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| ***Section A*** | |  | | | | | | | | | | | | | | | |
| Title: | | AWD / Cholera Coordinator | | | | | | | | | | | | | | | |
| Duty Station: | | Home Based | | | | | | Type of Engagement: | | | | | Consultant | | | | |
| Request for: | | New Contract | | | | | |  | | | | | | | | | |
| Requesting Section: | | Health & Nutrition | | | | | | Focal Person: | | | | | Kyaw Aung | | | | |
| Budget Year: | | 2022 | | | | | | Funding Code: | | | | |  | | | | |
| Start Date: | | 1-Nov-22 | | End Date:  (when extension, enter new end date) | | | | | 31-Jan-23 | | | | Number of Days (working): | | | | 20 Working Days per month (60 days) with possibility of extension |
| Included in AWP/RWP: | | **NO** | | | | | | This is an emergency response to Cholera outbreak. | | | | | | | | | |
| **Work Assignment: Situation Overview**  Following a cholera outbreak in Syria on 10 September 2022, the disease quickly spread, with Lebanon reporting its first case of cholera on 6 October 2022 and reaching 29 confirmed cases by 13 October in Akkar and Baalbek governorates. Cholera, a virulent bacterial infection caused by contaminated water or food, can spread quickly in areas with limited access to basic services such as safe water, sanitation, and health care. The disease can kill within just hours due to severe acute watery diarrhea. To date, cumulatively 169 confirmed cases and 5 deaths across north, northeast, and mount Lebanon.  Recent overlapping crises have severely impacted access to health, safe clean drinking water, and sanitation services for both host and refugee populations in Lebanon. As cases are expected to continue to increase, UNICEF in collaboration with the World Health Organization (WHO), NGO partners and led by the Ministry of Public Health (MoPH), has developed a joint response plan.  UNICEF’s overall objective is to prevent and contain the cholera outbreak, reduce mortality and morbidity through effective preparedness and response at all levels to control the disease, with a comprehensive community-based approach of health, risk communication, and WASH components.  **UNICEF’s Response**  UNICEF’s immediate response is to strengthen the existing water and wastewater systems to prevent the rapid spread of the Cholera outbreak. If existing water and wastewater systems function effectively, the disease can be contained. If the outbreak escalates, the response strategy will be adjusted to increase the focus on emergency water provision and sanitation measures. The WASH component will be complemented by health, education, and risk communication and community engagement interventions in the hotspot areas. | | | | | | | | | | | | | | | | | |
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| **Child Safeguarding**  Is this project/assignment considered as “[Elevated Risk Role](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Guidance%20on%20Identifying%20Elevated%20Risk%20Roles_finalversion.pdf?CT=1590792470221&OR=ItemsView)” from a child safeguarding perspective?       YES       NO     If YES, check all that apply:      **Direct contact role** YES       NO   If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:     |  | | --- | |  |     **Child data role** YES      NO   If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):     |  | | --- | |  |   More information is available in the [Child Safeguarding SharePoint](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/SitePages/Amendments-to-the-Recruitment-Guidance.aspx) and [Child Safeguarding FAQs and Updates](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Child%20Safeguarding%20FAQs%20and%20Updates%20Dec%202020.pdf) | | | | | | | | | | | | | | | | | |
| **Reasons why consultancy cannot be done by staff:** | | | | | This position requires full time engagement, LCO staff lack AWD/Cholera response specific expertise | | | | | | | | | | | | |
| **Consultant sourcing:** | | | | |  | | National | | | |  | International | | |  | Both (National & International) | |
| **Consultant selection method:** | | | | | Competitive Selection (Roster) | | | | | | | | | | | | |
| **Evaluation Criteria – Please specify** (indicate point weightage below) | | | | | | | | | | | | | | | | | |
| **Point system:**  **(i.e. 70/30)** | a | | Technical | | 80 | | | | | | **Supervisor of the Consultancy/Contractor:** | | | | | Kyaw Aung | |
| b | | Financial | | 20 | | | | | |
| **Minimum Qualifications Required:** | | | | |  | | | | | If Other,Enter Disciplines: | | | |  | | | |
| **Years of Experience required:** | | | | | A minimum of 5-7 years of experience with either the UN and/or NGO | | | | | | | | | | | | |
| **Knowledge/Expertise/Skills required:** | | | | | | * Advanced university degree or equivalent experience in Environmental Public Health, Civil Engineering, Programme Communication, Sanitation Engineering, or other field related to or other field related to behavior change communication. * Knowledge of public health and one or more other relevant areas (e.g.: WASH, nutrition, behavior change, health promotion, community development, education, etc.) * Experience in working in CHOLERA / cholera context and demonstrated aptitude in integrated coordination and response * Experience working with government agencies, local authorities, international organizations, NGOs and communities in the field of water, sanitation and participatory approaches in health and hygiene promotion. * A minimum of 5-7 years of experience with either the UN and/or NGO. * Fluency in English (verbal and written). Good written and spoken skills in the language of the humanitarian operation and knowledge of another UN language an asset. | | | | | | | | | | | |

***Section B***

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| **Work Assignment Expected Results** | | | |
| Tasks/Milestone: | Deliverables/Outputs: | Timeline | Estimate Budget |
| Under the frameworks of national Health, WASH and nutrition coordination sectoral cluster, under the framework of Health, WASH and nutrition section, in conjunction with other Health, WASH and nutrition stakeholders and on behalf of UNICEF. | | | |
| **UNICEF**   * Provide strategic leadership and coordinate the overall UNICEF CHOLERA response based on sectoral evidence, needs and priorities. * Lead in the development an overall UNICEF response to CHOLERA crisis both at national and state levels * Ensure the UNICEF sectors and sections’ strategies and priorities are well integrated in the overall CHOLERA response * Work in close collaboration with PME and field teams to collect and analyze relevant information * Assist MER in the development of advocacy messages * Contribute to the fundraising efforts to support the Cholera activities * Develop success stories of the Cholera response * Be the UNICEF focal point for any Cholera related matter | Developed Cholera Strategy based on Scenario |  |  |
| Developed coordinated Supply plan and update and tracking supply distribution and use |  |  |
| Solicit inputs from sections and prepare summary report to senior management, partnerships, etc. on biweekly basis |  |  |
| Regular SITREP for internal UNICEF (weekly and Monthly) |  |  |
| Field Visits to outbreak site and provide coordination support on the ground |  |  |
| Develop fund raising proposal and success story of the cholera response |  |  |
| * **SUPPORT TO GOVERNMENT** * Support the national authorities to develop and implement preparedness and response plans at national and field levels * Strengthen the coordination among ministries, UN agencies and partners | Regular interaction with Ministries including ESU, EOC, DRM and develop weekly report on progress and challenges |  |  |
| * **UN COORDINATION** * Lead in the development of a coordinated approach to Cholera with UN agencies such as WHO and UNHCR * Ensure the Cholera weekly SitRep reflects the activities of partners involved in the Cholera response * Ensure a fluid sharing of information among UN agencies | Participate in inter-agency meeting and report on outcomes of the inter-agency coordination meetings. Contribute to inter-agency SITREP and fund-raising proposal |  |  |
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| **Estimated Consultancy fee:** | |  | |
| **Other Expenses:** |  |  |  |
| Travel International (if applicable) |  |  |  |
| Travel Local (please include travel plan) |  |  |  |
| DSA (if applicable) |  |  |  |
| In case of Individual Contracts, Annual Leave (1.5/month) and Holidays |  |  |  |
| **Total estimated consultancy costs[[1]](#endnote-2)** | |  | |

***Section C***

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| **Administrative details** | | |  |  | | |  |  | |
|  | Visa assistance required | | |  | Office Based | | | | |
|  | Transportation arranged by the office | | |  | If office based, seating arrangement identified | | | | |
|  | Home Based | | |  | UNICEF email account required | | | | |
|  | | Ministry Based |  |  | IT and Communication equipment required | | | | |
| **Request Authorised by Section Head:** | | | |  | **Request Verified by HR:** | | | | |
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| *Approval of Deputy Representative (if Programme)* | | | | | *Approval of Deputy Representative Operations (if Operations)* | | | | |
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| *Representative (in case of single sourcing/or if not listed in Consultant Plan)* | | | | | | | | | |
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1. Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

   Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant [↑](#endnote-ref-2)