Terms of Reference
For Cholera Prevention and Control: Lessons Learnt 2014 – 2015 and Roadmap

1. Summary

<table>
<thead>
<tr>
<th>Title</th>
<th>Cholera Prevention and Control: lessons learnt and roadmap</th>
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<tbody>
<tr>
<td>Purpose</td>
<td>To provide country specific perspectives and to play a process facilitation role in collection and analysis of information in the identification of key lessons on Cholera preparedness and response in Ghana (2014 – 2015) and facilitate the development of a roadmap towards enhancing system capacity - National (Individual) Consultancy.</td>
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<td>Expected fee</td>
<td>To be determined</td>
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<td>Location</td>
<td>Mainly Accra (any other area which recorded significant a number of cases, in consultation with Chief of WASH, UNICEF)</td>
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<tr>
<td>Duration</td>
<td>8 Weeks</td>
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<td>Start Date</td>
<td>October 2015</td>
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<td>Reporting to</td>
<td>Chief of WASH, Accra</td>
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<td>Budget Code/PBA No</td>
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<td>Project and activity codes</td>
<td>WASH PCR 10 / IR 35: A system for effective WASH sector coordination, knowledge management and evidence-based decision-making is operational and resilient at national level and in 5 most deprived regions by the end of 2016</td>
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2. Background

Ghana is amongst the most challenged countries in the world in terms of access to improved sanitation. The 2014 Joint Monitoring Program Report on the Millennium Development Goal (MDG) for access to improved sanitation indicates that only about 15% of Ghanaians have access to an improved facility. The health risks associated with this poor sanitation situation are exacerbated by extremely low reported handwashing rates (about 12%).

The sanitation and hygiene conditions were significant factors in the recent cholera outbreaks in Ghana in 2011 and 2012, each resulting in about 10,000 cases and nearly 100 deaths. The 2014 outbreak, with over 28,000 cases and over 240 deaths, was the worst in the country’s history. Concerted efforts by government at the end of the 2014 wet season have dramatically

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1 WHO/UNICEF 2014 Progress on Drinking-Water and Sanitation 2014
2 Ghana Statistical Service 2012. Multiple Indicator Cluster Survey with an enhanced Malaria Module and Biomarker 2011
reduced the weekly case load, down to between 100 and 150 cases per week, and the situation seems to have further improved in 2015 (644 cases and 8 deaths as at 26 July 2015)\textsuperscript{3}.

The risk factors, however, persist particularly in many parts of the capital, Accra, which has typically recorded majority of the cases, and another outbreak remains viable threat. Indeed, since 2011 and 2012 the epidemic has almost become a year-round, rather than seasonal (closely following the peak rains) phenomenon. A review of the 2011 outbreak (Figure 1) indicates that the 2012 epidemic was actually a continuation of the 2011 epidemic, with cases dramatically increasing in 2012 as the wet season started.

**Figure 1 – 2011/2 Cholera epidemic weekly cases Accra, Ghana**

\begin{figure}[h]
\includegraphics[width=\textwidth]{figure1.png}
\end{figure}

3. Justification, Purpose and Utilisation of Results

In a bid to address the almost yearly outbreak of cholera, the Government of Ghana, with support from key partners such as UNICEF, has instituted and implemented a number of preparedness and response measures. These have been carried out through the relevant public health, health and WASH in emergency actors. There is, therefore, the recognition that an effective solution to the cholera situation requires a multi-sectoral approach with emphasis on effective planning, coordination and capacity building.

There is also the need, however, for progressive improvement in the country’s cholera preparedness, emergency response, risk reduction and resilience. This requires a review of

\textsuperscript{3} WHO Surveillance Report - July 2015
risk, as well as, periodic performance reviews among key actors managing cholera in the country to ensure that lessons learnt are documented, share and regurgitated among the main actors.

This rapid study aims to provide further basis for improvements in preparedness and response coordination, and further enhancement of capacities required to improve cholera related interventions among key actors through the elaboration of a road map.

In respect of the above, UNICEF seeks to hire two Consultants, including one National Consultant and an International Cholera Specialist. It is envisaged that the team would provide an objective view on the existing cholera prepared and response situation from an independent, expert stand-point. In this regard, the National Consultant is intended, generally, to play a process facilitation role to gather and analyse information from key actors across the relevant sectors to bring out the important lessons in a cost-effective manner. The International Cholera Specialist, will bring perspectives based on other country experiences and international best practice to bear on the analysis.

Specifically, the study has the following objectives:

- To assess the cholera response in 2014 and 2015 and identify key lessons learnt i.e. “what has worked well”, “what has not worked well” and “what could be improved”. These key will be answered in respect of the following areas, based on the reference documents below in Section 4 below, as well as, international standards and best practices:

  a. Cross-sectoral Coordination:
     - Coordination arrangements – including at different administrative/governance levels
     - Information Management - timely information gathering and sharing
     - Understanding of specific roles, including lead and supporting roles

  b. Preparedness and response capacities in terms of:
     - Key WASH roles
     - Other important sectors

  This would be in relation to issues including, but not limited to:

     - Preparedness and risk reduction to allow an early and targeted response.
     - Emergency response in affected and at risk areas based on scientific evidence.
- Long term interventions building resilience of systems in cholera prone areas.

c. Important issues such as cross-border collaboration.

- To highlight recommendations and to draw a road map with key steps for the improvement of cholera preparedness, emergency response in the short and long term (3 - 5 years) in respect of the above.

The study will also gather scientific evidence from previous and ongoing epidemiological studies for more effective targeting of on-going preparedness activities and long term intervention in cholera prone areas, particularly in Accra and other regularly affected regions.

It is expected that the results of the study will be used by the lead Ministries in the WASH Sector to improve existing preparedness and response mechanisms. It will also constitute an important input to UNICEF in providing technical assistance to the key sectors in further strengthening related capacities.

4. Research Scope and Focus; Existing Information Sources

The assessment will be carried out primarily in Accra and will involve active consultation with the key actors involved in cholera preparedness and response activities in Ghana. These will include, but will not be limited to, the following:

- National Disaster Management Organisation (NADMO), including the relevant sub-national level structures;
- Ghana Health Service (GHS), including the regional and relevant Metropolitan, Municipal and District Directorates;
- Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development (MLGRD);
- Relevant Metropolitan, Municipal and District units;
- Water Directorate of the Ministry of Water Resources, Works and Housing (MWRWH);
- Ghana Water Company Limited (GWCL) and the relevant district offices;
- Community Water and Sanitation Agency (CWSA); and
- Cholera Expert, UNICEF WCARO.
These assessments will be carried out in the light of key existing international and country-based plans, strategies and studies which include, among others:

- Prevention and control of cholera in Ghana: short term action plan (GHS).
- 100 days contingency plan for cholera prevention and control, 2014 (MLGRD).
- Cholera Response Plans of the relevant Metropolitan, Municipal and District Assemblies (MMDAs).
- Practical Training on the shield and sword strategy for cholera prevention and control, 2014 (UNICEF).
- Cholera Epidemiology and Response Fact Sheet, Ghana, 2014 (UNICEF).
- Integrated approach to understand the dynamics of cholera epidemics in Ghana, Togo and Benin, 2014 (APHM, UNICEF).
- Tools and supported documents for the organisation of workshops on cholera lessons learnt and road map (UNICEF, West and Central Africa Regional Office (WCARO)).

It is envisaged that the rapid assessment will be carried out in three overlapping phases as follows:

- **Inception Phase** including an inception meeting, desk review, confirmation of methodology, reporting formats and tools and preparation of the inception report (including a detailed Work Plan).
- **Study Phase** including main consultations, the organisation of a lessons learnt workshop and the processing and analysis of data.
- **Reporting Phase** (ref. Section 8).
  - Final Assignment Report – conduct and outcome of the entire study.
  - Stand-alone Microsoft Powerpoint Presentation – to be used by UNICEF and Government to present results during future key cholera related meetings.

### 5. Research Process and Methodology, Specific Tasks

#### Inception Phase

**Inception meeting**

At the start of the assignment an inception meeting will be held between the two Consultants and the UNICEF Ghana office. The purpose of the meeting will be to confirm the requirements
of assessment and outputs. This meeting will, therefore, include a review of the Consultants’ proposed methodology and work plan, the requirements for the inception report, arrangement of introductions to relevant stakeholders and a discussion of logistical arrangements for carrying out the assignment.

**Desk Review**

The Consultants would be expected to review relevant documentation, including all relevant country plans, strategies and frameworks (as specified above).

**Methodology Design**

Based on the outline methodology proposed and discussed during the inception meeting with the UNICEF Ghana office, the two Consultants will develop and present a detailed methodology for carrying out the assignment in the inception report. The methodology should include structured interviews with key stakeholders as well as key community residents and opinion leaders (to facilitate analysis and drawing of relevant inferences, identification of relationships and reasonable attribution).

The National Consultant will provide technical support to the lead ministries to organise a workshop to outline the lesson learnt during the 2014 and 2015 cholera outbreak. The Consultant, with the support of the International Cholera Specialist, will facilitate the workshop.

In general, as far as practicable, methodologies proposed should be in line with the regional cholera prevention and control strategy developed by UNICEF West and Central Africa Regional Office (WCARO).

**Presentation of Results**

All deliverables (reports and presentations) shall be presented in English. The results of the assessment both in written report form and as a presentation to relevant government bodies, UNICEF and other stakeholders (see Deliverables section below). The report should cover findings and recommendations on the specific objectives outlined under section 3, any other relevant issues. A key component of the output will be the cholera roadmap for cholera prevention and control formulated as the key output of a two- day Lessons Learnt (stakeholder) workshop to be organised by the two sector lead ministries (i.e. Ministry of Water Resources, Works and Housing (MWRWH) and Ministry of Local Government and Rural Development (MLGRD)).
Both the report and the verbal presentation will be organized and sub-divided in such a way that they communicate key results to a broad target audience including officials, decision makers and other stakeholders.

**Implementation Principles**

Interviews and interactions with people in communities must be conducted according to national legal and ethical norms for study subjects. It is the responsibility of the Consultants to ascertain these and to conduct themselves accordingly in the field.

**Specific Tasks**

In summary, the specific tasks envisaged under this assignment will include, but would not be limited to the following:

- **Inception Phase**
  - Development of detailed work plan, reporting formats and methodology;
  - Desk Review of reference documents, frameworks and reports
  - Preparation of Inception Report

- **Study Phase**
  - Consultations with key stakeholders and analysis of response/ data collected based on reference frameworks, standards and international best practices
  - Preparation of tools (agenda, evaluation format etc.), presentations and reports for the organisation of a Lessons Learnt Workshop
  - Facilitation of the Lessons Learnt Workshop

- **Reporting Phase**
  - Preparation of Draft and Final Assignment Report
  - Preparation of Stand-alone Microsoft Powerpoint Presentation

**6. Stakeholder Participation**

As part of the work from the initial stages to the final stages, it is expected that all relevant key stakeholders (including the agencies specified under Section 4) will be kept actively involved through individual consultation and the organisation of workshops. The Consultants are thus required to identify all other relevant stakeholders and include them in the planning and implementation stages.

**7. Accountabilities and Reporting**
The National Consultant and the International Cholera Specialist will be jointly responsible for all deliverables within respective timelines to UNICEF. Specifically, the National Consultant will be responsible for the timely submission of all deliverables and liaising with the two lead ministries for optimum participation and consultations with key actors in all related processes.

All reports submitted to UNICEF by the team should be in both the soft and hard copies.

All requests to and from UNICEF are expected to be initiated by the National Consultant and the International Cholera Specialist, in respect their respective engagements and entitlements.

The team shall report to the Chief of WASH, through the WASH Specialist (WASH in Emergency Focal Point).

8. Expected Deliverables and Timelines

The consultancy will produce the following deliverables:

1. **Inception Report (Brief):** Final Inception Report, modified as per comments from UNICEF (10 pages –maximum). As indicated above, the format for the report will be confirmed at the Inception Meeting.

2. **Facilitation of Lessons Learnt Workshop and System Improvement Road Map:** Agenda and tools for the organization of a Lesson Learnt Workshop, and synthesis of key findings and Stakeholder input into a System Improvement Road Map (3 pages - maximum).

3. **Draft Study Report:** Full report with annexes providing detailed information including all data gathered, supporting documents for the organisation of the lesson learnt workshop, and brief outcomes of the workshop, including the roadmap for improved cholera preparedness and response. The report must make specific reference to the key questions listed under section 3 above, and provide comprehensive answers to these questions.

4. **Final Study Report:** Full report with annexes providing detailed information including all data gathered, supporting documents for the organisation of the lesson learnt workshop, and brief outcomes of the workshop, including the roadmap for improved cholera preparedness and response, modified as per comments from UNICEF and government stakeholders.
5. **PowerPoint Presentation**: A stand-alone PowerPoint that can be used by UNICEF and Government to present results during future key cholera related meetings, including the WASH in Emergency Technical Working Group meeting.

The timelines for the deliverables will be as follows:

- The **Inception Report** is due 2 weeks after signing the contract.
- **Lessons Learnt Workshop** - End of Week 6
- **Draft Study Report** - End of Week 6
- **Final Study Report** - End of Week 8
- **Power Point Presentation** – End of Week 8

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<th>ACTIVITY</th>
<th>Output/Deliverables</th>
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<th>Week2</th>
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*NB: These timelines are indicative and will be confirmed at the time of contract signature*

9. **Dissemination Plan**

As previously indicated, it is expected that the findings and recommendations of the study will constitute an important basis for further strengthening in-country capacities and mechanisms for coordination of cholera preparedness, response and resilience. These will, therefore, be disseminated to key stakeholders at a WASH in Emergency Technical Group Meeting and at
programme reviews, in the form of a power point presentation. Copies of the report will also be distributed to all relevant government Ministries, Departments and Agencies (MDAs).

10. Payment Schedule

Payment in respect of the exercise for the contractor will be effected as follows:

- 30% on submission of Final Inception Report
- 40% on submission of Draft Assessment Report
- 30% on submission of Final Assessment Report

The Consultant shall provide his/ her own computer for efficient and timely compilation of data and delivery of reports, as well as adequate means of transport for fieldwork with minimal support from UNICEF. In that respect, any support required should be discussed with and requested formally through the WASH Specialist (Emergency Focal Point) for clearance by the Chief of WASH.

All equipment hiring requirement should also be discussed and cleared with the Chief of WASH, UNICEF, Ghana. Expansion of the scope beyond Accra will also be confirmed by the Chief of WASH during the inception phase.

11. Expected background and Experience

National Consultant

- Advanced degree in Public Health, Water, Sanitation and hygiene related fields.
- Over 10 years’ experience in the Public Health or WASH sectors, with a focus on at least two of the following: - project development and design, project monitoring and evaluation/compliance audit.
- A minimum of 5 years post qualification experience, working with government in the development of policies, guidelines and frameworks, facilitation of workshop, and with sector coordination mechanisms.
- Experience in public health related studies and survey would be an asset, while specific experience in cholera preparedness, response or related studies would be a clear advantage.
- Fluency in writing, reading and speaking English.
- Strong track record in relating and networking and analytical skills.
• Strategic thinking and conceptual skills.
• Excellent skills in computer software applications including MS Word, MS Excel and MS Power Point.

The team will be supported by the WASH Unit of UNICEF Ghana and the Cholera Expert of UNICEF WCARO who will provide additional technical assistance to assure the overall quality of outputs and the key constituent processes.

12. General Conditions: Procedures and Logistics

- The Contractor will not be provided lodging and/or meals.
- The Contractor will not work from the UNICEF office, and will be expected to work from their own offices both at station and in remote locations, where required.
- Pursuant to UN Staff Rule 203.9: “staff not normally residing in the mission area are entitled to DSA.” State if this the case.
- The Contractor will provide their own materials, i.e. computer, office supplies, etc.
- The Contractor will not be authorized to have access to UNICEF transport for the assignment.
- Plan for schedule of payment. Note that final payment to a contractor is dependent on the completion of deliverables.
- Flight cost of internal travel only, where necessary, will be covered under travel reimbursable in the contract, based on economy class (where applicable).

13. Policy both parties should be aware of:

- Members of the Contractor are not entitled to payment of overtime. All remuneration must be within the contract agreement.
- No Contract may commence unless the contract is signed by both UNICEF and the Contractor.
- For international contractors outside the duty station, signed contracts must be sent by fax or email. Signed contract copy must be received by the office before commencement of travel.
- No member of the Contractor may travel prior to contract signature.
- Unless authorized, UNICEF will buy the tickets. In exceptional cases, the contractor may be authorized to buy their travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed to beforehand.
- Members of the contractor will not have supervisory responsibilities or authority on UNICEF budget.
- The Contractor will be required to sign the Health statement for consultants/individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.

**Application Procedure:**

Interested candidates should submit a copy of CV with two references and completed P11 form (attached), indicating proposed fees for the services to be provided. The fee should be expressed on the daily rate in the local currency. The application package(s) indicating the title of the consultancy in the subject line should be mailed to:

‘hrghan@unicef.org’ by Friday 02 October 2015

*UNICEF, a smoke-free environment, is committed to gender equality in its mandate and its staff. Well qualified candidates, particularly women are strongly encouraged to apply.*