**ANNEX II: TERMS OF REFERENCE**

PROJECT TITLE: Strengthening Climate Resilient Health Systems in the Caribbean

Financed Under the European Development Fund

**CONSULTANCY FOR TECHNICAL OFFICER - CLIMATE CHANGE AND HEALTH**

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# BACKGROUND INFORMATION

### 1.1 Partner country

Sixteen (16) CARIFORUM countries listed as follows: Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, St Lucia, St Vincent and the Grenadines, St Kitts and Nevis, Suriname, Trinidad and Tobago.

### 1.2 Contracting Authority

Caribbean Public Health Agency (CARPHA)

## **1.3 Country background**

CARPHA was legally established in July 2011 by an Inter-governmental Agreement (IGA) signed by Heads of Caribbean Governments and began operations in January 2013. CARPHA’s functions encompass the responsibilities of five (5) previously existing regional health institutions. Work in these areas advances the public health agenda in the Region and makes a valuable and coordinated contribution to the knowledge and resources of the international health community.

Currently, among CARPHA’s top regional public health priorities is the reduction of the impact of climate change on health systems in the Caribbean. Health systems remain highly vulnerable to impacts from climate change (as a relatively new threat) both on the quality and the capacity of services themselves, as well as on the socio-economic and environmental determinants of health. These impacts have been well documented: extreme weather conditions; heat waves; more frequent strong and devastating hurricanes affecting many countries with long lasting impacts (Maria, Irma, 2017); recurring and extending periods of droughts and followed by excessive rainfall (Christmas Floods St. Lucia St. Vincent, 2013); and sea level rise. These conditions negatively affect food security, water security, and have direct negative impact on people’s health and wellbeing in the form of heat strokes, respiratory illnesses (chronic and acute), cardiovascular diseases, malaria, Zika, dengue fever and many other vector borne and infectious diseases. Also negatively affected will be national socio-economic development aspects like workers’ health (lost work capacity and reduced labour productivity in vulnerable populations and migration) as well as the attainment of the United Nation Sustainable Development Goals.

## **1.4 Current situation in the sector**

The Caribbean continues to experience the effects of climate change. This includes an increase in the frequency of extreme weather and climate events, such as major hurricanes and associated storm surges, salinity of drinking water due to rising sea levels and increased frequency and intensity of droughts, excessive sargassum (seaweed) deposits on beaches that diminish the tourism product, decreased habitable and agricultural land area, disrupted fisheries, and diminished food security*.* The increased frequency of extreme weather and climate events has in turn led to increases in disease (such as through the proliferation of pest and disease vectors), morbidity and damage to health and other infrastructure. The region’s limited infrastructure and socioeconomic resources leave it at least partly reliant on foreign aid for climate mitigation and preparedness efforts. The economies of most Caribbean countries and the health of its population are extremely vulnerable to the impacts of climate change. Changing rainfall patterns impact heavily on agricultural production. Extreme weather conditions have destroyed years of development and infrastructural progress development and reduced countries' GDP.

Caribbean Small Island Developing States (SIDS) are economically vulnerable, as the sectors on which they rely heavily for subsistence or revenue-such as fishing, agriculture and tourism-are highly sensitive to climate change. The Caribbean is ranked first out of 13 regions in terms of the contribution of the tourism industry to the regional economy, making it a strategic sector for the Caribbean economy. Being highly dependent on a few sectors combined with the uncertainties inherent in the changes to climate makes this region exceptionally vulnerable to environmental threats and natural hazards.

## **1.5 Related programmes and other donor activities**

Other complementary initiatives currently led and managed by CARPHA in furtherance of this public health mandate include:

* 11th European Development Fund Zika and other Mosquito Borne diseases – Strengthening of surveillance systems in country for vector borne diseases.
* CIF/ Inter-American Development Bank Pilot project for Climate Resilience (PPCR).

# OBJECTIVE, PURPOSE & EXPECTED RESULTS

## **2.1 Overall objective**

The overall objective of the project of which this contract will be a part is as follows:

## Contribute to reduced mortality and morbidity from expected health consequences of climate change (CC) in Caribbean countries.

**2.2 Purpose**

The purpose of the contract is as follows:

To improve surveillance capacity of professionals working in the health sector and health-determining sectors and to support the development of climate resilient national food and water safety plans.

More specifically, a consultant will be contracted to provide project activity coordination and technical implementation support for (i) the development and pilot of an early warning surveillance system (EWS) integrating climate variability for select climate sensitive diseases in 3 CARIFORUM countries; and (2) the development of climate resilient national food and water safety plans for 2 CARIFORUM countries.

## **2.3 Results to be achieved by the Contractor:**

The contractor is expected to deliver the following results:

* **Result 1**: Inception Report, including a detailed Workplan, developed and submitted for approval of the Project Manager.
* **Result 2:** Implementation and operationalisation of the EWS in 3 CARIFORUM countries and national climate resilient food and water safety plans for 2 CARIFORUM countries, coordinated and supported.

* **Result 3:** Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.

# ASSUMPTIONS & RISKS

## **3.1 Assumptions underlying the project**

The assumptions associated with this contract as outlined in the Logical Framework are:

* Commitment by key stakeholders/existing international development partners to continue to support CARPHA.

## **3.2 Risks**

* Changes in economic, social and political conditions as well as other exogenous shocks which may create difficulties for the achievement of the objectives of the project.
* The occurrence of major man-made or natural disasters which can change public health priorities and inhibit the implementation of this project.

# SCOPE OF THE WORK

## **4.1 General**

### Description of the Assignment

The Contractor will be tasked with providing project coordination support for the design, development and pilot of early warning systems for select climate sensitive diseases in 3 CARIFORUM countries, as well as, the development national climate resilient food and water safety plans for 2 CARIFORUM countries.

### Geographical area to be covered

Four (4) CARIFORUM countries will participate in this Project. They are:

* Barbados
* Grenada
* St. Lucia
* Trinidad and Tobago
	1. **Target groups**

Public health professionals working in surveillance, health response and planning.

**4.2 Specific Work**

The project will include the specific work tasks:

**Result 1: Inception Report, including a detailed Workplan, developed and submitted for approval of the Project Manager.**

* 1. Engage in an initial briefing with the designated Project Manager and other relevant CARPHA personnel to discuss the scope of the work to be undertaken, the methodology, approach and any other issues pertaining to the Project upon the commencement of the Consultancy.
	2. Engage in an initial briefing with the designated focal point in each of the three (3) CARIFORUM countries to discuss the scope of the Project.
	3. Prepare and submit for the approval of the Project Manager, an Inception Report which includes the timelines for the specific project activities and the methodology for the activities.

**Result 2: Implementation and operationalisation of the EWS in 3 CARIFORUM countries and national climate resilient food and water safety plans for 2 CARIFORUM countries, coordinated and supported.**

2.1 Produce technical briefs and reports, project progress and financial reports in accordance with project reporting schedule and on request from Project Manager.

* Review and edit technical publications.
* Liaise with EWS and Food and Water safety consultants on timely production of deliverables
* Review consultant’s technical reports.
* Coordinate EWS and Food and Water Safety Technical working group meetings and production of meeting summaries.
* Support the planning and execution of stakeholder and training workshops.
* Assist in facilitation of online and in-person training to support project execution.
* Support the production of project communication and visibility materials in collaboration with CARPHA’s Communications unit.

2.2 Coordinate logistical arrangements for executing consulting team and other project implementation activities related to the EWS and food and water safety planning work. This will include the following:

* Liaise with CARPHA’s internal departments (Programme Coordination Unit, Procurement, Finance and Communications) and external stakeholders in coordinating logistical arrangements.
* Conduct project activity tracking and expenditure monitoring under the guidance of CARPHA’s Programme Coordination and Finance Units.
* Conduct Monitoring and Evaluation (M&E) activity follow up (in-country and remote) in collaboration with CARPHA’s Programme Coordination Unit.
* Provide support to the Project Manager in the development of Work Plans, Budgets, ITRs and other documents necessary for project monitoring and the internal approval of activities under the guidance of the Programme Coordination Unit.

**Result 3: Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.**

3.1. Prepare a Final Report on the work conducted in respect of section 4.2.

* 1. **Project management**

### Responsible body

The Surveillance Disease Prevention and Control Division of CARPHA will be responsible for the management and coordination of this Project.

### Management structure

Project management organisation will consist of the following structures:

The Head, CR-FELTP CARPHA, will be the Project Manager and will have overall responsibility for the Project. The Project Manager will retain oversight for the consultancy and will also be responsible for the day-to-day supervision of project activity.

The Project Manager shall be responsible for approving all reports.

### Facilities to be provided by the Contracting Authority and/or other parties

CARPHA shall:

1. Introduce the Consultant to the relevant Ministry of Health officials, key stakeholders and consulting teams participating in and supporting activities under the overall Project.
2. Provide the Contractor with the existing surveillance assessment tools and other relevant documents produced by CARPHA that may be required for the execution of the Project.

# LOGISTICS AND TIMING

## **5.1 Location**

The operational base for the project is the Federation Park, Port of Spain campus of CARPHA.

## **5.2 Start date & Period of implementation of tasks**

The intended start date is September 2023 and the period of implementation of the contract will be twelve (12) months from this date.

# REQUIREMENTS

## **6.1 Staff**

Note that civil servants and other staff of the public administration of the partner country, or of international/regional organisations based in the country, shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

### Key experts

All experts who have a crucial role in implementing the contract are referred to as key experts. The expected profiles of the key experts for this contract are as follows:

**Key expert 1: Project Officer**

**Qualifications and Skills**

* At least a Master’s in Public Health; Epidemiology or Environmental Health.
* Certificate in Project Management or equivalent combination of experience and training.

**General Professional Experience**

* At least 5 years’ experience coordinating and implementing projects in population related health interventions.
* Experience working in the Caribbean or other similar territories
* Fluency in English written and verbal
* Be independent and free from conflicts of interest in the responsibilities that are taken on in this consultancy.
* Familiarity with Project management software and tools will be an asset.

**Specific Professional Experience**

* At least 3 years’ experience with data analytics for population health data using software such as SPSS, R or related packages would be considered an asset.

## **6.2 Office accommodation**

##  Office accommodation for each expert working on the contract is to be provided by the contractor.

## **6.3 Facilities to be provided by the Contractor**

The contractor shall ensure that experts are adequately supported and equipped. In particular it must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion.

The Contractor shall be required to provide his/her personal computer (e.g. laptop or tablet) and Internet connectivity for use during this project.

## **6.4 Equipment**

**No** equipment is to be purchased on behalf of the Contracting Authority / partner country as part of this service contract or transferred to the Contracting Authority / partner country at the end of this contract. Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

# REPORTS

## **7.1 Reporting requirements**

The Contractor will submit the following in English in one original and one e-copy:

* **Inception Report** of maximum 12 pages to be produced after **one (1) week** from the start of implementation. In the report the Contractor shall describe e.g. initial findings, progress in collecting data, any difficulties encountered or expected in addition to the work programme and staff travel. The Contractor should proceed with his/her work unless the Contracting Authority sends comments on the inception report.
* **Monthly project** **reports** of maximum 25 pages on project implementation activities. In the report the Contractor shall describe e.g. initial findings, progress in collecting data, any difficulties encountered or expected in addition to the work programme, staff travel and future recommendations.
* Final report of maximum 20 pages (main text, excluding annexes) This report shall be submitted at the end of the final month of the Project. The submission must be a comprehensive report comprising the work conducted in respect of section 4.2.  The final report must be provided along with the corresponding invoice

## **7.2 Submission and approval of reports**

The report referred to above must be submitted to the Project Manager identified in the contract. The Project Manager is responsible for approving the reports.

# MONITORING AND EVALUATION

## **8.1 Definition of indicators**

* Compliance with the schedule for the submission of reports on the outputs of the Project as outlined in Section 7.1.

## **8.2 Special requirements**

No special requirements.