

## TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

<b>Title of Assignment</b>	National Consultancy: Study on COVID-19 vaccine implementation within existing primary health care services	
<b>Requesting Section</b>	Health/HIV	
<b>Location</b>	<b>Place of assignment:</b> <ul style="list-style-type: none"> <li>This assignment will be based in Lilongwe with frequent visits to target districts and KUHeS.</li> <li>The consultancy is not office-based; however, it will be expected for the consultant to attend related and scheduled meetings and briefing sessions at UNICEF Malawi Country office, Airtel complex city Centre Lilongwe.</li> <li>Consultant will be expected to participate in Technical Working Group (TWG) meetings and any other technical meetings as scheduled for HIV and EPI to share the progress of the study and lessons learnt.</li> </ul>	
<b>Contract Duration</b>	12.5 months Including a review period following submission of final deliverable.	
<b>Estimated number of working days</b>	Monthly	
<b>Planned Start and End Date</b>	<b>From:</b> 1 June 2024	<b>To:</b> 15 June 2025

## BACKGROUND AND JUSTIFICATION

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 because 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, and the

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

Government of Malawi's latest guidance on COVID-19 vaccination, the COVID-19 vaccination delivery should transition to routine service delivery platforms and prioritize high-risk groups. Following WHO and UNICEF guidance (2), Malawi has commenced integrating COVID-19 vaccines into their routine immunization programme and broader health systems. It has already taken steps to integrate COVID-19 vaccine into care pathways of high-risk groups, such as pregnant women and people living with HIV. However, so far there is little evidence on how these existing models integrate COVID-19 vaccination into the clinical services that serve these populations.

The service of a consultant is therefore required to provide oversight for the conduct of a study that will provide evidence on strategies and models for the integrated delivery of COVID-19 vaccination within routine care for the high-risk groups of People Living With HIV as recommended by the WHO Scientific Advisory Group on Emergency (SAGE). The study is intended to collect evidence on the acceptability, feasibility, effectiveness, cost of COVID-19 vaccine routine delivery and document practices, enablers, and challenges to delivery for this target group.

Malawi's HIV prevalence, at 5.1% overall and 8.2% among adults, is among the highest in the World. An estimated 982,470 people (about the population of Delaware) are living with HIV in Malawi of which 62% are women, 38% men and 5% children.

Malawi has almost achieved the HIV 95-95-95 UNAIDS goals while some disparities persist geographically. Prevalence is highest in urban centers including Blantyre (14.2% of 15-49) and Lilongwe (10.6% of 15-49). There are about 50,000 under 15 years old living with HIV presenting 0.6% of the population and adolescents and young people are reported to be behind on epidemic control goals. A survey administered at ART clinics found that respondents recruited at ART clinics tended to be less up to date in their Covid-19 vaccination than those recruited from NCD clinics while it found no difference in terms of vaccine hesitancy by HIV status. Activities have been implemented in Malawi at ART clinics including demand creation talk systematic screening for vaccination status and offering of the C19 vaccines during clinic visits.<sup>3</sup>

COVID-19 vaccine is currently offered at district hospitals in ART clinics, and People Living with HIV (PLWH) are referred to a vaccination sites where COVID-19 vaccine is administered. On paper, the vaccines are available at all service delivery points but, human resource constraints and staff redeployment as a result of several emergencies the country has faced makes COVID-19 vaccination availability at all service delivery points unlikely.

## PURPOSE OF THE ASSIGNMENT

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

<sup>3</sup> [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10332229/pdf/KHVI\\_19\\_2228168.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10332229/pdf/KHVI_19_2228168.pdf)

The primary assignment is to provide day-to-day guidance to Kamuzu University of Health Sciences (KUHeS) as it conducts this study ensuring that the quality of the output adheres to UNICEF's minimum standards.

The consultant will work with KUHeS to collate an evidence base that will inform and strengthen integrated delivery models for COVID-19 vaccination into routine health services.

The consultant will ensure that this country study will evaluate the acceptability, feasibility, uptake and cost of delivering COVID-19 vaccines to people living with HIV and/or TB patients as part of routine care. At country level, results will inform the design of models for integrated delivery, support optimizing uptake, and be used to advocate for resources. The outputs from this multi-country study will be used to provide evidence that will be used at global level to inform the scalability and sustainability of integrated models of COVID-19 vaccination within routine delivery models.

## **SCOPE OF WORK/OBJECTIVES**

- A. Working with KUHeS, the consultant will provide evidence on the delivery of COVID-19 vaccine into routine services. The consultant will ensure the output of documentation that:
  1. Describes the existing COVID-19 vaccination delivery model(s) in HIV (and/or TB) affected patients delivered within routine HIV and/or TB clinics.
  2. Identifies the barriers and facilitators of COVID-19 vaccine delivery to HIV and/or TB patients.
  3. Assesses the uptake, and associated determinants of COVID-19 vaccination uptake, in HIV (and/or TB) patients.
  4. Assesses and maps how COVID-19 vaccine delivery is integrated within HIV/AIDS (and/or TB clinics), including examining integration of health systems functions.
  5. Collates health care professionals (HCPs) and programme managers' experience and views of the feasibility, acceptability and experience of integrating C-19 vaccine delivery into HIV (and/or TB) clinics.
- B. Support the dissemination of evidence to country government on how to optimize the integrated delivery of COVID-19 vaccination into routine services.
- C. Support the dissemination of evidence to the Global public health and immunization community.

## **REPORTING REQUIREMENTS**

**To whom will the consultant report (supervisory and any other reporting/communication lines):**

- The consultant will report to the HIV Specialist, under the oversight of Chief of Health and HIV, and with frequent coordination with the UNICEF's Expanded Programme for Immunization (EPI) team who are based at the UNICEF Office's in Lilongwe.

- The consultant will furthermore consult and interact with the EPI team to get some insight to technical issues surrounding Covid19 vaccination in priority groups.

**What type of reporting will be expected from the consultant and in what format/style will the submissions of reports/outputs be done:**

- Monthly monitoring reports on the progress of the implementation of the project based on the monthly activity plan.
- Regular discussions will be held face-to-face and virtually, and the consultant is expected to stay in touch via telephone, emails, and other online platforms.

**How will consultant consult and deliver work and when will reporting be done:**

- The consultant will be home-based with regular presence in the UNICEF office for required technical and briefing meetings.
- The consultant will frequently visit the study implementors at Kamuzu College of Health Sciences Next to Kamuzu central hospital to discuss weekly, monthly and quarterly plans.
- The consultant will provide monthly deliverables based on an agreed work plan and delivery schedule.
- In the first week of the month, the consultant will produce a work plan outlining the key deliverables in consultation with the contract supervisor. Where amendments arise during the month, a formal email will be shared and attached to the monthly report.
- The consultant will present the draft documents and the final report to UNICEF as agreed during the time of engagement and as per the work plan.

## EXPECTED DELIVERABLES

In alignment with the scope of work described above, the consultant will be expected to perform the following activities and deliverables per the schedule and estimated dates below as well as any other activities as deemed necessary and related to the successful delivery of the assignment. Due to the nature of this assignment, the consultant will carry out activities which are mostly similar in output across the months, for which there will be monthly payments will be based on satisfactory performance-service delivery.

Table 1: Expected Deliverables against Task and Milestones: `

Task/Milestone	Deliverable/ Outcome	Estimated # of days	Planned Completion date	Estimated cost- percentage payable
1.Support institutional contractor (KUHeS) to selection of study sites and determination of study approach in collaboration	List of study sites, Research protocol, tentative Study protocol developed	Monthly	30 June 2024	Equally weighted payment upon completion of

with national country government partners				each monthly deliverable
2.Support institutional contractor (KUHeS) to draft inception report with research/country engagement study protocol developed – including work with MoH M&E team if appropriate and conduct stakeholders inception meeting	Inception report with research/country engagement study protocol developed	Monthly	31 July 2024	
3. Support application for Country Ethics board approval	Ethics approval submitted	Monthly	31 August 2024	
4. Support development of progress report on data collection	Progress report on data collection submitted. (Quantitative and qualitative data)	Monthly	30 September 2024	
5. Support mapping of the clinical pathway(s) integrating COVID-19 vaccination	Clinical pathways integrating covid19 vaccination developed.	Monthly	31 October 2024	
6.Support drafting country report presenting research outputs on acceptability, feasibility, uptake, and cost of integrated COVID-19 vaccination into high-risk group routine care pathways	Progress report on all data collection finalization and analysis drafted.	Monthly	30 November 2024	
7.Support drafting of progress report on service utilisation, uptake, structured and semi structured interviews, costing data.	Draft report developed, presented to UNICEF and government partners, comments incorporated.	Monthly	31 December 2024	
8. Support drafting of the final report including findings in a simple and concise manner.	Draft final report incorporating all activities implemented in the project as part of the knowledge management.	Monthly	31 January 2024	

9. Support results dissemination at a TWG or conference within Malawi.	Draft manuscript submitted to peer review journal and presented in a conference.	Monthly	28 February 2025	
10. Support organizing workshop to disseminate results of the project, prepare presentations for the workshop	One workshop organised, presentation to regional/global team done.	Monthly	31 March 2025	
11. Support compilation of the workshop report.	Workshop report shared with UNICEF and government partners	Monthly	30 April 2025	
12. Support compiling of final report including knowledge products, peer reviewed publication for the project.	Final report submitted	Monthly	31 May 2025	

However, as the actual starting date may impact the dates estimated in the TOR, a detailed workplan with exact timeframes and actual delivery dates will be jointly agreed upon between the consultant and the supervisor upon contract signature and which will be updated on a regular basis as needed.

## PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in TOR.
- Compliance with the established deadlines for submission of deliverables
- Quality of work
- Demonstrating high standards in cooperation and communication with UNICEF and counterparts
- Adherence to UNICEF's child safeguarding policy

## PAYMENT SCHEDULE

All payments, without exception, will be made upon certification from the supervisor of the contract of the satisfactory and quality completion and submission of deliverables and upon receipt of the respective and approved invoice. 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.

The consultancy cost will be based on an all-inclusive fee basis which will include all cost related to this assignment including, professional fee, travel and living cost, stationery, communications etc. No other costs are payable under this consultancy.

## DESIRED COMPETENCIES, TECHNICAL BACKGROUND AND EXPERIENCE

### Education:

- Advanced university degree in public health, paediatric/adolescent health, social sciences, epidemiology, or any development related field is required.

### Work experience:

- At least 2 years of professional experience post qualification at national level, including field experience and expertise in HIV programming, immunization, or any other related field.
- Those with familiarity with UNICEF working processes and procedures will have added advantage.
- Technical field experience with data collection and pathway analytics would be an asset.

### Technical skills, competencies, and knowledge:

- A set of strong qualitative and quantitative collection and analytical skills and a good understanding of translating evidence into policy and programmatic implementation will be an added advantage.
- Demonstrated ability to work in a multicultural environment and establish harmonious and effective relationships.
- Familiarity with UNICEF processes for evidence generation through operational research, data collection, analysis, and development of peer reviewed manuscripts.

### Languages:

- Excellent English oral and written communication skills is required.

## ADMINISTRATIVE ISSUES

UNICEF will regularly communicate with the consultant and provide feedback and guidance and necessary support so to achieve objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work.

As per policy on consultants, the individual will be expected to complete a list of mandatory training, including policies on Prohibiting and Combatting Fraud and Corruption, Prohibition of discrimination, harassment, sexual harassment and abuse of authority and other relevant policies for their information and acknowledgement upon acceptance of the offer.

Before the issuance of the official contract, the individual consultant is requested to:

- complete the applicable mandatory trainings.
- ensure that the visa (where applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. The consultant is solely responsible for both the visa and own health insurance.



- the selected consultant is 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 candidates to disclose their disability during their application in case they need reasonable accommodation during the selection process and afterwards in their assignment.

Consultants must have their own equipment, tools and materials needed to perform their services. They will use their own laptops/computers, any application or system needed to complete the assignment.

The access to UNICEF email and system is restricted to UNICEF staff therefore consultants should not be granted access unless it is imperative to complete assignment. The need for email access will be determined in consultation with the contract supervisor and will require approval from management.

## CONDITIONS

- The consultancy will be for a period of 12.5 months (including a review period following submission of final deliverable).
- The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- The consultant will be based in at home with frequent travels to project implementation sites to monitor implementation. On a need basis, the consultant will visit the office and Kamuzu college of Health sciences.
- The consultant will be paid an all-inclusive fee (professional fee, travel, living costs, stationary, communication and other miscellaneous expenses) as per the stipulated deliverable and payment schedule.
- Under the consultancy agreements, a month is defined as 21.75 working days, and fees are prorated accordingly for actual days worked.
- The consultant is not entitled to additional payment for overtime, weekends, or public holidays.
- Transport will be provided to the consultant during in-country field travel, if planned and approved.
- No travel should take place without an email travel authorization from section prior to the commencement of the journey from the duty station.



- Standard UNICEF procedures will apply for invoicing and all other financial management requirements set out in the contract.
- Standard penalty clauses will also apply for late and poor-quality deliverables. The supervisor of the contract will provide the consultant with the criteria for the evaluation of the quality of each deliverable.
- Additional details of UNICEF rules, regulations and conditions will be attached to the contract.
- The consultant will not have supervisory responsibilities or authority on UNICEF budget.
- 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.

## HOW TO APPLY

Interested consultants should provide the following:

1. Curriculum Vitae
2. Brief technical proposal (no longer than five pages) demonstrating the consultant’s understanding of the assignment and approach/methodology to the assignment.
3. Financial proposal including a breakdown of their all-inclusive fees (including professional fees, travel, living cost, visa, and other costs). Complete the attached form.



Financial  
Proposal.xlsx

4. References details from at least 3 supervisors, including the current supervisor.