

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

Title	Type of engagement	Duty Station
Consultancy for study on lessons learned on integrating COVID-19 vaccine into high-risk group routine care in Guyana	<input checked="" type="checkbox"/> Consultant <input checked="" type="checkbox"/> Needs UNICEF e-mail and system access	Georgetown, Guyana
<p>Purpose of Activity/Assignment:</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.</p> <p>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 (PLWHA) in Guyana. The overall intended programme of work will involve four countries in total, including Guyana. Eswatini and Malawi will examine integration of COVID-19 vaccine into antiretroviral therapy services and Cote d'Ivoire into antenatal care.</p> <p>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.</p> <p>These TORs are concerned with the study taking place in Guyana, which has been integrating COVID-19 vaccination within antenatal care services and ART services for PLWHA. In Guyana, COVID-19 vaccine is routinely offered to pregnant women along with the Td vaccine. It is available both at antenatal clinics and primary care level, but not in pharmacies. Health promotion and health education activities to support COVID-19 vaccine delivery are carried out at clinic level. Despite availability, acceptance rates have been reported to be low. COVID-19 vaccination policy in Guyana follows WHO recommendation, but to date there is no official government policy recommendation. Similarly, Guyana recommends and</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>

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offers COVID-19 vaccination to PLWHA as part of their routine care. The study has been approved by the Guyana UNICEF office and is supported by the Guyana EPI manager Dr Oneka Scott.

Study aims and objectives:

The study aims to draw lessons from the COVID-19 pandemic, both for its pandemic roll-out and post pandemic routinization of COVID-19 vaccines to high-risk groups. The study will have two overall aims: Study A will examine lessons learned from the COVID-19 vaccine roll-out in Guyana during the pandemic. Study A will aim to evaluate the integration of COVID-19 vaccination into routine care of high-risk groups (post pandemic);

Aim of study A: To explore lessons learned from the COVID-19 pandemic vaccine rollout to inform future planning for pandemic preparedness through a limited number of key informant interviews.

Aim and objectives of study B: 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 (PLWHA).

Detailed objectives of Study B are:

1. To describe the existing COVID-19 vaccination delivery model(s) in pregnant women and PLWHA
2. To identify the barriers and facilitators of COVID-19 vaccine delivery to pregnant women and PLWHA.
3. To assess the uptake, timing/timeliness and associated determinants of COVID-19 vaccination in pregnant women and compare these with maternal tetanus vaccination.
4. To assess the uptake, and associated determinants of COVID-19 vaccination uptake, in PLWHA.
5. To describe how COVID-19 vaccine delivery is integrated within ANC services and clinical care models of PLWHA. This involves examining integration of broader health systems functions (e.g. governance, financing, supply, health information system, supervision, etc..) as well as characterizing the level of integration at facility level – including mapping the delivery of COVID-19 vaccine within the care pathway(s).
6. To explore health care professionals' (HCPs) and program managers' experience and views of the feasibility, of integrating COVID-19 vaccine delivery into ANC services and PLWHA care.
7. To explore the experience and views of pregnant women and PLWHA on COVID-19 vaccination and their satisfaction of the integrated delivery
8. To quantify the additional cost of delivering COVID-19 vaccine as part of existing ANC services and PLWHA care services.

This work is funded by Gavi to provide evidence on integrated COVID-19 vaccine delivery as part of the Gavi COVID-19 vaccine learning agenda.

Scope of Work:
Preparatory work

1. Develop the study protocol collaboratively with UNICEF HQ and UNICEF country office staff. The protocol will include the methods, the facility sampling and the topic guide for the qualitative interviews and the costing of the additional cost of vaccinating the target groups with Covid-19 vaccines methodology.
2. Conduct a rapid literature review on delivering COVID-19 vaccines to pregnant women and PLWHA, including facilitators and challenges to vaccination.
3. Conduct a desk review of COVID-19 policy/practice during and post pandemic, based on documentary review of COVID-19 government policies, and reports on the vaccine rollout and other relevant documentation.

Data collection and analysis

4. Gather quantitative data from existing routine data and/ or conduct an exit facility cross-sectional survey to quantify uptake of COVID-19 vaccine and Td vaccine (pregnant women) and COVID-19 uptake for PLWHA
5. Compare COVID-19 vaccination uptake to Td vaccination uptake in ANC services.

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6. Identify factors/determinants associated with COVID-19 vaccine uptake in the two risk groups.
7. Conduct qualitative interviews with Health Care Providers and program managers to examine the feasibility and sustainability of integrated delivery models, - including health systems functions supporting COVID-19 vaccination (eg vaccine administration, supervision, planning, governance, M&E...).
8. Conduct structured observation of the integrated routine vaccination into clinical care of the two target groups
9. Undertake a costing study to estimate the incremental cost of delivering COVID-19 vaccination as part of ANC and PLWHA services.
10. Conduct the data analysis of the qualitative and quantitative data collected.

Dissemination of results

11. Deliver a presentation of the findings at country level.
12. Draft a peer reviewed publication, supported by UNICEF HQ team.

Additional information to guide the work:

The consultant is expected to lead the conceptualization of the study, organize the data collection, lead the data analysis and write up as well as coordinate the work with the Guyana Ministry of Health. As the **work involves several disciplines and includes qualitative and quantitative data collection**, it is expected that the Consultant will work together with a small team (eg. social scientist, health economist, survey specialists) that they will recruit and manage.

In terms of the **methodology**, it is expected that the work will take place in 4 regions in Guyana, representing a range of Covid-19 vaccination coverage rate a socio-economic and cultural context. It is envisaged that:

- A survey of pregnant women and PLWHA be carried out in the 4 regions to understand their perception and experience of Covid-19 vaccination.
- Qualitative data and economic costs would be collected in a smaller sample of vaccinating health facilities in the 4 regions (10 to 15 health facilities)
- Interviews of Key informants will be conducted at national and regional level, both exploring pandemic lessons learned (study A) and routine integration of the Covid-19 vaccination in routine services (study B)

The Consultant is expected to refine this preliminary methodology.

The Consultant will be supported in the delivery of the work by a **national counterpart consultant which will facilitate the coordination of the work with the MoH, liaise with ethics committee and provide technical support on vaccination**. In addition, **UNICEF HQ technical lead which will provide methodological support** including in developing the **protocol, the data collection tools and support the methodology** of the **costing component** and **writing of the publication**.

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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](#)

Budget Year	Requesting Section/Issuing Office:	Reasons why consultancy cannot be done by staff:
2024-2025	UNICEF Guyana CO	The current staff members in the Unit are overstretched and cannot be fully engaged for the dedicated and specialized technical assistance. The work requires intensive, dedicated efforts in Guyana within a limited time period. Therefore, a specialized technical expert is required.
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:		
Consultant sourcing: <input type="checkbox"/> National <input type="checkbox"/> International <input checked="" type="checkbox"/> Both Competitive Selection: <input checked="" type="checkbox"/> Advertisement <input type="checkbox"/> Roster Single Source Selection <input type="checkbox"/> (Emergency - Director's approval)		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract
Supervisor: Sandra Mounier-Jack, Immunization specialist	Start Date: 1 Nov 2024	End Date: 30 June 2025

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Work Assignment Overview	Deliverables/ Outputs	Delivery deadline	Estimated Budget and funding information (WBS, fund, grant)
1. To develop collaboratively with UNICEF staff the study protocol for objectives A) and B), which will include the methods, the sampling, costing methodology, and the topic guide for the qualitative interviews.	Study Protocol developed.	30 Nov2024 (est. 20 days)	
2. To conduct a rapid literature review on vaccination in pregnancy and PLWHAs in LMICs.	Report developed.	30 Nov 2024 (est 5 days)	
3. To conduct a desk review of COVID-19 vaccination pandemic and post pandemic policies	Report developed.	30 Nov 2024 (est. 5 days)	
4. To present the research methodology and activity plan to key stakeholders.	Stakeholders meeting minutes.	15 Jan 2025 (est. 8 days)	
5. Qualitative data collection (interviews). (Study A. lessons learned)	Interview transcripts prepared, and report provided	28 Feb 2025 (est.15 days)	
6. To provide a mapping of the integration of COVID-19 vaccination at facility level using structured observation for the two clinical groups	Mapping completed.	30 April 2025 (est. 15 days)	
6.To conduct qualitative data collection and analysis (interviews). (Study B. integration)	Interview transcripts prepared and analysis report available.	30 April 2025 (est.40 days)	
7. To conduct quantitative data collection and analysis (survey).	Data analysis report (uptake, and determinants of uptake) developed.	30 April 2025 (est.60 days)	
8. To conduct quantitative data collection and analysis (costing study).	Report presenting results of costing study undertaken (additional cost of C-19 vaccination)	30 April 2025 (est.25 days)	

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8. To present findings at country level.	Presentation at country level delivered. Slide-deck developed.	30 June 2025 (est.5 days)	
9. To lead one peer reviewed publication, and will be supported by UNICEF HQ team.	Publication completed	31 July 2025 (est.20 days)	

Estimated Consultancy fee			
Travel			
Total estimated consultancy costsⁱ			
Minimum Qualifications required*: <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: Health policy/ health systems/ health economics/ epidemiology. Language Proficiency: Fluency in English is required (spoken and written). *Minimum requirements to consider candidates for competitive process		Knowledge/Expertise/Skills required*: <ul style="list-style-type: none"> • Experience of public health/health policy – at least 5 years • Research experience including mixed methods - quantitative and qualitative skills – at least 5 years • Publication record (reports and peer reviewed publication) • Ability to communicate effectively with a wider range of audiences. • Excellent interpersonal skills to develop and maintain good working relationships. *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) Technical Evaluation (e.g., maximum 75 Points) <ul style="list-style-type: none"> • Educational background – 10 Points • Research experience including qualitative and quantitative (eg. epidemiology/economics) - 30 points • Technical proposal (not more than 5 pages)- 20 points • Evidence of health policy/public health research experience in Guyana and/or Caribbean and South American region- 20 Points • Publication record – 5 Points 		B) Financial Proposal (e.g., maximum of 25 Points)	

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<p>Administrative details:</p> <p>Visa assistance required: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Home Based <input 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><i>Approved by Approving Authority:</i></p> <p>_____</p> <p><i>Director (in case of single sourcing/or if not listed in Annual Workplan)</i></p> <p>_____</p>	

ⁱ 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.

The selected candidate 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 candidates 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. It 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.

