

TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS/ CONSULTANTS

PART I		
Title of Assignment	Development of Urban Immunization Strategy for Malawi (Local Consultant)	
Section	Health & HIV	
Location	Lilongwe	
Duration	4 months	
Start and End Date	From: 21September	To: 20 December 2020

BACKGROUND

For many years, the Expanded Program on Immunization (EPI) in Malawi sustained a high national coverage (above 80%) for all antigens. However, there has been a gradual and significant decline in the number of fully immunized children from 81% in 2010 to 76% in 2015 (MDHS 2015/16) putting Malawi in the top 10 of countries with the highest number of unimmunized children in this region. To reverse this trend, the immunization program with support of partners implemented a number of activities to strengthen delivery of immunization services; administrative data on routine immunization now shows an improvement of national immunization coverage in 2017 and 2018 compared to the coverage in 2016. For instance, the coverage of Penta3 increased to 88% in 2017 compared to 84% in 2016.

Malawi has made significant progress in addressing equity issues related to immunisation. While distance to health facilities and hard to reach areas are barriers for the uptake and delivery of immunisation services, outreach clinic services targeting rural and isolated communities have been organised. Outreach services are delivered by community-based HSAs with support from health facilities and the district health office (DHO). The use of HSAs, therefore, ensures equitable access to health services including immunization: they deliver services to difficult to reach areas under very demanding circumstances. Recent studies such as the 2015/16 MDHS and 2013/14 MDG Endline Survey have demonstrated that there are no major differences in vaccination coverage among male and female children, between rich and poor households and among ethnic and religious groups.

However, challenges remain to ensure equitable and effective coverage of immunization. In particular, the 2015/16 MDHS found that vaccination coverage is higher in rural areas compared to urban areas. Disparities exist in population groups residing in urban and rural areas, with populations in rural areas showing higher vaccination coverage when compared to those in urban areas. There are also wide disparities in coverage between socio economic groups within urban areas. With these coverage gaps, there are risks of outbreaks of vaccine preventable diseases in urban areas. In response to this public health risk, there is need for a specifically tailored operational strategy in urban settings.

JUSTIFICATION

The Malawi Health Sector Strategic Plan (HSSPII) targets to achieve 95% coverage of children under one year of age fully immunized by 2021. The Gavi has allocated USD 41 million for five years (2018-2022) under Gavi HSIS-III grant platform to support strengthening of health system for equitable and quality coverage of immunization

in Malawi. During the 2018 Joint Appraisal stakeholders reflected on the situation of urban immunization. It was noted that the steady increase in the urban population could exacerbate the challenges for urban immunization and agreed to come up with specific strategies to address decreasing immunization coverage in urban settings.

UNICEF with funding from Gavi intends to support the Ministry of Health (MOH) in recruiting a consultant to work with MOH, WHO, UNICEF and other in-country, regional and global partners to develop the urban immunization strategy in Malawi.

PURPOSE OF THE ASSIGNMENT

To provide technical support to the EPI unit of the Ministry of Health in reviewing the operational management modalities and develop an implementation plan for efficient management of Gavi grants for immunization program.

SCOPE OF WORK/OBJECTIVES

The consultant will work with UNICEF, the MOH and other immunization stakeholders at the national and sub-national level to provide technical support to EPI unit of the Ministry of Health to conduct situation analysis of immunization program performance in urban areas of Malawi and design a strategy to improve immunization coverage in the urban areas. The expected output of this consultancy is a multi-year costed urban immunization strategy and implementation plan to guide the MOH and partners in the implementation of interventions to promote immunization in urban areas.

The consultant will be expected to provide technical support for carrying out the following tasks:

1. Map and describe current immunization and public health services for the urban population in Malawi with a focus on disparities existing between different urban socio-economic groups
2. Map the distribution of underserved populations and their access to health care facilities and outreach health services
3. Review Bottleneck Analysis Report and related documents to identify the bottlenecks in the immunization services particularly in urban settings and the solutions needed to improve underserved populations' access to and utilization of immunization and PHC services in the urban areas
4. Conduct remote interviews with mothers of under five children across different socio-economic groups and vaccinators to identify knowledge gaps and other considerations to be highlighted in the development and implementation of the urban immunization strategy
5. Conduct a stakeholder workshop (ideally using virtual platforms in view of COVID-19) to further understand the barriers to immunization and other PHC services faced by underserved populations in urban areas and strategies needed to address them
6. Propose specific interventions/strategies to address bottlenecks in accessing immunization services in urban areas
7. Draft a multi-year strategy for increasing population coverage with vaccination and key PHC services in urban areas within Malawi, with focus on services for urban underserved populations, including a simple tool kit for central monitoring of social mobilization activities in urban areas.
8. Develop a monitoring framework with clear indicators for tracking progress, quality and results from implementation of proposed interventions
9. Conduct workshop (ideally using virtual platforms in view of COVID-19) to develop costed action plan for the multi-year implementation of the urban immunization strategy

10. Facilitate validation meeting with MOH and key stakeholders (ideally using virtual platforms in view of COVID-19) on the final costed urban immunization strategy

REPORTING REQUIREMENTS

To whom will the consultant report (supervisory and any other reporting/communication lines):

The consultant will report to the Chief of Health and work closely with the Program Manager, EPI, Ministry of Health and Immunization Specialist of UNICEF Health & HIV Section. Chief of Health & HIV Section, UNICEF Malawi will support with providing guidance for this assignment.

What type of reporting will be expected from the 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 virtually, the consultant is expected to stay in touch via telephone, e-mails and other means such as Zoom or Skype

How will consultant consult and deliver work and when will reporting be done:

Given the in-country situation of COVID-19, the consultant will work virtually and conduct all meetings and other engagements as such.

The consultant will need to 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 consultant will be expected to perform the following activities and deliverables as per the schedule and estimated dates below:

Task	Deliverable/Outcome (e.g. Inception, progress, final reports, training material, workshop, etc.)	Estimated # of days	Planned Completion date	% of total fee payable
Prepare and submit an Inception report with workplan of consultancy assignment after Desk Review of key documents, reports and data on the status of immunization in urban settings	Inception report with workplan of consultancy assignment	10 days	By 2 October 2020	20% in October 2020
Prepare and submit Draft report highlighting barriers identified and proposed strategies after synthesis of desk review and consultation meetings and interviews with mothers and vaccinators AND a draft outline of the urban	Draft Report	20 days	By 30 October 2020	30% in October 2020

immunization strategy inclusive of tool kit for central monitoring of social mobilization activities				
Prepare and submit a Draft urban immunization strategy inclusive of social mobilization AND costed implementation plan of the strategy	Draft urban immunization strategy	20 days	By 30 November 2020	20% in November 2020
Prepare and submit a Final urban immunization strategy with costed implementation plan AND report of validation meeting	Final urban immunization strategy with costed implementation plan AND report of validation meeting	5 days	By 12 December 2020	30% December 2020

However, as the actual starting date may impact the dates estimated in the TOR, the exact timeframes and actual delivery dates will be jointly agreed upon between the consultant and the supervisor upon contract signature.

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
- Demonstration of high standards in cooperation and communication with UNICEF and MOH counterparts

PAYMENT SCHEDULE

All payments, without exception, will be made upon certification from the supervisor of the contract, of the satisfactory and quality completion of deliverables and upon receipt of the respective and approved invoice.

Local travel costs will be reimbursed on actual expenditures and upon presentation of original supporting documents.

DESIRED COMPETENCIES, TECHNICAL BACKGROUND AND EXPERIENCE

Academic qualification:

- Advanced University degree in Public health, Business management, Social science, Economics or in relevant field.

Work experience:

- A minimum of eight years of progressively responsible professional work experience at the national or international levels in health sector program analysis, management and leadership.

- Good understanding of the Expanded Programme Immunization preferably on urban immunization, including national level strategic planning and implementation across the health system tiers.
- Have experience on social mobilization strategies for health program, preferably for immunization program in urban setting
- Familiarity with key MOH, UNICEF and Gavi related work streams, guidelines and processes

Technical skills and knowledge:

- Proven experience of facilitation of strategic discussions on public health program management at national and international level.
- Proven experience in leadership, management and coordination of public health program.
- Proven experience in programme situation analysis/review, planning and budgeting
- Good interpersonal and communication skills.

Competencies:

- Strong analytical, negotiation, oral and written communication skills
- Effective presenter including ability to adapt the message and visual aids for multiple audiences to deliver concise, impactful presentations of primary health care interventions.
- Effective facilitator with proven ability to engage and train a group of individuals at national level and for front line health workers as well
- Ability to work in a multi-cultural environment

Languages: Written and spoken fluency in English and Chichewa

ADMINISTRATIVE ISSUES

UNICEF will regularly communicate with the specialist and provide feedback and guidance and necessary support so 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 on consultants and individual contractors, 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 acknowledgment. Within 5 days of the contract commencement, the consultant/individual contractor is requested to complete the applicable mandatory trainings.

The assignment requires the consultant already based in Malawi to actively engage with partners as well as the focal person in Ministry of Health (EPI), City Councils and NGOs. Initially the consultant will work from home due to UN-wide COVID travel restrictions, but travel may be required to Lilongwe and other areas when restrictions are eased and upon approval by the supervisor of the contract

The 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 consultant is expected to produce and agree with UNICEF and EPI, MOH on work plan schedules for the assignment period.

CONDITIONS

- 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 consultant will be based in his location and work from home until such a time when COVID travel restrictions are relaxed to allow in-country travel.
- The consultant will be paid an all-inclusive fee (stationary, communication and other miscellaneous expenses) as per the stipulated deliverable and payment schedule.
- Under the consultancy agreements, a month is defined as 21.75 working days, and fees are prorated accordingly for actual days worked.
- The consultant is not entitled to payment for overtime, weekends or public holidays, medical insurance, taxes, and any form of leave.
- Travel expenses for official in-country trips, including living costs, will be covered in accordance with UNICEF's rules and tariffs, by the consultant and reimbursed against actuals, unless otherwise agreed.
- Transport will be provided to the consultant during in-country field travel, if planned and approved.
- No travel should take place without an email travel authorization from 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 of the contract will provide the consultant 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.
- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- The assignment is an on-site/off-site support.

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