**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

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| **Title**  National Social and Behaviour Change (SBC) Consultant | **Funding Code**  3900/A0/08/880/006/005 - SM219910 | **Type of engagement**  **Consultant**  Individual Contractor Part-Time  Individual Contractor Full-Time | **Duty Station:**  MoHS/HED  Freetown |
| **Purpose of Activity/Assignment:**  Provide technical and operational assistance to Health Education Division (HED) and Expanded Programme for Immunization (EPI) teams of Ministry of Health and Sanitation (MoHS) for the coordination, planning, implementation, monitoring and supervision of SBC/Risk Communication and Community Engagement (RCCE) COVID-19 vaccination and routine immunization activities. | | | |
| **Scope of Work:**  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 prevalence. The COVID-19 vaccination campaign began in March 2021 with an initial aim to vaccinate at least 20 per cent of the eligible population (18 years and above) in the first phase of deployment. Although the initial uptake was slow – with only 3 per cent of the population fully vaccinated by November 2021, with the recent increase of COVID-19 vaccine accessibility, the country is now significantly accelerating the vaccination efforts to ensure equitable access to all eligible population across the country. The efforts include the increase of COVID-19 vaccination sites and implementation of periodic surge vaccination exercises. The eligible population has also been expanded to cover all population over 12 years old. At the end of April 2022, 26 per cent of the eligible population (over 12-year-old) were fully vaccinated.  Along with the COVID-19 vaccine roll-out, Sierra Leone also conducted a series of nationwide mass vaccination campaigns 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.  The boosting 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 rumours and misinformation and the resultant community and caregivers’ vaccine hesitancies. Despite significant progress, multiple challenges remain. These include low second dose uptake of the COVID-19 vaccine, prevailing rumours and misinformation on vaccination, relative vaccine hesitancy and refusals by communities, suboptimal outreach coverage to hard-to-reach, hesitant and special groups and communities, and disruption of routine immunization services.  UNICEF has been working with MoHS in 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 RCCE 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 acceptance and uptake; 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.  UNICEF Sierra Leone Country Office is seeking the assistance of a national consultant who will help in the coordination, design, implementation, monitoring and supervision of the COVID-19 vaccine and routine immunization SBC and RCCE activities.  Under the direct supervision of the UNICEF Social and Behaviour Change Specialist, and in coordination with the UNICEF Social and Behaviour Change Emergency Specialist, the Consultant will support the HED and EPI teams of the MoHS in the planning, implementation, and monitoring of SBC/RCCE strategies, plans and activities, with a specific focus on COVID-19 vaccination and routine immunization, including HPV vaccine introduction.   * **Provide technical support to the HED and EPI teams of MoHS for the coordination and planning of evidence-based SBC/RCCE activities**. The consultants will help strengthen coordination between UNICEF and HED and EPI teams internally, and externally with key partners. S/he will assist HED/EPI and partners in the development of SBC/RCCE costed strategies and plans for the promotion of COVID-19 vaccine and routine immunization, including facilitating the design of coordinated outreach strategies for hard-to-reach, hesitant and vulnerable groups and communities, differentiated strategy to promote vaccine uptake specifically among urban population, and male involvement strategy / interventions to address vaccine hesitancy/refusal. S/he will also work closely with UNICEF sector colleagues for better results and integration of activities. * **Support community engagement activities**: The national consultant will support HED and EPI teams, as well as relevant NGOs/CSOs partners, on the implementation and monitoring of community engagement activities for COVID-19 vaccination and routine immunization, with a specific focus on Community-Led Action (CLA) deployment and conduct of immunization campaigns. S/he will support MOHS in identifying ways to strengthen work with youth associations, young people, CSOs and FBOs. * **Assist capacity building:** The national consultant will support capacity building activities at national and district levels by helping plan and organize training sessions on COVID-19 and other immunization activities. This will include the capacity building of interpersonal communication skills of vaccinators and other health workers. S/he will in addition provide mentoring and coaching support for the national MoHS HED and EPI teams as well as stakeholders and partners on the use of IEC and media materials and the conduct of COVID-19 vaccination and routine immunization SBC/RCCE activities. * **Support material development, pre-testing and roll-out as needed**: The national consultant will support the development and use of evidence-based culturally sensitive materials to promote the COVID-19 vaccination and routine immunization. S/he will participate in all steps of material development from need assessment to design, pre-testing, and planning for material distribution, and in monitoring the outcomes in terms of measurable behaviour changes. * **Support media engagement:** The national consultant will support mapping, updating/maintaining contact list, and engaging national and local media (radio, TV, newspapers, and social media influencers) by supporting the preparation of press briefings and media plans (incl. social media plans) and building the media’s capacity to communicate SBC messages, monitor and measure reach and engagement. * **Support data generation and analysis for monitoring and reporting of COVID-19 and routine immunization SBC/RCCE activities**: The national consultant will provide technical assistance in the conduct of rapid assessment, data collection and analysis to inform COVID-19 vaccination and routine immunization SBC/RCCE strategies and activities. S/he will support HED and EPI partners in strengthening monitoring of COVID-19 and routine immunization demand activities, including through supporting the development of reporting tools and collection, compilation and analysis of data. * Any other SBC or emergent need required by MOHS/District Health Management Team (DHMT) during the term of support | | | |
| **Child Safeguarding**  Is this project/assignment considered as “[Elevated Risk Role](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Guidance%20on%20Identifying%20Elevated%20Risk%20Roles_finalversion.pdf?CT=1590792470221&OR=ItemsView)” 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](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/SitePages/Amendments-to-the-Recruitment-Guidance.aspx) and [Child Safeguarding FAQs and Updates](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Child%20Safeguarding%20FAQs%20and%20Updates%20Dec%202020.pdf) | | | |

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| **Budget Year:**  *2022* | **Requesting Section/Issuing Office:**  *SBC Unit* | | **Reasons why consultancy cannot be done by staff:**  The significant increase in SBC/RCCE-related vaccination activities and scope of work (COVID-19 vaccination; HPV; Measles; routine) have called for additional support to SBC Unit as to help in provision of relevant technical and operational support to MoHS partner to ensure proper coordination, integration, implementation and monitoring of RCCE/SBC activities by HED and EPI teams, as well as with external partners. | | | |
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| **Included in Annual/Rolling Workplan***:*  **Yes**  No, please justify:   * 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 * 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 * Support MoHS and DHMTs to develop and implement risk communication and community engagement strategy/plan for emergency preparedness and response - continuity of essential H&N services; nOPV campaign, COVID vaccine deployment | | | | | | |
| **Consultant sourcing:**  **National** International  Both  **Consultant selection method:**  Competitive Selection (Roster)  **Competitive Selection** (Advertisement/Desk Review/Interview) | | | | | **Request for:**  **New SSA** – Individual Contract  Extension/ Amendment | |
| **If Extension, Justification for extension:** | | | | |  | |
| **Supervisor:** | | **Start Date:** | | **End Date:** | | **Number of Days (working)** |
| *SBC Specialist* | | *Jun2022* | | *February 2023* | | *9 months* |

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| **Work Assignment Overview** | | | |
| Tasks/Milestone: | Deliverables/Outputs: | Timeline | Estimate Budget |
| Costed SBC/RCCE plan/strategies developed and implemented for the promotion of COVID-19 vaccine and routine immunization | Monthly technical report  Field report | Monthly |  |
| Costed social mobilization and communication plan developed and implemented for HPV introduction. |
| Strategies for promoting COVID-19 vaccine and routine immunization in hard-to-reach and high-risk areas, special populations and “hesitant” communities and groups – including specific strategies for urban population and male involvement. |
| Key messages are produced, contextualized and disseminated accordingly through mixed media channels. |
| SBC/RCCE-supported activities and indicators are monitored and measured, with data collected, compiled, and analysed. |
| MoHS HED team is supported in the management and scale-up of listening mechanisms, with a focus on the use of the rumours and misinformation tracking system/platform. |
| National and district partners are supported in the organization, conduct and assessment of training of districts and community stakeholders (DHMT teams, health workers, CHWs, Community mobilizers and leaders) on related SBC issues related to immunization (inter-personal communication, community engagement…) |
| At least 100 national, district and health facility staff trained on SBC related approaches/plans for the promotion C-19 vaccination, routine immunization, and HPV introduction |
| Monthly technical reports on completed assignments submitted. |

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| **Estimated Consultancy fee** |  |  |  |
| Travel International (if applicable) | n/a |  |  |
| Travel Local (please include travel plan) | n/a |  |  |
| DSA (if applicable) |  |  |  |
| **Total estimated consultancy costs[[1]](#endnote-1)** |  |  |  |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** | | |
| **Bachelors** Masters  PhD  Other  Enter Disciplines   * Communication studies * Social and behaviour sciences * Other related area | * 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. * Relevant experience in outbreak response, immunization programmes/campaigns, and/or community engagement project management is an asset. * Ability to work independently, manage multiple priorities and meet deadlines. * Ability to write clear and concise reports in English. * Computer literacy * Fluency in English is required. Knowledge of local languages is an asset. * Experience working with UN system agency or organization is an asset. | | |
| **Administrative details:**  Visa assistance required:  Transportation arranged by the office: | Home Based  Office Based: Based at MoHS/HED  If office based, seating arrangement identified:  IT and Communication equipment required:  Internet access required: | | |
| **Request Authorised by Section Head** | **Request Verified by HR: Vivian Amanquah** | | |
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| *Approval of Chief of Operations (if Operations): Approval of Deputy Representative (if Programme)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Representative (in case of single sourcing/or if not listed in Annual Workplan)*    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
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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 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. [↑](#endnote-ref-1)