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| **Heading:** National Consultant for National minimum requirements for Water, Sanitation and hygiene in Healthcare facilities  **Section in Charge**: Water, Sanitation and Hygiene (WASH) Section  **How does the consultancy relate to the Myanmar Sustainable Development Plan (MSDP):**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Reference Number** | **Action Plans** | **Strategic Outcomes** | **Relevant Agencies** | **12 Point**  **Economic Policy** | **Relevant**  **SDG**  **Targets** | | **Pillar 3** | **People & Planet** | | | |  | | **Goal 5** | **Natural Resources & the Environment for National Posterity** | | | |  | | **Indicator5.3.6** | **Proportion of Health care facilities with (a) basic water supply; (b) basic sanitation; (c) basic hand hygiene; (d) practicing basic healthcare waste management.** | | | |  | | | |
| 1. Background Good WASH services in healthcare facilities links to multiple key development objectives within Myanmar including quality universal health coverage, infection prevention and control, patient safety, and child/newborn and maternal health. Impacts of good WASH services extend to staff dignity, morale, performance and safety as well as respectful care to mothers and children. Accordingly, SDG targets 6.1 and 6.2 include WASH in health care facilities as part of **universal WASH access for all**.  Numerous policies and strategies within Myanmar reference WASH in Healthcare Facilities (table 1) however the scope is not comprehensive and crucially detailed guidelines are not in place to allow for the development of effective minimum standards. Currently it is not possible to report against standard indicators on the status of WASH in Healthcare facilities within the country. Without quality data it is difficult to make plans and develop budgets or financing strategies to move forward.  The government of Myanmar has recently reaffirmed its commitment to ensuring good WASH services in health care facilities through the *National Strategy for rural Water, Sanitation and Hygiene (WASH), WASH in Schools and WASH in Healthcare Facilities (2016-2030).*Which outlines Strategic objective 7.5: ***All health facilities have adequate water supplies, toilets and handwashing facilities for patients, carers and staff, and clinical and hazardous waste disposal facilities, waste water drainage and treatment appropriate for the type of health facility, and maintain a clean environment****.* This document is a key reference for the Myanmar Sustainable Development Plan (MSDP) 2018-2030 specifically ***Strategy 5.3: Enable safe and equitable access to water and sanitation in ways that ensure environmental sustainability.***  **Table 1**List of documents on WASH in health care facilities in Myanmar and their relation to WASH   |  |  |  | | --- | --- | --- | | ***Document Name*** | ***WASH-related content of the document*** | ***Content areas covered against WHO Essential Environmental Standards in Health Care*** | | *Myanmar National Health Policy 1993* | *One priority area out of 15 is related to environmental health and water pollution.* | *Not specific to any of the guidelines.* | | *National Strategy for Rural Water Supply, Sanitation and Hygiene – WASH in Schools and WASH in Health Facilities 2016-2030* | *Broad standards, targets and investment plan for water supply, sanitation and waste management for rural health centres, township and station hospitals.* | *Guidelines 2, 3, 4, 5, 6: water quantity, access, excreta, wastewater and medical waste disposal.* | | *Hospital Infection Control Guidelines - 2016* | *Comprehensive technical specifications and guidance on standard measures and practices for infection control in health care facilities.* | *Guidelines 1,2, 3, 4, 5, 6, 7, 11: water, excreta, wastewater and medical waste disposal, cleaning, hygiene.* | | *Environmental Management Plan - 2015* | *Technical specifications and guidance on health care waste management.* | *Guidelines 5, 6: wastewater and medical waste disposal.* | | *National Drinking Water Quality Standards Myanmar - 2019* | *Standards for drinking water quality.* | *Guideline 1, 2: water quality and quantity.* | | *Myanmar National Building Code 2016* | *Standards for design and construction of referral hospitals with WASH-related facilities.* | *Guideline 9: building design, construction and management.* | | *Standards for rural health centre WASH facilities - undated* | *Standards for design and construction of health centres with WASH-related facilities.* | *Guideline 9: building design, construction and management.* | | *National Health Plan 2017-2021* | *Health system strengthening, Infrastructure, health service readiness* | *Not specific to any of the guidelines.* |   To support progressive realization of improved WASH in healthcare the UNICEF/WHO led Joint Monitoring Programme (JMP) has proposed service ladders to enable countries at different stages of development to track and compare progress in reducing inequity. These globally normative tools have already been tested extensively and can support Myanmar with measuring progress in delivering services across five sub sectors of WASH in Healthcare facilities. While these indicators can relatively quickly be put into operation there remains significant work to be done to define appropriate minimum requirements that are adapted to the Myanmar context. 2. The need for National Minimum requirements for WASH in Healthcare Facilities In recognition of the benefits of WASH in Healthcare facilities there is already significant investment ongoing and planned within the Health sector from the government of Myanmar and supporting donors. Nevertheless, current policies and programmes only touch on the specific issue of ‘WASH in healthcare facilities’. Given the current rapidly developing health policy context in Myanmar it is recommended that comprehensive minimum requirements are developed that can map to and support existing policy frameworks. This will strengthen consistency in delivery of WASH services in healthcare facilities and limit coordination breakdowns between stakeholders.  Linking requirements to robust monitoring tools will furthermore allow for improved reporting, analysis and benchmarking of progress towards universal coverage of WASH. Better data will allow for the development of realistic budgets that can be targeted to the areas of most need. Finally the alignment of Myanmar minimum requirements with global SDG indicators will allow for reporting. | | |
| 3. Scope of National Minimum Requirements for WASH in Healthcare Facilities It is proposed that a core document is developed to define minimum requirements for effective and efficient provision of WASH services in HCFs to improve the overall quality of health care services in Myanmar. Specifically, the minimum requirements are intended too define minimum requirements for sustainable WASH services within healthcare facilities in Myanmar that are aligned to MSDP and SDG targets and monitoring frameworks.  It is proposed that these requirements will be restricted to the following type of healthcare facilities with particular attention paying to maternal, newborn and child unit including delivery room:   * Township Hospitals * Station Hospitals * Rural Health Centre’s * Sub Rural Health Centre’s * Private Healthcare Facilities   Specific sub sectors of focus should include:   1. Water supply 2. Sanitation 3. Hand hygiene 4. Healthcare waste management 5. Environmental Cleaning including biomedical equipment and laundry 6. WASH services in healthcare facilities for maternal & new born care as well as paediatric care 7. WASH services in healthcare facilities during emergencies 8. Operation and maintenance 9. Monitoring, planning, budgeting& financing | | |
| 1. Objectives of the consultancy:   In close collaboration with the Department of Public Health of the Ministry of Health and Sports, the national consultant will be mainly responsible for supporting the International Consultant and Task Force to develop National Minimum Requirements for WASH in Healthcare facilities. | | |
| 1. Geographic Area:   Yangon and Nay Pyi Taw for National level consultations and Hilly Region, Plain Region (Dry Zone) and Coastal Area for State/Regional level consultations. | | |
| 1. Duration (including potential extension):   The consultancy work is planned for September 2019 to January 2020. This includes **80 working days** during that period and if additional work is needed by Department of Public Health, the contract could be extended. | | |
| 1. Supervisor:   Direct supervisor: WASH Specialist, UNICEF  Technical advisers: Specialists and experts from UNICEF, WHO | | |
| 1. Type of Supervision/support:   The national consultant will be expected to work closely to support an international consultant with preparation of the WinHCF minimum requirements.  The national consultant will be supervised by the WASH Specialist who that will provide day-to-day management and facilitation of the development process. Technical advice and support will be provided by the UNICEF, WHO and WaterAid as technical partners working in close collaboration with Department of Public Health at national and sub national levels including State, District and Township levels.  A WASH in Healthcare Facility Task Force with representatives from the Government of Myanmar, as well as external experts will be established to ensure quality assurance. The Task Force will be chaired by a representative from MOHS. A TOR outlining the roles and responsibilities of the Task Force will be developed separately. The Task Force will be kept informed of the progress of the work and consulted on the outputs on a regular basis.  Supervision works will include:   * To ensure that the consultant works closely with international consultant and Task Force members during implementation * To ensure that the deliverables in the workplan are carried out accordingly * To ensure that the consultants will meet frequently to discuss and share the progress/updates | | |
| 1. Description of assignment: | | |
| **Tasks** | **End Product/deliverables** | **Duration/ % of fees payable** |
| 1. Provide input and support to international consultant in preparation of zero draft WinHCF minimum requirements   1a. Review and analyse secondary data mainly in Myanmar language.  1b. Review and analyse best practices from Myanmar.  1c. Prepar draft document and circulate to TF for review and comments 10 days before meeting  1d. Support to prepare matrix outlining key requirements for each sub sector by facility type  1e. Prepare clear presentation for presentation to TF members | 1. Provision of briefing and background documents to international consultant related to WASH in Healthcare in Myanmar. 2. Support preparation of detailed workplan for consultancy 3. Technical translation of Matrix for key requirements by facility type and sub-sectors 4. Technical translation of presentation prepared for inception workshop(approx. 30 slides) | 20 days  (25%) |
| **2. Support international consultant and Task Force to facilitate WinHCF Minimum Requirements Inception workshop**  2a. Assist to update sub components to be included within the minimum requirements and matrix based upon initial feedback of the TF.  2b. Support to identify participants for national and regional inception workshops.  2c. Participate and contribute to design effective workshop activities to facilitate gathering of required information and expertise from participants.  2d. Facilitate inception workshop and ensure learning and inputs is documented.  2e. Update draft WinHCF minimum requirement document and reshare with TF highlighting key changes/updates. | 1. Support planning and facilitation of National Inception Workshop report 2. Translation of powerpoints and discussions as required 3. Documentation of key workshop findings for short workshop report preparation | 10 days  (12%) |
| **3. Facilitate 3 Regional WinHCF Minimum Requirements consultation Workshops**  3a. Update sub components to be included within the minimum requirements and matrix in Myanmar language based upon feedback of the TF after national consultation workshop.  3b. Co-facilitate a consultation workshop with development partners/CSOs in Yangon to gather addition  3c.Assist to design State/Regional level workshop activities and materials to facilitate effective participation from all stakeholders  3d. Co-facilitate State/Regional level workshops in three areas agreed with task force.  3e. Ensure documentation of State/Regional level workshops is undertaken in Myanmar language with key focus on identify specific roles and responsibilities agreed within minimum requirements. | 1. Support planning and lead facilitation of regional consultation workshops 2. Translation of powerpoints, documents and discussions as required. 3. Documentation of key workshop findings for short workshop report preparation | 20 days  (25%) |
| **4. Co-facilitate WinHCF Minimum Requirements validation workshop**  4a. Support to update draft Minimum Requirements including matrix based upon learning and recommendations from all stakeholders consulted.  4b. Document key recommendations from consultations and key points that require decisions from the TF.  4c. Circulate updated WinHCF Minimum Requirements with key question at least 10 days in advance of validation workshop | 1. Support planning and facilitation of National validation Workshop report  2. Translation of powerpoints, documents and discussions as required.  3. Documentation of key workshop findings for short workshop report preparation | 10 days  (12%) |
| 1. Support preparation of final draft WinHCF Minimum requirements   5a. Compile and document all comments/decisions from workshops.  5b. Provide summary documentation of entire consultation process for future reference.  5c. Remote finalization of document with feedback/clarifications to TF contributors as required. | Support finalization of Myanmar version of WinHCF Minimum requirement document ensuring consistency with English version | 10 days  (13%) |
| **6. Finalise Myanmar version of WinHCF Minimum Requirements document**  6.aSubmission of final draft to TF. The TF will submit the final version to the Union Minister for review and comment  6b. Incorporate comments/feedback received from Union Minister's office and finalise the document. | Finalise Myanmar version of WinHCF Minimum requirement document ensuring consistency with English version | 10 days  (13%) |
| Total Number of working days | 80 working days | |
| 1. Payment schedule   The payment schedule will be based upon deliverables. The payments are made in 3instalments as follows:  Deliverables for tasks 1&2 (37%)  Deliverables for tasks 3,4(37%)  Deliverable for task 5,6 (26%)  Professional fees for deliverables, expenses for days in Nay Pyi Taw including travel from Yangon to Nay Pyi Taw and all other estimated expenses are expected to be all-inclusive in the offered fees. Should any in country travel to other regions be scheduled, consultant will be reimbursed based on actual approved and authorized travel. All other costs should be included in the specified fees linked to each deliverable. | | |
| 1. Advertisement / Invitation / Request for Expression of Interest   The consultancy will be published at Talent Management System recruitment portal of UNICEF Myanmar, WASH sector mailing list, MIMU, and any other relevant groups in country. | | |
| 1. Selection process (EOI to be attached to TOR)   Interested candidates are required to complete the Expression of Interest Form circulated with the call for proposals, answering the technical questions included.  The consultant will be identified by UNICEF based on a competitive selection process, taking into account the candidate’s experience, the quality of the answers produced, and of the lump-sum requested.  If deemed opportune, UNICEF will require a telephone interview with shortlisted candidates. | | |
| 1. Qualification and specialized knowledge/experience required for the assignment:   ***Education***   * Batchelors university degree, Masters degree an asset. * Additional training in Policy Development, Health, WASH an asset.   ***Work Experience***   * Five years of progressively responsible professional work experience in the UN or other international development organization, national government or the private sector. * Excellent facilitation experience * Good knowledge and skills especially use of Microsoft office, data management programmes, designing tools and programmes. * Familiar with WASH & Health context within Myanmar * Familiar with the current developments, research, and best practices and global in development of environmental sanitation and hygiene policy.   ***Language Proficiency***   * Fluency in English and Myanmar is required (oral and written). | | |
| 1. Other conditions:   The selected consultant will be expected to travel between Yangon, Nay Pyi Taw and field locations as per requirements of the consultancy. Initial estimate of time split: 10 days - Yangon, 30 days - NPT, 20 days – elsewhere, 20 days home. This may need to be adjusted based upon reality.  Office Space:   * 1. Yangon Country Office: The consultant can use UNICEF office space in Yangon as and when needed.   2. Nay Pyi Taw office: The consultant can also use UNICEF office in Nay Pyi Taw.   Computer: Consultant will use his/her own computers.  **Life and health insurance**  UNICEF does not provide or arrange life or health insurance coverage for consultants and individual contractors, and consultants and individual contractors are not eligible to participate in the life or health insurance schemes available to United Nations staff members. Consultants and individual contractors are fully responsible for arranging, at their own expense, such life, health and other forms of insurance covering the period of their services as they consider appropriate. The responsibility of UNICEF is limited solely to the payment of compensation for service-incurred death, injury or illness as per the provisions detailed below.  **Insurance for service-incurred death, injury or illness**  Consultants and individual contractors who are authorized to travel at UNICEF expense or who are required under their contract to perform services in a UNICEF or United Nations office shall be provided with insurance coverage, through a UNICEF-retained third party insurance provider, covering death, injury and illness attributable to the performance of official UNICEF duties. Compensation in the event of service-incurred death, injury or illness shall be equivalent to amounts stipulated in the agreement between UNICEF and the insurance provider.  **Payment**  Payments will be made based on reception of the deliverables as mentioned in detail under section 8.  **Confidentiality**  The documents produced during the period of this consultancy will be treated as strictly confidential, and the rights of distribution and/ or publication will reside solely with UNICEF.  The contract signed with the consultant will include the other general terms defined by UNICEF. | | |
| 1. Nature of Penalty Clause to be stipulated in the contract:   UNICEF Myanmar reserves the right not to pay the Contractor or withhold part of the payable amount if one or more requirements established for this assignment is not met or deadline set for the accomplishment of the tasks is missed. | | |