**TERMS OF REFERENCE (TOR)**

**Dengue Outbreak Response, District Kech in 2 hotspot UCs**

**Community Engagement/ Awareness Campaigns**

# **Purpose:**

Dengue and other arboviral infections are emerging threats. Dengue is a fast-spreading arboviral disease that originated in monkeys about 800 years ago. It causes epidemics in human populations due to climate change and increased human transmission. Dengue and dengue hemorrhagic fever are present in urban and suburban areas in various regions. In Balochistan, the southern coastal belt, including districts Kech, Gwadar, Lasbella, and Hub, has been experiencing endemic Dengue infection since 2016. Data from these districts show biannual spikes in cases from February to May and from September to December. In 2024, there was a significant increase in cases starting in January due to favorable weather conditions and heavy rainfall in February, creating a conducive breeding environment for the mosquito vector. The government, with limited resources, and the WHO responded by focusing on surveillance, vector control, and case management. According to data from District Kech, two urban councils (UCs) - Aab-Sar and Jusak - are currently experiencing a massive outbreak due to favorable conditions for dengue vector growth and larval breeding.

In this regard, the government has sought technical and operational assistance from the WHO. Leveraging the collective capacity of community health responders, including Lady Health Supervisors (LHSs), Lady Health Workers (LHWs), local non-governmental organizations, and civil society organizations, this response intervention aims to equip a cadre of community health responders to conduct targeted engagement with affected communities to raise awareness and health education at the community level, Colleges, and universities.

# **Background:**

Dengue and other arboviral infections are emerging threats. Dengue is a fast-spreading arboviral disease that originated in monkeys about 800 years ago. It causes epidemics in human populations due to climate change and increased human transmission. Dengue and dengue hemorrhagic fever are present in urban and suburban areas in various regions. In Africa, dengue fever is mainly found in rural areas. The dengue virus is a single-stranded RNA virus with four serotypes. All four serotypes can cause different levels of disease severity. Infection provides serotype-specific immunity and short-term cross-immunity. The virus is transmitted from human to human through the bites of infected Aedes mosquitoes, primarily Ae. aegypti. This mosquito species bites multiple times before laying eggs and thrives in human proximity. Humans are the main reservoir of the virus.

In Balochistan, the southern coastal belt, including districts Kech, Gwadar, Lasbella, and Hub, has been experiencing endemic Dengue infection since 2016. Data from these districts show biannual spikes in cases from February to May and from September to December. In 2024, there was a significant increase in cases starting in January due to favorable weather conditions and heavy rainfall in February, creating a conducive breeding environment for the mosquito vector. The government, with limited resources, and the WHO responded by focusing on surveillance, vector control, and case management. According to data from District Kech, two urban councils (UCs) - Aab-Sar and Jusak - are currently experiencing a massive outbreak due to favorable conditions for dengue vector growth and larval breeding. These conditions are facilitated by customized practices of water storage, as well as natural factors such as irregular rainfall and flooding. The positivity rate remains between 18-22% based on the low-scale screening and testing being conducted. Although the district health staff's continuous efforts in reducing larval habitats daily are commendable, they need to align with WHO guidelines and protocols, as requested by the Government of Baluchistan.

Without an Engaged Community, Infection Prevention can flounder. Lack of knowledge and awareness of the community on the risk associated with the environment may potentiate disease-spread practices.

In Pakistan, the public health system is decentralized and has three layers for service delivery, comprising primary healthcare facilities (rural health centers and basic health units), secondary healthcare facilities (district headquarters hospitals, Tehsil headquarters/Civil hospitals), and tertiary-level facilities. The effective use of community engagement in various infectious disease responses around the world highlights the critical role of Community engagement interventions to mitigate, control, and prevent the spread of disease. These can include a range of approaches from education to outreach to improve health and economic or social well-being; promote equity; help with outbreak response; and ultimately, help save lives and prevent further illness.

The community engagement activities will target health awareness messages about dengue for the prevention of health incidents and the spread of disease during the outbreak. The critical role of community engagement and community participation will raise awareness and will help control the outbreak through ongoing risk communication and community engagement. Messages promoting preventive behaviors will be employed at the individual, family, and community levels to eliminate or treat Aedes mosquito breeding sites.

Community health responders will be equipped with the knowledge, tools, and supplies to conduct community outreach in affected areas with the purpose of:

1. **Conducting health education** with affected populations on their immediate risks and preventative actions, as well as information on available health services
2. **Collecting and reporting community feedback** on health issues and needs, which will be shared with the health sector response for active follow-up and response

This initiative seeks to also ensure a coordinated response and engagement with affected populations by supporting community outreach, mobilization, and response across multiple health sector response interventions.

**Timelines:**

9th May to 22 May 2024 (10 working days)

# **DELIVERABLES:**

The APW holders will be expected to produce the following deliverables:

**Output 1:** Linkages built with the WHO Team Dengue response team and district Health & Education authorities for a comprehensive training plan developed.

Deliverable 1.1: To share a detailed action plan for outbreak response at the community level through communities’ engagement and awareness.

Deliverable 1.2: Coordinate with district health offices, Area Education Officers, and social and other relevant stakeholders for the engagement of healthcare providers and educational institutes.

**Output 2:** Coordinate with potentially identified stakeholders and train on dengue spread and prevention.

**Deliverable 2.1:** To train LHSs, LHWs, and EPI Vaccinators on dengue awareness.

**Deliverable 2.**2: Awareness seminars at colleges and university level

Deliverable 3.3: Awareness session at the community level

Output: Outbreak response report produced.

Deliverable3.1: Final report drafted, finalized and submitted.

**Education:**

Master’s degree in medicine or public health

**Experience:** At least 3 to 5 years of experience in training, preference will be given to candidates with:

* Knowledge about Dengue and practical experience of working at the community level.
* Strong skills in planning and training
* Experience in working and collaborating with stakeholders including governments, development partners, and communities.
* Demonstrated ability to work effectively in a team with multiple disciplines.

# **Place of assignment:**

Dengue Outbreak district Kech 2 hotspot UCs

# **Remuneration:**

As per consultant NOC per day rates