

**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS**

<b>Title of Assignment</b>	<i>National Consultancy: Zonal Polio Outbreak Response Consultant</i>	
<b>Requesting Section</b>	Health and HIV Section	
<b>Location</b>	<b>Place of assignment:</b> <ul style="list-style-type: none"> <li>• This assignment will be based at Central Western Zone with frequent visits to various districts.</li> <li>• The consultancy is not office-based; however, it will be expected for the consultant to attend related and scheduled meetings and briefing sessions at all levels of national, regional and districts.</li> <li>• Consultant will also be expected to participate in all Expanded Program on Immunization and Social Behavior Change Communication meetings when need arises.</li> </ul>	
<b>Contract Duration</b>	6 months	
<b>Estimated number of working days</b>	Monthly for 6 months	
<b>Planned Start and End Date</b>	<b>From:</b> 15th March 2024	<b>To:</b> 15th September 2024

**BACKGROUND AND JUSTIFICATION**

The current cholera outbreak, the largest ever reported in the country over the past 20 years, started in March 2022 and has affected all 29 health districts of Malawi. This outbreak demonstrates a different pattern as it started during the dry season, out of the historical seasonality of cholera in the country, on the heels of Tropical storm Ana (January 2022) and Cyclone Gombe (March 2022) with floods leading to population displacement and further disruption in access to safe water, sanitation, and hygiene.

The unprecedented scale of the outbreak triggered the declaration of a Public Health Emergency by the President of Malawi in December 2022, leading to the activation of national coordination mechanisms and a scale-up of the response. As of 25 January 2023, more than 30,000 cases and more than 1,000 deaths have been reported.

Given the current polio and cholera outbreaks, the Government of Malawi immediately launched outbreak responses with support from WHO and UNICEF. A total of 4 rounds of polio campaigns were conducted across the country in 2022, reaching 3.6 million children under five and achieving 99% polio immunization coverage. Meanwhile, the Global Polio Eradication Initiative partners (Ministry of Health, World Health Organization, Centre for Disease Control and Prevention and UNICEF) have prepared a phase-2 plan for responding to the ongoing outbreak that will cover the period of May-December 2023.

This phase will consist of 4 polio National Immunization Days (NIDs) targeting 8.8 million 0 – 15-year children in each round. Like in the phase-1 response, these multiple rounds of the campaign will require significant technical assistance inputs to the Department of Health and the district health authorities.

For polio and cholera response, UNICEF is accountable for supporting the Government in Social Behavioural Change Communication (SBCC), vaccines and logistics management, case management (where appropriate) and programme management (Supplementary Immunization Activity Coordination/Management). UNICEF has already received funding that requires the urgent capacity to absorb the additional administrative, operational and financial management responsibilities related to the cholera and polio response. Due to the roll out of COVID-19 vaccination and Cholera Outbreak, there is potential risk that both the polio Supplementary Immunization Activity and delivery of routine immunization services may be slowed. Data from the first half of 2021 already shows slight decrease in Oral Polio Vaccine and Inactivated Polio Vaccine coverage from 93% to 91%. It is essential to maintain and sustain the routine polio vaccination coverage to prevent the spread of Wild Polio Virus 1 (WPV 1).

The proposed consultancy will therefore provide dedicated support to district Expanded Program on Immunization Coordinators, cold chain technicians and the broader district health management teams on a day-to-day basis to ensure that both delivery of Polio SIA vaccination and routine immunization services progressing smoothly.

Currently, neither District Health Offices (DHOs) nor partners have the in-house capacity to perform the above-mentioned activities for the successful polio vaccination campaign with a coverage of more than 95% in Malawi, hence the requirement to engage a Zonal Polio Outbreak Response consultant to deliver on the activities and this has been planned and budgeted in Global Polio Eradication Initiatives (GPEI) funding proposal for polio outbreak response campaign across the country.

Furthermore, the current Cholera outbreak makes the situation worse. Government of Malawi needs support to combat cholera outbreak and the position may help in enhancing the capacity as well may work on integration of ongoing activities like Polio SIA, COVID-19 vaccination and cholera related activities.

## **PURPOSE OF THE ASSIGNMENT**

The Zonal Polio Outbreak Response consultant will accelerate the planning and implementation of polio Supplementary Immunisation Activities (SIA) in terms of technical capacity assessment of DHO, microplanning, training of the mid-level managers on Social Behaviour Change Communication and vaccine management, implementation of the house-to-house campaigns, day-to-day monitoring, campaign data management, and post campaign evaluation.

The Zonal Polio Outbreak Response consultant will facilitate the building of capacity of the mid-level managers in timely and effective implementation of polio SIA aiming at high immunisation coverage. The consultant will also help in managing cholera outbreak as well as supporting Cholera Treatment Units/Centres.

## SCOPE OF WORK/OBJECTIVES

The Zonal Polio Outbreak Response consultant will work closely with the Ministry of Health (MOH), District Health Offices (DHO), WHO and other partners, to implement high quality integrated polio immunisation campaigns in selected districts. Following are the specific tasks:

- Review of the technical capacities of the DHO and assist in preparing SIA micro-plans and detailed operational plans.
- Assist the national and district managers in association with WHO to organize training of the district and health facility in-charges on polio SIA
- Prepare/identify training materials for the health managers, vaccinators, social mobilizers, and other team members and ensure the quality of such training.
- Conduct supportive supervision, monitoring and mentoring visit.
- Day-to-day monitoring and spot checks of the campaign activities, cold chain, and vaccine management and SBCC activities
- Monitoring progress of the campaign and organize intra-campaign reviews with the government and partners.
- Assist the districts in the analysis of coverage data and support in planning and conducting mop-up activities as necessary.
- Regular coverage and data management and visualize them in key performance indicators.
- Collect and compile data from districts and prepare implementation and coverage reports by each district and conduct de-briefing on the lessons learnt and recommendations.
- Prepare and submit final report of the activity, analysis of the responses, including the lessons learnt and recommendations at the end of the assignment.
- Document country good practices throughout the process including related to challenges, lessons learned and critical success factors.
- Supporting government in planning and conducting training and capacity building plan to enhance the skills of health workers on cholera and polio outbreak containment.
- Helping zonal coordinators to prepare for district task force meetings and keeping an update of same
- Utilizing the monitoring feedback to uplift the ongoing polio SIAs and cholera outbreak response.
- Tracking the supply status of polio SIA vaccines as well cholera essentials

## REPORTING REQUIREMENTS

The Zonal Polio Outbreak Response consultant will report to UNICEF Health Specialist (Community Health) and work closely with the UNICEF Immunization Specialist, Supply Specialist and SBCC/CE Manager to provide technical support to the Ministry of Health (MOH) - Immunisation Team, District Incident Manager-Polio Outbreak (OB) response, District EPI Coordinator, and partners providing guidance for this assignment.

**What type of reporting will be expected from the Zonal Polio Outbreak Response Consultant and in what format/style will the submissions of reports/outputs be done:**

It is expected that the consultant prepares an implementation plan with timelines for the assignment, outlining planned tasks and concrete steps to be undertaken to accomplish the planned tasks within the scheduled time.

Regular discussions will be held face-to-face, virtually, and the consultant is expected to stay in touch via telephone, e-mails and other means such as Zoom or Skype.

**How will the consultant and deliver work and when will reporting be done:**

The consultant will present the draft documents as well as the final report to UNICEF and MOH. At the beginning of the assignment, the consultant is expected to produce and agree with UNICEF and EPI Unit of MOH on work plan schedules for the assignment period.

**EXPECTED DELIVERABLES**

In alignment with the scope of work as described above, the Zonal Polio Outbreak Response consultant will be expected to perform the following activities and deliverables as per the schedule and estimated dates below:

Table 1: Expected Deliverables against Task and Milestones.

Task/Milestone	Deliverable/Outcome (e.g. Inception, progress, final reports, training material, workshop, etc.)	Payment Frequency	Estimated cost payable
<p><b>Preparatory and coordination meeting</b></p> <ul style="list-style-type: none"> <li>- Conducting training of trainers</li> <li>- Enlisting the issues of previous SIA findings</li> <li>- Coordinating with authorities to plan taskforce meetings</li> <li>- Supporting districts to conduct task force meeting</li> <li>- Planning community and influencer sensitization meeting</li> <li>- Conducting partner meeting</li> </ul> <p><b>Cholera Response</b></p> <ul style="list-style-type: none"> <li>- Participating in cholera response district/national meeting</li> </ul> <p>Meeting with commissioner/district administrative officers to share the progress of cholera response plan as well as issue, to support district for raising support</p>	<ul style="list-style-type: none"> <li>- Submission of a report on the status of District Task Force/review meetings on cholera and Polio</li> </ul> <p>Polio 5<sup>th</sup> Round Campaign Report</p>	Monthly	16.66 %
<p><b>Capacity building and supportive supervision</b></p> <ul style="list-style-type: none"> <li>- Planning and monitoring training session of SIA health workers</li> <li>- Preparing a supportive supervision plan to monitor SIA</li> <li>- Field monitoring of SIA and sharing feedback with the government for improvement during the SIA</li> </ul> <p><b>Cholera Response</b></p> <ul style="list-style-type: none"> <li>- Providing mentoring to CTCs/CTUs</li> </ul> <p>Supporting district in capacity building plan of CTUs/CTCs</p>	<ul style="list-style-type: none"> <li>- Training completion report</li> <li>- Monitoring &amp; Mentorship Report (Number of staff mentored)</li> <li>- Polio 6<sup>th</sup> Round Campaign Report</li> </ul>	Monthly	16.66 %

<p><b>Enhancing vaccine management</b></p> <ul style="list-style-type: none"> <li>- Analysing polio vaccine demand and gap for SIA</li> <li>- Helping district to ensure vaccine distribution</li> <li>- Monitoring of cold chain points</li> <li>- Conducting hands on training for cold chain handlers</li> </ul> <p><b>Cholera Response</b></p> <ul style="list-style-type: none"> <li>- Keeping a track of cholera supplies</li> <li>- Developing a mechanism to identify the gap and demands of cholera essentials</li> </ul>	<ul style="list-style-type: none"> <li>- Submission of a report on cold chain assessment, including polio vaccine availability in districts as well as challenges in vaccine management</li> <li>- A report on the status of cholera essentials and its concerns</li> </ul> <p>Polio 7<sup>th</sup> Round Campaign Report</p>	<p>Monthly</p>	<p>16.66 %</p>
<p><b>Disease surveillance and containment</b></p> <ul style="list-style-type: none"> <li>- Coordinating with partners and government to review existing surveillance system in districts.</li> <li>- Sensitizing government to conduct community influencers and village head meeting to report local government health centres about any suspected polio disease.</li> <li>- Analysing data to see the progress in polio hot spot areas.</li> </ul> <p><b>Cholera Response</b></p> <ul style="list-style-type: none"> <li>- Supporting districts to participate in National clinical case management meeting</li> </ul> <p>Identifying the hot spot areas for cholera cases</p>	<ul style="list-style-type: none"> <li>- A report n district disease surveillance plan and the plan of action</li> <li>- Submission of a list on polio and cholera hot spots</li> <li>- Polio 7<sup>th</sup> Round Campaign Report</li> </ul>	<p>Monthly</p>	<p>16.66 %</p>
<p><b>Post activity/SIA briefing/Data analysis</b></p> <ul style="list-style-type: none"> <li>- Supporting districts to Compile the SIA feedback and coverage data</li> <li>- Planning for the next SIA</li> <li>- Attending post activity meeting and contributing in POA</li> <li>- Review of Polio and Cholera Outbreak response, attending Cholera and Polio Emergency Operation Center (EOC) meetings at districts level, support Polio/Cholera vaccination and submission of final report</li> </ul> <p><b>Cholera Response:</b></p> <ul style="list-style-type: none"> <li>- Sharing feedback and progress report with UNICEF National team</li> </ul> <p>Identifying areas need interventions and arranging support to district health authorities</p>	<ul style="list-style-type: none"> <li>- Submission of a report on post activity/SIA briefing of district officials</li> <li>- A plan with focussed areas for next SIA</li> <li>- Submission of Final report</li> </ul>	<p>Monthly</p>	<p>16.66 %</p>
<p><b>Supportive Supervision:</b></p> <ul style="list-style-type: none"> <li>- Visiting health facilities, RI sessions and community to provide supportive supervision.</li> <li>- Data analysis and prioritizing the focus areas.</li> <li>- Supporting district to conduct evidence-based review meetings at regional and district level.</li> </ul> <p><b>Implementing Zero Dose Strategy</b></p> <ul style="list-style-type: none"> <li>- Identifying the pockets for unvaccinated children</li> </ul>	<ul style="list-style-type: none"> <li>- E-Supportive Supervision tool used, and data punched as per given target</li> <li>- GIS microplanning tool implemented.</li> <li>- # of zero dose children decreased</li> </ul>	<p>Monthly</p>	<p>16.66 %</p>

- Strengthening micro-plan to incorporate such areas & supporting GIS microplanning			
<b>TOTAL for 6 months</b>	-		<b>100%</b>

However, as the actual starting date may impact the dates estimated in the TOR, a detailed workplan with exact timeframes and actual delivery dates will be jointly agreed upon between the consultant and the supervisor upon contract signature and which will be updated on a regular basis as needed.

**PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS**

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in TOR
- Compliance with the established deadlines for submission of deliverables
- Quality of work
- Demonstrating high standards in cooperation and communication with UNICEF and counterparts
- Adherence to UNICEF’s child safeguarding policy

**PAYMENT SCHEDULE**

All payments, without exception, will be made upon certification from the supervisor of the contract of the satisfactory and quality completion and submission of deliverables and upon receipt of the respective and approved invoice. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant. The consultancy fee will be based on an all-inclusive fee basis which will include all costs related to this assignment including, professional fee, stationary, communications, internet etc. No other costs are payable under this consultancy. In addition, consultant will be provided living cost, as mentioned above.

**DESIRED COMPETENCIES, TECHNICAL BACKGROUND AND EXPERIENCE**

**Academic qualification:**

- A university degree from a recognized academic institution in one or more of the following areas is preferred: Public Health/ Environmental Health, Nursing, Medical doctor.

**Work experience:**

Minimum two years progressively responsible professional work experience at the district or national level in below mentioned areas:

- Extensive experience in the Expanded Program on Immunization (EPI) at district or national levels.
- Proven track record in Social and Behaviour Change Communication (SBCC).
- Demonstrated experience in vaccine management, cold chain equipment, and new cold chain technologies.
- Strong background in data collection, management, analysis, and reporting.
- Experience in disease surveillance and environmental assessment is advantageous.

**Technical skills, knowledge and strength areas:**

- Advanced skills in project management, especially in health-related initiatives.
- Proficiency in utilizing technology for data collection and reporting.
- Ability to implement effective SBCC strategies tailored to diverse communities.
- Comprehensive understanding of global and local polio eradication initiatives and strategies.
- In-depth knowledge of public health principles, particularly in immunization programs.
- Familiarity with regional healthcare systems, policies, and challenges.
- Comprehensive understanding of global and local polio eradication initiatives and strategies.
- In-depth knowledge of public health principles, particularly in immunization programs.

**Languages:**

Fluency in Chichewa and English is required.

**ADMINISTRATIVE ISSUES**

UNICEF will regularly communicate with the Zonal Polio Outbreak Response consultant and provide feedback and guidance and necessary support to achieve objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work.

As per policy a consultant, the individual will be expected to complete a list of mandatory training, including policies on Prohibiting and Combatting Fraud and Corruption, Prohibition of discrimination, harassment, sexual harassment and abuse of authority and other relevant policies for their information and acknowledgement upon acceptance of the offer. Before the issuance of the official contract, the individual consultant is requested to:

- Complete the applicable mandatory trainings
- Self-certify that he/she is fully vaccinated against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

The assignment requires the consultant to actively engage with partners as well as the focal person in MoH (EPI), City Councils and NGOs.

The Zonal Polio Outbreak Response consultant will need to present the draft documents as well as the final report to UNICEF and EPI, MOH. At the beginning of the assignment, the individual consultant is expected to produce and agree with UNICEF and EPI, MOH on work plan schedules for the assignment period.

The consultant will work from the duty station and attend physical meetings at government offices as well as at UNICEF country office, as and when required.

He/she will use his/her own personal computer, own data costs and phone to carry out the work.

## CONDITIONS

- The consultancy will be over a period of 5 months.
- The candidate selected will be governed by and subject to UNICEF’s General Terms and Conditions for individual contracts.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- The individual consultant will be based in Central Western Zone. Consultant will be working from home from duty station and will be visiting field as per program requirements.
- The individual consultant will be paid an all-inclusive fee (stationary, communication and other miscellaneous expenses) as per the stipulated deliverable and payment schedule.
- The individual consultant is not entitled to payment for overtime, weekends, or public holidays.
- UNICEF will arrange the in-country travel for approved field visits and pay the living costs for actual and approved days in the field based on UNICEF rates.
- No travel should take place without an email travel authorization from the section prior to the commencement of the journey from the duty station.
- Standard UNICEF procedures will apply for invoicing and all other financial management requirements set out in the contract.
- Standard penalty clauses will also apply for late and poor-quality deliverables. The supervisor will provide the individual with the criteria for the evaluation of the quality of each deliverable.
- Additional details of UNICEF rules, regulations and conditions will be attached to the contract.
- The individual consultant will not have supervisory responsibilities or authority on the UNICEF budget.
- Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants. Consultants are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

## HOW TO APPLY

Interested consultants should provide the following:

1. Curriculum Vitae
2. Brief technical proposal (no longer than five pages) demonstrating the consultant’s understanding of the assignment and approach/methodology to the assignment
3. Financial proposal including a breakdown of their all-inclusive fees (including professional fees, travel, living cost, visa and other costs). Complete the attached form.



Financial  
Proposal.xlsx

4. References details from at least 3 supervisors, including the current supervisor.



