



**WORLD WIDE FUND FOR NATURE UGANDA COUNTRY OFFICE**

**TERMS OF REFERENCE**

**FOR**

**CONSULTANCY TO CONDUCT A BASELINE AND CAPACITY BUILDING NEEDS  
ASSESSMENT UNDER THE PROJECT**

**“STRENGTHENING ONE HEALTH BASED PREVENTION, PREPAREDNESS AND  
RESPONSE (PPR) FOR THE GREATER VIRUNGA LANDSCAPE (GVL)”**

**Address**

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## **1.0. General context**

World Wide Fund for Nature (WWF) is an independent conservation organization, striving to sustain the natural world for the benefit of people and wildlife. From individuals and communities to business and government, WWF is part of a growing coalition calling on world leaders to set nature on the path to recovery by 2030. Together, we seek to protect and restore natural habitats, stop the mass extinction of wildlife, and make the way we produce and consume sustainable.

WWF's mission is to stop the degradation of the planet's natural environment and to build a future in which people live in harmony with nature, by conserving the world's biological diversity, ensuring that the use of renewable natural resources is sustainable, and promoting the reduction of pollution and wasteful consumption

Over 80% of our work in Uganda is concentrated in the Greater Virunga Landscape (GVL) part of the Albertine Rift Region which is one of WWF's global priority places.

### **1.1. Greater Virunga Landscape (GVL)**

The Greater Virunga Landscape (GVL), a globally significant biodiversity hotspot spanning the eastern Democratic Republic of the Congo (DRC), northern Rwanda, and Western Uganda is an area of exceptional biodiversity and endemism and covers 58,617 km<sup>2</sup>. The Landscape contains at least 150 Albertine Rift endemic vertebrate species and 246 Albertine Rift endemic plant species. This includes over 5100 species of mammals, birds, amphibians, reptiles and plants including the world's last remaining Mountain Gorillas. More than 50% bird, 39% mammal, 19% amphibian, and 14% reptile and plant species of mainland Africa are found in this region.

The GVL also has one of the highest densities of human population in Africa, with a history of migration and movement due to natural catastrophes, conflict and insecurity, which is heavily dependent on these Protected Areas for their livelihoods. High human pressure contributes to several challenges, including landscape fragmentation, poaching and illegal trade of wildlife and human-wildlife conflict. These combined factors cause high human-livestock-wildlife interaction, and a correspondingly high zoonotic disease transmission and spillover risk. This, coupled with weak health security infrastructure, exacerbates the potential for pandemic emergence.

### **1.2. Strengthening One Health-based Prevention, Preparedness and Response project (PPR) in the Greater Virunga Landscape (One Health)**

The GVL faces complex and evolving health threats driven by rapid population growth, environmental degradation, climate change, and ongoing socio-political instability.



These pressures have intensified interactions between humans, livestock, and wildlife, contributing to the emergence and spread of zoonotic diseases with significant global implications. Several high-risk pathogens—including Ebola, Marburg, Rift Valley Fever, Zika, chikungunya, yellow fever, dengue, Sudan virus, and Bundibugyo virus—have been identified in the DRC, Rwanda, and Uganda transboundary area. Fragile health systems and frequent human displacement due to insecurity further heighten the risk of epidemics and pandemics.

With funding from the Pandemic Fund, World Wide Fund for Nature (WWF) in partnership with the Greater Virunga Transboundary Collaboration (GVTG), Gorilla Doctors (GD), International Gorilla Conservation Program (IGCP) and International Union for Conservation of Nature (IUCN) are implementing a project entitled “Strengthening One Health-based PPR in the Greater Virunga Landscape project”. The project is financed by the Pandemic Fund through Food and Agriculture Organization of United Nations (FAO), United Nations Children's Fund (UNICEF) and World Health Organization (WHO).

The project aims to enhance the capacity for prevention, preparedness, and response to zoonotic diseases with pandemic potential, ensuring that vulnerable communities and nature-based economies across the Greater Virunga Transboundary Landscape are securer by 2030. The project will adopt a One Health approach to strengthen capacities across the human, animal, and environmental health sectors. It will also enhance cross-border surveillance and coordination mechanisms, particularly in regions where the health of endangered wildlife like mountain gorillas is closely intertwined with broader ecosystem integrity and public health resilience. The specific objectives include:

1. Strengthen surveillance, early warning, and response systems across human, animal, and environmental sectors.
2. Enhance regional and community capacity for One Health coordination and pandemic preparedness.
3. Promote sustainable natural resource management to reduce zoonotic spillover risks.

### **1.3. Rationale of the baseline and capacity building needs assessment**

The project requires that baseline and capacity building needs assessment be undertaken to establish the baseline conditions regarding PPR in the Greater Virunga Landscape. The assessment shall establish the situation at hand and the capacity gaps in key areas which include surveillance and early warning systems, laboratory systems, public and community health and human resources/workforce in the GVL. The assessment shall also identify hotspot areas for high human-wildlife conflict with high-



risk exposure to zoonotic diseases, in consultation with Project Partners (Particularly Gorilla Doctors), Protected Area Authorities and Local Governments.

## 1.4. Main Objective

To conduct baseline and capacity building needs assessment across different institutional levels and sectors in key areas of surveillance and early warning systems, laboratory systems, public and community health and human resources/workforce in the targeted areas in the GVL. This data will be a cornerstone in assessing the impact of the project as well as tailoring the capacity building program.

### 1.4.1. Specific Objectives

- 1) To identify hotspot areas within the GVL that are highly vulnerable to zoonotic disease outbreaks due to factors such as human-wildlife conflict, poaching, bushmeat consumption and proximity to wildlife habitats among others.
- 2) To identify and assess existing One Health initiatives, policies, and institutional frameworks relevant to zoonotic disease management in the GVL and identify gaps and opportunities for strengthening them.
- 3) To assess the capacity of responsible stakeholders to operationalize the early warning system with interest in event detection, verification and investigation of potential zoonotic diseases, analysis and information sharing, core surveillance capacity requirements, quarantine and border health management in the GVL.
- 4) To assess the availability of laboratory diagnosis capacity and modalities in human, animal and agriculture, specimen referral and transport system, national diagnostic network, biosafety and biosecurity system in the GVL.
- 5) Assess the public health and community human resource capacity (knowledge, skills, coordination, staffing, technology, operational), about prevention, preparedness and response to potential zoonotic disease outbreaks in the GVL.
- 6) To assess existing capacity of key airports and border points (equipment, technology, human resource and knowledge) to prevent, detect and respond to zoonotic diseases.
- 7) To assess the level of multisectoral coordination and stakeholder engagement in One Health-related activities at local, sub-national, and regional levels, including public and private sector actors.
- 8) To document community knowledge, attitudes, and practices (KAP) related to zoonotic diseases, human-wildlife interactions, and One Health principles disaggregated by women, men, youth, children, elderly, persons with disabilities and refugees.
- 9) Identify any gender related disparity issues by assessing the involvement of women, men, youth, children, elderly, persons with disabilities and refugees in



- one health approaches with a focus on voice, representation, participation, access, decision making in PPR.
- 10) Determine the status of financing for one-health at local, national and regional levels.
  - 11) Generate tailored-based recommendations to the existing gaps identified in the assessment for targeted One Health interventions based on risk profiles and existing capacities.

## **2.0. METHODOLOGY**

This assessment requires the consultant to use a mixed method approach leveraging on both quantitative and qualitative methods and techniques of data collection and analysis. The assessment will need to cross reference, among others, national One Health Strategic plans, National Action Plans for Health Security (NAPHS), National Health Plans (e.g. MOH strategic plans), as well as Joint External Evaluations (JEE) and Performance of Veterinary Service Evaluations (PVS) in the three countries, where available. The Consultant will also reference National Health Management Systems.

With justification, the consultant shall propose:

- The target population and the appropriate sampling strategy to meet the stated objectives.
- Appropriate data collection and analysis tools and how these tools should be validated to ensure validity of the tools and reliability of the data.
- The orientation plan for the team to ensure clarity towards the expectations of the deliverables and how professional evaluation ethics shall be upheld.
- Data collection and analysis plan and dissemination strategy of the findings.
- Criteria for prioritization of capacity building gaps identified through the assessment.
- A detailed work plan (weekly activity level) attaching responsibility to the team members
- Statement of understanding on how WWF Environmental and Social Safeguard (ESSF) standards will be applied throughout the assessment.

## **3.0. SCOPE OF THE ASSIGNMENT**

### **3.1. Geographical scope**

The assessment will primarily focus on the three countries where the Greater Virunga Landscape lies: Democratic Republic of the Congo (DRC), Republic of Rwanda and



Republic of Uganda. In Uganda the assessment shall comprise of Rubanda, Kabale, Kisoro, Kabarole, Bunyangabo, Ntoroko, Bundibugyo, Kamwenge, Kanungu, Kasese, Fort Portal districts while in Rwanda, it shall comprise Burera, Musanze, Nyabihu, Rubavu districts. In DRC, the scope shall include Rutshuru,, Beni, Nyiragongo, and Lubero districts.

The consultant shall conduct assessments in some of the following high risk areas;

- i. Key airports of entry (Goma, Kigali and Entebbe) and 7 ground-crossing border points (Katuna, Cyanika, Goma-Gisenyi, Bunagana, Kasindi, Ishasha, Bwera)
- ii. Wildlife protected areas in Mgahinga Gorilla National Park, Virunga National Park, Bwindi Impenetrable National Park, Queen Elizabeth National Park, Volcanoes National Park, Semuliki National Park, Rwenzori Mountains National Park, Kibale National Park and Sarambwe Wildlife Reserve.
- iii. Human and Animal Health facilities and laboratories in the districts adjacent to the Protected Areas
- iv. Local communities around the protected areas

### **3.2. Content scope**

The scope of this consultancy encompasses comprehensive data collection from relevant sectors and key stakeholders that range from health practitioners, animal health workers, conservationists, tourism actors and communities at both national and regional levels in the stated districts across Western Uganda, Eastern DRC and Northern Rwanda.

As already defined in specific objectives of this consultancy, the consultant shall focus on assessing capacity gaps in the following key aspects and shall propose specific areas of assessment in each of the following components:

- a. Surveillance and early warning systems
- b. Laboratory Systems
- c. Human Resources/Workforce for One Health (OH) based PPR including competency and education
- d. Multisectoral coordination and stakeholder engagement in One Health-related activities
- e. Community knowledge, attitudes, and practices (KAP) in One Health approaches
- f. Primary Prevention, including addressing risks in high Human-Wildlife interfaces
- g. Gender-related disparities
- h. Status of financing for one health at local, national and regional levels.





- i. Tailored based recommendations

### **3.3. Time scope**

The consultancy is expected to take 60 days from approval of the inception report.

## **4. EXPECTED OUTPUTS**

### **4.1. Inception Report**

The consultant will draft and submit an inception report detailing the execution plan, the methodology, data collection tools and timelines for the consultancy including required resources within one week after contract signing. The inception report should demonstrate clear understanding of the consulting team regarding the consultancy at hand.

### **4.2. Bi-weekly progress reports**

Consultant shall submit bi-weekly reports to indicate the progress of implementation as per work plan.

### **4.3. Raw data**

The consulting team shall submit all raw data both quantitative and qualitative upon completion of data collection and report writing. The raw data may be used to ensure quality assurance and compliance.

### **5.4 Draft report**

The consulting team shall present the draft report in line with the expectations of the inception report. This report should be validated by stakeholders and feedback should be incorporated into the final report.

### **5.5. Final report**

Backed by the feedback from the draft report, the final report shall include an executive summary, objectives, methodology, findings, discussion, challenges, lessons learnt and recommendations. This shall also be in line with the expectations of the inception report.

## **6.o. ELIGIBILITY CRITERIA**

Proposals will be accepted from well-established local and international firms that meet the following criteria:



- i. Experience in conducting assessments within the health sector demonstrating knowledge in one health approach (human, animal, and environment). Evidence in the form of previous contract agreements or completion certificates will be required.
- ii. Demonstrated capability to conduct transboundary assessment preferably across two or more of the GVL partner states (DRC, Rwanda and Uganda).
- iii. Exhibit experience and good knowledge in the One Health approaches especially within areas where humans interact with wildlife.
- iv. Ability to compose a multi-country team (at least one key personnel from each of the GVL partner states)
- v. Demonstrated experience in handling and analyzing both quantitative and qualitative data.
- vi. Proof of existence of a dedicated team capable of assimilating workload within the stated period.
- vii. Demonstrated compliance with national legal and tax requirements.
- viii. Show proficiency in using geo-spatial analysis and GIS systems in data collection and reporting.
- ix. Capacity for implementing electronic data management using digital platforms.

### **6.1. Qualification and Competence Requirements**

WWF Uganda will select a consulting firm on a competitive basis. The consulting firm should have;

- i. A lead consultant with at least master's degree or PhD in OH related fields such as Public Health, Epidemiology, Veterinary Medicine, Environmental Sciences or any other related field (attach academic certificates)
- ii. Minimum of 10 years of demonstrated experience in conducting public health related assessments in human, animal and the environmental sectors
- iii. Demonstrated experience in scientific writing.
- iv. Experience in epidemiological and disease surveillance, laboratory strengthening, human and animal diagnosis and treatment and public health approaches.
- v. Good report writing and presentation skills.
- vi. Demonstrated field experience and working within vulnerable communities.
- vii. Strong project management skills, organizational skills, and networking skills.
- viii. Prior experience with data collection methodologies





## 6.2. Other Key Personnel

Position	Skills	Experience	Requirements
Epidemiologist/ Public Health Specialist	Epidemiology & disease surveillance, environmental health, public health research, laboratory	5+ years in epidemiology and disease surveillance, laboratory systems, public and environmental health	Degree in any public health related course. A master's degree is an added advantage
Environmental/Conservation Scientist	Environmental science, Conservation and regulation, data analysis and geographical information systems	5+ years in environment management, preferably in GVL	Degree in environment, agriculture, or related field. A master's degree is an added advantage
Veterinary Doctor	Epidemiology, Wildlife/domestic veterinary expertise	5+ years in epidemiology and animal disease surveillance, laboratory systems	Degree in veterinary medicine, or related field. A master's degree is an added advantage
Monitoring & Evaluation Specialist	Conducting baseline and needs assessments, use of mobile data collection tools, quantitative and qualitative data analysis techniques and excellent report writing skills	5+ years in M&E roles, experience in managing complex project	Master's in Monitoring and Evaluation, Statistics, or related field
Gender and social inclusion specialist	Gender analysis and mainstreaming, Community engagement, social inclusion assessment, data disaggregation, analysis and interpretation of gender equality and equity issues	5+ years in conducting Gender Analysis, Assessments mainstreaming and social inclusion preferably in the health and environment fields for local, national and regional programmes	Degrees in Gender studies or any related field. A master's degree is an added advantage



## 7.0. EVALUATION CRITERIA

Applicants that meet minimum administrative and compliance requirements shall be subjected to a technical and financial evaluation as highlighted in the table below:

Technical (70%)	Score
Consultant's experience in conducting similar studies	10
Team composition and demonstrated knowledge and experience	15
Technical Approach and Methodology	15
Experience in implementing cross-border assessments and or evaluations	10
Experience related to the consultancy	20
<b>Financial (30%)</b>	
Proposed budget and cost breakdown	20
Value for money proposition	10

## 9.0. COORDINATION /SUPERVISION

The Consultant will report to the Country Director for WWF Uganda. The County Director may delegate a contract manager to coordinate and oversee the execution of the assignment. The inception report, draft report and final report will be reviewed and approved by the Project Technical Team from WWF and Project Delivery Partners (DPs) and Implementing Entities (IEs).

## 10.0. PAYMENT SCHEDULE

- i. 40% upon presentation and approval of the inception report.
- ii. 30 % upon presentation and approval of the first draft.
- iii. 30% upon presentation and approval of final report



## **11. SUBMISSION OF DOCUMENTS**

The following sealed documents clearly marked will be submitted by consultant in separate envelopes:

- i. Technical Proposal
- ii. Financial proposal

Submit complete documents to the Senior Procurement Officer not later than **5:30pm on 22<sup>nd</sup> August 2025 (EAT).**

### **ADDRESS**

**Senior Procurement & Administration Officer**

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