[image UNICEF_VACANCY_HEADER]

**TERMS OF REFERENCE**

**Consultant / Individual Contractor**

1. **Background and objectives**

Benin is a middle-income country in West Africa with a high population growth and rapid urbanization (47%) linked to the rush of the poor population from the countryside to the cities. In 2019, 38.5% of the Beninese population lived with an annual income below the national monetary poverty line, compared to 39.3% in 2015. Poverty mainly affects rural areas with 44.2% compared to 31.4 % in urban areas. Benin is considered one of the most politically stable countries in the sub-region. In terms of security, incursions by suspected jihadists are increasing and the first attacks materialized at the end of 2021[[1]](#footnote-2).

Niger is a country in the Sahel, with an economy dependent on agriculture for 40% of its GDP. The level of extreme poverty stood at 41.8% in 2021, affecting more than 10 million people. Between 2019 and 2021, there is a significant deterioration in economic growth due to the slowdown in cereal production and the health, climate and security crises. The country is facing an influx of refugees fleeing the conflicts in Nigeria and Mali with 294,467 refugees and nearly 350,000 displaced people as of August 31, 2022 according to the UNHCR. The political situation is relatively calm with a democratic presidential succession following the elections of December 2020 and February 2021[[2]](#footnote-3)

The COVID-19 pandemic, which has hit Benin and Niger, like other African countries since 2020, is having devastating effects on people's health and socio-economic conditions. Benin and Niger are among the most vulnerable countries due to the fragility of their health system and the high level of poverty of their populations. They are already deeply impacted by climate shocks, conflict, and the health and economic impacts of COVID-19. The global recession resulting from the pandemic has already hit these countries, potentially setting back poverty reduction and infant morbidity and mortality reduction for years. The pandemic is exacerbating existing vulnerabilities, with children being disproportionately represented among at-risk populations who are likely to be hit hardest.

As of early September 2022, Benin administered 3,865,113 doses of COVID vaccines, which led to 24.6% of persons having received 1 dose and 20.7% of total population being fully vaccinated against a target of 70% by the end of the year. In Niger, 4,531,782 doses of vaccines were administered, with 14.8% of persons having received 1 dose and 11.8% of population fully vaccinated. The target of COVID-19 vaccination coverage in WHO African Region has been set at 70% by mid of 2022. More remains to be urgently done to accelerate COVID 19 vaccination coverage while including such efforts into the national routine immunization programmes. Both countries also face challenges around general low and stagnating routine immunization coverage. According to 2021 WHO and UNICEF Estimation of National Immunization Coverage (WUENIC) released in July 2022, in Benin 76% of children have received their 3rd dose of DPT vaccines (against diphtheria, pertussis, and tetanus) and 68% of children have received their 1st dose of Measles containing vaccine, while in Niger, these coverages stand respectively at 82% and 80%. . The WCAR immunization target in line with key results for children number 1 (KRC1) states that the “percentage of children vaccinated with DTP/Penta 3 containing vaccine is at least 80% in every district level”

Further, in Benin and Niger Malaria poses a real and continued threat to women’s and children’s health. Use of long-lasting insecticide treated bednets (LLINs) is not optimal. In Benin, according to the Demographic Health Survey (DHS) 2017-2018, 67% of households used LLINs, 80% of households with at least one LLIN, 81% of children under 5 and 79.9% of pregnant women slept under LLINs. In Niger, Malaria is seasonal and an epidemic in some regions. According to the Malaria National Strategic Plan, Niger, 2017-2021, almost two-thirds of deaths are caused by three diseases: malaria (26%), pneumonia (19%) and diarrhoea (18%); most of which occur in the community and are preventable. According to the Niger 2021 Malaria Indicator Survey, 96% of households have a LLIN. The percentage of children under 5 and pregnant women sleeping under LLINs stands respectively at 85,7% and 90 %.

To respond to these challenges and to accelerate immunization progress for children in both countries, the UNICEF Regional Office for West and Central Africa Health and HIV team with support from KfW is launching an ambitious effort to build national capacities to mitigate the impact of communicable diseases (COVID-19, malaria, vaccine preventive diseases) in Benin and Niger. The goals of these efforts are that:

1. By mid-2023 Niger and Benin will have increased capacity to achieve the COVID 19 vaccination national targets and universal access to routine immunization
2. Women and children utilize inclusive and sustainable quality services and LLINs to prevent malaria and treat childhood illnesses at community and health facility level
3. Regional oversight, technical support to and documentation of the rollout of COVID-19 vaccination, Routine immunization and Malaria control is ensured

UNICEF WCARO is recruiting a committed and experienced individual consultant to support the regional office oversight function, the delivery of technical support to and documentation of the rollout of COVID-19 vaccination, routine immunization and Malaria control at regional level.

1. **Scope of Work**

The consultant will work under the direct supervision of the Regional Senior Immunization Specialist and in consultation with the Regional Health and HIV Advisor. His/her work will be carried out in close collaboration with UNICEF Benin and Niger Country Offices’ Health/Immunization staff, the Supply team of UNICEF WCA Regional Office and the knowledge management team. Home-based with frequent travels , S/He will spend 80% of his/her time in the 2 country offices supporting the teams to coordinate, monitor and document the project realization with the following duties and responsibilities:

* Development and/or adaptation of tools for the implementation and the monitoring of activities
* Supporting convening and documentation of regular regional coordination meetings (remote or field presence) with country teams (including UNICEF staffs, and Government and other stakeholders)
* Conducting field support mission to countries
* Monitoring of fund utilization in line with the agreed activities
* Monitoring of timely rollout of activities including procurement of supplies
* Organize joint project review meetings at mid-term and final review of the intervention
* Project performance monitoring and reporting
* Produce at least two case studies, including lessons learned, and evidence generated

1. **The Work Plan (Key deliverables, Tasks, Timeframe and Payment Schedule)**

The overall objective of the project is to increase national capacities to mitigate the impact of communicable diseases (COVID-19, malaria, vaccine preventive diseases) in Benin and Niger in a short period of time. The need of a consultant to support countries to achieve results is based on the lessons learned in the region from the implementation of such projects in a short period.

Thus, the consultant will support the country offices and WCARO teams for the following activities:

**Monitor timely rollout of planned activities** including required supplies

**Produce tools:** Support the 2 countries to produce or adapt tools which will facilitate the follow-up and documentation of the project activities. These tools will draw from the existence tools in the countries and will be harmonized.

**Provide technical assistance and advice to COs:** Home-based, the consultant will undertake field missions in the 2 countries to participate in meetings organized for the project follow-up. S/He will also organize remote meetings to discuss with countries teams’ progress.

**Performance monitoring:** Implementation reports from the field including data collection and consultant mission reports will be used to assess the progress. The consultant will share a quarterly progress report as per the Results Matrix and recommend corrective measures and relevant strategies if needed to improve the programme performance.

**Document lessons learned:** Lessons learned from the implementation will be documented and utilized to enhance national capacity and to replicate the approach to other countries

**Reporting:**

The consultant will prepare and share the required interim reports

In addition, s/he will submit a consultancy report including summary of lessons learned and recommendations.

The below table presents the estimated due dates of deliverables and the proposed payment schedule:

|  |  |  |
| --- | --- | --- |
| **Deliverable(s)**  *(Specify final outputs.)* | **Work Schedule**  *(month/period covered)* | **TERMS OF PAYMENT**  *(no more than 30% advance/*  ***Final payment no less than 10%)*** |
| Adapted tools are shared with the 2 countries to support the implementation and monitoring of activities in line with UNICEF corporate monitoring guidance (field monitoring tools and TPM) | Month 1 | 20% |
| Ten coordination meetings (five in each country) held with countries teams (including UNICEF staffs, Government and other stakeholders) | During the implementation phase |  |
| Five monthly field support missions reports to countries are produced | During the implementation phase |  |
| The project mid-term review report is available | Month 4 | 30% |
| One case study and one lesson learned document in line with UNICEF KM corporate guidelines are available per country | Month 6 | 20% |
| The project final report is available including | Month 7 | 20% |
| Consultant final report | Upon submission of the final report | 10% |

1. **Reporting Requirements and Key Responsibilities**

The consultant will be home-based with frequent travels to Benin and Niger for technical support.

1. **Profile Requirements**

*Academic:*

* Master’s degree or higher in public health, global/international health, health policy and health programme management, socio-medical, health education, community health epidemiology, or another relevant technical field.

*Professional Experience:*

* Minimum of eight years professional relevant work experience including at least four years in immunization planning, management, monitoring and documentation
* Experience of working on COVID-19 vaccination and malaria prevention and response

*Other Skills and Qualifications:*

* Working experience in West and Central Africa or in Sub-Saharan countries is an asset
* Experience of working in health emergencies is an asset
* Knowledge of UNICEF tools for Third-Party Monitoring (TPM), field monitoring, etc. is a strong asset

*Language Requirements:*

* Fluency in written and spoken French and English is required.

1. **Administrative Requirements**

***Qualified candidates are requested to submit:***

1. Cover letter/application.
2. Financial quote at a daily rate in US Dollars including all taxes.
3. Examples of previous, relevant work.
4. At least 3 Reference contacts.

Please indicate your availability and daily rate to undertake the terms of reference above.  Applications submitted without a daily rate will not be considered.

Travel costs and DSA will be covered in accordance with UN rules and regulations. No other remunerations apply. UNICEF considers best value for money as a criterion for evaluating potential candidates. As a general principle, the fees payable to a consultant or individual contractor follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee.

Successful applicants will be invited to a telephone interview and will be evaluated by the criteria on the following table:

|  |  |
| --- | --- |
|  | **Applicant X** |
| **TECHNICAL QUALIFICATION *(max. 70 points)*** |  |
| **Overall Response (20 points)** |  |
| Understanding of tasks, objectives and completeness and coherence of response |  |
| Overall match between the TOR requirements and consultant’s competencies |  |
| **Technical Capacity (50 points)** |  |
| Relevance of consultant’s experience with similar projects and as per required qualifications |  |
| Quality of previous work |  |
| References |  |
| **TECHNICAL QUALIFICATION *- Total Points*** |  |
|  |  |
| **FINANCIAL PROPOSAL (max. 30 points)** |  |
| Consultant fees |  |
| Daily rate |  |
| Economy Air Ticket |  |
| Travel in the countries (air ticket and DSA) |  |
| Other costs |  |
| Total estimated cost of contract (proposed contract fee only) |  |
| **FINANCIAL PROPOSAL - *Weight Combined Score*** |  |
|  |  |
| **TOTAL SCORE** |  |

1. PNUD : Notre de stratégie, Evolution socio-économique au Bénin, situation actuelle et perspectives (Février 2022) [↑](#footnote-ref-2)
2. Source : Google, La Banque Mondiale au Niger [↑](#footnote-ref-3)