TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

Title:	Consultancy WASH Policy GAP Analysis
Duration:	5 months
Estimated Start Date:	June 24,2024
Duty Station:	Jamaica
Reporting to:	Programme Officer DRR and Climate Change UNICEF

BACKGROUND & ORGANIZATIONAL CONTEXT

Water Sanitation and Hygiene (WASH) in health care facilities refers to the provision of water, sanitation, hygiene practices, healthcare waste management, and environmental cleaning of infrastructures services across all parts of the Health Care Facilities (HCF). WASH in health facilities is important because it promotes safe, effective, and resilient HCFs and it contributes to improved quality of care to patients.

According to the World Health Organization (WHO), infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage since it is relevant to health workers and patients at every single health-care encounter. Poor WASH and IPC lead to health acquired infections, transmission of diseases from health facilities to communities and increased use of antibiotics and exacerbate outbreak and spread of infections.

IPC cannot be met without WASH services, the later providing the basis for adequate IPC (water, sanitation and hygiene services). It is important to note that with a potential increased patient influx, the demand for water and sanitation services might be higher than the available offer and that it will be essential to support the gap to avoid health service to be disrupted.

The Ministry of Health and Wellness (MOHW) together with the Regional Health Authorities (RHAs), Agencies, and related organizations comprise the public health system and are responsible for health care delivery across the island. There are four (4) RHAs managing the 24 hospitals and 325 health centres in the public health system.

Access to safe water, sanitation, and hygiene (WASH) facilities is essential for promoting good health and preventing the spread of diseases in Jamaica. However, despite efforts by the Ministry of Health and Wellness (MOHW), there still exist gaps in the implementation of WASH policies and programs. To address these gaps, the MOHW has collaborated with UNICEF to conduct a comprehensive WASH Policy Gap Analysis. The Gap Analysis will be conducted through consultancy.

The consultant will work closely with MOHW, government officials, healthcare professionals, and other stakeholders to assess the current policies and practices related to water, sanitation, and hygiene in healthcare facilities and communities across Jamaica.

Through stakeholder consultations and data analysis, the consultancy will provide valuable insights and recommendations for strengthening WASH policies and programs in Jamaica's health sector. This will ultimately contribute to improving the health outcomes of the population, particularly among vulnerable groups such as children and pregnant women.

unicef like for every child

PURPOSE OF ASSIGNMENT

Conduct a WASH Policy Gap Analysis for the healthcare system in Jamaica and deliver a summary report of the entire analysis with recommended successful initiatives that can be adapted or replicated to enhance WASH policies in healthcare facilities in Jamaica.

MAIN DUTIES AND RESPONSIBILITIES

In order to prepare the policy gap analysis, the consultant will be required to undertake research, including a literature review, as well as to analyse and assess the existing MOHW policy framework on Infection Prevention Control (IPC) issues as well as global best practices. Consultation with the regional health authorities, other key government agencies pertaining to water, sanitation and hygiene, and any other entity private or public that may be deemed necessary. This is to bring a comprehensive approach to the development of the policy gap analysis. While the consultant reports to Programme Officer at UNICEF all deliverables must be accepted by both the MOHW and UNICEF Jamaica Country Office.

EXPECTED RESULTS				
Deliverables	Deliverable Date	Percentage Payment		
Submit a detailed work plan and methodology outlining how the consultant will complete the assigned task, including timelines, required resources, and any support needed to meet the project objectives.	July 1,2024	15%		
Submit a report and presentation highlighting findings from a desk review of International, Regional, and National WASH policies in the Health Sector, including IPC and WASH documentation within the Ministry of Health and Wellness.	August 5,2024	15%		
Conduct MOHW WASH Policy Gap Analysis and produce a draft report with key recommendations	September 23,2024	30%		
Develop a comprehensive implementation strategy for the MOHW WASH Policy Gap Analysis recommendations	October 21,2024	20%		
Complete Stakeholder Engagement Process and Generate Stakeholder Consultation Report	November 4,2024	10%		
Submission of Final Report and Gap Analysis of WASH in Health Facilities in Jamaica	November 18,2024	10%		

Minimum Requirements and Qualifications		
Education	An advanced degree in one of the following fields: Public Health/Environmental Health, Occupational and Environmental Safety and Health (OESH), Environmental Science, Sanitary/Environmental Engineering or another relevant technical field.	
Work Experience	Work Experience/Requirements At least 7 years of professional experience in WASH or Public Health Knowledge of Jamaica's Health Care System is an asset.	

unicef 🔮 for every child

Languages	Fluency in English is required. *Please note language levels used in UNICEF are fluent, proficient, intermediate, and basic.
Technical knowledge	 Knowledge/Expertise/Skills required: Technical Skills Demonstrated experience in Infection Prevention and Control (IPC) and WASH in healthcare facilities Demonstrated experience in and knowledge of the impact of climate change on health systems and/or disease outbreaks. Excellent knowledge of governance, government machinery, operations, and procedures Comprehensive knowledge and understanding of Policy Frameworks Good knowledge of organizational development principles and practices Understanding of the local context and its implications on healthcare systems <i>Core Skills</i> Excellent and demonstrated strategic partnership and relationship skills Adept at advocacy and advancing a policy-oriented agenda High proficiency in utilizing the Microsoft Office Suite platform (Microsoft word, PowerPoint, and excel at a minimum) Adept in Report, Policy papers, Policy briefs writing and preparation and presentation Good understanding of the local context Excellent communication and interpersonal skills Ability to work effectively on own initiative Advanced critical thinking, problem-solving, and decision-making skills Excellent time management and organizational skills High adaptability and knowledge-sharing/learning capacity

• All applications will be evaluated based on 75 points for technical - (knowledge /expertise /skills) and 25 points for financial submissions.

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

More information is available in the <u>Child Safeguarding SharePoint</u> and <u>Child Safeguarding FAQs and Updates</u>

unicef 🕘 for every child

Budget/ 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 contractor.

Individuals engaged under a consultancy 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.

Travel will be covered by UNICEF as per policy.

- Travel costs will be estimated and added to the contract once they are determined based on UNICEF Financial Rules and Regulations.
- For agreed country visits, the contractor/consultant will be responsible in administering their own travel. UNICEF will reimburse travel related expenses based on actual costs or on the below criteria whichever is lower and upon presentation of receipts.
- Any travel involved should be budgeted according to UN Travel Standards as a ceiling.
- UN Secretariat Administrative Instruction on Official Travel, ST/AI/2013/3: Sect. 4, para. 4.2, numerals (d) and (e)

For information on Daily Subsistence Allowance (DSA), can be found on the <u>International Civil Service Commission website</u> (all countries and destinations can be found by navigating on the