

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

| Title | Funding Code | Type of engagement | Duty Station: |
|---|--------------|---|---------------------------|
| Consultant – Covid-19 vaccination of high-risk groups (Pregnant women, PLWHA) | | <input checked="" type="checkbox"/> Consultant | Georgetown, Guyana |
| <p>Purpose of Activity/Assignment:</p> <p>The main objective of this consultation is to support an implementation research study on the feasibility, acceptability, performance and sustainability of Covid-19 vaccination in pregnant women as part of routine ANC's in Guyana.</p> <p>Working under the direct supervision of the Section Chief and in close collaboration with the Immunization Specialist at HQ, the Consultant will perform the following activities:</p> <ol style="list-style-type: none"> 1) Support the team of consultant/researchers recruited by the UNICEF CO in the development and finalization of the research protocol on the vaccination of pregnant women and PLWHA 2) Organize briefing and debriefing meetings between researchers, the MoH and the UNICEF team 3) Support the fieldwork, and coordination of data collection with MoH sites; facilitate planning, data collectors training and organization of qualitative interviews; support access to routine data 3) Ensure quality control of the documents produced by the researchers before their validation 4) Track the progress status of the deliverables 5) Contribute to reports and peer reviewed publication 6) Write a progress report at the end of each month and the final report of the consultation | | | |
| <p>Scope of Work :</p> <p>The 'base-case' scenario of WHO's November 2023 Roadmap for COVID-19 vaccines is that the virus continues to evolve but does not become more virulent. Periodic spikes in transmission may occur as a result of an increasing proportion of susceptible individuals over time if waning immunity is significant; this may require periodic boosting at least for high-priority populations (1). The Roadmap recommends that high-risk groups receive COVID-19 vaccine annually. High risk groups are older adults with co-morbidities that put them at higher risk of severe COVID-19; adults, adolescents, and children older than 6 months with moderate to severe immunocompromising conditions; pregnant women, and health care workers. While COVID-19 vaccine was primarily delivered through mass vaccination during the pandemic, the recommended and more sustainable approach is now to integrate COVID-19 vaccine delivery with routine health services. Hence, in line with the WHO Roadmap, the COVID-19 vaccination programme should transition to prioritize high-risk groups.</p> <p>Following WHO and UNICEF guidance (2), countries have started integrating COVID-19 vaccines into routine immunization services and the broader health system. Some countries have already taken steps to integrate COVID-19 vaccine into care pathways of high-risk groups, such as pregnant women and people living with HIV/AIDS. However, so far there is little evidence on opportunities and constraints for integrating COVID-19 vaccination into the clinical services that serve these populations.</p> <p>The primary purpose of this study is to assess the acceptability, feasibility, uptake, costs, and sustainability of integrating COVID-19 vaccination into routine care of two vulnerable groups - pregnant women and people living with HIV/AIDS</p> | | | |

¹ <https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Prioritization-2023.2>

² <https://iris.who.int/bitstream/handle/10665/366171/9789240064454-eng.pdf?sequence=1>

(PLWHA) in Guyana. The secondary objective will explore key informants' reflections on the pandemic COVID-19 vaccine rollout and lessons learned that could be applied in a future pandemic scenario. This aspect of the study will only be conducted in Guyana and not in the other three countries.

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](#)

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|--|--|---|
| Budget Year: 2024 | Requesting Section/Issuing Office: Health Section/Guyana | Reasons why consultancy cannot be done by staff: There is no relevant expertise available in the CO |
| Included in Annual/Rolling Workplan: <input type="checkbox"/> Yes <input type="checkbox"/> No, please justify: | | |
| Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both Competitive Selection: <input checked="" type="checkbox"/> Advertisement <input type="checkbox"/> <input type="checkbox"/> Roster Single Source Selection <input type="checkbox"/> (Emergency – Director’s approval) | | Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment |
| If Extension, Justification for extension: | | |
| Supervisor: Joann Simpson, Health Officer | Start Date: 1 November 2024 | End Date: 31 Aug 2025 |

| # | Work Assignments Overview | Deliverables/Outputs | Delivery deadline | Estimated Budget (USD) |
|---|---|---|-------------------|------------------------|
| 1 | Support literature review, facilitate access to data and documentation, and guide study protocol | Protocol is validated and agreed with MoH | | |
| 2 | Support the development of research instruments | Survey and Interview guide are finalised | 30 Dec 2024 | |
| 3 | Obtain the country ethical approval | Ethics approval is secured | 15 Dec 2025 | |
| 4 | Support the data collection team, including liaising with health facilities and key stakeholders for planning and organizing of data collection | Report on data collection | 30 April 2025 | |
| 5 | Support engagement with MoH and organize final presentation meeting to stakeholders | Meeting organised | 30 June 2025 | |
| 6 | Draft monthly report and final report | Monthly and final report | 30 June 2025 | |

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| Estimated Consultancy fee | | | |
| Travel International (if applicable) | N/A | | |
| Travel Local (please include travel plan) | N/A | | |
| DSA (if applicable) | N/A | | |
| Total estimated consultancy costsⁱ | | | |
| Minimum Qualifications required*: <input checked="" type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines : Clinical, public health *Minimum requirements to consider candidates for competitive process | Knowledge/Expertise/Skills required *: <ul style="list-style-type: none"> - Clinical experience in primary care - Good organisational skills - Good communication skills - Strong experience of the Guyana health care systems and the vaccination programme - Research experience - Experience of COVID-19 vaccination is desirable *Listed requirements will be used for technical evaluation in the competitive process | | |
| Evaluation Criteria (This will be used for the Selection Report (for clarification see Guidance)) | | | |
| A) <u>Technical Evaluation (e.g. maximum 80 Points)</u> Points) <ul style="list-style-type: none"> - Educational background (medical professional) (10 points) - At least 10 years' experience with MoH and/or health care system in Guyana (20 points) - Evidence of good organizational and communication skills (15 points) - Research experience (20 points) - Experience of the vaccination program in Guyana (15 points) | | B) <u>Financial Proposal (e.g. maximum of 20 Points)</u> | |
| Administrative details: Visa assistance required: <input type="checkbox"/> <input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based: | If office based, seating arrangement identified: <input type="checkbox"/> IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input checked="" type="checkbox"/> | | |
| Request Authorised by Section Head | Request Verified by HR: | | |
| <i>Approval of Chief of Operations (if Operations):</i> _____ | | <i>Approval of Deputy Representative (if Programme)</i> _____ | |
| <i>Representative (in case of single sourcing/or if not listed in Annual Workplan)</i> | | | |

¹ 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.

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 consultants 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.
