**TERMS OF REFERENCE (TOR)**

**Consultant or Individual Contractor**

1. **Summary**

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| **Title** | Pilot monitoring of Safe Management of Onsite Sanitation Systems (SMOSS) in Kenya |
| **Purpose** | To bridge the data gap in estimates for safely managed sanitation services (SDG 6.2) by establishing tools for monitoring how safely waste from on-site sanitation facilities is contained, emptied, transported, treated and disposed of. |
| **Expected fee**  |  |
| **Location** | Nairobi with frequent travel to selected counties |
| **Duration** | 11 months – 80 working days |
| **Start Date** | October 2020 |
| **Reporting to** | Julie Aubriot, WASH Specialist |
| **Budget Code/PBA No** | SC181198 - WBS 456C/C0/11/002/005/004 |

1. **Background**

The WHO/UNICEF JMP team has secured a 3-year grant from BMGF to bring together selected national governments and international partners to develop and test indicators and data collection methods in urban and rural locations in up to 10 low-, middle- and high-income countries in Africa, Asia, Middle East and Latin America. The primary output of the project will be a recommended set of harmonised indicators and methods that national authorities can use to assess the extent to which excreta from on-site sanitation systems is safely managed. The project aims to provide direct support to at least 10 countries to systematically collect data and to generate estimates for safe management of sanitation services by 2021, and indirect support to a further 75 countries by rolling out the indicators and tools through UNICEF and WHO regional and country offices and partners. Kenya has been selected among the 5 initial pilot countries.

In Kenya, Sanitation is a significant challenge in Kenya. The Country did not meet the Millennium Development Goal (MDG) targets for sanitation or drinking water. The WHO/UNICEF MDG Assessment concluded that while “good progress” was made towards the MDG target for drinking water, “limited or no progress” was made with respect to sanitation (JMP, 2017). Almost 10% of the population still practices open defecation and only 29% has access to basic sanitation services (JMP, 2019). So far, the country has no available estimates for safely managed sanitation services mainly due to lack of data collection methods, clear indicators and availability of national monitoring system.

Onsite sanitation is the norm for most urban residents, as less than 20% have access to sewerage services (WASREB, 2015). Transport and treatment services are very poor across all kinds of facilities. Nationally, only 12% of the population use sewerage services, but only 5% of the national sewage is effectively treated due to failures of the sewerage system and inadequate wastewater treatment processes (KESHP, 2016). It is estimated that of the wastewater that enters the sewer network, only about 60% reaches treatment plants (KESHP, 2016). For urban areas, the eight Water Services Boards have an estimated 3,267,246 connections to the sewerage system, with coverage rates ranging between 2% and 32% of their service area (WASREB, 2015).

There are about 43 sewerage systems in Kenya and wastewater treatment plants in 15 towns (serving a total population of 900,000 inhabitants). The operational capacity of these wastewater treatment plants is estimated at around 16% of design capacity, due to inadequate operation and maintenance, as well as low connection rates to sewerage systems (WASREB, 2015). These are often neglected and characterised by blockages owing to intermittent water supply (KESHP, 2016).

On-site sanitation services and access to transport and treatment services for onsite sanitation in urban areas are equally poor. Shit Flow Diagrams have been produced for Kisumu, Nakuru (Furlong, 2016) and Nairobi (Sanergy, 2017) indicating that over 60% of excreta produced ends up in the environment untreated, due to inefficient transport and treatment services.

There are no consolidated nor up-to-date data on coverage, availability or quality of transport and treatment services for wastewater and sludge in rural and urban Kenya. For rural areas, solutions provided focus on containment rather than emptying, transport and treatment. The existing real time monitoring platform developed by the MoH and UNICEF which provides information on rural sanitation only looks at containment with no attention to emptying, transport and treatment. As such, safely managed sanitation is not captured in the current national statistics and estimates mainly due to lack of data collection methods, clear indicators and availability of national monitoring systems. Different potential future data sources and data collection methods, including household surveys, technical inspections and service provider data, need to be explored both for rural and urban settings to collate those estimates.

While the Sustainable Development Goals (SDGs) have shifted the focus from only addressing access to sanitation facilities and containment of excreta to considering safe waste management along the entire sanitation service chain, from waste generation to disposal or re-use, this shift has not yet happened in Kenya. The proposed project led by the UNICEF/WHO JMP will help bridge that gap and monitor how safely waste is contained, emptied, transported, treated and disposed of.

1. **Objective and Scope of Work**

UNICEF Kenya Country Office is seeking to recruit an international consultant who will provide technical support to UNICEF and Line Ministries to develop and test indicators and data collection tools to be used in future household surveys and administrative reporting for monitoring SMOSS in Kenya. The pilot for which the consultant will provide support in terms of design and implementation of data collection activities will focus on both rural and urban locations, including different geographical conditions across the country. The consultant will support data analysis, evaluate the performance of indicators and tools and make practical recommendations for scaling up routine monitoring of SMOSS in Kenya.

1. **Specific Tasks**

The following tasks will be completed by the consultant:

* Conduct a preliminary literature review and scoping review including identification of existing data and gaps, and stakeholders mapping. The scoping review would ideally get an inventory of all the faecal sludge treatment plants in the country and their status;
* Conduct key informant interviews as part of the scoping review;
* Facilitate consultation meetings and discussion with key Government and non-government partners at national and county level (Line ministries: MoH; MoWSI; Other government partners: National Institute for Statistics; WASREB; Government partners at sub-national level: COG; selected county governments and WSPs; Non-government partners: UNICEF; Water Trust Fund; KIWASH; AMREF; SNV; KSHIP; WSUP; Research Institutes; Private sector: Sanergy; Sanivation; LIXIL; Major donors such as USAID and WB.
* Propose and identify sample sites for data collection;
* Development of a data collection tools, key indicators and data collection methods including representative sample size for assessing containment, emptying, transport and treatment;
* Draft an inception report detailing the findings of the literature review and proposed workplan and methodology;
* Present the inception report during the initial national workshop;
* Develop TORs for the data collection exercise including methodology and sample size;
* Prepare training materials;
* Facilitate training workshops for enumerators and data collection team and prepare a short training report including verification methods in order to ensure data reliability;
* Support preparation, organisation of and reporting from the national workshops;
* Supervise data collection (data collection will be carried out by existing staff from the national statistical office, ministry of water/health or local governments – TBD during the inception phase);
* Consolidate and analyse data;
* Evaluate performance of indicators and tools and make practical recommendations for scaling up routine monitoring of SMOSS in Kenya
* Present data results and findings during the final national workshop.
* Draft final report.

Note that some tasks can be completed remotely while others will need travel to Kenya (Nairobi and County level).

1. **Methodology**
The project will follow, but is not restricted to, the below phased approach:
* **Inception and design phase - Design SMOSS Country level Survey Methodology in close collaboration with Government Partners**

Detailed design of the study, including interpretation of this TOR and a detailed description of the approach, scope and methodology for the assignment. Activities in this phase will include: desk review, refinement of the scope of the project, identification of data gaps, detailed timeline of the work plan in the form of a Gantt chart, initial engagement and consultation with line ministries and key partners, development and planning of data collection approach, tools, methodology and TOR as well as presentation of the inception report at national level through a workshop held at national level. The inception report should meet UNICEF quality standards and approved by the UNICEF team before starting the next phase.

* **Data collection phase – Supervise Field Team to conduct the field data collection and Survey Data Analysis**

The consultant will develop the TOR for the data collection exercise which will be done either by the National Statistical Office, the Ministry of Water and/or Health or Local Governments. The consultant will also develop the training materials, conduct a training workshop for the data collection team and oversee data collection at county level and ensure reliability and quality of collected data.

* **Reporting and findings validation phase - Draft SMOSS Survey Finding and Kenya SMOSS Report**

The consultant will analyse and triangulate all the data collected and write up a report based on the results and findings. The final report will present results, lessons-learnt and best practices. A final workshop will be held at national level. The final report must meet UNICEF quality standards before it is accepted and for the final payment to be made.

1. **Key Tasks**

The following table show the key deliverables and associated proposed timeline and milestone payments: and Expected Deliverables. Payments will be made on the submission of a detailed invoice and acceptance of satisfactory deliverables by UNICEF. The timeframe for this pilot phase is 6 months, from September to February 2020.

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| **Keys Tasks** | **Deliverable** | **Timeline** | **Schedule of Payment** |
| **Inception and Design Phase**Desk review, identification of data gaps, detailed timeline of the work plan, initial engagement and consultation with line ministries and key partners, development and planning of data collection approaches and tools, as well as presentation of the inception report at national level through a workshop held at national level. | * Approved inception report detailing the methodology, work plan, timeline, data collection tools, justification of sample sites for data collection, identification of data gaps and desk review
* Approved data collection toolsPPT Presentation of the inception report.
 | October 2020 to January 2021 – 30 working days | 20% |
| **Data collection phase**Develop training materials, conduct training workshops for the data collection team and oversee data collection at county level. | * TOR for data collection exercise
* Training Materials developed to high-standard
* Training workshop for the data collection team
* Data analysis
* Preliminary findings from the data collection
* Validation workshop at the county level
 | February 2021 to June 2021 – 30 working days | 30% |
| **Reporting and findings validation phase**Data analysis, preparation of the final report and present data results and findings during the final national workshop 1 | * Evaluation of indicators and tools
* Recommendations for scaling up routine monitoring of SMOSS
* Final SMOSS report for Kenya
* PPT Presentation for the final workshop
 | July 2021 to August 2021 20 working days  | 50% |

1. **Project Management and Reporting**
* Part of this assignment can be done remotely but travels to Kenya are expected to ensure good communication and involvement of all Government and non-Government Partners. At least 3 trips to Kenya are expected, one for each phase. As Covid-19 is likely to have an impact on international travels during the last quarter of 2020, potential bidders need to explain in their technical proposal how they would organise the work if no travel to Kenya is possible during the inception phase.
* The consultant will work under the overall guidance of the UNICEF Chief of WASH and under the direct supervision of the UNICEF WASH Specialist (Sanitation).
* At least monthly meetings will be organised with the project supervisor to share progress and possible challenges.
* A Steering Committee comprising UNICEF, the Ministry of Health, Ministry of Water, Sanitation and Irrigation as well as WASREB at both national and county level and other key sanitation partners will provide technical inputs. The SC will be responsible for validation of deliverables at all critical stages of the consultancy. UNICEF will assist the consultant with the selection of key stakeholders to be included in the SC.
* Under the responsibility of the WASH Specialist, the consultant will also engage with the JMP Team at global level to ensure quality of deliverables and findings as well as alignment with the global initiative. The JMP team will be requested to provide on-line technical support including reviewing, synthesizing findings, etc. especially before the two national workshops.
1. **Expected background and Experience**

UNICEF is looking for an international consultant with the following expertise and qualifications:

* At least a master’s degree in social sciences, economics or any other relevant area.
* At least 15 years’ experience in development field, preferably over 10 years in the water and sanitation sector (UN or international development agency, donor, government regulatory body, research or academic institution or the private sector);
* Strong background in microeconomics, statistics and econometrics
* Demonstrated experience in the management of large-scale surveys, household surveys, focus group discussion and in-depth interview techniques.
* Demonstrated experience in the use of statistical packages such as SPSS, STATA, SYSTS and EPI-INFO including the application of advanced demographic analysis techniques.
* Proven experience in working with the Government and UNICEF or other UN agency will be an added advantage.
* Proven ability to handle technical matters with excellent organizational and interpersonal skills
* Strong written and oral communication skills.
* Excellency in analytical work.
* Well conversant with global policies and strategies of the water supply and sanitation sector.
* Extensive experiences working in Kenya WASH context;
* Extensive experience in organizing and facilitating meetings/workshops/seminars;
* Familiarization with the policy environment of Kenya, the challenges within the WASH sector and the capacities of various stakeholders, would be considered an asset.
* Extensive experiences in leading WASH study design, sampling design, field implementation, supervising and quality assurance to measure the technical implementation of the UNICEF WASH program
* Proven experience in terms of leading and coordination of data analysis efforts involving multiple analysts, author findings reports, and disseminate results nationally and internationally
* Design and implement qualitative assessments to add in-depth data to quantitative surveys and increase the relevance and effectiveness of WASH Programs

Good interpersonal, leadership and management skills in implementing multi-party development projects.

1. **Proposal Submission**
* **Technical Proposal**: The individual consultant is expected to provide a technical proposal detailing understanding of the context and assignment, proposed methodology and timeline, expected challenges and mitigation measures, references for similar assignments, examples of sample reports/public documents from similar assignments (co)authored by the proposed consultant, and detailed CV. The proposal should not exceed 5 pages.
* **Financial Proposal**: The financial proposal will be all-inclusive and will provide a detailed budget covering consultant fees, travel and DSAs, and other expenses to be incurred for this assignment. Note that UNICEF will cover the workshop costs, and this should not be included in the financial proposal. Note that UNICEF will hire data collection teams separately.
1. **General Conditions: Procedures and Logistics**
* The consultant is expected to commit fully to the tasks as per the TOR and adhere to the timeline, subject to changes and revision by UNICEF KCO teams
* The candidate selected will be governed by and subject to UNICEF’s General Terms and Conditions for individual contractors.
1. **Policy both parties should be aware of:**
* Under the consultancy agreements, a month is defined as 21 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.
* Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
* No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.
* For international consultants outside the duty station, signed contracts must be sent by fax or email. Signed contract copy or written agreement must be received by the office **before Travel Authorisation is issued.**
* No consultant may travel without a signed travel authorisation prior to the commencement of the journey to the duty station.
* Unless authorised, UNICEF will buy the tickets of the consultant. In exceptional cases, the consultant may be authorised to buy their travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed to beforehand.
* Consultants will not have supervisory responsibilities or authority on UNICEF budget.
* Consultant will be required to sign the Health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
* The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant upon arrival, at the HR Section.
1. **Approval**

**Prepared by:**

Name : Julie Aubriot, WASH Specialist

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorised by Section Head:**

Name : Andrew Trevett, Chief of WASH

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified by HR:**

Name : Alexandra Gusarova

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by Deputy Representative:**

Name : Jean Lokenga

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_