



TERMS OF REFERENCE

Technical Consultancy to Develop and Roll Out CHW Pandemic Preparedness, Community Based Surveillance, and Community Engagement Training

Location: Pretoria, South Africa

Period of Performance: July 2026 to December 2027

Engagement Type: Estimated 120 days

1. Background and Context

The Clinton Health Access Initiative, Inc. (CHAI) is a global health organization committed to our mission of saving lives and reducing the burden of disease in low-and middle-income countries. We work at the invitation of governments to support them and the private sector to create and sustain high-quality health systems.

CHAI was founded in 2002 in response to the HIV/AIDS epidemic with the goal of dramatically reducing the price of life-saving drugs and increasing access to these medicines in the countries with the highest burden of the disease. Over the following two decades, CHAI has expanded its focus. Today, along with HIV, we work in conjunction with our partners to prevent and treat infectious diseases such as COVID-19, malaria, tuberculosis, and hepatitis. Our work has also expanded into cancer, diabetes, hypertension, and other non-communicable diseases, and we work to accelerate the rollout of lifesaving vaccines, reduce maternal and child mortality, combat chronic malnutrition, and increase access to assistive technology. We are investing in horizontal approaches to strengthen health systems through programmes in human resources for health, digital health, and health financing. With each new and innovative programme, our strategy is grounded in maximizing sustainable impact at scale, ensuring that governments lead the solutions, that programmes are designed to scale nationally, and learnings are shared globally.

South Africa operates within a complex, multi-hazard risk environment that demands sustained, institutionalised capacity for pandemic prevention, preparedness, and response (PPPR). Strengthening health security is both a national priority and a global obligation under the International Health Regulations (IHR 2005). To advance this agenda, the Government of South Africa secured grant financing through the World Bank-hosted Pandemic Fund to strengthen national capacities across early warning and disease surveillance, laboratory systems, and the health workforce under a One Health framework that recognises the interdependence of human, animal, and environmental health.

The programme is led by the National Department of Health (NDoH), with UNICEF as lead Implementing Entity and CHAI, as delivery partners.

Community Health Workers (CHWs) play a recognised frontline role in pandemic response as demonstrated during COVID-19, where CHWs were critical to contact tracing and community



outreach. The 2024 Joint External Evaluation 2024 (JEE) similarly identified strengthening health workforce capacity for emergency response as a national priority area for continued investment. Building on this foundation, there is an opportunity to develop a standardised, integrated CHW curriculum covering PPR, community-based surveillance, and risk communication and community engagement (RCCE), and to formally embed these functions within the next iteration of the WBPHCOT framework. Addressing this opportunity is the central focus of this consultancy.

2. Purpose of the Consultancy

CHAI South Africa is procuring a short-term consultant to develop and roll out a standardised CHW curriculum for pandemic preparedness and response. Working under CHAI technical oversight and in close collaboration with NDoH, UNICEF and relevant stakeholders, the consultant will lead the full cycle of curriculum development from needs assessment and materials design through training rollout and simulation producing a validated, nationally endorsed CHW training package integrated within the WBPHCOT Foundation Phase Training Programme.

This engagement directly responds to the 2024 JEE priority actions for health workforce capacity and advances South Africa's commitments under the Pandemic Fund PPR programme. Its outputs will equip CHWs across all nine provinces with the competencies required for community-based surveillance, RCCE, and effective pandemic response building durable, government-owned preparedness capacity at the community level.

3. Scope of Work

The consultancy is structured in four phases, progressing from needs assessment and curriculum development through training materials production, national rollout, and simulation and finalisation. Each phase builds on the last, culminating in a validated, government-endorsed CHW training package deployed across all provinces.

Needs Assessment and Curriculum Development

Conduct a training needs assessment through a multisectoral consultative process to identify CHW knowledge and skills gaps related to pandemic preparedness and response, community-based surveillance, and interpersonal communication. Review existing national CHW Foundation Phase Training Package materials alongside global PPR training standards (WHO, CDC, UNICEF) to identify gaps and opportunities for integration. Drawing on these findings, develop a standardised South African CHW PPR curriculum aligned to identified competencies including updated facilitator guides, participant manuals, screening tools, pre/post-test assessments, and a work-integrated learning manual contextualised for the WBPHCOT delivery system.

Training Materials Production

Design, produce, and digitise the updated CHW Foundation Phase Training Package, ensuring materials are culturally appropriate, user-friendly, and accessible for frontline CHWs and their supervisors. This includes printed hard copies, job aids, and quick-reference tools incorporating



global best practices within the local community health system context. All materials will be aligned to the WBPHCOT training framework and designed for sustainable use beyond the consultancy period.

Training Rollout

Deliver a national training rollout across all nine provinces through a training-of-trainers model, capacitating provincial Master Trainers and Outreach Team Leaders (OTLs) to cascade PPPR training through CHW networks. Training will incorporate practical, hands-on methodologies – including role-plays, case studies, community mapping, and field drills – and will follow the WBPHCOT training framework for consistency and institutional alignment. Technical oversight will be maintained throughout to ensure training effectiveness, quality, and consistency across provinces.

Simulation, Evaluation, and Finalisation

Design and facilitate real-life outbreak simulation exercises for CHWs, integrating community-based surveillance and RCCE decision-making under emergency conditions. Conduct After-Action Reviews (AARs) to assess CHW performance, document lessons learned and generate recommendations for curriculum refinement and scale-up. Finalise the endorsed CHW Training Package incorporating simulation findings and submit a final technical report to NDoH documenting training outcomes, lessons learned, and recommendations for sustained implementation.

4. Expected Outputs

- Training needs assessment report, including identified CHW knowledge and skills gaps related to pandemic preparedness, surveillance, and RCCE
- Gap analysis report mapping existing Foundation Phase Training Package materials against required CHW PPPR competencies
- Standardised South African CHW PPPR curriculum, aligned to global best practices and integrated within the WBPHCOT Foundation Phase Training Package
- Designed, printed, and digitised updated CHW Foundation Phase Training Package, including facilitator guides, participant manuals, job aids, and quick-reference tools
- National training rollout completed across all nine provinces, with Master Trainers and OTLs capacitated through training-of-trainers model
- Provincial training reports and competency assessment records documenting training coverage and outcomes
- Pandemic RCCE simulation exercise report and After-Action Review, with recommendations for curriculum refinement and scale-up
- Final technical report documenting training outcomes, lessons learned, and recommendations for sustained government-led implementation

5. Required Qualifications

- Postgraduate qualification (Masters or higher) in Public Health, Health Promotion, Social and Behaviour Change Communication (SBCC), or a related field



- Minimum of 7 years' experience in community-based public health programmes, pandemic preparedness, or outbreak response
- Minimum of 7 years' experience developing training curricula and delivering large-scale training for CHWs or frontline health workers
- Proven experience translating data analysis, report writing, and global guidance (WHO, CDC, One Health) into national or community-level programmes
- Experience facilitating multisectoral consultations and simulation exercises
- Strong analytical, facilitation, and report-writing skills
- Experience working with government health systems in LMICs; Southern Africa experience is an advantage