

### TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

<b>Title: SBC EPI-PEI Consultant</b>		<b>Type of engagement</b>	<b>Duty Station:</b>
		<input checked="" type="checkbox"/> Consultant (ZCNT)	Jakarta (Home-based)
<p><b>Purpose of Activity/Assignment: To provide national social behavioural change technical assistance to Govt. of Indonesia in promoting routine immunization and vaccine-preventable disease outbreak response programming in collaboration with the UNICEF Health section and Field Offices, Directorate of Immunization, WHO and other EPI stakeholders.</b></p>			
<p><b>Background:</b></p> <p>Indonesia's health system reaches most children in their birth cohort of 4.3 million children a year with vaccines and other health services. However, it was one of the countries globally which had encountered stagnated vaccination coverage in the past decades before the COVID-19 pandemic. Additionally, service interruption and vaccine hesitancy among some parents and caregivers due to the COVID-19 pandemic resulted in a significant number of eligible children being unvaccinated and or under-vaccinated. This was further exacerbated by the high burden on the health systems to deliver the COVID-19 vaccine among the 234.7 million target population. Many health workers reported a high workload with poor motivation due to various reasons. The pulse survey highlighted that health facilities reduced the frequency of vaccination sessions to cope with their high workload and other priorities. On the other hand, most health facilities and vaccine storage points at various supply chain levels experienced significant stock out of several routine vaccines<sup>2</sup>. Many children could not receive vaccines due to the closure of schools. All these issues unveiled the reasons for the high number of zero-dose children in Indonesia.</p> <p>Indonesia made significant progress during 2022 to catch up on missed children due to the implementation of the National Children Immunization Month (BIAN) catch-up campaign implemented during May-Oct 2022. However, due to pockets of missed children and inequitable immunization coverage, the country remains at high risk for polio, measles-rubella, and other vaccine-preventable disease outbreaks. During Nov 2022 and Feb 2023, an outbreak of circulating Vaccine Derived Polio Virus type2 (cVDPV2) with a total of 4 incidences of cVDPV2 cases reported in Acute Flaccid Paralysis (3 from Aceh and one case from West Java), and 11 cases of cVDPV2 reported in healthy children (4 from Aceh and 7 cases from West Java) occurred. Moreover, according to the latest monthly surveillance bulletin released on 16 Oct 2023, increased incidence of suspected Measles outbreaks, and diphtheria cases are reported in 2023 versus 2020-2022<sup>3</sup>.</p> <p>Despite significant progress in the COVID-19 vaccination program, vaccination coverage among several target age groups remains low, inequity in vaccination coverage is apparent, especially among the elderly group, increased number of zero doses (children who have not received any vaccination) and under-vaccinated children, along with the issues reported with the immunization supply chain and vaccine management.</p> <p>Based on the request letter from the Ministry of Health through letter# IM.01.01/C.IV/ 1315 /2023 dated 31<sup>st</sup> March 2023, UNICEF will provide support to the Ministry of Health to achieve its target to prevent and control transmission of vaccine-preventable diseases (VPD). In this recovery time from the COVID-19 Pandemic, UNICEF will provide: 1) Technical support at the national, provincial and district levels focusing on 10 priority provinces both on program delivery and also in supporting demand generation including people's perception of routine immunization; 2) Facilitate unpacking of the communication strategy to reach zero dose children and respond to VPD outbreaks (including outbreak response immunization) in all affected provinces or districts; 3) Support routine analysis of cold chain capacity adequacy as well as cold chain management training; 4) Increasing demand for immunization through involvement of influencer/champion as immunization ambassador. The high-priority provinces include Aceh, North Sumatera, West Sumatera, Riau, West Java, East Java, Central Sulawesi, East Kalimantan, NTT, and Papua.</p> <p>This TOR is part of UNICEF support to provide technical assistance by appointing 3 individual consultants based in Jakarta, Surabaya, and Makassar to cover six provinces out of ten priority provinces. Four remaining focus provinces will also be covered through UNICEF staff in the respective field offices and the EPI team in Jakarta. Knowing the challenges, the GoI has requested UNICEF to intensify the technical assistance to strengthen routine immunization, support the introduction and scale-up of several new and underutilized vaccines, support capacity building on the</p>			

immunization supply chain, facilitate unpacking of the immunization communication strategy, increase demand through engagement with local influencers, religious scholars, and community leaders.

#### Scope of Work:

The SBC EPI-PEI consultant in close co-ordination with the UNICEF Social and Behaviour Change unit, health section, MoH and other EPI stakeholders will provide technical support, advocate, and facilitate the SBC EPI-PEI programming at the national, and provincial and district levels, including the provision of technical assistance to demand generation program strategy development including planning, budgeting and implementation and following key tasks.

- Assist national MOH and partners in the development of SBC costed strategies and plans, including facilitating the design of coordinated outreach strategies for hard-to-reach, hesitant and vulnerable groups, and communities to promote vaccine uptake.
- Lead the design, implementation, monitoring and evaluation of an evidence-based SBC strategy.
- Facilitate community engagement, social mobilization, and specific behaviour change interventions.
- Undertake communication assessments and rapid social-behavioral research and evidence building, especially in high-risk and hard-to-reach communities.
- Develop/adapt and tailor health messages and information products for various target populations/audiences, based on community knowledge, practices, and behaviours.
- Facilitate the designing and implementation of specific plans of action for immunization and/or Polio eradication to reach special groups.
- Organize training of health workers, especially in interpersonal communication (IPC) for social and behavioural change in underserved and hard-to-reach communities that are at high risk of vaccine-preventable diseases.
- Work with external communication colleagues and digital/ social media experts to support the mapping of rumours and misinformation for their effective management.
- Conduct media landscape analyses and facilitate engagement of media in immunization and polio activities.
- Support advocacy activities to engage political, religious, and community leaders and other stakeholders.
- Support the national/sub-national MOH to conduct effective communication TWG meetings and other relevant community engagement and mobilization events.
- Submit the final consultancy report with best practices, recommendations, gaps & challenges.

**Supervisor: SBC Manager**

**Start Date: May 2024**

**End Date: 31st Dec 2024  
(140-160 working days)**

#### Work Assignment Overview

Tasks/Milestone	Deliverables/Outputs	Timeline	Estimate Budget
Provide technical support, ideate, and implement demand generation programming in collaboration with UNICEF CO&FO SBC and Health teams, MoH, WHO and other key EPI stakeholders	<ol style="list-style-type: none"> <li>1. Report on barriers to vaccination in 10 zero-dose provinces (desk review)</li> <li>2. Develop an SBC strategy for 10 zero-dose provinces.</li> <li>3. Implement the SBC strategy in 10 zero-dose provinces.               <ul style="list-style-type: none"> <li>- ToC for young people report.</li> <li>- ToC for faith leaders report</li> </ul> </li> <li>4. Develop research proposals for immunization</li> </ol>	End May 2024  End May 2024  May to Dec 2024  May to Dec 2024	40%
Provide technical support, ideate and implement SBC outbreak response programming in collaboration with UNICEF CO&FO SBC and Health teams, MoH, WHO and other key PEI stakeholders	<ol style="list-style-type: none"> <li>1. SBC-focused outbreak response investigation report</li> <li>2. Barriers to vaccination report</li> <li>3. Social mobilization strategy</li> <li>4. Campaign implementation report</li> </ol>	May to Dec 2024	50%

United Nations Children's Fund

Provide technical support to provinces on zero-dose and outbreak response programming activity cost	Coordination meetings with key stakeholders across outbreak response and zero-dose provinces as necessary	April to Dec 2024	10%
<p><b>Minimum Qualifications required:</b>  <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines: Medical Doctor, Anthropology, Social Science, Development Science and Public Health related</p>		<p><b>Knowledge/Expertise/Skills required:</b>                  Public health behaviour science expert on mass vaccination programs.                  High technical knowledge of immunization programs is preferred.                  Psychology, Anthropology and Behavioural Social Science skills                  Language skills – Bahasa and English                  Minimum 5 years of experience, 3 years of which should be SBC experience in mass vaccination programs</p>	