

## **TERMS OF REFERENCE**

### **Feasibility Study of the project: One Health as a holistic approach to epidemic prevention in the northeastern Ituri province of DR Congo**

**Malteser International is seeking to hire a consultant for a feasibility study of a One Health Project as a holistic approach to epidemic prevention in the northeast of the DR Congo.**

#### **Background Information and Rationale**

The DR Congo faces, in addition to the current Covid-19 pandemic, recurring epidemics of zoonoses such as Ebola or the Plague. The past decades have shown that zoonotic infectious diseases pose a great risk to humanity, painstakingly culminating in the ongoing Covid-19 pandemic. Recognizing the interconnectedness of human, animals and the ecosystem is therefore essential to preventing and preparing for outbreaks of zoonotic diseases in the DR Congo.

The drivers of the emergence of zoonotic diseases are increasingly prominent in the DR Congo due to human activities such as hunting, changes in ecosystems and land use, leading to increasing human-animal risk contact and wildlife habitat loss. The circumstances of living of large parts of the population, suffering for instance from malnutrition and inadequate sanitary and hygienic conditions, exacerbate the impact of epidemic disease.

The One Health approach addresses this complex set of drivers of zoonotic disease, recognizing that the health of humans, animals and ecosystems are interconnected. It involves applying a coordinated, collaborative, multidisciplinary and cross-sectoral approach to address potential or existing risks that originate at the animal-human-ecosystems interface.

#### **Programmatic approach**

MI seeks to operationalize the One Health approach on the project level by focusing on five pillars:

##### **1. Strengthening of epidemic prevention, early detection, and response mechanisms through One Health Taskforces:**

Stakeholders in human and animal health as well as in the animal-human-ecosystems interface (e.g. national park authorities) hold regular meetings, exchange information, transfer knowledge, and create epidemic prevention and response plans. MI supports those Taskforces through capacity building and provides for financial means to implement jointly planned actions.

##### **2. Strengthening the public health and veterinary system's and capacities for early action to combat epidemics:**

Both the health and veterinary systems are supported technically in order to assure the resilience and continuity of essential services, even during an epidemic outbreak. Emergency reserves of medication and consumables for combating epidemics may be procured. Senior health staff will receive pharmaceutical management training by MI. Epidemic surveillance systems and laboratory capacities are enhanced.

##### **3. Improvement of capacities of civil and state health services providers with a focus on Infection Prevention and Control (IPC):**

MI supports state and faith-based health service providers through hygiene and sanitary infrastructure as well as appropriate training. Training also includes the appropriate diagnosis of epidemic diseases. Strengthening of civil society organisations in awareness raising on One Health in the general public.

#### **4. Improvement of the WASH situation in communities to improve epidemic prevention and control, and to reduce malnutrition.**

MI supports communities in obtaining clean water from water sources. In addition, hygiene behaviour and sanitation are improved through awareness raising and the provision of construction material. Improved hygiene at wet markets. The vicious cycle of poor hygiene conditions and malnutrition can thus be interrupted and even prevented.

#### **5. Improved food security to combat malnutrition as well as to reduce the impact of hunting on the exposure to pathogens and on local wildlife.**

MI supports food security by providing vulnerable households with seeds and tools. The households receive training on improved cultivation techniques and the veterinary service is improved. Training and financial support to create fishponds reduces the dependence on animal proteins from wildlife sources.

### **Objective of the Feasibility Study**

The main purpose of the consultancy is to conduct a feasibility study to provide a sound basis for the elaboration and optimization of the project concept on One health in DRC. The study should clarify prerequisites, opportunities and risks. In particular, the aim is to assess the feasibility of the project and to systematically check the extent to which the project approach can achieve the planned changes under the existing conditions.

### **Expected Outcome and reporting:**

The study should present the context at several levels (micro, meso, macro) and also include essential baseline data relevant to the project in relation to the One Health approach that takes a systemic and holistic view of the health of people, farm animals, wild animals and the environment by strengthening the capacities of local systems / stakeholders at the interface between humans, animals and ecosystems in order to ensure the prevention and control of environmental diseases (e.g. Schistosomiasis) and epidemics (especially zoonoses) through local knowledge, improved coordination and the transfer of skills and by transfer of skills both horizontally (among local actors) and vertically (from external experts and MI).

The study should include an analysis of the proposed holistic view of the health of people, farm animals, wild animals and the environment and approve whether the proposal is in line and well addressing the issues outlined under the background an programmatic approach sections, aiming at solving the problems of the target groups and other actors. The following [OECD DAC](#) criteria need to be assessed:

- relevance
- effectiveness
- efficiency
- impacts and
- sustainability

On this basis, concrete recommendations for any required adjustments to the specific project concept need to be presented. The report on the feasibility study should be maximum 30 pages and must contain the following:

1. A summary,
2. introductory sections (presentation of purpose and objective, information on the experts, e.g. by means of a CV, and on the services provided,
3. information on methodology,
4. an analysis (context, capacities of the project executing agency, project-relevant needs of the

- target group, other actors, etc.),
5. a section with final evaluations according to the OECD DAC criteria, and
  6. a separate section with derived, concrete recommendations on the project concept.
  7. Annex of main supporting documents, agenda, interview guidelines, questionnaires etc.

The report and all background documentation will remain the property of Malteser International and will be promulgated as appropriate by Malteser International.

Further details on the feasibility study:

**1. Purpose, objectives and timeline of the feasibility study**

The specific reason for this feasibility study is to assess the scope of conducting a One Health Project as a holistic approach to epidemic prevention in the northeast of the DR Congo based on the [ONE HEALTH guidelines provided by BMZ](#). The approached donor is the Federal Ministry for Economic Cooperation and Development (BMZ) for non-governmental organisations. Please refer to the conditions here:

[https://bengo.engagement-global.de/downloads-en.html?file=files/2\\_Mediathek/Mediathek\\_Microsites/bengo/Service/Downloads/Antragsstellung/Englis ch/EG\\_bengo\\_Leitfaden\\_Projektantrag\\_engl-bf.pdf&cid=132757](https://bengo.engagement-global.de/downloads-en.html?file=files/2_Mediathek/Mediathek_Microsites/bengo/Service/Downloads/Antragsstellung/Englis ch/EG_bengo_Leitfaden_Projektantrag_engl-bf.pdf&cid=132757)

The feasibility study will be conducted during a 7 day field study period, to be completed by 13<sup>th</sup> of May 2021.

**2. Methodology**

Methods, instruments and resources used for data collection and analysis should be specified in the report.

Actors directly involved in the information gathering process should be described.

**3. Initial situation and problem analysis (at macro, meso and micro level)**

The (initial) situation related to the one health project and the status of the sustainability and functionality of this project in the northeast of the DR Congo should be described, including details on the socio-economic, political, cultural context.

Identified problems should be identified, including causes and what impact do they have on the living conditions of target groups. Details should be included on needs identified through a problem analysis? How was/is it determined?

Any socio-cultural obstacles to the ONE HEALTH approach to be identified with details on how can these be overcome.

Any other identified risks to be specified with recommendations on how these can be addressed.

**4. Project implementing agencies in the project region (local implementing agencies)**

Assess if potential local organisations can be considered as implementation partners, with justifications. Assess what skills and experience (institutional, technical, personnel, financial capacities) they have and if any relevant skills may be lacking.

Identify measures required to strengthen the organisation and capacities of the local partners.

Identify the relationship between the local partners and the target groups and other actors to establish their legitimacy of selection as project partner. Are there any convergences or conflicts of interest, and how can the interaction be improved?

## 5. Target groups and other actors (at micro, meso and macro level)

Describe the target group in the intervention countries, and the criteria for selection. Outline how *do-no-harm* aspects can be taken into account.

Detail the composition of the respective target group. Report how homogeneous or heterogeneous the target group is in regard to gender, ethnicity, age, sexual orientation, language, capacities etc. and to what extent the project has to take this into account.

Specify the specific needs of the target groups and how can these be addressed.

Identify what potential the respective target groups have, especially with regard to self-initiative, self-help efforts and local problem-solving capacities, and how these can be strengthened.

Build on recommendations and strategies reflected in the [BMZ One health Guide](#).

Pay special attention to these guiding questions:

- What interests do the actors have? Are there any conflicts of interest? What are the interactions with other projects of the actors? How do they find their way into the project concept?
- Do the actors have a common understanding of the problems and the resulting objectives of the project?
- How strong is the support of the different actors for the project? What are their possibilities of influencing the project? Are there already agreements between actors?
- What is the relationship to the government's development strategy in the project country?

## 6. Assess the planned project according to [OECD DAC criteria](#)

### a) Relevance:

Does the planned project approach in the northeast of the DR Congo address targeted issues of preventing hotspots for zoonoses with epidemic potential in a sustainable manner? Please check the relevance of the proposed approach towards strengthening the capacities of local systems / stakeholders at the interface between humans, animals and ecosystems in order to ensure the prevention and control of epidemics (especially zoonoses) through local knowledge, improved coordination and the transfer of skills - both horizontally (among local actors) and vertically (from external experts and MI).

Is the orientation of the planned project geared to the needs of the target groups?

What concrete changes should the project have brought about after the end of the project term?

### b) Effectiveness:

How does the planned project contribute to the strategies and programmes of concerned state actors in relation to the ONE HEALTH sustainability.

Are the planned measures and the chosen methodological approach suitable to achieve the project's objectives? Which activities at meso and/or macro level (multi-level approach) are to be planned to increase sustainability?

Are synergy effects used with measures of other donors or programmes?

What other measures does the study recommend for achieving the objectives?

What impact logic/ impact hypotheses should the project be based on?

Who checks the impacts, when and at what intervals; how are the changes measured? (impact monitoring)

### c) Efficiency:

To what extent will the planned project achieve its objectives in economic terms? What financial, structural and human resources are required?

To what extent can the planned measures be implemented with the funds provided in the planned duration and the desired effects achieved efficiently (cost-benefit), economically and thriftily? On what

basis is the assessment made?

**d) Significance/ overarching developmental impact:**

To what extent does the planned project contribute to achieving overarching developmental impacts? Which objectives and impacts derived from the problem/needs analysis are to be achieved for which target group?

To what extent does the planned project have a structure-building, model and broad-based impact? Does a multi-level approach (micro, meso, macro level) lend itself to increasing significance and effectiveness?

To what extent does the objective take into account gender-sensitive, inclusive, culture- and conflict-sensitive and human rights-based aspects?

**e) Sustainability:**

To what extent will the positive impacts (without further external funding) continue to exist after project completion?

How can the sustainability of the results and impacts be ensured and strengthened (structurally, economically, socially, ecologically)?

What role/responsibility do state and/or civil society structures assume? To what extent can local potentials, structures and procedures be built upon? Which measures and instruments are best suited to use and strengthen local initiative, participation and capacities?

What negative consequences and effects could project measures or sub-goals entail? To what extent can this be taken into account in the project (concept) (e.g. do-no-harm approach, conflict-sensitive impact monitoring, etc.)?

What risks (personnel risks for the implementing agency, institutional and reputational risks, contextual risks) exist during project implementation that also influence sustainability, and how can they be minimised?

**7. Recommendations:**

- What concrete proposals can be made for the concept of the project in the specific context on the basis of the main findings on the thematic areas 1. to 5. and the evaluation according to the DAC criteria (section 6)?
- Which components may be missing from the project concept in order to achieve the planned objectives on a sustainable basis?
- Which planned components are not suitable and for what reasons?
- Do the assumptions on impacts and sustainability on which the project concept is based appear plausible and viable for the project concept; how might they need to be adjusted?
- Which fields of observation are suitable for the development of qualitative and quantitative indicators that reflect the changes for the SMART target group? What findings and baseline data from the study are recommended as a basis for incorporating them into the project logic (impact matrix)?

**Feasibility Study Methodology**

- a. Review MI concept note
- b. Consult MI in Germany and in DRC (check Coronavirus travel restrictions and what is needed to ensure work missions and thus face to face meetings).
- c. Desk study on country policies related to One health and ongoing DRC projects and programmes of MI.
- d. In coordination with MI, the consultant will elaborate a list of the specific meetings/calls to conduct with project stakeholders
- e. A debriefing with representatives of MI is foreseen in order to finalize the organization of the feasibility study.

## Timeframe

The consultancy work is expected **to be completed by 13 May 2021**, with the following preliminary timeframe requirements to be specified in the bid:

|                                                                      | Days |
|----------------------------------------------------------------------|------|
| Preparation and desk study                                           |      |
| International travel to and from DRC                                 |      |
| Briefing and de-briefing with Malteser International representatives |      |
| Briefing and de-briefing with Malteser International headquarters    |      |
| Exchange meetings/visit with project stakeholders in DRC             |      |
| Reporting                                                            |      |
| <b>Total</b>                                                         |      |

## Required Expertise

### *Essentials:*

- Demonstrated capacity and experience (at least 3 years) in conducting program preparation studies for development projects, preferably in sub-Saharan Africa context
- Sound knowledge of One Health approach and clear understanding of public health systems
- Technical knowledge and experience in health and one or more of the following fields: development studies, public administration, WASH.
- Fluency in French (spoken/written)
- Experience in working with (local and international) non-governmental organizations
- Demonstrated oral and written communication and cross-cultural skills

### *Desirable:*

- Previous work experience in DR Congo
- Familiarity with health projects in fragile and complex environments.

## Tenders

Bids must include:

- 1) 1-2 pages outline covering: a) overall framework proposed for feasibility study and b) methodologies that will be applied.
- 2) CV(s) and evidence/references of past project planning and/or feasibility studies.
- 3) Work plan and proposed budget for the feasibility study covering consultancy fees, travel to DRC and per diem. The budget should present consultancy fee costs according to number of expected working days over the entire period.

Offers should be submitted to the **via E-Mail until April 12<sup>th</sup>, 2021 to:**

**Mr. Roland Hansen**

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