

Terms of Reference

WASH Specialist (Urban Cholera Response Specialist), P3

Ethiopia Country Office

Summary

Title	WASH Specialist (Urban Cholera Response Specialist)
Purpose	Under the direction of the Chief of WASH and the supervision of the WASH Specialist (Emergency Manager) - the Urban Cholera WASH Coordinator will assess, determine, and coordinate appropriate actions to ensure urban water infrastructure is fit for purpose during the current AWD/cholera outbreak in Addis Ababa and other major Cities. This will include mobilisation of a range of stakeholders, including but not limited to – local Government, private sector, academics, local and INGOs. This partnership will review the preparedness and response actions taken so far, identify gaps, bottlenecks, immediate and long-term actions as needed. In addition to in-country support, the postholder will benefit from support provided by the WASH / Public Health Emergencies specialist of the East Southern Africa regional office for remote technical support, exchange, info sharing and any other backup that may benefit the objectives.
Post Level	P3
Location	Ethiopia Country Office
Contract type	Standby Partner (SBP)
Duration	3 Months
Start Date	ASAP
Reporting to	WASH Specialist, Samuel Madul

Background and Strategic Context

Ethiopia is experiencing one of its most prolonged cholera outbreaks in history, with the initial case reported in August 2022 up until now in November 2023. During Epi-week 46 (09 Nov. 23), the ongoing cholera outbreak in 94 woredas [Oromia (26), Ser (7), Cer (1), Sidama (9), Amhara (19 as of line list), Afar (9), Dire Dawa (9), Harari (4), Somali (8)]. Among 94 active woredas (zero case report within 42 days), 27 are actively reported in last 7 days, 43 woredas reporting zero case for 8-21 days and 24 are reporting zero case for more than 21 days.

After previous SITREP (November 6, 2023), a total of 367 cases are reported as of this day. Among these cases, only 11 cases are new reported or seen at health facilities and only 7 cases are newly infected (as of date of onset).

Current inpatients in the CTC = 40 (DD = 8, Harari =2, CER = 10, South ETH = 4, Oromia = 16), among cholera patients, 15-34 and 5-14 age groups accounted 42% and 20% respectively. From Amhara (4603 cases and 86 deaths by line list and phone text), non-line listed additional 549 cases and deaths of 16 were reported in phone text. East Amhara reported 395 and 8 from 25 woredas (N/Wolo (14), Waghimra (8), S/Wollo (1), Woldiya town and Dessie city

Since August 27, 2022, a total of 26,985 cases and 381 deaths (851 were in 2022) from 274 affected woredas (Oromia (100), Ser (33), Cer (19), Amhara (42), Sidama (23), Dire Dawa (9), Somali (14), Afar (11), B.Gumuz (3), Harari(4) & Tigray/newly affected region (5). The Index case was from Harana Buluk, August 27, 2022 & this outbreak was confirmed (4 from 5 were culture positive) on Sep 9, 2022. Kumer refugee camp reported 453 cases with 8 deaths. The outbreak is controlled in 169 woredas in Oromia (74), Amhara (23), Somali (6), Ser (26), Cer(18), Sidama(18), Dire Dawa(0), BG(3), Harari(1) & Tigray(0).

Cholera affected areas include urban, rural, and camp settings with host and IDP populations at risk to cholera due to the lack of access to safe water, poor sanitation and hygiene practices that is exacerbated by drought, flooding, conflict, food insecurity, overwhelmed health systems and economic inflation.

Response actors are active in the following: rehabilitation of water, sanitation and hygiene infrastructure, chlorination of point source and point of use water sources, water trucking, hand hygiene, oral cholera vaccine campaigns, risk communication and community engagement, water quality monitoring, case management in health centres and community settings, surveillance, and diagnostics.

In addition, Ethiopia is currently grappling with a concurrent outbreak of multiple diseases, such as dengue fever, measles, and malaria, which have strained the healthcare system alongside cholera.

Summary of Key Functions and Accountabilities

To work closely with local authorities and other WASH stakeholders to assess the current situation of the urban water, sanitation and hygiene conditions in Addis Ababa and any other major Cities and develop an action plan which is part of the national cholera preparedness and response plan.

- Facilitate detailed assessment of urban water supply systems (public and private) and provide technical recommendations for rehabilitation and upgrading of the systems to ensure safe drinking water and combat the risk of AWD/cholera in Addis Ababa.
- Provide appropriate technical, managerial, cost efficient, and O&M solutions (immediate and long term) for improving the urban water supply conditions in selected neighbourhoods of Addis Ababa that are hot spot areas for AWD/cholera.
- Review the pre-existing water safety plan in Addis Ababa and measures for water quality surveillance, specifically free chlorine residual monitoring. Based on the outcomes of the appraisal develop an appropriate plan of action, supported with capacity strengthening, supplies, necessary funding, staff, and knowledge management system.
- Work in conjunction with the RCCE/SBC teams to develop an appropriate strategy to engage and communicate with the cholera affected neighbourhoods in Addis Ababa to ensure there is acceptance and uptake of the immediate actions taken to ensure safe drinking water by public and private water actors.
- Digitise and map the distribution of water supply infrastructure in cholera affected rural areas with critical layers such as FRC levels, AWD/cholera cases, health centres, CTCs, ORPs etc.
- Develop/improve the WASH cholera Standard Operational Procedures (SOP) for UNICEF as well as ensure UNICEF's WASH Cholera Strategy is up to date and technically sound, (including water quality, hygiene promotion and environmental concerns).
- Co-lead interagency coordination through sectoral and intersectoral working groups (urban WASH) with the government, WHO and or OCHA.

Additional Tasks

- In coordination with Health, WASH, SBC, RCCE, Nutrition and Planning and Monitoring sections to map current and future UNICEF IPs operational in Addis Ababa, identifying coverage, gaps, capacity for cholera preparedness, prevention, and response.
- Contribute to UNICEF Cholera Taskforce (TF) including, development of presentations and briefings for TF members and senior management.
- In collaboration with field offices and UNICEF Supply Division (SD) develop an appropriate urban WASH procurement plan for preparedness and response actions across health, WASH and SBC.
- Where appropriate, collaborate with partners from the private sector to ensure its participation and contribution for the provision of WASH services, hygiene promotion and community outreach.
- Help CO with the design and delivery of recruitment processes for cholera focussed staff with urban experience.
- Support fundraising efforts for the Cholera preparedness, prevention and response including working with Resource Mobilization and relevant sections to develop proposals, brief donors, and share information.
- Where necessary, highlight specific issues for the attention of the CFS and technical section Chiefs to ensure priority and corrective measures are taken.

- Closely work with gender team to facilitate consideration of gender, equity, and diversity in all elements of cholera prevention, preparedness, and response.
- Ensure core SOPs for cholera response are in place and implemented including Accountability Affected Populations (AAP), Gender mainstreaming and PSEA guidance, in line with UNICEFs CCCs.
- Develop key findings to inform future preparedness and prevention and response activities.

Minimum Qualifications and Competencies:

Education:

- An advanced university degree in one of the following fields is required: Public Health, Public Health Engineering; Civil engineering, Environmental Health; Water, Sanitation & Hygiene (WASH); or other relevant programmes.

Experience:

- A minimum of five years of professional experience in WASH-related programmes is required.
- Expertise in responding to cholera in urban areas. Ability to co-design/deliver appropriate cholera strategies across both community and health settings in urban contexts is required.
- Ability to design and review technical specifications of urban WASH infrastructure is desirable.
- Ability to develop water safety plans and water quality surveillance measures in urban, peri-urban, and rural settings is desirable.
- Experience in emergency context is desirable.
- Experience with coordination and programming during public health emergencies (cholera, AWD, Ebola, COVID etc) is desirable.
- Ability to develop key findings to inform future preparedness and prevention and response activities is desirable.

Language Requirements:

- Fluency in English is required. Knowledge of another UN language an asset.

Core Values:

- Care
- Respect
- Integrity
- Trust
- Accountability
- Sustainability

Core Competencies:

- Demonstrates Self Awareness and Ethical Awareness (1)
- Works Collaboratively with Others (1)
- Builds and Maintains Partnerships (1)
- Innovates and Embraces Change (1)
- Thinks and Acts Strategically (1)
- Drives to Achieve Impactful Results (1)
- Manages Ambiguity and Complexity (1)

	Prepared by	Reviewed by	Endorsed by Deputy Representative, Programme
Name	Victor Kinyanjui	Irene Onyango	Mariko Kagoshima
Title	Chief - Water, Sanitation and Hygiene Section	OIC Chief, Human Resources	Deputy Representative, Programme
Signature	<i>Victor Kinyanjui</i>	<i>Irene Onyango</i>	<i>Mariko Kagoshima</i>
Date	30 Nov 2023	1/12/2023	1.12.2023