



TERMS OF REFERENCE

Technical Support for IPC and Integrated WASHFIT Rollout in Healthcare Facilities

Location: Pretoria, South Africa

Period of Performance: July 2026 to December 2027

Engagement Type: Estimated 120 Days

1. Background and Context

The Clinton Health Access Initiative, Inc. (CHAI) is a global health organization committed to our mission of saving lives and reducing the burden of disease in low-and middle-income countries. We work at the invitation of governments to support them and the private sector to create and sustain high-quality health systems.

CHAI was founded in 2002 in response to the HIV/AIDS epidemic with the goal of dramatically reducing the price of life-saving drugs and increasing access to these medicines in the countries with the highest burden of the disease. Over the following two decades, CHAI has expanded its focus. Today, along with HIV, we work in conjunction with our partners to prevent and treat infectious diseases such as COVID-19, malaria, tuberculosis, and hepatitis. Our work has also expanded into cancer, diabetes, hypertension, and other non-communicable diseases, and we work to accelerate the rollout of lifesaving vaccines, reduce maternal and child mortality, combat chronic malnutrition, and increase access to assistive technology. We are investing in horizontal approaches to strengthen health systems through programs in human resources for health, digital health, and health financing. With each new and innovative program, our strategy is grounded in maximizing sustainable impact at scale, ensuring that governments lead the solutions, that programs are designed to scale nationally, and learnings are shared globally.

South Africa operates within a complex, multi-hazard risk environment that demands sustained, institutionalized capacity for pandemic prevention, preparedness, and response (PPPR). Strengthening health security is both a national priority and a global obligation under the International Health Regulations (IHR 2005). To advance this agenda, the Government of South Africa secured grant financing through the World Bank-hosted Pandemic Fund to strengthen national capacities across early warning and disease surveillance, laboratory systems, and the health workforce under a One Health framework that recognizes the interdependence of human, animal, and environmental health. The program is led by the National Department of Health (NDoH), with WHO as lead Implementing Entity and CHAI, as delivery partners.

Infection Prevention and Control (IPC) is a foundational, pillar of South Africa's health system, with sustained investment in workforce training identified as a key priority. Building on existing IPC and WASH efforts across the health system, this consultancy will support the development of a standardized, integrated improvement system including workforce capacity, assessment tools, and implementation frameworks aligned to WHO WASHFIT and IPC Core Components.



Purpose of the Consultancy

CHAI South Africa is procuring a short-term consultant to provide specialized technical assistance to strengthen IPC and integrated WASH services across healthcare facilities. Working under CHAI technical oversight and in close collaboration with NDoH, UNICEF and relevant provincial and district stakeholders, the consultant will lead the full cycle of IPC and WASH system strengthening from situational assessment and tool development through Training-of-Trainers rollout, national-scale WASH FIT assessments, and implementation review producing a validated set of nationally endorsed products that improve quality, safety, and resilience of care at facility level.

2. Scope of Work

The consultancy is structured in four phases, progressing from situational assessment and tools development through capacity building, national-scale implementation, and review and finalization. Each phase builds on the last, culminating in a government-endorsed IPC and WASH improvement system operational across all provinces.

Situational Assessment and Curriculum Development

Conduct WASH FIT assessments across all levels of healthcare facilities in a select Province to establish a baseline of current IPC and WASH capacity, infrastructure, and system gaps. Analyze assessment results and produce a consolidated provincial report with prioritized improvement actions. Concurrently, design a standardized, evidence-based IPC in-service training curriculum for all levels of healthcare workers, informed by assessment findings and aligned to WHO IPC Core Components and WASH FIT indicators. This phase establishes the analytical and curricular foundation for all subsequent capacity building and implementation activity.

Tools, Systems, and Repository Development

Harmonize existing national and provincial IPC and WASH policies, guidelines, and tools into a standardized set of SOPs and implementation guidelines for healthcare facilities. Identify a functional national IPC and WASH education and SOP repository within the Department of Health a centralized platform for training materials, implementation protocols, and quality-of-care guidance ensuring all materials are practical and accessible for frontline healthcare workers and facility management. Develop Training-of-Trainers (ToT) materials aligned to WHO WASHFIT, WHO IPC Core Components, and UNICEF programming guidance, integrated with available departmental training hubs.

Capacity Building and Provincial Rollout

Design and deliver a provincial Training-of-Trainers program to build a sustainable pool of certified provincial and district trainers capable of independently facilitating WASHFIT assessments, implementation planning, and follow-up support. Facilitate nine three-day



provincial workshops providing refresher training on WASHFIT principles, hands-on rollout of the WASHFIT toolkit, and practical implementation support enabling facility teams to interpret findings, prioritize actions, and integrate improvement plans into routine facility management and quality improvement processes. Technical oversight will be maintained throughout to ensure consistency and quality across provinces.

National-Scale Assessment, Review, and Finalization

Provide technical oversight and quality assurance for WASH FIT assessments in selected healthcare facilities across all provinces, supporting provincial and district teams to apply WASH FIT consistently in line with WHO standards. Consolidate national assessment data to identify trends, systemic gaps, and best practices, producing national-level summaries to inform policy dialogue and investment prioritization. Facilitate provincial experience-sharing and review meetings to document lessons learned, implementation challenges, and innovations. Finalize all products, incorporating review findings, and submit a final technical report to NDOH.

3. Expected Outputs

- WASH FIT assessments conducted at all levels of healthcare facilities in a select Province, with completed assessment tools, facility scorecards, and a provincial gap analysis report with prioritized improvement actions
- Standardized, evidence-based IPC in-service training curriculum for healthcare workers at all levels, aligned to WHO IPC Core Components and WASH FIT indicators
- Provincial Training-of-Trainers program conducted, with a pool of certified provincial trainers established and ToT training materials and competency assessment report produced
- Functional national IPC-WASH education and SOP repository identified within DoH, with standardized SOPs and approved implementation guidelines for healthcare facilities
- Nine three-day provincial WASH FIT workshops conducted, with trained facility teams, completed workshop reports, attendance records, and facility-level improvement plans developed or updated
- WASH FIT assessments conducted in identified healthcare facilities across all provinces, with a consolidated national dataset, analysis report, and facility-specific and provincial summary findings
- Provincial experience-sharing and review meetings conducted, with documented lessons learned, best practices, implementation challenges, and recommendations for scale-up and sustainability
- Final technical report submitted to NDoH, documenting outcomes, lessons learned, and recommendations for sustained government-led implementation



4. Required Qualifications

Education

- Advanced university degree (Master or higher) in Public Health, Environmental Health, Epidemiology, Infection Prevention and Control, Health Systems Strengthening, or a related field.
- Formal training in WASH in Health Care Facilities (WASH in HCF) and/or Infection Prevention and Control (IPC) is required; certification or documented training in WHO WASHFIT is a strong asset.

Technical Expertise

- Minimum of 8-10 years of progressively responsible experience in IPC and/or WASH programming within health systems, preferably in low- and middle-income countries.
- Demonstrated experience supporting WASHFIT assessments, rollout, and implementation planning at healthcare facility level.
- Proven knowledge of WHO IPC Core Components, IHR (2005) core capacities, and quality improvement approaches in healthcare settings.
- Experience designing and delivering Training-of-Trainers (ToT) and adult learning programs for frontline healthcare workers and health managers.
- Strong understanding of health system governance, facility management, and service delivery in public-sector healthcare systems.

Skills and Competencies

- Excellent facilitation, mentoring, and stakeholder engagement skills.
- Strong analytical and report-writing skills, with experience producing high-quality technical reports and policy-relevant documentation.
- Ability to work independently and coordinate with multiple stakeholders across sectors and administrative levels.
- Fluency in English is required; knowledge of local languages is an advantage.