

## **Consultancy Terms of Reference:**

### **Develop strategies to improve a coordinated and integrated response to cholera and AWD outbreaks within humanitarian crises**

This consultancy is requested by:

Unit:	Global Health Cluster
Department:	Emergency Operations

#### **1. Purpose of the Consultancy**

The purpose of this consultancy is to improve the integrated response to cholera and acute watery diarrhoea (AWD) outbreaks within humanitarian crises. The final output of this project, a joint operational framework, is intended primarily to be an operational guidance for health and WASH coordinators in cluster or cluster like coordination platforms. The framework will provide coordinators at the national or sub-national level with the tools and guidance for leading an integrated approach for preparedness and response of cholera outbreaks. The secondary audience of this framework is for implementing health and WASH organizations who are working in cholera response and will benefit from a more clear understanding of the ways that inter-sector activities should be undertaken between sectors.

#### **2. Background**

Ensuring that the cluster approach remains “fit for purpose” for public health response to cholera outbreaks requires a new joint operating framework between Health and WASH, setting clear guidelines and actions for an integrated approach to coordination. To achieve this, the Global Health and WASH Clusters will undertake a global analysis of the existing barriers and gaps in cholera response coordination which outcomes will support the design a new set of operational guidance materials for national Health and WASH Clusters/Sectors to deploy for field use.

Cholera and AWD outbreaks remain a major public health threat during complex humanitarian crises and in the aftermath of major natural disasters. Many of the most severe outbreaks of the last decade (Haiti, Somalia, South Sudan, Ethiopia, Sudan, and Yemen) have largely occurred within protracted and complex humanitarian crisis, often in countries with weakened public health systems and lack of national capacity to respond. In these contexts, humanitarian coordination under the IASC Cluster approach plays a significant role in supporting existing public health capacity of the host governments to assess, plan and coordinate the preparedness and response measures for cholera and AWD. In these cases, the Health Cluster and WASH Cluster are mandated to support the coordination for public health responses, including cholera responses.

Much of the existing guidance on how to lead and coordinate a cholera response comes from the UNICEF/WHO Cholera Toolkit, published in 2012, which is intended for a wide range of stakeholders but with more focus given to technical aspects for WASH and Health actors. Despite the rollout and use of this toolkit, it has been observed from recent cholera outbreak responses that challenges in inter-sectoral coordination and around joint Health and WASH

approaches remain a major barrier to a more integrated and coherent approach to cholera preparedness and response.

While there is an entire chapter dedicated to coordination within the Cholera Toolkit, the content of this section is largely an overview of the ideal coordination arrangements rather than in-depth guidance for coordinators.

With the occurrence of widespread cholera outbreaks in the Horn of Africa, East and Southern Africa and elsewhere, there is wide recognition that the existing inter-sector capacity for leading a coordinated response needs to be strengthened in order to more rapidly and efficiently prevent and contain cholera outbreaks in future humanitarian crises. The Global Health and WASH Clusters have identified the critical need for a harmonized joint operational framework for national Health and WASH Clusters.

### **3. Planned timelines** (subject to confirmation)

The project will be undertaken from February to July 2018.

### **4. Work to be performed**

The main objective of this project is to develop a joint operational framework between Health and WASH for cholera/ AWD preparedness and response. The framework will be based around the Humanitarian Programme Cycle (HPC) and will encompass actions at the strategic, coordination and service delivery levels. Rather than focus on all the necessary activities to be undertaken in cholera /AWD response by both clusters, the framework will focus on what activities should be undertaken jointly. The final guidance document should be applicable for both national and sub-national levels.

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The project is divided into two parts; part 1 is to define clearly the challenges and bottlenecks related to integrated cholera response and part 2 is focused on development of a new joint operational framework based on the outcomes of part 1.

#### ***Part 1: Define the specific challenges and bottlenecks for integration between health and WASH in cholera preparedness and response. (Up to 60 days in total)***

1. Review of existing guidelines and recommendations for joint coordination activities for cholera AWD response under the headings mentioned above. **(approx. 10 days)**

**Output 1:** List of joint activities for the health and WASH clusters under each heading strategy, coordination and service delivery (from activity 1 and 2) that will help inform the global survey, key informant interviews and field visits.

2. Using the menu of activities from output A above, undertake a survey of Health and WASH country coordinators, information managers and partners, to understand what joint activities are and are not being undertaken at country level in cholera and AWD preparedness and control, and bottlenecks to such activities. **(Up to 20 days)**
3. Supplement the above survey with in-depth key informant interviews at the country level to verify survey findings and obtain additional information on bottlenecks. **(Up to 10 days)**
4. Supplement survey and key informant interview findings with at least 2 visits to cholera affected countries<sup>1</sup> **(Approx 20 days).**

**Output B:** Synthesis report on challenges and bottlenecks impacting integrating Health and WASH response for cholera. Report should be no longer than 20 pages (with annexes such as survey results) and should have key recommendations that will inform part 2.

***Part 2: Development of joint operational framework for integrated Health and WASH approach to cholera preparedness and response. (Up to 20 days in total)***

1. Based on the key outcomes of part 1, develop a draft version of a joint operational framework that addresses the key challenges. The framework should provide clear guidance, protocols and structures for integrated Health and WASH response to cholera. The framework should be structured around the humanitarian program cycle but remain focused on guidance that is practical for use in operational settings. **(approx. 5-7 days)**
2. On completion of a working draft of the joint operational framework, facilitate a workshop convened by the Global Health and WASH Clusters involving key stakeholders (coordinators from WASH and Health Clusters, health and WASH organizations) to review the draft framework and provide input on making. (Early June 2018 **(approx. 3 days prep – 2 days of meeting)**)
3. Complete final framework document and any supporting materials **(5-8 days)**

**Output C:** Joint operational framework for Health and WASH clusters for the coordination and integration of cholera and other AWDs preparedness and response activities. Specific format of framework will be defined during the development process.

**5. Planned timelines** (subject to confirmation)

Start date: 15 February 2018

End date: 31 July 2018

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<sup>1</sup> Potential countries are South Sudan, DRC, Somalia – to be confirmed.

## 6. Technical Supervision

The selected Consultant will work on the supervision of:

Responsible Officer:	Gabriel Novelo; Technical Officer, GHC	Email:	novelog@who.int
Manager:	Linda Doull; GHC Coordinator	Email:	doulll@who.int

## 7. Specific requirements

Experience required (minimum 10 years):

Experience in Cluster Coordination at national and global level

Experience in inter-cluster coordination

Experience in outbreak preparedness and response.

Experience in data analysis and reporting

Experience in report writing

Skills / Technical skills and knowledge:

- In-depth knowledge of the IASC Protocols in particular the Cluster Approach.
- Survey design
- Data management and analysis
- Strong analytical skills and capacities;
- Strong verbal and written communication skills;
- Strong facilitation
- Ability to independently plan and execute assigned tasks and duties.
- Desirable: strong understanding information technology

Language requirements:

English.

Knowledge of French an advantage.

## 8. Place of assignment

The work will be conducted remotely and the consultant will travel to Geneva, Switzerland at the start of the consultancy and periodically throughout for meeting with the Global Health and WASH Cluster Coordinators, to prepare for and facilitate the workshop with stakeholders in June and the end of the work.

The consultant will also be required to undertake key informant interviews at country level (countries to be determined during the research phase).

## 9. Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.

## 10. Travel

While on mission under the terms of the consultancy, the Consultant will receive travel and subsistence allowance in line with the standard WHO allowances. *All travel arrangements will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant*

*without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive **subsistence allowance**.*

*Visas requirements: it is the consultant's responsibility to fulfil visa **requirements** and ask for visa support letter(s) if needed.*

## **11. Application**

Interested candidates should submit a letter of interest and CV by 7 February 2018 to:

Elisabetta Minelli at minellie@who.int

With a copy to Carolyn Patten-Reymond at pattenc@who.int