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**CTC APW**

**Agreement for Performance of Work**

**Terms of Reference**

This technical support is requested by:

|  |  |
| --- | --- |
| Unit: | NTDs and Malaria |
| Country Office: | Pakistan |

**1.     Background**

Climate change has affected the epidemiology of vector borne diseases in many ways, resulting in epidemics and outbreaks of endemic VBDs and emergence of new infections and their transmitting vectors in regions

where they are not previously known. Extension of *Aedes*to areas where

they were not seen before and emergence of arbo-viral infections causing dengue hemorrhagic fever, Zika and chikungunya diseases not previously seen.

Heavy rainfall, melting glaciers all set to flood the country river system, flush the economic infrastructure, agriculture in hilly areas and sink the population downstream. Millions displaced and vulnerable to the bite of diseases transmitting vectors increased in density manifold due to high temperature, humidity, and habitat in the proximity of camps of IDPs.

The 2022 Heavy monsoon rains and devastating floods in Pakistan have affected >116 districts, 88 had been declared calamity hit by the government. Till mid-September 3.3 million affected and 161000 displaced. A total of 1,817,550 houses and 1946 health facilities are damaged.   2,887 km of roads destroyed, The heavy monsoon starting in June in and ending in September spiraled with the main transmission season of malaria, dengue and leishmaniasis. In August transmission potential of malaria increased to outbreak proportions in high endemic districts. Twenty districts declared under malaria outbreak in mid- September. The number increased to 32 in first week of October and expected to reach 62 districts by end October.

Health care is a critical determinant for survival in the initial stages of a disaster. Implementation of effective vector control interventions in the early stage of outbreak is the determinant of effective control of vector borne diseases outbreaks. Around 2.7 million cases with 50% falciparum are expected to be positive.

As per recommendation of WHO mission report, selected IRS in high transmission foci where the positivity rates have reached beyond 50% should be targeted through IRS. Its estimated that around 900000 houses need to be sprayed. The experts have warned about the most intense transmission during the next 3 months. Outbreaks of leishmaniasis and dengue is in full swing in selected districts of Balochistan, Punjab, KP and Sindh.

WHO Pakistan is leading the malaria, dengue and leishmaniasis outbreak response in all epidemic hit districts through enhanced coordination with national and provincial governments, UN agencies and development partners, strengthening disease surveillance, planning for

effective control, resource mobilization and provision of diagnostics, medicines and Long-Lasting Nets to meet the unmet needs of populations in camps and those stranded in the floods, particularly in Sindh and Balochistan. Access and availability of health services through mobile outreach, medical camps, and support to the functional HCFs is major part of the response. Entomological surveillance, planning implementation and supervision of vector control interventions is an unattended area and now vector control is considered the 2nd topmost priority intervention after case management.

The WHO Pakistan in this regard intends to engage one Data Analyst /GIS Expert to be located in Islamabad for support to technical team of NTDs in data collection , entry and analysis and to prepare weekly analysis reports.

The incumbent will work in close coordination with the field staff assigned with emergency response, provincial Malaria and Vector Borne Diseases Control Programmes of the assigned province and partners engaged in Malaria Outbreak control.

The overall objective of the assignment is to produce quality data analysis reports on weekly basis and assist the technical team in availability information for action.

Data will be collected from 54 districts of Sindh , KP and Balochistan provinces.

**2.**  **Planned timelines**(subject to confirmation)   One month

01st December to 31st December 2023

**3.  Work to be performed**

In collaboration with the Government and overall guidance and supervision of the WHO Country Office, the incumbent will be responsible to perform the following activities:

**~~Output 1: Strengthening VBDs surveillance,~~collect data and analysis.**

**Deliverable 1.1:**Develop and implement district specific IRS or larviciding, or LLIN distribution plan in collaboration with WHO technical team, national and provincial VBDs programmes

**Deliverable 1.2:**Ensure daily/weekly reporting on malaria, leishmaniasis and dengue cases from provinces and on entomological surveillance reports from the field. Provide data on vector densities and species composition of districts under his her assignment.

**Deliverable 1.3:**Prepare and implement standard vector control guidelines / protocols and IEC material for health facilities and the communities in flood affected districts.

**Deliverable 1.4**Organise district-based refresher sessions for district malaria control programme staff in entomological surveillance and entomological field techniques.

**Output 2:**

**Strengthen VBDs entomological and epidemiological surveillance and ensure Community participation in dengue and other VBDs outbreak control interventions with reference to environmental management and larval source elimination campaigns.**

**Deliverable 2.1:**Facilitate assessment missions, ensure daily weekly health facility reports and daily data entry in DHIS2 from all outbreaks hit districts in his/her domain.

**Deliverable 2.2:**Develop systems and mechanisms for entomological surveillance and conduct field visits for entomological field and sentinel sites activities on IRM and vector bionomics.

**Deliverable   2.3: Training and orientation of HCWs on IPC and strengthening community**

**IPC**

**Deliverable 2.4:**Facilitate regular monitoring and follow up on malaria care and other preventive interventions implemented in the concerned districts

**4.  Technical Supervision**

The selected Consultant will work in the supervision of:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Responsible         Officer | Dr. Qutbuddin Kakar  NPO Malaria, VBDs and NT | [kakarqut@who.in](mailto:kakarqut@who.in) t |
|  | Manager: | Dr. Palitha Gunarathna Mahipala WHO Representative in Pakistan | [mahipalap@who.i](mailto:mahipalap@who.i) nt |
|  |  |  |  |

**4.  Specific requirements Qualification**

**Essential:**University degree in Social Sciences with training in Global Digital Health Information System (DHIS2)

**Experience**

Strong background of at least 2 years of relevant experience of working with programmes and organizations engaged in Data entry and analysis particularly the DMU in the Ministry of NHSRC

**Skills/technical skills and knowledge**

1-      Data entry in public health programmes

2-      GIS mapping

3-      Reports writing based on data analysis

The incumbent must have excellent interpersonal and communication capacities. Strong writing skills with expertise in excel, drafting reports, technical briefs and making slides and presentations.

A practical, hands-on approach with sense of responsibility, strong organizational skills, and commitment for provision of safe and quality prevention services in emergencies.

Ability to work both independently and in a team setting with the government and WHO.

**Language requirements**:

English & Urdu expert proficiency (Read - Write – Speak)

**4.  Place of assignment**

WHO Country Office

**5.  Medical clearance**

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

**6.  Travel**

**No travel involved.**