses, resources needed, and actions to implement each option.
2. The body of the report of not more than 20 pages giving more background on the consultancy findings and conclusions especially taking into consideration strategies on how the project will ensure HWTS technology quality, accessibility, use of social marketing opportunities and an identification of a reliable supply chain where appropriate. The body of the report should also define in broad terms a plan of action to roll-out HWTS in an appropriate manner.

|  |  |  |
| --- | --- | --- |
| 1. **Duration:** 25 days- 18 working days of data collection/field work and 7 working days of final consultation with stakeholders and production of final report. | | |
| 1. **Supervisors and technical focal points:** Zakari ISSA in Ivory Coast and Abel AUGUSTINIO in Ghana (while in-country) and joint overall supervision and tasking by IFRC Geneva and Nestle HQ jointly. | | |
| 1. **Consultant’s base:** The consultant will be based at the two respective NS HQ’s while in country, with frequent travelling to the field in both countries, at times with only basic accommodation available in the field. Consultant will be subject to IFRC code of conduct and security regulations including data and information sharing rules. | | |
| 1. **Description of assignment/ deliverables:** | | |
| **Tasks** | **End Product/deliverables** | **Duration** |
| 1. Review and observation of existing water testing, data collection and analysis at point of collection and point of use. | Set of recommendations to improve the existing processes. | 7 days |
| 1. Meeting at national level with WASH actors involved in the HWTS approach and water quality surveillance. | Gain existing situational analysis overview and possible best practice examples from the WASH sector. |
| 1. Conduct an overview of HWTS status in the target countries and undertake a SWOT analysis to identify what options may be best in relation to the Red Cross project target areas. | Produce findings and recommendations, taking into consideration:   * Acceptance of beneficiaries * Knowledge level of appropriate usage vs sensitisation deployed by WASH actors at country level * Overall analysis about the relevancy and efficiency associated with each practice | 11 days |
| 1. Produce a final comprehensive report after stakeholder feedback and discussion. | Share the draft detailed report with IFRC, RC/RC and Nestle for feedback and inputs in the first instance, with a further two days to produce the final report.  Final comprehensive report produced | 7 days |
| 1. **Qualification and specialized knowledge/experience required for the assignment:**   **Education**   * Advanced university degree in one of the disciplines relevant to Public Health and/or WASH. * Additional training and knowledge of Household Water treatment and safe handling, an asset.   **Work Experience**   * Three years of progressively responsible professional work experience in the humanitarian sector or international development organizations, national government, research or academic bodies. * Experience with Household Water treatment and safe handling. * Familiarity with the Africa Rural Context and has Africa working experience preferred. * Good knowledge and skills especially use of evaluation and data management and its analysis. * Familiar with the current developments, research, and best practices in development of Household Water treatment and safe handling.   **Language Proficiency**   * Fluency in English and French (most of the work will be in Ivory Coast). | | |