

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title <i>Lead Consultant SBC (COVID-19 RCCE and Vaccine Drives Demand)</i>	Type of engagement <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input checked="" type="checkbox"/> Individual Contractor Full-Time	Duty Station: <i>LUSAKA, ZAMBIA</i>
<p><u>Purpose of the Assignment:</u></p> <p>The overall purpose of the assignment is to strengthen the coordination, management, monitoring, and reporting of Risk Communication and Community Engagement (RCCE) interventions for Covid-19 response and recovery plans, specifically focused to demand generation for Covid-19 vaccines rollout. The specific objectives are: i) strengthen the systems and structures that can assist in sharing and exchanging of information between national and sub-national levels, and among the RCCE partners and stakeholders in order to address gaps and/or needs in a coordinated manner; ii) improve the use of data related to on-going RCCE activities to further strengthening of evidence generation (and both reporting and documentation of this) and enable application of findings or results to further strengthen and/or adapt interventions; and iii) strengthen the roles and responsibilities related to leadership, governance, and coordination of the Covid-19 RCCE Subgroup to improve effectiveness, focus, and synergies among all other RCCE subgroups and the overall national Incident Management Structure (IMS) in the use of Covid-19 RCCE reports and products.</p> <p><u>Scope of Work:</u></p> <p>Towards enhancing COVID-19 vaccine demand generation and sustaining prevention practices, the national ACSM (Advocacy, Communication and Social Mobilization) strategy was developed and launched with a strong call to action and solidarity theme entitled “Roll Up Your Sleeve, Fight against COVID-19 and Take the Vaccine”. UNICEF with the Ministry of Health (MOH) Zambia recognises the importance of understanding and addressing ongoing gaps in uptake of COVID-19 vaccines, continuity of essential health services delivery and sustaining key behaviours in COVID-19 prevention. Since the introduction of COVID-19 vaccines in Zambia in the early 2021, uptake was slow due to circulating misinformation and rumours as well as limited access to vaccines.</p> <p>Driven by the coordinated rollout of the national (ACSM) strategy for vaccine uptake, some recent evidence indicates that access to information and services have played a larger role in influencing uptake of the vaccine. However, vaccine acceptance-related issues remain a challenge. Continued circulation of misinformation and concerns related to vaccine efficacy and fear of long-term side effects have contributed to the low uptake. A Joint Review Mission carried out towards the end of 2021 involving the Ministry of Health (MoH), World Health Organization (WHO) and UNICEF teams (both regional and country teams) highlighted the need to further push both service delivery dimensions as well as strengthen demand to reach global targets by the end of 2022. As of 30 June 2022, approximately 7.2 million eligible population (12 years and above) have received the vaccine including 4,528,604 persons (41.4 per cent) fully vaccinated and 2,670,575 persons received one dose (MoH/ZNPHI IMS Report). Further improvements in uptake have been achieved through the recent COVID-19 vaccination drives which began in early December 2021 along with a series of advocacy initiatives championed by the Head of State and coordinated under the leadership of the Presidential COVID-19 Advisor. Towards meeting the global target of vaccine uptake by end of 2022, UNICEF is enhancing strategic ACSM support at national and subnational levels including, deployment of SBC technical experts both at national (MoH/EPI) and provincial (PHO) level to provide quality and coordinated support in the Vaccine Drive campaigns while strengthening SBC systems and structures. The SBC lead consultant (international) will coordinate and facilitate the work of SBC consultants (national) deployed in all 10 provinces, especially, focused to planning and monitoring the implementation of local level community engagement activities to increase the uptake of Covid-19 vaccination and continuity of essential health services including routine immunization.</p>		

Key Tasks and Responsibilities:

1. **COVID-19 RCCE Coordination:** Coordination and secretariat support to the RCCE pillar working closely with both the MoH Health Promotion Unit (HPU) and Zambia National Public Health Institute (ZNPHI) Communication Department as the Co-chairs of National Covid-19 RCCE Coordination Subgroup. This would include the use of a standard reporting templates for documenting RCCE pillar's activities including RCCE subgroups meeting minutes and actions points; supporting planning and setting-up agenda for weekly RCCE Subgroup meetings and documenting action, the development of tools/dashboard for collating and synthesizing RCCE reports from the sub-national level (working with ZNPHI Research Department to develop the tools) to systematically sharing of information and way-forward of addressing the needs or gaps.
2. **Planning and coordination of RCCE actions on Covid-19 vaccine drive/campaign:** Support planning and execution of RCCE activities on Covid-19 vaccine drives/campaigns, including leading development and placement of evidence based multi-media messages, tools and materials; designing targeted community mobilization actions and activation of national rumour management; lead planning and coordination of UNICEF support areas in vaccine drive campaigns and wider RCCE; and support key national planning/updating exercises (including crisis communication plan, national Vaccine Deployment Plan etc. per advice and schedules provided by MOH and ZNPHI)
3. **Strengthening subnational RCCE mechanisms and activities:** Facilitate the work of provincial RCCE consultants to sustain and regularize the monthly provincial/district meetings with Provincial/District Health Promotion Officers (P-HPOs/D-HPOs) and other partners for updating progress, sharing information, and addressing needs and gaps; support planning and facilitating capacity building and learning events for Provincial and District level RCCE and Health Promotion staff; and planning and implementing community engagement activities led by the P-HPOs/D-HPOs.
4. **RCCE partnerships:** Technical support and coordination on the implementation, monitoring and reporting of RCCE activities at provincial and district level supported by UNICEF engaged implementing partners (NGOs/CSOs) focusing on multiple target groups, especially the high-risk and vulnerable groups, working with a range of local stakeholders and partners, including interfaith networks and media institutions.
5. **RCCE evidence generation and use:** Coordinate the analysis, use and sharing of findings from Covid-19 behavioral research, social listening, media monitoring, and Call Center data as part of on-going evidence generation, and the provision of updates/reports to the wider RCCE Group, IMS memberships and other platforms to inform RCCE actions.
6. **Documentation and learning:** With guidance and support from the RCCE Coordination Subgroup, prepare monthly RCCE updates (1–2 page) on RCCE interventions, activities and coordination/management having a concise snapshot on the achievements, progresses, gaps and challenges, on-going needs or issues for further attention and planned or upcoming events /activities; together with MOH co-leads, continue to update and streamline RCCE repository website for uploading of resources, materials and documents for wider sharing and use by RCCE stakeholders, implementing partners and members of the RCCE Sub-Groups; organize wider review and learning events to exchange lessons learnt.

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](#)

Included in Annual/Rolling Workplan: Yes No, please justify: The annual work plan included provision for a SBC consultant to support development of Advocacy, Communication and Social Mobilization (ASCM) strategy for Zambia's COVID-19 vaccination roll out. The task was successfully completed with development of ASCM strategy and roll out. However, during the Mid-Year Review of Annual work plan 2021 with MoH, need for additional and continued high level technical support for RCCE interventions was realized with the continued advent of COVID-19 waves, low vaccine uptake and drop-in essential health service uptake.

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:

SBC Manager, UNICEF (under overall coordination and guidance of Chief Health and HIV).

Start Date:

1st August 2021

End Date: 31st

May 2023

Number of Days (working)

11 months (231 days)

Work Assignment Overview: Under the direct supervision of the SBC Manager and the overall guidance of Chief Health and HIV, the consultant will work closely with MoH Expanded Programme on Immunisation (MoH/EPI) Unit, MoH Health Promotion Unit (MoH/HPU), and ZNPHI Communication Department, to strengthen the coordination, management, monitoring, and reporting of Risk Communication and Community Engagement (RCCE) interventions for Covid-19 response and recovery plans, specifically focused to demand generation for Covid-19 vaccines rollout.

Tasks/Milestone:
**Deliverables/
Outputs:**
**Timeline
(days/months)**
**Estimated
Budget (US\$)**

<p>1. RCCE Coordination: Coordination and secretariat support to the RCCE pillar working closely with both the MoH Health Promotion Unit (HPU) and Zambia National Public Health Institute (ZNPHI) Communication Department as the Co-chairs of National Covid-19 RCCE Coordination Subgroup. This would include the use of a standard reporting templates for documenting RCCE pillar’s activities including RCCE subgroups meeting minutes and actions points; supporting planning and setting-up agenda for weekly RCCE Subgroup meetings and documenting action, the development of tools/dashboard for collating and synthesizing RCCE reports from the sub-national level (working with ZNPHI Research Department in the development of the tools) to systematically sharing of information and way-forward of addressing the needs or gaps.</p>	<p>Monthly RCCE meeting agenda/minutes and a brief update for sharing and distribution.</p>	<p>35 days</p>	<p>TBD</p>
<p>2. Planning and coordination of RCCE actions on Covid-19 vaccine drive/campaign: Support planning and execution of RCCE activities on Covid-19 vaccine drives/campaigns, including leading development and placement of evidence based multi-media messages, tools and materials; designing targeted community mobilization actions and activation of national rumour management; lead planning and coordination of UNICEF support areas in vaccine drive campaigns and wider RCCE; and support key national planning/updating exercises (including crisis communication plan, national Vaccine Deployment Plan etc. per advice and schedules provided by MOH and ZNPHI)</p>	<p>Updated vaccine drive campaign plan (National and clearly defined UNICEF supported provincial plan) Implementation and monitoring report</p>	<p>70 days</p>	<p>TBD</p>
<p>3. Strengthening subnational RCCE mechanisms and activities: Facilitate the work of provincial RCCE consultants to sustain and regularize the monthly provincial/district meetings with Provincial/District Health Promotion Officers (P-HPOs/D-HPOs) and other partners for updating progress, sharing information, and addressing needs and gaps; support planning and facilitating capacity building and learning events for Provincial and District level RCCE and Health Promotion staff; and planning and implementing community engagement activities led by the P-HPOs/D-HPOs.</p>	<p>Monthly/Quarterly RCCE meeting minutes with Provincial RCCE updates. Training reports, Field mission reports</p>	<p>40 days</p>	<p>TBD</p>

<p>4. RCCE Partnerships: Technical support and coordination on the implementation, monitoring and reporting of RCCE activities at provincial and district level supported by UNICEF engaged implementing partners (NGOs/CSOs) focusing on multiple target groups, especially the high-risk and vulnerable groups, working with a range of local stakeholders and partners, including interfaith networks and media institutions.</p>	<p>Final Partnership Document/Plan.</p> <p>Implementation and monitoring reports.</p>	<p>40 days</p>	<p>TBD</p>
<p>5. RCCE Evidence Generation and Use: Coordinate the analysis, usage, and sharing of findings from Covid-19 behavioral research, social listening, media monitoring, and Call Center data as part of the on-going evidence generation, and the provision of updates/reports to the wider RCCE Group, IMS memberships and other platforms to inform RCCE actions</p>	<p>KAP survey synthesis report.</p> <p>Monthly social listening briefs.</p>	<p>36 days</p>	<p>TBD</p>
<p>6. Documentation and Learning: With guidance and support from the RCCE Coordination Subgroup, prepare monthly RCCE updates (1–2 page) on RCCE interventions/activities and RCCE coordination and management having a concise snapshot on the achievements, progresses, gaps and challenges, on-going needs or issues for further attention and planned or upcoming events /activities; together with MOH co-leads, continue to update and streamline RCCE repository website for uploading of resources, materials and documents for wider sharing and use by RCCE stakeholders, implementing partners and members of the RCCE Sub-Groups; organize wider review and learning events to exchange lessons learnt.</p>	<p>RCCE progress briefs.</p> <p>Review/learning reports.</p> <p>Updated repository.</p>		
<p>7. Prepare and submit the Final Consultancy Report</p>	<p>Final report</p>	<p>10 days</p>	<p>TBD</p>
<p>Estimated Total Consultancy Fees (All Inclusive including consultancy fees and DSA)</p>	<p>(To be finalised based on the Best Offer)</p>	<p>231 days</p>	
<p>Travel International (if applicable)</p>	<p>Lumpsum</p>	<p>Economy Round trip</p>	
<p>Travel Local (please include travel plan) – UNICEF ZCO will provide transport support for field trips under a TA</p>	<p>N/A</p>	<p>N/A</p>	
<p>DSA (if applicable) – This DSA is for local/domestic travel to districts planned for a max of 5 days per month.</p>	<p>55 days</p>		
<p>Total estimated consultancy costsⁱ</p>			
<p>Minimum Qualifications required:</p>	<p>Knowledge/Expertise/Skills required:</p>		

<input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: Social Science, Behavioural Science, Health Promotion, Communication, Public Health, Global Health, International Health, or a related technical field in SBC (Social Behaviour Change) and/or RCCE (Risk Communication and Community Engagement).	<ul style="list-style-type: none"> ➤ At least 10 years of proven experience and product knowledge on social behaviours change (SBC), communication, social mobilization, risk communication and community engagement. ➤ Knowledge and understanding of the principles of social behaviour change (SBC), and experience with collecting data and designing of evidence-based SBC strategies and programmes, as well as risk communication and communication engagement are essential. ➤ Proven experience in Public Health Emergencies and Risk Communication interventions planning and coordination in developing country context; and the experience in Zambia would be an asset. ➤ Strong communication skills in English (spoken and written). ➤ Proven ability to work effectively in cross-cultural and multi-cultural settings and teams, and to deliver high-quality results within expected time frames.
Administrative details: Visa assistance required: <input checked="" type="checkbox"/> Transportation arranged by the office: <input checked="" type="checkbox"/>	<input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based: If office based, seating arrangement identified: <input checked="" type="checkbox"/> IT and Communication equipment required: <input checked="" type="checkbox"/> Internet access required: <input checked="" type="checkbox"/>

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.