TERMS OF REFERENCE

MEASLES-RUBELLA SUPPLEMENTARY IMMUNIZATION ACTIVITY (MR-SIA)

POST MR-SIA COVERAGE SURVEY

**UNICEF DPR Korea**

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| 1. **Outcome/output Title and Project/Programme Title and Intermediate Result References:**   **Outcome 1:** By 2021, pregnant women, newborn and under-five children have equitable access to essential health care services.  **Output 1.3:** MoPH and health system have enhanced capacity to provide equitable access to quality immunization nationwide and IMNCI services, particularly in those regions affected by the protracted humanitarian crisis.   1. **Funding Source: Grant: SC190375** |
| 1. **Background:**   The Democratic People’s Republic of Korea (DPRK) plans to introduce Measles-Rubella (MR) vaccine, switching from the Measles Containing Vaccine (MCV) which is currently in use. Introduction of the rubella component is in keeping with the Global Vaccine Action Plan (GVAP) which set the agenda for elimination of measles and control of rubella/congenital rubella syndrome (CRS) in at least five WHO regions by 2020; and the South East Asia Regional Vaccine Action Plan 2016-2020 which set the same target of being one of the regions to eliminate measles and achieve control of CRS. To achieve this goal, DPRK plans to implement a Measles-Rubella Catch-up Supplementary Immunization Activity (MR SIA). The MR SIA is scheduled to commence on 4 October 2019, and the activity is supported by UNICEF in collaboration with WHO through provision of technical assistance and logistical support including supply of vaccines using Gavi funding. The MR introduction will be done through a catch-up supplementary immunization activity with the aim of achieving high coverage amongst children aged 9 months up to 15 years of age, as well as amongst women of child-bearing age (WCBA) in the age band 16 to 18 years of age. The purpose of this contract is to implement a post MR-SIA coverage survey for purposes of assessing the coverage that will have been achieved by the SIA.    **Methodology**  A contractor will be selected by UNICEF to implement the tasks as relates to implementation of a post MR-SIA coverage survey.  The coverage survey design will be consistent with the latest WHO Vaccination Coverage Survey Guidelines 2015.   1. The survey will adopt probability sample two-stage cluster survey methodology, including weighted analysis to account for variations in probabilities of selection of everyone in the target population. 2. The survey will be at national level and possibly stratified by urban/rural or province. 3. Results will be reported with gender disaggregation and by age bands.   The survey will be conducted promptly after the MR SIA is declared complete by MoPH to ensure evidence of indelible marker ink is still visible; this being the main validation modality in addition to interviews. Review of health facility registers will be considered based on completeness and quality. |
| 1. **Purpose of the contract:**   The proposed contract relates to MoPH/UNICEF annual workplan 2019, sub-activity 1.3.4.3: Post SIA Coverage Evaluation Survey.  Whereas the coverage survey is of national interest, there is also need for regional validation of the coverage achieved during the MR catch up SIA/vaccine introduction as it constitutes a part of the regional goal of effectively introducing the rubella vaccine in the final country in this region, in line with the GVAP. Consequently, the coverage survey would benefit from dedicated expert capacity to facilitate and steward the entire exercise.  **Objectives**   1. Assess coverage reached during the SIA by gender, urban/rural and other demographic characteristics 2. Assess the occurrence of adverse events following immunization (AEFI), systematic and local reactions, and those that required medical consultation 3. Document communication channels that informed people about the SIA |
| 1. **Place of the requested activity:** At national level in the DPRK. |
| 1. Duration:  * Expected to be completed within maximum six (6) weeks. * Subject to extension by a maximum of one (1) additional week contingent on completion date of the MR SIA by MoPH. |
| 1. **Supervisor:** Dr Jonas C Mwale – Health Specialist, under overall guidance of the Health Specialist (Immunization) and Chief of Health |
| 1. **Type of Supervision required:**   The UNICEF Health Specialist will be responsible for day-to-day supervision to ensure all administrative details are compliant with UNICEF procedures; the MoPH EPI department and Central Bureau of Statistics (CBS) will co-supervise the tasks’ implementation stages, approval of deliverables and release permission for dissemination of the final coverage report. |
| 1. **Travel required:** Travel to sampled counties will be required for quality assurance checks during data collection. |
| **Support provided by UNICEF:** UNICEF Health Specialists and WHO consultant will support quality assurance checks during data collection.  Office space will be provided for the consultant within the UNICEF office block. |
| **Description of assignment**  The following tasks/activities are to be implemented within these estimated timeframes:   |  |  |  | | --- | --- | --- | |  | **ACTIVITY** | **DURATION** | | 1 | Draft survey protocols according to the WHO guidelines of national coverage survey 2015 which includes sampling scenarios and estimated timeline and budget. | 7 DAYS | | Convene coordination meetings with CBS, MoPH, UNICEF and WHO for finalization of survey protocols. | | Lead the sampling exercise to be conducted based on WHO guidance for immunization coverage surveys using probability-based sampling for a cluster survey technique; in collaboration with the CBS. | | 2 | Coordinate with MoPH to set up teams of field supervisors and data collectors; and undertake training of field supervisors and data collectors. | 8 DAYS | | 3 | Finalize all field tools and coordinate deployment of data collection teams. | 5 DAYS | | 4 | Lead the field work for data collection, including coordinating quality assurance in collaboration with MoPH, UNICEF and WHO. | 10 DAYS | | 5 | Undertake the data analysis and report writing. | 8 DAYS | | 6 | Hold a report review meeting with MoPH to obtain input and arrive at consensus on the report for finalization. | 1 DAY | | 7 | Submit a final narrative report, and a power-point presentation to UNICEF and MoPH. | 3 DAYS | |  | **Total** | **42 DAYS** |   **Deliverables**   * Final cleaned data-sets to be handed to MoPH for future secondary data analysis as may be required. * All field tools, guidance material and sampling frames used for the survey. * MR-SIA coverage survey report narrative and power-point slides**.** |
| **Qualification and specialized knowledge/experience required for the assignment:**  Minimum requirements for potential service provider  Technical skills and knowledge   * Master’s degree or higher in public health, monitoring & evaluation, health or related fields. Additional qualification in biostatistics will be an asset. * Experience in applying 2015 WHO vaccination coverage survey guidelines for SIA purposes. * Proficiency in the use of relevant statistical packages as well as Microsoft Office applications including Excel, Word and PowerPoint.   Work experience   * At least 5 years and above of international professional experience in development/humanitarian assistance work. * Previous work experience with United Nations agencies or other international organizations involved in global health. * Experience in conducting training workshops and coordinating field data collection activities. * Strong writing skills with proven track record of production of high quality analytical reports. * Knowledge of operational modalities of international organizations in the DPRK is desirable. |
| **Evaluation process**  Qualified candidates are requested to submit their expression of interest comprising:   * An application cover letter. * Sample workplan/methodology for undertaking these terms of reference as detailed above with different strata scenarios. * A financial quote with break-down of daily professional rate, DSA and travel costs in US dollar. * CV accompanied by samples of previous relevant work. * References.   **Note:** Transportation for travel within the DPRK will be arranged by UNICEF country office. No other remunerations apply. UNICEF considers best value for money criterion for evaluating potential candidates. As a general principle, the fees payable to a consultant follow the “best value for money” principle, i.e. achieving the desired outcome at the lowest possible fee. |
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| **Conditions:**  UNICEF will call consultants to submit expressions of interest and will contract after selection of the best application. Selection process will consider the “best demonstrable technical expertise and experience”.  UNICEF contract will be a legal document to regulate the contract conditions.  **Payment modality**  100% payment will be completed based on submission of all deliverables, after acceptance and approval of the MoPH EPI department, i.e. retrospectively. UNICEF has rights to withhold any payment if quality of the product will not meet required standards and/or the MoPH will not be satisfied with the final deliverable. |
| **Nature of Penalty Clause to be stipulated in the contract:**  • UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.  • Without limiting any other rights or obligations of the parties hereunder, if the consultant will be unable to deliver the work or services by the delivery date stipulated in the Contract, the consultant shall (i) immediately consult with UNICEF to determine the most expeditious means for delivering the work or services and (ii) use an expedited means of delivery, at the consultant’s cost, if reasonably so requested by UNICEF.  • If the consultant fails to complete the works in accordance with the dates stipulated in the contract with a grace period of 5 (five) days, UNICEF shall have the right to deduct from any payment due to the consultant the amount of one tenth of a per cent (0.1 %) of the contract price per day of delay up to a maximum of ten per cent (10%) of the contract price; except when such delays are agreed as necessary and included in an approved extension of implementation period. These liquidated damages shall not relieve the consultant of their obligations or responsibilities that they may have under the contract. |