

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title: National Polio Consultant (Vaccines, Cold Chain and Logistics Management).	Funding Code/WBS:	Type of engagement <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	Duty Station: LUSAKA, ZAMBIA
<p>Purpose of the Assignment: Assist, support, and facilitate MoH/EPI and UNICEF Zambia Country Office (ZCO) on vaccine, cold chain, and logistics planning and management related to polio (WPV1) Out-Break Response (OBR) with implementation of high-quality Supplementary Immunisation Activities (SIAs) campaigns to achieve high (above 95%) coverage of bi-valent Oral Polio Vaccine (bOPV).</p> <p>Scope of Work: Zambia achieved polio-free status with last indigenous case in 1995. However, outbreaks originating from poliovirus strains imported from Angola occurred in 2001 and 2002, and Zambia was officially recognized as polio free by the Africa Regional Certification Commission (ARCC) in 2005. Zambia also experienced a circulating Vaccine Derived Polio Virus Type-2 (cVDPV2) outbreak in late 2019 along the border of Angola and DRC that was effectively contained in early 2020.</p> <p>As a result of ongoing disease surveillance, the Global Polio Laboratory Network (GPLN) has confirmed the presence of a wild poliovirus type-1 (WPV1) in a child suffering from paralysis in Tsabango, Lilongwe, Malawi. Analysis shows that the virus is genetically linked to WPV1 that was detected in Pakistan's Sindh province in October 2019. The three-year-old girl in Malawi experienced onset of paralysis on 19 November 2021, and stool specimens were collected for testing on 26 and 27 November 2021. Sequencing of the virus conducted in February 2022 by the National Institute for Communicable Diseases in South Africa and the U.S. Centre for Disease Control and Prevention confirmed the case as WPV1.</p> <p>Detection of WPV1 outside the world's two remaining endemic countries, Pakistan, and Afghanistan, is a serious concern and underscores the need for urgent actions prioritising the polio supplementary immunization activities (SIAs) campaigns to immediately contain the spread of the virus. Until polio is fully eradicated, all countries remain at risk of importation and must maintain high level of polio vaccination coverage to protect all children from polio.</p> <p>The detection of highly infectious polio virus in Malawi has serious implications for Zambia, considering cross border and migrant movements across the Eastern Province. The health authorities in Malawi have declared an outbreak of wild poliovirus type-1 and given this is a Public Health Emergency of International Concern (PHEIC), the Global Polio Eradication Initiative (GPEI), led by World Health Organisation and UNICEF, conducted risks assessments for all four neighbouring countries including Malawi, Mozambique, Tanzania, and Zambia. In line with GPEI's Outbreak Preparedness and Response Technical Team (OPRTT) guidance, a coordinated multi-country Out-Break Response (OBR) has been initiated by the health authorities of these four governments supported by GPEI.</p> <p>Synchronising with the Regional multi-country response plan, the MoH Zambia with support from GPEI partners has planned for an intensive polio outbreak response with four rounds of polio Supplementary Immunisation Activity (SIAs) campaigns as follows:</p> <ul style="list-style-type: none"> • Round-1: 21–25 March 2022 (3 provinces) • Round-2: 18–22 April 2022 (entire country – nationwide) • Round-3: May 2022 (entire country – nationwide) • Round-4: June 2022 (entire country – nationwide) 			

The current epidemiological trend indicates that the virus is continuing to spread, and more rigorous and intensified response is needed through a regionally coordinated approach of quality SIAs. The overall objective of the regionally coordinated outbreak response with initial 4 rounds of SIA campaigns is to contribute to achieve the high coverage (over 95%) of polio vaccination among children under five years administering the bi-valent Oral Polio Vaccine (bOPV) through effectively planning and implementation of quality polio Supplementary Immunization Activity (SIA) campaigns. The specific objectives are to:

- Improve overall programme planning, budgeting, operations, management, monitoring and reporting of polio Outbreak Response (OBR).
- Strengthen oversight and coordination of UNICEF country office polio response teams on vaccine and logistics management, SBCC, and finance and administrative support.
- Improve timely collection and reporting with preparation of weekly/monthly polio updates, donor reports, and other reporting related to polio OBR programme.

The polio OBR involves outbreak coordination, planning, budgeting, and programme management; vaccine, cold chain, and logistics management; surveillance and reporting; and advocacy, communication, and social mobilization (ACSM) including risk communication and media management. As per the global Standard Operating Procedures (SOP) of GPEI, UNICEF is accountable for leading and supporting the government in the areas of ACSM, Risk Communication and Media Management, Vaccines and Logistics Management, Cold Chain System Operations and Maintenance, as well as technical advice and assistance on micro-planning, programme coordination and management in collaboration with World Health Organisation and other GPEI partners.

This ToR has been prepared to hire a national polio consultant to assist the International Vaccine, Cold Chain and Logistics Management (VCCLM) consultant to provide technical and operational support on vaccines and logistics planning and management at sub-national level by channelling UNICEF Zambia technical assistance (TA) to the MOH/EPI under the guidance of Immunisation Specialist and Polio Team Lead to effectively plan and implement the polio SIAs campaigns.

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](#)

Budget Year: 2022	Requesting Section / Issuing office: Health and HIV Section	Reasons why consultancy cannot be done by staff: UNICEF Health Section is currently supporting MoH and Immunisation Partners to simultaneously manage two separate large-scale campaigns: i) the COVID-19 vaccination campaign, and now ii) the polio SIAs campaigns. While COVID-19 vaccination campaign will continue until end of 2022, the polio OBR activities with SIAs campaigns are also anticipated to be continued till end of 2022. The objective of the polio OBR is to stop circulation of WPV1 within 120 days of confirmation and/or declaration of the outbreak through increased population immunity in children <5yrs by reaching at least 95% of targeted children below 5years with bOPV vaccination verified by independent monitoring (IM) data. The key strategy adopted is to conduct both facility-based and house to house vaccination. This would mean reaching out to around 1.2 million under 5 children in Lusaka, Muchinga and Eastern provinces in Round 1 (Limited Scope) and 3.7 million under 5 children during each of the Round-2, Round-3, and Round-4 (Nationwide) with bOPV doses. The polio OBR involves outbreak coordination, planning, budgeting, and programme management; vaccine, cold chain, and logistics management; surveillance and reporting; and advocacy, communication, and social mobilization (ACSM) including risk communication and media management. These are huge and gigantic tasks and can't be absorbed by the existing staff of Health Section.		
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If No, please justify: It's part of Health 2022 AWP.				
Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desktop Review/Interview)			Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
If Extension, Justification for extension:				
Supervisor: Immunisation Specialist	Start Date: ASAP	End Date:	Number of Days (working) 132 days (6 months – 22 days per month)	
Work Assignment Overview: Under the overall guidance of UNICEF ZCO Immunisation Specialist and with day-to-day interactions and support of Polio Team Lead, and the Vaccines, Cold Chain, and Logistics Management (VCCLM) international consultant, the National Consultant for VCCLM will work closely with MoH/EPI, ZNPHI, WHO, CDC, USAID, and other in-country polio (GPEI) partners to improve the vaccines and logistics planning, management, monitoring and reporting at sub-national level related to the implementation of high-quality SIA campaigns by administering bOPV.				
Tasks/Milestone:	Deliverables/Outputs:	Timeline (days/months)	Estimated Budget (ZMW)	
1) Assist and support MoH/EPI Logistics Unit in vaccines quantification, allocation, and distribution planning; and facilitate timely distribution of bOPV to all 25 districts in Eastern, Muchinga and Lusaka provinces for the 1 st round of polio SIAs campaign.	Vaccines were distributed on time to all 25 districts, SIAs Round-1 Campaign effectively implemented, and the Report on vaccines & logistics management submitted.	21 days		

2) Assist and support MoH/EPI Logistics Unit in vaccines quantification, allocation, and distribution planning; and facilitate timely distribution of bOPV to all 116 districts across the country for the 2 nd round of polio SIAs campaign nation-wide.	Vaccines were distributed on time to all 116 districts, SIAs Round-2 Campaign effectively implemented, and the Report on vaccines & logistics management submitted.	32 days	
3) Assist and support MoH/EPI Logistics Unit in vaccines quantification, allocation, and distribution planning; and facilitate timely distribution of bOPV to all 116 districts across the country for the 3 rd round of polio SIAs campaign nation-wide.	Vaccines were distributed on time to all 116 districts, SIAs Round-3 Campaign effectively implemented, and the Report on vaccines & logistics management submitted.	32 days	
4) Assist and support MoH/EPI Logistics Unit in vaccines quantification, allocation, and distribution planning; and facilitate timely distribution of bOPV to all 116 districts across the country for the 4 th round of polio SIAs campaign nation-wide.	Vaccines were distributed on time to all 116 districts, SIAs Round-3 Campaign effectively implemented, and the Report on vaccines & logistics management submitted.	32 days	
5) Debriefing and drafting final report of the assignment with the achievements and progresses, weaknesses and strengths; and implementation challenges with proposed remedial measures for improvements.	Final report on the completion of consultancy assignment.	15 days	
Minimum Qualifications required:	Knowledge/Expertise/Skills required:		
<input checked="" type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: Supply Chain Management, Social Sciences, Medicine, Health Sciences, Public Health, Nursing, International Development, or a field relevant to technical assistance in immunization Supply Chain, Vaccines and Logistics management.	<ul style="list-style-type: none"> – A minimum of 2 years of professional experience in immunisation supply chain, cold chain, vaccines and logistics planning and management at the national or international level preferably in a developing country. – Relevant experience in immunisation programme, polio supplementary immunisation activities (SIAs), project development and management in any UN systems agency or organization is an asset. – Experience of working in an emergency setting is required. – Ability to work in most extreme hardships. – Ability to work independently and to meet deadlines. – Ability to write clear and concise reports in English. – Demonstrated ability to effectively work and communicate in a multicultural environment. – Computer literacy with high ability to use excel spread sheets. – Completed training on Basic and Advanced Security in the Field. 		
Administrative details: Visa assistance required: <input type="checkbox"/> Transportation arranged by the office: <input checked="" type="checkbox"/>	<input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based: If office based, seating arrangement identified: <input checked="" type="checkbox"/> IT and Communication equipment required: <input checked="" type="checkbox"/> Internet access required: <input checked="" type="checkbox"/>		

