

### TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

| Title   | Funding Code  | Type of engagement   | Duty Station:            |
|---|---|--|--------------------------|
| Social and Behaviour Change (SBC) Consultants   | 3900/A0/08/880/006/005 - SM219910;<br>3900/A0/08/880/006/005 – USAID ARPA II ( <i>grant to be created</i> ) | <input checked="" type="checkbox"/> Consultant<br><input type="checkbox"/> Individual Contractor Part-Time<br><input type="checkbox"/> Individual Contractor Full-Time | Makeni FCO<br>Kenema FCO |
| <p><b>Purpose of Activity/Assignment:</b> Provide technical assistance and supervision to district SBC/RCCE partners for coordination, planning, implementation, and monitoring of SBC/RCCE activities in districts</p>   |   |  |                          |
| <p><b>Scope of Work:</b></p> <p>Since the onset of the COVID-19 pandemic, Sierra Leone has enforced a series of measures and protocols to reduce and prevent the risk of transmission and maintain a low COVID-19 status. The COVID-19 vaccination campaign began in March 2021 intending to vaccinate 20 per cent of the eligible population (18 years and above) in the first phase of deployment. Although uptake was slow – with only 3% per cent of the population fully vaccinated by November 2021 – at the end of 2021 there has been improved COVID-19 vaccine accessibility following the extension of the number of COVID-19 vaccination sites and conduct of periodic surge vaccination exercises, which have shown positive signs of accelerating uptake. At the end of March 2022, 33.2% of the eligible population (over 12-year-old) were fully vaccinated.</p> <p>Along with rolling-out COVID-19 vaccinations, Sierra Leone also engaged in a nationwide mass vaccination campaign in 2021 to interrupt transmission of the circulating vaccine-derived poliovirus type2. The polio outbreak, and the subsequent measles outbreak, brought to light the need to re-prioritize routine immunization and increase population immunity and resilience to vaccine-preventable diseases in the context of the COVID pandemic.</p> <p>The promotion of vaccine confidence and uptake has therefore been a central component of the vaccination efforts. The Health Education Division (HED) and the Expanded Programme for Immunization (EPI) of the Ministry of Health and Sanitation (MoHS) have implemented Risk Communication and Community Engagement (RCCE) activities to promote COVID-19 vaccine and routine immunization confidence and uptake and to help address spreading rumours and misinformation and resulting community and caregivers' hesitations. Despite significant progress, multiple challenges have remained. These include second dose uptake of the COVID-19 vaccine, rumours and misinformation on vaccination, community hesitancy and refusals, outreach to hard-to-reach, hesitant and special groups and communities, and improving routine immunization rates.</p> <p>UNICEF has been working with MoHS for the implementation of the COVID-19 vaccination and routine immunization activities, including technical and financial support for the coordination, planning, implementation and monitoring of evidence-based Risk Communication and Community Engagement activities for promoting vaccine confidence. Among priority interventions, UNICEF has assisted HED and EPI teams with the generation of evidence on social and behavioural drivers of vaccination; the production and dissemination of key messages through mass media; the deployment of the Community-Led Action (CLA) model and mobilizers in districts; and the piloting of a rumours and misinformation tracking system/platform. All of which need to be further consolidated in 2022.</p> <p>UNICEF Sierra Leone Country Office is seeking the assistance of (two) Social Behaviour Change (SBC) consultants to facilitate the implementation and supervision of the COVID-19 vaccine and routine immunization SBC/RCCE activities in districts. The SBC consultants will provide technical and operational assistance to the UNICEF Freetown SBC section and Field Office to ensure overall efficiency, effectiveness, and delivery of strategic SBC/RCCE activities, working closely with the district health teams and implementing partners on demand creation for COVID-19 vaccination and routine</p> |   |  |                          |

immunization activities. Each consultant will be based in one of the UNICEF Field Offices (Kenema / Makeni), with frequent travel to districts under her/his responsibility to assist the District Social Mobilisation teams and the implementing partners' activities. The consultant who is based in UNICEF Kenema Field Office will cover the districts of Kenema, Kailahun, Bo, Moyamba, Pujehun and Bonthe. The consultant who is based in the UNICEF Makeni Field Office the districts of Port Loko, Karene, Kambia, Bombali, Tonkolili, Koinadugu, Falaba, and Kono.

Under the direct supervision of the Social and Behaviour Change (SBC) Specialist and the operational supervision of the Chief of Field Office, the Consultants will support the District Health Management Teams and NGOs/CSOs partners in districts in the planning, implementation, and monitoring of SBC/RCCE activities, with a specific focus on community engagement and participatory interventions contributing to generate demand for COVID-19 vaccine and routine immunization, including HPV vaccine introduction.

The Consultants will more specifically perform the following duties and responsibilities:

- **Provide technical support to the district partners to coordinate and plan demand creation activities for the COVID-19 vaccine and routine immunization.** The consultants will help strengthen coordination between UNICEF and District Health Monitoring Teams (DHMT) internally, and externally with its key partners. S/he will assist DHMT and partners in developing district-based SBC/RCCE micro-plans for the promotion of COVID-19 vaccine and routine immunization, including the design and implementation of specific outreach strategies for hard-to-reach, hesitant and vulnerable groups and communities. S/he will also work closely with UNICEF sector/programme colleagues of the field office for better results and integration of activities.
- **Support community engagement activities:** The consultants will support the DHMTs, through their District Social Mobilization Coordinators (DSMCs), and NGOs/CSOs partners on the implementation and monitoring of behaviour change activities for COVID-19, routine immunization and emergency/outbreak preparedness and response, with a specific focus on Community-Led Action (CLA) deployment, conducting immunization campaigns, and other community-level interventions. S/he will support community resilience interventions by looking at ways to strengthen work with youth associations, young people, CSOs and FBOs in the districts.
- **Assist capacity building:** The consultants will support capacity building activities organized at the district level, notably the planning and organization of SBC/RCCE-related training sessions on COVID-19 and immunization activities. S/he will in addition provide in-service capacity building to the DHMT teams as well as stakeholders and partners as relevant, to the design and use of IEC/media materials and the conduct of COVID-19 vaccination and routine immunization SBC/RCCE activities.
- **Support material development, pre-testing, and dissemination:** The consultants will support the development and use of evidence-based culturally sensitive materials for community empowerment on COVID-19 and other vaccine-preventable diseases, as relevant.
- **Support media engagement:** The consultants will support mapping and engagement of local media, particularly district/community radio stations and social media influencers; including building the capacity to communicate SBC/RCCE messages and measure reach and engagement.
- **Support the monitoring, reporting and documentation of COVID-19 and routine immunization SBC/RCCE activities:** The consultants will support the conduct of district rapid assessments and other data collection and analysis activities to help inform COVID-19 SBC/RCCE vaccination and routine immunization strategies and activities.

S/he will support DHMTs and partners in the monitoring and evaluation of COVID-19 and routine immunization SBC/RCCE activities and strengthen the documentation of field activities and meetings.

- Any other SBC or emergent need required by MOHS/DHMT during the term of support

**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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|--|---|--|---|--|
| <b>Budget Year:</b><br><br>2022  | <b>Requesting Section/Issuing Office:</b><br><br>SBC UNIT | <b>Reasons why consultancy cannot be done by staff:</b><br><br>There is no SBC staff in UNICEF field offices under the current structure. With the significant increase in its scope of work, including at-scale deployment of the Community-Led Action model in districts, along with other campaigns in 2022, the SBC Unit needs the urgent support of two consultants based in the field offices to allow for the provision of the required technical assistance to district government and NGO partners as well as proper coordination and monitoring of activities supported by UNICEF in districts and communities |   |  |
| <b>Included in Annual/Rolling Workplan:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify: <ul style="list-style-type: none"> <li><i>Support national subnational/local partners for strengthening SBC-CE processes and coordination mechanism(s) at national and sub-national/local levels to jointly advance the people-centred agenda Support MoHS and DHMTs to roll out routine immunization communication strategy</i></li> <li><i>Support MoHS and DHMTs to develop and implement social mobilization and communication plans for periodic outreach interventions including population-based health and nutrition-related campaigns</i></li> <li><i>Support MoHS and DHMTs to develop and implement risk communication and community engagement strategy/plan for emergency preparedness and response - continuity of essential H&amp;N services; nOPV campaign, COVID vaccine deployment</i></li> </ul> |   |  |   |  |
| <b>Consultant sourcing:</b><br><br><input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both<br><br><b>Consultant selection method:</b><br><br><input type="checkbox"/> Competitive Selection (Roster)<br><input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)  |   | <b>Request for:</b><br><br><input checked="" type="checkbox"/> New SSA – Individual Contract<br><br><input type="checkbox"/> Extension/ Amendment  |   |  |
| <b>If Extension, Justification for extension:</b>  |   |  |   |  |
| <b>Supervisor:</b><br><br>SBC Specialist   | <b>Start Date:</b><br><br>May 1 <sup>st</sup> , 2022      | <b>End Date:</b><br><br>February 2023  | <b>Number of Days (working)</b><br><br>9 months |  |

| <b>Work Assignment Overview</b>  |   |          |                 |
|--|---|----------|-----------------|
| Tasks/Milestone:   | Deliverables/Outputs:                                 | Timeline | Estimate Budget |
| District social mobilization and communication micro-plans were developed and implemented, including for routine immunization, COVID-19 vaccination, and HPV introduction.                           | Monthly technical reports<br>Field monitoring reports | Monthly  |                 |
| DHMTs have identified strategies for promoting COVID-19 vaccine confidence and routine immunization in hard-to-reach and high-risk areas, special populations and “hesitant” communities and groups. |   |          |                 |
| District social mobilization committees’ meetings are held monthly with minutes of meetings.   |   |          |                 |
| CLA deployment is monitored and supported, including through improved coordination between   |   |          |                 |
| Key messages are updated, prioritized, and disseminated accordingly.   |   |          |                 |
| District SBC/RCCE-supported activities are monitored (data collected, compiled, analyzed, and used) and documented, with recommendations acted upon.   |   |          |                 |
| All district social mobilization teams report on rumours and misinformation through the Kobo tool.   |   |          |                 |
| Key stakeholders and partners are oriented on the importance of vaccination and they publicly support children’s immunization.   |   |          |                 |
| Monthly technical reports on completed assignments submitted.  |   |          |                 |

|   |   |  |  |
|---|---|--|--|
| <b>Estimated Consultancy fee</b>  |   |  |  |
| Travel International (if applicable)  |   |  |  |
| Travel Local (please include travel plan)   |   |  |  |
| DSA (for mission out of DS)   |   |  |  |
| <b>Total estimated consultancy costs<sup>i</sup></b>  |   |  |  |
| <p><b>Minimum Qualifications required:</b></p> <p><input checked="" type="checkbox"/> Bachelors   <input type="checkbox"/> Masters   <input type="checkbox"/> PhD   <input type="checkbox"/> Other</p> <p>Enter Disciplines</p> | <p><b>Knowledge/Expertise/Skills required:</b></p> <ul style="list-style-type: none"> <li>▪ A minimum of two years of professional experience in Social and Behaviour Change Communication, health promotion, programme management or another related field at the national and/or sub-national level.</li> <li>▪ Relevant experience in outbreak response, immunisation programmes/campaigns, and/or community engagement project management is an asset.</li> <li>▪ Ability to work independently, manage multiple priorities and meet deadlines.</li> <li>▪ Ability to write clear and concise reports in English.</li> <li>▪ Computer literacy</li> <li>▪ Fluency in English is required. Knowledge of local languages is an asset.</li> <li>▪ Experience working with UN system agency or organization is an asset.</li> </ul> |  |  |
| <p><b>Administrative details:</b></p> <p>Visa assistance required:   <input type="checkbox"/></p> <p>Transportation arranged by the office:   <input type="checkbox"/></p>  | <p><input type="checkbox"/> Home Based   <input checked="" type="checkbox"/> Office Based:</p> <p>If office-based, seating arrangement identified:   <input type="checkbox"/></p> <p>IT and Communication equipment required:   <input type="checkbox"/></p> <p>Internet access required:   <input type="checkbox"/></p>  |  |  |
| <p><b>Request Authorised by Section Head</b></p>   | <p><b>Request Verified by HR:</b></p>   |  |  |

<sup>i</sup> 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 or individual contract 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 and Individual Contractors. Consultants and individual contractors 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.