

### TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

<b>*Title:</b> National Consultant on SBC Communication for Immunization and Community Engagement		
<b>*Funding Code:</b>  Grant: SC240513WBS: 2460/A0/06/880/004	<b>*Type of engagement:</b>  <input type="checkbox"/> International Consultant (individual) <input checked="" type="checkbox"/> National Consultant (individual) <input type="checkbox"/> Low Value Contract (individual consultant)	<b>*Duty Station:</b>  UNICEF Lao PDR Office, Vientiane
<p><b>*Purpose of Activity/Assignment:</b></p> <p>UNICEF Lao PDR is intensifying its efforts to strengthen demand for immunization, improve community engagement in public health, parenting practice, and advance social and behaviour change (SBC) interventions across priority programmes, including routine immunization, zero-dose children, adolescent health, and the prevention of early marriage. These efforts align with the national priorities of the Ministry of Health (MoH), Ministry of Home Affairs (MoHA), Mother and Child Health Center (MCHC), and the Centre for Health Statistics and Information (CHSI), as well as the government's commitment to accelerating progress on IA2030 and the 1,000-day agenda.</p> <p>To support these priorities, UNICEF Lao PDR seeks to engage a National Consultant on Social and Behaviour Change Communication (SBC) for Immunization and Community Engagement. The consultant will play a key role in coordinating SBC and community engagement activities with government partners—particularly MoH, CHSI, MCHC, Lao Front for National Development (LFND)—and in supporting the design, rollout, and monitoring of SBC strategies for immunization, adolescent health, and early marriage prevention.</p> <p>The consultant will work under the direct supervision of the SBC Specialist and will collaborate closely with the Health and Nutrition team, government departments, mass organizations, and field partners. The assignment aims to strengthen community-owned, evidence-based approaches that go beyond traditional IEC materials and build sustained behaviour change through social mobilization, interpersonal communication, and strengthened trust between communities and service providers.</p> <p>This role is essential as Lao PDR continues to face persistent inequities in immunization coverage, including pockets of zero-dose children and communities with high levels of vaccine hesitancy. Strong SBC and community engagement approaches are needed to improve awareness, address social norms and misconceptions, and ensure timely uptake of routine and supplementary immunization doses. The consultant will also support cross-cutting SBC priorities, including parenting for adolescents and prevention of early marriage, which form part of UNICEF's broader work on nurturing care, protection, and adolescent wellbeing.</p>		
<p><b>*Scope of Work:</b></p> <p>The consultant will support UNICEF Lao PDR to develop, implement, and monitor SBC and community engagement interventions for immunization and related public health priorities. This includes:</p> <ul style="list-style-type: none"> <li>• Supporting the development, rollout, and refinement of SBC strategies for immunization (including zero-dose, HPV, MR campaigns, and routine immunization).</li> <li>• Coordinating with MoH, CHSI, MCHC, LWU, LFND, and relevant mass organizations to ensure coherent and aligned SBC and community engagement approaches.</li> <li>• Supporting the design and rollout of SBC interventions for adolescent health, parenting for adolescents, and early marriage prevention.</li> <li>• Strengthening community feedback loops, including local influencers, community leaders, health workers, and youth networks.</li> <li>• Monitoring implementation of community engagement activities across target provinces and districts, and contributing to evidence-based adaptation of interventions.</li> </ul>		

## I. Main Tasks and Responsibilities

### 1. Coordination and Technical Support

- Coordinate SBC and community engagement work between UNICEF, MoH, CHSI, MCHC, LWU, LFND, and provincial/district partners.
- Assist government partners in planning and implementing community engagement activities for immunization and adolescent health.
- Support alignment of SBC activities with national strategies, guidelines, and communication priorities.

### 2. Implementation of SBC Strategies

- Support the implementation of SBC strategies for immunization, including zero-dose strategies, HPV campaign communication, and routine immunization demand generation.
- Contribute to the design of messages, communication materials, and tools for community mobilization, ensuring linguistic accuracy and cultural relevance.
- Participate in partner training and capacity-building sessions related to SBC, interpersonal communication, and community engagement.

### 3. Community Engagement and Social Mobilization

- Support the implementation of community engagement frameworks with LFND, LWU, youth groups, village leaders, and other local networks.
- Facilitate coordination of activities via online with district governments such as village meetings, community dialogues, home visits, and local influencer mobilization.
- Ensure SBC interventions promote inclusiveness, gender sensitivity, and disability-inclusive communication.

### 4. Monitoring, Learning, and Adaptation

- Monitor implementation of SBC and community engagement activities, providing regular updates and field observations.
- Document lessons learned, community feedback, bottlenecks, and enabling factors for behaviour change.
- Support development of monitoring tools and contribute to reporting for immunization and SBC initiatives.

### 5. Cross-Cutting SBC Support

- Support development and rollout of SBC activities for:
  - **Parenting for adolescents**
  - **Early marriage prevention**
  - **Health-seeking behaviours and nurturing care messaging**
- Ensure coherence with the Love and Care for Every Child programme and UNICEF's Nurturing Care Framework.

## II. Expected Deliverables

### 1. Monthly Implementation Plan for SBC Strategy on Immunization (Routine & Zero-Dose)

A detailed **monthly action plan** outlining specific SBC and community engagement activities to be implemented, including:

- Partner coordination steps
  - Activity timelines
  - Geographic focus areas
  - Expected outputs and behaviour change objectives
  - Required resources and responsibilities
- The plan will be updated each month based on implementation progress, data, and emerging community feedback.

### 2. Monthly Coordination Updates With Government and Mass Organizations

A structured coordination report summarizing **tangible progress**, including:

- Activities completed jointly with MoH, CHSI, MCHC, LWU, LFND, and provincial/district teams
- Decisions made, follow-up actions, and responsibilities
- Identified bottlenecks and proposed solutions

- Alignment with national immunization priorities (zero-dose, HPV, RI)  
The update must clearly demonstrate how coordination efforts contributed to improved planning, implementation, and partner ownership.

### 3. Development or Refinement of SBC & Community Engagement Tools/Materials

At least **one to two SBC tools/materials developed or updated per month**, such as:

- Community dialogue guides
  - Local-language key message sheets
  - Interpersonal communication tools for health workers
  - Posters, flipcharts, or short scripts for village meetings
  - Zero-dose social mobilization tools
- All materials must be **field-tested**, culturally appropriate, and validated by relevant government partners.

### 4. Monthly Monitoring Reports From Field Visits

A comprehensive monitoring report after each field mission, including:

- Summary of activities observed (community meetings, home visits, mobilization events)
  - Quantitative indicators (e.g., number of participants, households reached)
  - Qualitative insights (misconceptions, social norms, community feedback)
  - Assessment of SBC implementation quality and fidelity
  - Recommended adjustments to strategies, materials, or partner coordination
- Reports must demonstrate how findings directly inform programme adaptation.

### 5. Consolidated Quarterly Report on Community Engagement Results

A synthesized quarterly report capturing:

- Community engagement activities implemented across provinces
  - Evidence of behaviour change (e.g., improved intention to vaccinate, reduced myths, better caregiver knowledge)
  - Community-driven feedback and emerging trends
  - Challenges encountered and mitigation strategies
  - Recommendations for strengthening community ownership and local influencer engagement
- This report must integrate data from partner updates, field monitoring, and community dialogues.

### 6. Final Completion Report With Analysis and Recommendations

A comprehensive final report that includes:

- Summary of all activities implemented and outputs delivered
- Progress against planned results and SBC indicators
- Evidence-based analysis of behaviour change shifts and community perceptions
- Documentation of effective approaches, innovations, and lessons learned
- Identified gaps and risks that require follow-up
- Clear recommendations for scaling, institutionalization, and transition to government ownership

## III. Reporting

The Consultant will report directly to the **Social and Behaviour Change Specialist**, providing monthly progress updates on translation status, validation feedback, content categorization, and website/hub integration.

#### \*Child Safeguarding

Is this project/assignment considered as "[Elevated Risk Role](#)" from a child safeguarding perspective?

YES  NO If YES, check all that apply:

\*Direct contact role  YES  NO

If YES, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

**\*Child data role**       YES     NO

If YES, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

\*More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

<p><b>*Consultant sourcing:</b></p> <p><input checked="" type="checkbox"/> National   <input type="checkbox"/> International   <input type="checkbox"/> Both</p> <p><b>*Competitive Selection:</b></p> <p><input checked="" type="checkbox"/> Advertisement   <input type="checkbox"/> Single source   <input type="checkbox"/> Roster</p> <p><input type="checkbox"/> Emergency – Director’s approval</p>		
<p><b>*Supervisor:</b> SBC Specialist</p>	<p><b>*Start Date:</b> 01 March 2026</p>	<p><b>*End Date:</b> 31 Dec 2026 <b>*Total duration: 10 months</b></p>

<b>*Work Assignments Overview</b>	<b>*Deliverables/Outputs</b>	<b>Delivery Deadline</b>
Deliverable 1: Initial SBC Implementation Plan + Coordination Framework	<p>1.1. Submission of the initial SBC implementation plan for immunization (routine + zero-dose) covering Apr–Dec 2026.</p> <p>1.2. Development of a coordination framework detailing engagement modalities with MoH, CHSI, MCHC, LWU, LFND, and provincial partners.</p>	30 Apr 2026
Deliverable 2: Development of SBC & Community Engagement Tools/Materials	<p>2.1. Delivery of a package of SBC materials (e.g., community dialogue tools, key messages, interpersonal communication guides, village meeting tools, scripts for local influencers).</p> <p>2.2. Tools must be validated by MoH and relevant mass organizations.</p>	31 Jul 2026
Deliverable 3: Field Monitoring Package (Mid-Term)	<p>3.1. Submission of a consolidated mid-term monitoring report summarizing findings from field visits (May–Aug).</p> <p>3.2. Includes behavioural insights, implementation gaps, adaptation needs, and feedback from communities and service providers.</p> <p>3.3. Evidence of use of monitoring tools (checklists, brief summaries, photos, community feedback logs).</p>	31 Aug 2026
Deliverable 4: Consolidated Community Engagement Results Report (3 Quarters)	<p>4.1. Submission of a consolidated report integrating results from three quarters (Q2, Q3, Q4).</p> <p>4.2. Captures evidence of community engagement outcomes, trends in behaviour change, influencers’ engagement, and district-level implementation progress.</p>	31 Oct 2026
Deliverable 5: Final Completion Report	<p>5. Final comprehensive report summarizing all work from Apr–Dec 2026: achievements, outputs delivered, behavioural insights, evidence of SBC contribution to immunization uptake, coordination results, lessons learned, and recommendations for 2027.</p>	31 Dec 2026

*Estimated Consultancy fee	*Remarks/ Criteria	*Grand total (USD)
Professional fee		
Travel International (if applicable)	N/A	
Travel Local: 5 (five) trips: 1. VTE – SVK- VTE 2. VTE-XK- VTE 3. VTE- SRV-VTE 4. VTE- VV- VTE 5. VTE- ATP-VTE		
DSA (if applicable)	N/A	
Health insurance	10-month estimate	
<b>*Total estimated consultancy costs<sup>1</sup></b>		
<p><b>*Minimum Qualifications required:</b></p> <p><input checked="" type="checkbox"/> Bachelors   <input type="checkbox"/> Masters   <input type="checkbox"/> PhD   <input type="checkbox"/> Other</p> <p>Bachelor or Master Degree in Communications, Public Health, International Relations, Economics, Public Relations, Social Sciences, or other related field.</p>	<p><b>*Knowledge/Expertise/Skills required:</b></p> <ul style="list-style-type: none"> <li>• At least 4 years of relevant work experience at the national or international level in the areas of communication, translation, knowledge management, or other relevant areas.</li> <li>• Examples of past work relevant to the assignment (portfolio, translation, coordination, demonstration of digital content creation skills, or website could be reviewed if provided)</li> <li>• Ability to work in a team.</li> <li>• Ability to cope with stressful and difficult conditions and political/cultural sensitivity</li> <li>• Proven experience creating high-quality translation, coordination context-specific to Lao PDR and in a timely manner on tight deadlines.</li> <li>• Ability to express clearly and concisely ideas and concepts in written and oral form and to produce deliverables reports in a timely manner;</li> <li>• Ability to work independently as well as with a team in an international, multicultural and interdisciplinary environment and establish harmonious and effective working relationships both within and outside the organization.</li> <li>• Working Fluency in Lao and English is essential.</li> </ul>	
<b>*Submission of applications:</b>		

- Letter of Interest (cover letter)\*
  - CV or Resume\*
  - Performance evaluation reports or references of similar consultancy assignments (if available)
  - Financial proposal: All-inclusive lump-sum cost including travel, accommodation cost and insurance with medevac for this assignment as per work assignment\*.
- Additional requirements\*: Examples of past work relevant to the assignment (portfolio, translation, coordination, demonstration of digital content creation skills, or website could be reviewed if provided)

**\*Evaluation Criteria (This will be used for the [Selection Report](#) (for clarification see [Guidance](#)))**

A) Technical Evaluation <sup>1</sup>(minimum 50 and maximum 80 Points) 75 points

Evaluation Criteria	Points
Bachelor or Master Degree in Communications, Public Health, International Relations, Economics, Public Relations, Social Sciences, or other related field	10
At least 4 years of relevant work experience at the national or international level in the areas of communication, or other relevant areas	40
Quality of past work (portfolio, translation, coordination, demonstration of digital content creation skills, or website could be reviewed if provided)	25
Total	75

B) Financial Proposal <sup>2</sup>(maximum 50 and minimum 20 Points) 25 points

*The maximum number of points shall be allotted to the lowest Financial Proposal that is opened /evaluated and compared among those technical qualified candidates who have attained a minimum (\*60 ) points score in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.*

*The Contract shall be awarded to candidate obtaining the highest combined technical and financial scores, subject to the satisfactory result of the verification interview.*

**\*Administrative details:**

Visa assistance required:  YES  NO

Home Based  Office Based:

<sup>1</sup> Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

<sup>1</sup> The technical weighting is between 80% and 50% - in accordance with [UNICEF Procedure of Management and Evaluation of offers](#).

<sup>2</sup> The financial weighting is a minimum of 20% and a maximum of 50% - in accordance with [UNICEF Procedure of Management and Evaluation of offers](#).

Payment of professional fees will be based on submission of agreed deliverables. 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.

**Text to be added to all TORs:**

Individuals engaged under a consultancy 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.

The selected consultant is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected consultant are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. The vaccine mandate, 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.

UNICEF offers [reasonable accommodation](#) for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.