

### TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title		Type of engagement	Duty Station:
International Consultant (developing national Hand Hygiene for All Roadmap for Zambia)		<input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	Remotely (with one month visit to Lusaka)
<b>Purpose of Activity/Assignment:</b>			
To assist the Ministry of Water Development and Sanitation, Zambia in developing the National Costed Hand Hygiene for All (HH4A) Roadmap that bridges COVID-19 response with longer-term National Development goals in hand hygiene.			
<b>Scope of Work:</b>			
<p>The scope of the assignment will require the consultant to collaborate with UNICEF Social and Behaviour Change, Health, Nutrition and Education teams.</p> <p>The specific tasks for the development of national HH4AR are:</p> <p>I. Conduct review of global, national and provincial literature including recent national hygiene strategies and roadmaps carried out in other countries/similar settings, pro-programme documents, project reports and evaluation reports on hygiene in Zambia and pre-prepare an inception report on the assignment</p> <p>II. Undertake a programme assessment of Hand Hygiene interventions in Zambia and carry out broad consultations with various key actors, including Government Ministries, Departments and Agencies such as the MWDSs, Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Local Government and Rural Development, and Ministry of Medium and Small Enterprise Development, key donors, private sector, Civil Society Organisations (CSOs) and Non-Governmental Organisations (NGOs), at national, Provincial and district levels 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</p> <p>III. Assess the capacity of collaborating institutions, particularly the (i) lead institution to implement the HH4AR and prepare a capacity gap assessment report and plan of action to address capacity gaps.</p> <p>IV. Develop a national HH4AR with the following components ensuring sector participation right through the drafting, development and finalization stages.</p> <p>a. Roadmap for hand hygiene in Zambia developed based on a nationally agreed Theory of Change</p> <p>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</p> <p>c. Costed implementation plan covering both development and emergency programming.</p> <p>V. Identify gaps for hygiene data and recommend hygiene data that can be integrated in-to existing systems like EMIS and HMIS as well as the proposed WASH Integrated Management Information System, to enable progress tracking on access to hygiene in the country.</p> <p>VI. Recommend key performance indicators on behaviour change to be included in the national, Provincial and district M&amp;E systems.</p>			

VII. Conduct a hand hygiene financing landscape and develop a resource mobilisation plan as an integral part of the HH4AR making provision for consultative discussions with development partners and potential investors including non-traditional partners such as businesses, foundations, and philanthropists.

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 MWDS for a total of three months working mainly from their residence (off-site) except for one month in-country. This will be split into two visits the first of which is expected to cover three weeks for stakeholder consultations, data collection and capacity gap assessment and the second for a duration of one week for the final consultation and validation of the strategy.

This assignment requires extensive consultation with stakeholders from various sectors throughout implementation. As one of two consultancies on hand hygiene, S/he will, together with the national consultant, hold regular planning and review meetings with the National CLTS focal person.

To facilitate the development of a comprehensive HH4AR, the International Consultant will review the current Communication 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 settlements 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 Roadmap 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.

**Child Safeguarding**

Is this project/assignment considered as “[Elevated Risk Role](#)” from a child safeguarding perspective?

YES  NO If YES, check all that apply:

**Direct contact role**  YES  NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

**Child data role**  YES  NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

<b>Budget Year:</b> 2022	<b>Requesting Section/Issuing Office:</b> WASH Section/UNICEF Zambia.	<b>Reasons why consultancy cannot be done by staff:</b> This assignment aims to provide the Government of Zambia with the required comprehensive HH4AR for 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.	
<b>Included in Annual/Rolling Workplan:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:			
<b>Consultant sourcing:</b>  <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both  <b>Consultant selection method:</b>  <input checked="" type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)		<b>Request for:</b>  <input checked="" type="checkbox"/> New SSA – Individual Contract  <input type="checkbox"/> Extension/ Amendment	
<b>If Extension, Justification for extension:</b>			
<b>Supervisor:</b>  WASH Specialist (sanitation and Hygiene)	<b>Start Date:</b>  01 November 2022	<b>End Date:</b>  30 September 2023	<b>Number of Days (working)</b>  81 days within an 11-month period.

<b>Work Assignment Overview</b>			
Tasks/Milestone:	Deliverables/Outputs :	Timeline	Estimate Budget
1. Conduct a review of global, regional and national literature, including recent regional and national hygiene/WASH Communication strategies and roadmaps, programme documents, project reports and evaluation reports on hygiene in Zambia and prepare an inception report on the assignment	Inception report including defined scope of work submitted.	15 days	11.60%
2. Undertake a programme assessment of Hand Hygiene interventions in Zambia and carry out broad consultations with various key actors, including Government Ministries, Departments and Agencies such as the MWDS, Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Local Government and Rural Development, and Ministry of Medium and Small Enterprise Development, key donors, private sector, Civil Society Organisations (CSOs) and Non-Governmental Organisations (NGOs), at national, Provincial and district levels 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	An assessment report including progress made, identified gaps and required improvements at both strategic and implementation levels submitted	25 days	25.35%
3. Assess the capacity of collaborating institutions, particularly the (i) lead institution to implement the HH4AR and prepare a capacity gap assessment report and plan of action to address capacity gaps.	Report on capacity gap assessment at national and subnational levels and accompanying plan of action submitted	15 days	17.23%
4. Develop a national HH4AR with the following components ensuring sector participation right through the drafting, development and finalization stages.	A draft HH4AR with the following submitted: (i) a road map for	25 days	22.91%

<p>a. Roadmap for hand hygiene in Zambia developed based on a nationally agreed Theory of Change</p> <p>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</p> <p>c. Costed implementation plan covering both development and emergency programming.</p>	<p>hand hygiene in Zambia</p> <p>(ii) contingency plan including supplies and risk communication and community entry for hand hygiene service delivery during emergencies</p> <p>(iii) cost implementation plan for both development and emergency programming</p>		
<p>5. Share final HH4AR and accompanying reports and plans with UNICEF, incorporating feedback from the validation meeting.</p>	<p>Final HH4AR and accompanying reports and plans submitted.</p>	<p>1 day</p>	<p>22.91%</p>
<p>Total</p>		<p>81 days</p>	

<b>Estimated Consultancy fee</b>			
Travel International (if applicable)			
Travel Local (please include travel plan)			
DSA (if applicable)			
<b>Total estimated consultancy costs<sup>1</sup></b>			
<p><b>Minimum Qualifications required:</b></p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines: Water and Sanitation, Public Health, Environmental Health or a field relevant to international WASH Programme development. Additional training in Health Education, or Social and Behaviour Change Communication (Programme Communication) an asset.</p>	<p><b>Knowledge/Expertise/Skills required:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Previous experience in supporting countries in developing WASH related policies, strategies and implementation plans, especially in hygiene and sanitation</li> <li>• 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.</li> <li>• Strong analytical, writing and communication skills</li> <li>• Ability to conduct online consultations</li> <li>• Excellent interpersonal and professional skills in interacting with the government and development partners and other stakeholders</li> <li>• Familiarity with the local social and cultural context is highly recommended</li> </ul>		
<p><b>Administrative details:</b></p> <p>Visa assistance required: <input checked="" type="checkbox"/></p> <p>Transportation arranged by the office: <input type="checkbox"/></p>	<p><input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based: for one month. The rest will be remote.</p> <p>If office based, seating arrangement identified: <input checked="" type="checkbox"/></p> <p>IT and Communication equipment required: <input checked="" type="checkbox"/></p> <p>Internet access required: <input checked="" type="checkbox"/></p> <p>The consultant may be provided office space and an internet access whilst in Lusaka during the course of this assignment. The consultant will be responsible for his/her accommodation and personal laptop to perform his/her professional duties. The consultant will be responsible for his/her accommodation, travel and subsistence costs, as applicable.</p>		

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<sup>i</sup> Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

**Text to be added to all TORs:**

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures, and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.