

TERMS OF REFERENCE

Consultancy on strengthening cholera preparedness, prevention and evidence-based WASH planning following the 2026 outbreak

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	Nigeria, Maiduguri (remote)
DURATION OF CONTRACT	4 months

Purpose of Assignment

The purpose of this consultancy is to consolidate lessons from the 2026 cholera response and strengthen evidence-based WASH planning for cholera prevention, preparedness and risk reduction in Borno, Adamawa and Yobe States. The assignment will assess recurrent cholera risks, identify and prioritize strategic WASH investments, and inform government-led preparedness and coordination arrangements to mitigate future outbreaks. In the context of the transition of WASH Cluster coordination functions to government, the consultancy will define institutional roles and responsibilities, activation triggers and minimum operational capacities required for government-led cholera coordination, and propose a phased, actionable plan to address identified capacity gaps.

Scope of Work

Work Package 1: After-Action Review (AAR)

Conduct an After-Action Review of the 2026 cholera response in Borno and Yobe States, adapting WHO AAR methodology. Through document reviews and stakeholder consultations, assess preparedness, coordination, surveillance, WASH interventions including CATI, resource mobilization, operational challenges and intersectoral collaboration. Identify lessons learned, good practices and priority improvements.

Expected output: AAR report with key findings, lessons learned and prioritized recommendations, including responsible institutions and indicative timelines.

Work Package 2: Cholera Hotspot Mapping and Risk Analysis

Apply the GTFCC Priority Areas for Multisectoral Interventions (PAMI) methodology to historical cholera surveillance data to identify priority hotspots in Borno, Adamawa and Yobe States. Supplement the analysis with WASH, population and environmental risk data where available, including finer-scale analysis at ward or settlement level where feasible. Validate findings with government and partners and identify priority WASH actions for selected high-risk areas.

Expected output: Validated hotspot analysis, maps and concise risk profiles identifying priority locations and WASH prevention needs.

Work Package 3: WASH Prevention and Investment Framework

Develop a prioritized WASH prevention and investment framework informed by the AAR and hotspot analysis. Identify immediate preparedness actions and phased investments in water supply, water quality, sanitation and other relevant interventions, considering epidemiological risk, feasibility and sustainability. Include indicative costs, institutional responsibilities and capacity-strengthening priorities where feasible.

Expected output: Prioritized WASH prevention and investment framework with phased actions, indicative costs and institutional responsibilities.

Work Package 4: Government-Led Preparedness and Coordination Transition

Assess existing cholera preparedness and coordination arrangements and support government authorities in

defining institutional roles, minimum operational capacities, early-warning and response activation triggers, information-sharing processes and coordination responsibilities. Develop and validate a phased transition roadmap that builds on existing government structures as WASH Cluster functions transition to government leadership.

Expected output: Validated government-led preparedness and coordination transition package, including institutional roles, activation triggers, capacity priorities and implementation roadmap.

Work Assignments Overview	Deliverables/Outputs	Delivery deadline to complete the deliverable
Inception Phase: - Consult with key cholera stakeholders and confirm the scope, data requirements and consultation process. - Refine the methodology and workplan with the consultancy supervisor and key UNICEF staff. - Confirm travel, validation arrangements, deliverable schedule and key risks.	Inception report with detailed methodology, workplan, stakeholder engagement plan, data requirements, travel plan and risk management.	4 th December 2026
Workstream 1: Conduct an After-Action Review of the 2026 cholera response in Borno and Yobe States using an adapted WHO AAR methodology. Through document reviews, stakeholder consultations and validation, identify lessons learned, operational and coordination gaps, and prioritized recommendations to strengthen future preparedness and response.	Completed and validated 2026 Cholera After-Action Review (AAR) report for Borno and Yobe States, documenting key findings, lessons learned, operational and coordination gaps, and prioritized recommendations with responsible institutions and indicative timelines.	8 th January 2027
Workstream 2: Conduct cholera micro-hotspot analysis in Borno, Adamawa and Yobe States, using the GTFCC 2023 PAMI methodology and supplementary local-level risk analysis where feasible. Review surveillance and relevant WASH data, map and characterize priority areas, identify recurrent transmission	Final cholera micro-hotspot analysis report for Borno, Adamawa and Yobe States, including methodology, maps and profiles of priority hotspots, recurrent transmission patterns, key WASH and contextual risk factors, and prioritized areas for cholera prevention and preparedness. Findings	15 th January 2027

patterns and associated risk factors, and validate the methodology and findings with the consultancy steering committee, government authorities and relevant stakeholders.	presented and validated with relevant government and partner stakeholders in BAY States.	
Workstream 3: Develop a phased cholera prevention and WASH investment framework informed by the AAR and micro-hotspot analysis. Prioritize immediate preparedness measures and medium-term structural WASH investments, including indicative costs, where feasible. Identify institutional responsibilities, resource mobilization priorities and targeted capacity-strengthening actions to inform government planning and UNICEF programming.	A prioritized cholera prevention and WASH investment framework outlining phased interventions, indicative costs, institutional responsibilities, resource mobilization opportunities and targeted capacity-strengthening actions.	February 15 th 2027
Workstream 4: Assess existing cholera preparedness and coordination arrangements and develop a practical government-led transition package. Define institutional roles and responsibilities, preparedness and early-action triggers, information-sharing protocols, response activation mechanisms and monitoring arrangements. Facilitate stakeholder validation and handover, ensuring alignment with existing government structures and capacities.	Validated government-led cholera preparedness and coordination transition package, including institutional responsibilities, activation triggers, coordination procedures, capacity-strengthening priorities and a phased implementation roadmap.	15 th March 2027
Final Validation and Handover Incorporate final feedback from the consultancy supervisor and steering committee, submit all consolidated and validated deliverables, and complete technical handover to UNICEF	Consolidated final consultancy deliverables incorporating feedback from the supervisor and steering committee, accompanied by a technical handover note documenting key findings, priority actions,	30 th March 2027

and relevant government counterparts.	institutional responsibilities and recommendations for follow-up by UNICEF and relevant government counterparts.	
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Payment Schedule:

Payment will be made on submission and acceptance of 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.

Important Notes

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

The selected candidate is solely responsible for ensuring that the health insurance (and visa if applicable) required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT

Education:

- An advanced university degree (Master’s degree or higher) in Epidemiology, Public Health, Environmental Health, Water, Sanitation and Hygiene (WASH), or a closely related field.

Work Experience:

- Minimum 8 years of relevant professional experience including:
 - Cholera epidemiology.
 - Water and sanitation programmes.
 - Disease surveillance.
 - Public health analytics.
 - Humanitarian and development settings

Language Requirements:

- Fluency in English, with excellent written and verbal communication skills, including technical report writing, stakeholder engagement and group facilitation.

Knowledge/Expertise/Skills:

- Strong technical knowledge of cholera epidemiology, prevention, preparedness and response, particularly WASH interventions.
- Expertise in cholera surveillance data analysis, hotspot mapping and interpretation of epidemiological and environmental risk factors.
- Knowledge of WHO After-Action Review methodologies and GTFCC guidance on cholera prevention and control.
- Expertise in WASH programme planning, investment prioritization, indicative costing and risk-informed interventions.
- Understanding of government-led emergency preparedness, multisectoral coordination and institutional capacity strengthening.
- Strong analytical, technical writing, stakeholder consultation and facilitation skills.

Desirables:

- Previous experience working in Nigeria or similar cholera-affected humanitarian settings.
- Experience analyzing cholera surveillance data, particularly NCDC datasets.
- Demonstrated experience applying GTFCC hotspot identification and Priority Areas for Multisectoral Interventions (PAMI) methodologies.
- Experience supporting the development or implementation of National Cholera Plans and multisectoral cholera prevention strategies.
- Experience in WASH investment planning, indicative costing and resource mobilization.
- Familiarity with government-led emergency preparedness, coordination mechanisms and humanitarian coordination transitions

Technical proposal:

- A proposed methodology covering the four workstreams: After-Action Review, cholera hotspot analysis, WASH prevention and investment planning, and government-led coordination transition.
- A detailed workplan outlining key activities, deliverables and timelines aligned with the TOR.
- At least one sample of previous comparable work demonstrating relevant analytical and technical capabilities.