
Consultancy Terms of Reference

Assessment of the Health Care Services Provided to the Workers in Garment Sector - Jordan (Institutions /Consulting Firm Only)

Organization context and scope

[Better Work Jordan \(BWJ\)](#) is a partnership between the International Labour Organization (ILO) and the International Finance Corporation (IFC). The ILO flagship program brings together stakeholders from all levels of the global garment manufacturing industry to improve working conditions, enhance respect for labor rights, and boost competitiveness. Better Work Jordan was established in 2009 at the request of the Government of Jordan (GoJ) and the United States (US) government

The Better Work Jordan program is mandatory for garment factories that export to the US under the US-Jordan Free Trade Agreement. Better Work Jordan covers an estimated 95 percent of garment workers in Jordan, as the vast majority of garment-sector employment comes from factories that export to the US.

The garment industry in Jordan has seen significant growth in the last ten years. The total exports in 2021 are USD 1.8 billion. Around 62,000 workers were employed in the exporting garment sector in 2021. Migrant workers make up three-quarters of the workforce. These workers, primarily from South Asia, typically work in Jordan for a contract of two to three years, which can be extended. Bangladeshis are the largest group of workers (over 50 percent of migrant workers), and there are also workers from India, Sri Lanka, Nepal, and Myanmar. Jordanian workers make up the remaining 25 percent of the workforce. The majority of workers are women – nearly 75 percent of the production workforce – whereas the majority of management positions are held by men.

Background

Garment workers globally experience distinctive vulnerabilities in the workplace. These occupational vulnerabilities are related to dangerous and unhealthy working conditions, and employment in sub-standard physical environments. In addition, sexual harassment in the workplace, low wages, and repetitive strain from physically demanding and intense work also make the workers vulnerable. While the extent and nature of health vulnerabilities related to working in the garment sector vary between countries, it is evident that garment workers are the most affected by the unhygienic and unsafe nature of their workplace conditions.

In the Jordanian sector-wide Collective Bargaining Agreement (CBA), signed in December 2019 it was agreed that employers are requested to take necessary measures to provide medical care to Jordanian and migrant workers, which includes 1) providing health clinics at the workplace with certified medical staff, 2) the clinic shall be open all working hours, 3) maintaining medical records and 4) refer the worker to secondary care when needed. However, the agreement does not tackle the quality of care provided to the workers nor refers to the standard of care.

The Labour Law is the main legislation dealing with working conditions and occupational safety and health in Jordan. Chapters 9 (occupational safety and health) and 10 (work injuries) lay down fundamental provisions on these issues. Besides, there are several other legislations relating to OSH matters that regulate aspects such as OSH supervisors and committees at the workplace, medical services at work, and protection from environmental hazards, among others. Whilst the legislations contains a number of positive elements, which are consistent with the core ILO conventions on OSH, a number of gaps continue to exist. However, the legislative provisions in the Jordanian Labour Law on occupational safety and health are very general without assigning specific types of risks, mechanisms of prevention, and how to deal with them in the event of their occurrence. Many of the more specific OSH protective measures are under Regulations issued under the Labour Law, largely dating back to more than 20 years, which require review and updating such as Regulation No. 42 of 1998 on Preventive Medical Care and Treatment of Employees in Establishments¹.

Health services and first aid have always had high rates of non-compliance, particularly on staffing and regular health checks. Proper staffing for medical staff remains an issue with 53 per cent of factories non-compliant. Almost all factories have a full-time doctor and nurse on staff but depending on the size of the factory they should have multiple doctors and nurses. Retaining doctors and nurses has been a challenge especially as Jordanian labour law restricts these professions to only Jordanians and Jordanian doctors are often reluctant to travel to industrial zones. Despite not having the legally required number of medical staff, the majority of factories were able to complete the necessary health checks for workers.

Quality of health care is a key component of the Right to Health and critical to the achievement of universal health coverage (UHC) iterated in the Sustainable Development Goals². **Quality of health care is defined by the WHO** as “*the degree to which health services for individuals and*

¹ Issued in accordance with Art. 85(b) of Labour Code, No. 8 of 1996.

² Sustainable Development Goal Target 3.8: “*Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all*

populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge³. Key aspects of this include that health care is:

- **People-centered** respecting and responding to a patient's preference, needs, and values
- **Safe** minimizing harm including preventable injuries and medical errors
- **Equitable** and does not vary according to personal characteristics such as gender, age, ethnicity, disability, sexual orientation, etc
- **Integrated** such that care is coordinated across settings, facilities, and providers (as well as between sectors)
- **Timely** with minimal delays in providing care
- **Effective** based on scientific knowledge and evidence-based guidelines
- **Efficient** avoiding waste of resources, including equipment and medicines

Quality should be applied across all levels of care i.e. from primary (which includes household, community, and primary health care facilities) to tertiary, for all types of health care provision e.g. promotive, preventive, curative, rehabilitation, and palliative care given throughout the life course.

For this exercise, the scope should examine healthcare at the primary level in the garment factories.

Objective

The purpose of the exercise will be to assess the quality of health care services provided at the garment factories and identify current regulations governing the provision of healthcare in the garment sector. All outputs derived from this exercise will be utilized as preparatory work to be reviewed by national stakeholders (the Trade Union and Jordan Garments, Accessories & Textiles Exporters Association, syndicate, Ministry of Health, and Ministry of Labour) to define objectives and prioritize activities for the forthcoming years.

Duties and responsibilities:

The consultant will be responsible for the following:

³ *Delivering quality health services, A global imperative for universal health coverage* WHO, OECD, World Bank 2018

Output 1: Collect and review national and international healthcare quality assurance strands and legal framework (4 days)

Tasks:

- 1.1 Develop healthcare quality assessment questioners/tools
- 1.2 Develop legal analysis to identify the legal gaps in the regulations that govern the provision of healthcare services in the garment sector.

Deliverables: Health care quality assessment questioners and legal gaps analysis/tools.

Output 2: Understand the current situation of the health care services provided by medical clinics within garment factories and legal aspects/challenges (15 days)

Tasks

2.1 Data collection includes:

- a. Key Informant Interviews with (5 days):
 1. One representative from Trade Union
 2. One representative from J-GATE and Synidate.
 3. One representative from the Ministry of Health
 4. Three meetings with garment factories' medical staff (including nurses and general practitioners)
 5. Three managers from the garment factories in the three industrial zones
- b. Conduct 8-10 Focus Group Discussions (FGD), in the three industrial zones in Irbid, Sahab, and Al Dulayl including: (5 days)
 1. Group 1: 5-7 workers (females from Bangladesh)
 2. Group 2: 5-7 workers (females from Bangladesh)
 3. Group 3: 5-7 workers (females from Sri Lanka)
 4. Group 4: 5-7 workers (females from Nepal)
 5. Group 5: 5-7 workers (male from India)
 6. Group 6: 5-7 workers (males from Jordan) - Main factory
 7. Group 7: 5-7 workers (males from Jordan)- Satellite unit
 8. Group 8: 5-7 workers (females from Jordan)⁴
- c. Implementation of quality assurance inspection visits to the medical clinics inside the garment factories covering (2 days):
 1. Four exporting factories in different industrial zones
 2. One satellite units' factory

⁴ Better work Jordan will be responsible for translation to other languages.

3. Al Dulayl industrial zone clinic.

2.2 Legal and data Analysis and develop recommendations (3 days)

Deliverables: Statistical analysis and interpretation of the collected data and recommendations and report of the legal gaps. (Arabic and English)

Output 3: Present the results and outcomes to the national stakeholders and modify them accordingly (3 days)

Deliverable: Submit the final assessment report including recommendations and legal gap analysis. (In Arabic and English)

Qualifications

The service provider (institution/Consulting firm) need to have the following perquisites:

- A team consisting of at least two specialists:
 - 1) Medical sciences postgraduate degree with significant research experience
 - 2) A law postgraduate degree.
- At least 10 years of experience in quality of health care assessment tools, or assurance/improvement mechanisms
- Experience in data analysis and reporting
- Profound Knowledge of the WHO and Sphere health care strands
- Data management and analysis
- Strong analytical skills and capacities
- Strong verbal and written communication skills in English
- Ability to independently plan and execute assigned tasks and duties

Timeline

Start date: The 15th of June 2022

End date: The 31st of August 2022

Supervision

The Service provider will report to the Mental Health Coordinator and National Project Coordinator-Workers' Voice. Under BWJ program manager's overall guidance and work closely with the BWJ team.

Payment Schedule

According to the market rate, the External Collaboration will be paid according to his/her expertise and is asked to submit a financial offer on his/her daily rate. The Service provider will only be paid upon satisfactory completion and approval of deliverables and upon receipt of signed invoices.

Payments	Deliverable	Working days	Expected date
One payment	<ul style="list-style-type: none"> Output 1 deliverable: Health care quality assessment questioners/tools and data collection tools. Output 2 deliverables: Statistical analysis and interpretation of the collected data and recommendations and legal gap analysis report. (Arabic and English) Output 3 deliverables: Submit the final assessment report. (In Arabic and English) 	20 days	End of August 2022

Confidentiality

The External Collaboration will sign a contract with International Labor Organization that contains clauses on confidentiality and non-disclosure.

Submission

All proposals must be received by email to jordan@betterwork.org no later than 8th June 2022. The proposal must include the following: **(this consultancy is open for institutions/consulting firm only)**:

1. Technical Offer

- Consultant Curriculum Vitae (CV) or company profile containing CVs of the project leader as well as team members that includes project portfolio.
 - Summarised description and examples of work on the previous specific and similar assignments.
 - A proposal which at least consists of proposed approach and methodology, team member composition (if there is any) and timeframe.
2. Financial Offer
- The financial offer should demonstrate the needed budget for implementation, including detailed fee breakdown by each activity.
 - The price quote for the daily rate in USD