TERMS OF REFERENCE (TOR)

International Consultancy Services
Development of National WASH standards for Health Facilities in West Bank and Gaza, for the State of Palestine

<table>
<thead>
<tr>
<th>Title</th>
<th>Development of National WASH standards for health facilities (Maternity Wards, Neonatal Intensive Care Units, Primary Health Facilities) sensitive towards gender, disability and the environment;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Identify Water, Sanitation and Hygiene (WASH) standards and the required Operation and Maintenance monitoring guidelines in Health facilities (WiHCF) and develop the National WASH Standards for Health Facilities (NWSHF) with gender, disability and environmental sensitivity suitable, and applicable in the West Bank and Gaza</td>
</tr>
<tr>
<td>Location</td>
<td>Home based – due to travel restrictions, consultant will work remotely</td>
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<tr>
<td>Duration</td>
<td>60 working days over the period from March to May 2021</td>
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<tr>
<td>Reporting to</td>
<td>Chief of WASH, UNICEF SoP</td>
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1. Background

Health facilities all over the world have functioned as a first buoy providing first aid and often last aid, in protracted conflict zones. Medical personnel and doctors have over time managed these centres as best as they could, mostly concentrating on life saving activities while hygiene measures and attention to adequate operation of water and sanitation facilities received less attention.

Pandemics such as the Pest, Ebola, SARs and more recently COVID19, have made us painfully aware of the importance of proper hygiene not only at individual level but also at institutional level in terms of the status of available facilities to attain appropriate hygiene standards. This demands close collaboration between WASH and Health sectors working to provide a safe and clean environment for patients, staff and cleaners in health facilities.

Availability of sustainable water, sanitation and hygiene (WASH) services is essential to quality of care and infection prevention and control in health care facilities. The linkage between safe water for hygiene and handwashing in health facilities and reduction in disease transmission has long been established. A newer aspect is the attention to gender, disability and the environmental aspects of WASH in Health Centres.

Given the importance of water availability and good hygiene during childbirth in particular, WASH is considered both a precondition and an entry point for good quality of care. According to the World Health Organization (WHO), one of the leading global actors working to improve WASH in health care facilities, clean and safe healthcare facilities, equipped with adequate WASH services, can:

- increase demand for and trust in services;
- reinforce the role of healthcare services and staff in setting societal hygiene norms;
- increase the motivation and retention of health workers;
- result in cost savings from infections averted;
lead to more efficient service delivery

Sustainable Development Goal (SDG) 3 (ensure healthy lives and promote well-being) and SDG 6 (ensure availability and sustainable management of water and sanitation for all) reinforce the need to ensure safe management of water and sanitation, reduction in maternal mortality, ending preventable new-born deaths, and providing quality universal health coverage.

Despite the critical role that water, sanitation, hygiene, waste disposal and environmental cleaning services play in the continuum of healthcare, access to WASH services globally remains alarmingly poor. The gaps in current WASH services in health care facilities are significant and operation and maintenance of the facilities are negligible. According to the 2019 Global Baseline Report on WASH in Health Care Facilities, one in four health care facilities lacks basic water services, and 896 million people have no water service at their health care facility. For children, this has far-reaching effects on their level of growth, development, morbidity and mortality, especially at the very start of life.

2. Justification:

In recent years the focus on Sustainable Development Goals has led WASH actors to review their activities in institutions, and several documents have been produced on WASH in health facilities. UNICEF in SoP aims to improve the understanding of the minimum standards for WASH services and the required Operation and Maintenance (O&M) in health facilities to provide a safe and healthy environment for the health care services. Furthermore, an integrated effort must be made by health and WASH professionals to ensure the functionality and cleanliness of the facilities to effectively change the behaviour of those working in and using the facilities.

The facilities in the West Bank and Gaza have been severely affected by the protracted conflict. Activities such as the importation of supplies, specifically for WASH services which are seen to have “double usage” and movement of people are restricted. This has led to irregular water and electricity supplies to the two areas, in addition, the shortage of financial resources makes long term planning of activities a continuous challenge.

In 2019, UNICEF with partners undertook the mapping of the maternal, neonatal and child health care services in Gaza targeting 40 selected facilities: 5 Primary Health Care Facilities (PHC), 7 Neonatal Care Units (NCUs) and 6 Maternity hospitals. Mapping of the existing infrastructure clearly exposed the need for rehabilitation of the health care facilities to ensure high quality service delivery. Most of the health facilities visited had water, sanitation and hygiene infrastructures. Although the cleaning of the toilets and environmental disinfection is required twice per day, in some of the visited facilities cleaning is rarely done.

Due to poor quality and inadequate WASH infrastructure in the health facilities, privacy remains the major challenge for women and girls, especially in Gaza where health facilities and service delivery practices are not gender-sensitive in terms of privacy and confidentiality. Furthermore, there is minimum mechanism for the management of medical waste and operation and maintenance of the facilities. In conclusion, the current number of WASH infrastructure in the health facilities both in Gaza and West Bank are inadequate given the number of patients visiting these facilities.

3. Purpose of the Assignment:

UNICEF is seeking consultancy services from an experienced international consultant, to plan for and prepare appropriate and applicable national WASH standards and Operation and maintenance guidelines for health facilities in the West Bank and Gaza. The proposed WASH in health facilities standards and
O&M guidelines will enhance the enabling environment for improving the health care services in the two locations.

A complete and comprehensive set of standards will combine both WASH and Health requirements for a safe and clean health facility. It is envisaged that modest improvements in WASH in health care facilities will have an impact on the health of those using the services. The objective of the assignment will be to:

- Identify the required National Water, Sanitation and Hygiene (WASH) standards and Operation and Maintenance (O&M) guidelines for existing Health facilities taking into consideration gender, disability and environmental aspects suitable, and applicable in the West Bank and Gaza
- Develop a comprehensive set of National WASH Standards for Health Facilities (NWSHF) and O&M monitoring guidelines for Gaza and West Bank in coordination with the Ministry of Health and all stakeholders, cognizant of existing standards developed by Global health/WASH Clusters and WHO standards.

### 4. Scope of Work and Methodology

The overall objective of this consultancy is to develop a comprehensive document on standards and O&M guidelines for WASH in Health in facilities for Gaza and West Bank in collaboration with the line Ministries, PWA as well as other stakeholders. It is expected that the following specific objectives will be achieved:

1. A comprehensive literature review of existing WASH in health facilities guidelines, manuals and standards from other countries as well as UNICEF/WHO materials and publications on WASH in health facilities;
2. Consult with line Ministries concerned, Municipalities, NGOs and other agencies involved in the WASH and Health facilities interventions in Gaza and West Bank for additional information and views on WASH in Health facilities requirements that are cultural, gender and disability appropriate;
3. Conduct field visits (through Local NGOs) to selected health facilities in both locations to assess the status of WASH infrastructures, behavioral conduct of health workers and users of the facilities in the facilities in urban and rural areas including assessment of existing operations and maintenance and prepare a case study;
4. Prepare a first draft of WASH in health facilities standards and guidelines including lay out.
5. Present first draft of WASH in health facilities standards and guidelines at a workshop (virtual) for stakeholder consultations with key stakeholders involved in WASH in Health facilities interventions for inputs and comments on the first draft;
6. Prepare summary Power Point presentation of the Final draft standard and guidelines and abridged Summary version at a validation workshop for all stakeholders
7. Prepare Final standards and guidelines document incorporating comments from the workshop along with illustrations, drawings, figures, maps, tables, and charts for approval by line Ministries and UNICEF;

### 5. Key Players

The international consultant will be supervised by UNICEF WASH Chief with support of the UNICEF Health and Nutrition.

The Ministry of Health will be a member of the Steering Committee of this project, together with UNICEF WASH/Health Cluster Coordinators and selected members.
6. **Timeframe:**

This consultancy will cover a period of 60 days.

7. **Deliverables and Reporting:**

The Consultant shall report directly to UNICEF WASH section. All deliverables prepared by the Consultant shall therefore be submitted to UNICEF for their review and or approval. All reports shall be produced and written in English. The Consultant shall provide an electronic version of the reports and all data and required deliverables in MSWord, MS Excel, PDF formats or in formats acceptable to UNICEF. All data are owned by UNICEF.

Apart from the presentation, UNICEF will verify the content of the report against the Terms of Reference. UNICEF will review the technical content of the report and can ask for revisions or changes if thought necessary. While preparing the Final Report the Consultant shall consider all comments, suggestions and additions, as will need to be noted in the Minutes of every meeting and will make corrections or amendments as necessary. Incorporation of any such comments or suggestion within the final report shall not relieve the Consultant from its’ responsibility for the technical content of the submission or of the design.

In accordance with agreed standards and procedures, the Consultant shall submit reports and facilitate the timely review and presentation of each report to UNICEF and their partners. The following key reports to be submitted include but are not limited to:

- Inception Report on the literature review, methodology and workplan
- A testing protocol within a selected number of health facilities
- Field testing completed and data set available
- Guidelines and tools for Operation and Maintenance
- A capacity building and discussion protocol on WSHF ready for review by UNICEF and its partners, based on the experiences in the field
- A financial analysis as part of the applicability of the set of standards
- The training modules
- A Final report and Presentation of the National WASH Standards for Health Facilities (NWSHF) applicable in West bank and Gaza.

**Tool and Equipment:**

The Consultant shall provide all necessary tools, instruments, transport and equipment to execute the services as per the scope of works. These must be available during all service operations.

8. **Minimum qualifications requirements:**

**Education**

An Advanced University Degree (Master’s and above) in one or more of the disciplines relevant to the following areas: Public Health and Environmental Engineering and related technical fields.

**Experience/ Competencies**

- A minimum of 8 years of professional experience, at the national and international level, is required specifically working in the development of WASH and health policies, standards, tools and guidelines
- Extensive knowledge in research, data collection and analysis
- Knowledge and experience on operation and maintenance WASH
- Analytical, negotiation, communication and advocacy skills.
Leadership and teamwork abilities specifically in managing remote teams.

The Consultant will need to demonstrate relevant experience with water, sanitation and hygiene projects;

**Language**

Fluency in English is required understanding of Arabic Language an added advantage

The consultant is required to work closely with a local CSO with national experts in the respective fields, who will support the consultant in data collection and assessment of the WASH infrastructure in the health facilities both in Gaza and West Bank, in addition to assessing the institutional capacity for O&M.

It is essential that the consultant develop a work schedule with the CSO with clearly defined timelines for deliverables. UNICEF will assist in identifying the CSO and will cover the payment to the CSO.

**Deliverables and Payment Schedule:**

The payment schedule will be on works performed and the deliverables provided. The payment schedule will be linked to each key milestone/deliverable as below.

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<tr>
<th>#</th>
<th>Deliverable</th>
<th>Payment %</th>
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<tbody>
<tr>
<td>1</td>
<td>Approved Inception Report on the literature review, methodology and workplan</td>
<td>30%</td>
</tr>
<tr>
<td>2</td>
<td>A testing protocol with triggering feature in a selected number of health facilities with triggering feature, ready for field testing</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Field testing completed and data set available</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Learning and Discussion protocol for NWSHF presented for review by UNICEF and its partners, based on outcome field tests</td>
<td>40%</td>
</tr>
<tr>
<td>6</td>
<td>Financial analysis as part of the applicability of the set of NWSHF</td>
<td></td>
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<tr>
<td>7</td>
<td>Training Modules on NWSHF</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Final report and Presentation of the National WASH Standards for Health Facilities (NWSHF) in West Bank and Gaza, for the State of Palestine</td>
<td>30%</td>
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Recourse:

UNICEF reserves the right to terminate the contract and/or withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines, if the rules and the regulations regarding confidentiality, ethics and procedures of UNICEF and the partners are not followed.

9. **Confidentiality Statement:**

All data and information received from the Health Facilities, UNICEF, PWA and CMWU for the purpose of this assignment shall be treated confidentially and shall only to be used in connection with the execution of these Terms of Reference. All intellectual property rights arising from the execution of these Terms of Reference are assigned to UNICEF. The contents of written materials obtained and used in this assignment may not be disclosed to any third parties without the expressed advance written authorization of the UNICEF.