Terms of Reference (TOR)

Gender Equality and Social Inclusion (GESI) STTA
February-March 2024

1. Introduction:

USAID's Health and Hygiene Activity (HHA) aims to contribute to Nepal's Country Development Cooperation Strategy (CDCS) goal of "A more self-reliant, prosperous and inclusive Nepal that delivers improved democratic governance and health and education outcomes." With the overall purpose of improving the health status of communities, HHA adopts an integrated approach with a dual focus on improving the quality of health service delivery and hygiene. DevWorks International is implementing HHA with technical support from a Nepali private construction firm. HHA currently targets seven districts – East Rukum in Lumbini Province and Dolpa, Jajarkot, Salyan, West Rukum, Surkhet and Dailekh in Karnali Province.

HHA supports construction/rehabilitation of safe drinking water supply and/or sanitation facilities in all targeted healthcare facilities (HCFs). In selected HCFs, HHA has also installed solar power and healthcare waste management systems. With these infrastructure improvements and corresponding trainings related to operation and maintenance, infection prevention and control, client counseling and behavior change communication targeting communities, HCFs are better equipped to make progress towards meeting the Government of Nepal's Minimum Service Standards for quality health service delivery.

In line with USAID's ADS 205 and policy on gender and social inclusion, HHA identified several entry points to mainstream Gender Equality and Social Inclusion (GESI) within project design and implementation, monitoring and evaluation, and learning.

2. Justification for the GESI STTA assignment:

As HHA is in the final year of its project, there is a need to capture learnings on the impact of HHA's GESI interventions, key takeaways, and recommendations. Thus, the main objectives of this scope of work are to document what has been the impact of HHA's GESI approach, specifically related to:

- changes in perception among female and socially disadvantaged healthcare workers of their safety, motivation and ability to do their jobs in a clean and safe environment.
- changes in care-seeking behaviors and patient satisfaction among female, male and/or socially marginalized clients.
- changes in how males and females, including of socially disadvantaged groups, who have been involved in HHA activities as Health Facility Operation and Management Committee (HFOMC) and Water Users and Sanitation Committee (WUSC) members, Village Maintenance Workers (VMWs), Construction Site

Supervisors, and others, have been able to participate more in decision-making and resource allocation processes for the benefit of HCFs, and perceptions of the value of their inputs.

- Overall, how HHA's GESI approach has improved quality of health service delivery and hygiene at HCFs.

3. Methodology/Approach:

To address these objectives, HHA plans to engage a GESI STTA to develop a Learning Brief for HHA highlighting key takeaways and recommendations having assessed the impact of HHA's GESI interventions.

Key responsibilities and deliverables of the Consultant to be able to develop this Learning Brief will be to:

3.1.1. Document HHA's approach to promoting GESI within the WASH in Healthcare Facility setting focusing specifically on activities related to construction/rehabilitation and maintenance of WASH facilities, infection prevention and control, provider behavior change communication, and behavior change communication.

Activity: Review relevant HHA documents (HHA GESI action plan; client exit surveys; Provider Behavior Change Communication (PBCC) and Behavior Change Communication (BCC) training materials, handbooks/facilitators' guides identifying main GESI messages; disaggregated data on trainings targeting VMWs, Construction Site Supervisors, members of HFOMCs and WUSCs, healthcare providers, environmental cleaners (e.g. office assistants, sweepers) other support staff, members of female community health volunteers (FCHVs), among others.

3.1.2 Capture quantitative and qualitative data through a mixed-method methodology to understand the level of impact of interventions. The mixed-method methodology will be developed in collaboration with HHA staff to capture key questions, observations, and respondents to interview during field work.

Activities:

1. Conduct focus group discussions with female/male and socially marginalized groups from 12 HCFs in Salyan (2), Jajarkot (2), Rukum West (2), Rukum East (2), Surkhet (2) and Dailekh (2) districts that HHA has trained and/or that have participated in HHA activities:
    - current/former construction site supervisors and VMWs
    - current/former members in leadership with decision-making roles (i.e. HFOMC and WUSC committee members)
    - health care providers and support staff
    - Female Community Health Volunteers.
2. Conduct Key Informant Interviews including with female/male Health Facility In-charges from scheduled and upper castes, RM/M representatives, and at least 24 clients (12 male and 12 female from both scheduled and upper castes).

4. Level of Effort:

The duration of the assignment will be eight (8) weeks, including preparation, execution, and reporting. The consultant will be based at the HHA Surkhet project office and will travel to the field to conduct the focus group discussions and Key Informant Interviews.

This assignment is expected to commence on or about 5 February 2024 and will run until 31 March 2024 for a total of 30 days.

5. Expected Deliverables:

- Detailed workplan with time schedule and field visits for assignment by February 9, 2024.
- Final questionnaire to be used for Focus Group Discussions and Key Informant Interviews by February 16, 2024 (draft due on February 13, 2024).
- Report on quantitative/qualitative data and analysis of data obtained from the FGDs and KIIs by March 15, 2024, including with whom the FGDs and KIIs were conducted (names, positions, sex, caste) and text boxes and quotes highlighting impact of HHA interventions benefiting individual/group female and/or socially marginalized persons.
- Learning Brief (no more than 12 pages) on the findings, key takeaways and recommendations on the impact of HHA's approach to GESI integration by March 27, 2024 (draft due on March 22, 2024).
- A final brief assignment report summarizing activities including photos, accomplishments and recommendations submitted by March 31, 2024.

Requirements:

- 7-10 years of professional experience in an equivalent position, especially in the Nepali context.
- Knowledge and experience in conducting similar GESI assessments for donors.
- Knowledge and experience in working with marginalized groups such as women and socially marginalized groups.
- Extensive experience in research and analytical work in gender equity and women's involvement in WASH programs (preferred).
- Ability to work in a multi-cultural, multi-ethnic environment with sensitivity and respect for diversity and gender are essential requirements.
- High level of proficiency in Nepali and English, both oral and written

Annex 1:

Areas to address impact of GESI interventions when conducting FGDs within HHA's SOW will include:

Capacity Building

- Have respondents been able to utilize the knowledge and skills they acquired from HHA trainings (e.g. operation and maintenance, IPC, PBCC, including GESI)? If so, has the training changed their attitude about IPC, PBCC, GESI? If so, how?
- If respondents are not utilizing the knowledge and skills they acquired from HHA trainings, why not? What challenges do they face?
- Did any of the respondents train other healthcare workers in what was taught at HHA trainings?
- Did the trainings help the respondents to (know what to) advocate for improvements at the HCF? Did the respondents approach the HFOMC, municipal health unit and local government with these requests for improvements? Did they feel that their voices were heard?
- For FCHVs, did their status or recognition within the HCF (and community) increase after their participation in HHA trainings?
- For female VMWs and Construction Site Supervisors, what have been some challenges in working in this role that is traditionally male dominated? Do they feel fairly compensated in terms of payment or in-kind for their contributions?

Decision-Making

- Have women and members of socially disadvantaged groups been involved in the design, planning and monitoring (including development of action plans) of the WASH facilities? Did they feel like their concerns were heard during dialogue sessions/public audits? Can they give examples of issues of concern they raised?
- What role have respondents had in decision-making of the WASH facilities (e.g. WASH facility Operation & Maintenance (O&M) and Infection Prevention and Control (IPC) allocation of investments)?

Access to WASH

- Who was responsible for fetching and bringing water to the HCF before the water supply system was constructed/rehabilitated? How long did it used to take to fetch water?
- Do female healthcare providers/support staff/clients/others feel safe(r) using the separate male and female toilets with doors that are able to lock for privacy?

- Do female healthcare providers/support staff/clients feel that the HCF toilets are clean(er) (no presence of feces, waste materials or bad smells)? Are they able to practice menstrual hygiene management (including proper disposal of menstrual products) better? Is there soap and/or water available for handwashing and are they following handwashing with soap and water protocols?
- Do persons with disabilities or pregnant women feel that the disability-friendly toilets provide the necessary accommodations they need to utilize toilets?
- With water supply available, do healthcare providers/support staff/clients feel that it is easier to make the HCF environmental surroundings clean(er)? Why or why not?
- Did healthcare providers feel they were better able to make expectant mothers comfortable and deliver babies given access to WASH facilities? Why or why not?
- Are healthcare providers/support staff/clients/others more likely to work/visit the HCFs now that it has WASH facilities?
- Has there been an increase in clients to the HCFs, including women giving birth as in-patients? If so, what factors account for this increase?

Monitoring and Evaluation

- How did gender-specific indicators/disaggregated-data support the HHA team in pausing, reflecting and making adjustments to interventions in order to reach GESI objectives?
- Did HCFs/HFOMCs make any changes in providing health care delivery services based on feedback from client exit surveys?