



TERMS OF REFERENCE

Technical Support for Risk Communication and Community Engagement (RCCE)

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 programs 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 programs are designed to scale nationally, and learnings are shared globally.

South Africa operates within a complex, multi-hazard risk environment that demands sustained, institutionalized 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 recognizes the interdependence of human, animal, and environmental health. The programme is led by the National Department of Health (NDoH), with WHO as lead Implementing Entity and CHAI, as delivery partners.

Risk Communication and Community Engagement (RCCE) is a critical pillar of South Africa's emergency response architecture. Finalizing the multisectoral, multi-hazard RCCE strategy will further strengthen institutional capacity for community-centered emergency response and is the central focus of this consultancy.



2. Purpose of the Consultancy

CHAI South Africa is procuring a short-term consultant to provide specialized technical assistance to strengthen national and subnational RCCE systems. Working under CHAI technical oversight and in close collaboration with NDoH and relevant sectoral stakeholders, the consultant will lead the development of a nationally validated RCCE strategy, build institutional and frontline workforce capacity, and establish the systems and tools required for coordinated, evidence-informed RCCE implementation during public health emergencies.

3. Scope of Work

The consultancy is structured in four phases, progressing from situational analysis and strategy development through systems and tools design, capacity building, and final validation. Each phase builds on the last, culminating in a government-endorsed RCCE strategy and trained workforce ready for deployment.

Assessment and Strategy Development

Conduct a national consultative workshop with multisectoral participation to map the current RCCE landscape, identify system-level gaps, and prioritize strengthening actions across national, provincial, and district levels. Establish and formalize a multisectoral RCCE task team to lead strategy development. Drawing on workshop findings and a contextualized skills audit, develop a draft Multi-sectoral, Multi-hazard National RCCE Strategy that clarifies roles, strengthens coordination structures, and ensures consistent RCCE implementation across all levels of the health system and relevant sectors.

Systems and Tools Development

Establish an online RCCE resource repository hosted within the DoH platform, serving as a centralized hub for training materials, implementation protocols, standard operating procedures, guidelines, and job aids for frontline workers and managers. The repository will be informed by the RCCE skills audit findings and designed to support sustainable access to standardized resources beyond the consultancy period.

Capacity Building

Deliver targeted RCCE training across national, provincial, and district levels, integrating RCCE orientation and SOPs into technical training workshops for disease outbreaks. Training will build competencies in risk communication, community feedback mechanisms, misinformation management, and effective engagement under emergency conditions. Conduct a practical pandemic RCCE simulation exercise to test decision-making and response readiness, with findings captured in an After-Action Review report.

Validation and Finalization

Convene formal validation sessions to review and refine the draft RCCE strategy and supporting tools, incorporating multistakeholder feedback. Finalize the National RCCE Strategy and SOPs based on simulation findings, produce an endorsed RCCE implementation



roadmap with defined roles and timelines, and formally hand over all products to NDoH for institutionalization.

4. Expected Outputs

- RCCE Gap Analysis Report, including a prioritized list of system strengthening actions by level (national, provincial, district)
- Draft and finalized Multi-sectoral, Multi-hazard National RCCE Strategy, reviewed and endorsed through formal stakeholder validation
- RCCE Capacity and Skills Assessment Report, including skills gaps by cadre and level and training prioritization recommendations
- Functional RCCE online repository hosted via DoH platform, with standardized SOPs and job aids for frontline workers and managers
- Training evaluation and competency assessment report, covering provincial RCCE training workshops for frontline workers and managers
- Pandemic RCCE simulation exercise report and After-Action Review, documenting RCCE performance, lessons learned, and recommendations
- RCCE implementation roadmap with defined roles and timelines, endorsed by NDoH

5. Required Qualifications and Experience

1. Education

- Postgraduate qualification (master's level or higher) in Public Health, Health Communication, Social and Behavior Change Communication (SBCC), Epidemiology, Health Promotion, Development Studies, or a related field.
- Minimum of 7-10 years' relevant experience in public health programs, emergency preparedness and response, or health systems strengthening.

2. Technical Expertise

- Demonstrated expertise in Risk Communication and Community Engagement (RCCE) in the context of public health emergencies, disease outbreaks, or humanitarian settings.
- Proven experience in developing or supporting evidence based multi-sectoral strategies, policies, or frameworks, preferably at national or subnational level.
- Strong understanding of community feedback mechanisms, social listening, and participatory engagement approaches.

3. Knowledge and Context

- Familiarity with WHO RCCE guidance, International Health Regulations (IHR), and global best practices (e.g. WHO, UNICEF, IFRC).
- Experience working with government health systems in low- and middle-income countries; experience in Southern Africa is an advantage.

Optional / Added Advantage

- Experience supporting pandemic preparedness initiatives or donor-funded programs (e.g. World Bank, Pandemic Fund, UNICEF, WHO).
- Experience integrating RCCE into technical workstreams.
- Experience conducting or facilitating simulation exercises or After-Action Reviews.