Terms of Reference

Consultant for training of trainers in

Arbovirus case diagnosis and case management

Malaria Consortium (MC) is seeking an expert consultant to provide short-term support for an Arbovirus Preparedness project recently initiated in Uganda. The particular expectations are that the person will spend approximately two weeks in-country in Uganda, to train three or four batches of medical staff from referral and frontline hospitals, but with additional outputs as outlined below:

**Tasks to be performed:**

1. Review global and national arboviruses clinical guidelines;
2. Lead on the development of or update the national arboviruses clinical guidelines in consultation with the Uganda Ministry of Health (MOH) and MC;
3. Support the development of clinical training guidelines and methods for Arboviruses diagnosis and management in Uganda;
4. Support the preparation of the training of national trainers and experts in arboviruses management;
5. Lead on the in-person training of approximately three groups of doctors and nurses who will subsequently function as trainers in cascading sessions of training in arboviruses (the composition and source of these medical staff will be determined by MoH, but guided by the opinion of the expert consultant);
6. Prepare a detailed report on the training of medical staff and experts in arboviruses;
7. Provide support to the medical staff and experts in arboviruses in implementation as required.

**Deliverables**

1. National training guidelines for clinical management of Arboviruses in Uganda (to supplement, or replace, the Yellow Fever example in the attached document)
2. Report on the training of national trainers and experts in arboviruses

**Key qualifications and skill set of the consultant:**

1. Have internationally recognized qualifications (minimum MBChB) and skills in the diagnosis and management of dengue and other arboviral infections;
2. Have competence in the differential diagnosis of arboviruses from malaria and other common febrile illnesses including tuberculosis;
3. Have competence in the detection and differential diagnosis between dengue, Zika, chikungunya, and yellow fever, but the capability to recognize that some other arbovirus such as West Nile, Rift Valley, or others may be involved;
4. Have strong competence in the treatment of advanced illness caused by arboviral infections, and in particular crisis management of severe cases;
5. Can compile a list of essential medications and diagnostic tools that should be kept available in frontline medical facilities likely to receive arbovirus cases;
6. Can demonstrate and advise medical staff on the use of appropriate diagnostic tools, including the acquisition and use of Rapid Diagnostic Tests;
7. Familiar with current normative guidance on dengue and other arboviral infections
8. Experienced trainer with competence in adult learning techniques
9. Be able to compile guidelines for medical staff regarding diagnosis and case management of arbovirus infections for inclusion in the Uganda Clinical Guidelines manual, for use by all levels of medical facilities in Uganda. These guidelines should be aligned with current normative guidance and recognized best practices, with relevant adaptations for the epidemiological and health system context in Uganda.
10. Will compile a short report at the end of the training exercise to document any problems, challenges, needs or other relevant observations made during the consultancy period.

The consultant will be expected to travel to Kampala where the Ministry of Health will have arranged a schedule of venues and medical personnel for training, anticipated to involve three or four batches of up to 20 persons per batch, to undergo training in the diagnosis and management of arbovirus cases. The consultant is expected to advise regarding the appropriate setting and teaching aids for such training, as well as the suggested optimal number of training hours per batch of trainees. Trainees will comprise a mix of medical doctors and nursing staff, and the consultant should also advise whether the two groups (doctors and nurses) should be trained separately or can be mixed.

**Duration of work**

As a general guide, we suggest the following time allowance, with due recognition that situations may require some flexibility and a need for adapting this:

1. Preparatory home-country reading and preparation of training materials as well as draft written additions to an arbovirus section for the Uganda Clinical Guidelines manual (National Guidelines for Management of Common Conditions, 2016) – 5 days
2. Kampala consultations and interviews with MoH and other key stakeholders to assess the current status of capacity and training, and clearer understanding of needs (some of this can be done remotely as part of the initial 5-day home-country-based preparation phase) – 3 days
3. Face-to-face Case Diagnosis & Case Management training of medical personnel for potentially three different sites, two days per training session plus three days travel – 9 days
4. De-briefing with MoH in Kampala – 1 day
5. Finalizing of the contributary section on Arboviruses for Uganda Clinical Guidelines, completion of a Training for Trainers Manual, and writing report – 6 days
6. Preparation of Powerpoint version of Report and findings for a conference call with Uganda MoH, and actual presentation – 2 days
7. Total therefore of 26 days

**Evaluation Criteria**

Qualifications

Education - Scored out of 30%

* Bachelor's degree in a health-related field (MBCHB, Nursing, Pharmacy, environmental health sciences, etc)
* Graduate degree (Masters) in the area of public health, Epidemiology, Internal Medicine, or related field required.
* A degree in Philosophy is an added advantage.

**Experience and knowledge - Scored out of 20%**

* At least 10 years of progressive experience in conducting participatory and complex training in areas of arboviral infections or Management of cases in resource-constrained settings
* Previous involvement in diagnosis and management of cases in similar scope and scale desired
* Knowledge of current Arboviral infection intervention processes and implementation arrangements
* Must be an expert in process assessment

**Skills and competencies: - Scored out of 20%**

* Leadership, management and coordination skills
* Strong oral and written communication skills
* Ability to use Microsoft Office suites (Ms Word, Ms PowerPoint, Ms Excel and Ms Project packages)
* Having attention to detail and being able to establish right priorities.
* Excellent human relations and diplomacy skills, calm and confident and able to interact at ease with professional medical staff and senior government officials
* Attention to details

**Financial Proposal: - Scored out of 30%**

**Format for Submission of Proposals**

Expressions of interest are welcome from both individual consultants and groups of consultants. The following documentation should be submitted:

1. A curriculum vitae
2. a short cover letter as an expression of interest,
3. names and contact details of two reference persons,
4. a suggested fee for services to be rendered.
5. A valid professional indemnity certificate/proof of professional indemnity insurance.
6. Dates of availability for work.

Budget

The survey team should propose the cost of implementation of this consultancy in Uganda Shillings, stating the number of person-days work to be undertaken according to the level of effort. The budget should include itemized costs, such as for local travel, communications, per-diem and fees.

Please submit SOFT COPIES to: [tenders@malariaconsortium.org](mailto:tenders@malariaconsortium.org) with the following reference the subject MC-UG-008-Consultant Arbovirus case Diagnosis & Management or before April 19th,2024 at 17:00 (5 pm). East African.

In case of any clarification, questions should be sent by email to Dr Leo Braack at [l.braack@malariaconsortium.org](mailto:l.braack@malariaconsortium.org), and Dr Nuwa Anthony at [a.nuwa@malariaconsortium.org](mailto:a.nuwa@malariaconsortium.org)