

TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS AND CONSULTANTS

Title of Assignment	<i>National EPI Coordination Contractor</i>	
Requesting Section	<i>Health Section</i>	
Location	Place of assignment: Lilongwe, Malawi	
	<input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based:	
Contract Duration	11.5 months	
Number of working days	Monthly-basis	
Planned Start and End Date	From: 01 October 2021	From: 15 September 2022

BACKGROUND

Malawi has one of the most successful Expanded Programme on Immunization (EPI) in the African Region. For many years, the programme sustained high coverage of immunization above 80%. However, despite having sustained high coverage of immunization up to 2012, there was a significant decline of fully immunized children from 81% in 2010 to 76% in 2015 (MDHS 2015/16). In 2018, Malawi was among the top 10 countries with the highest number of unimmunized children. Administrative data on routine immunization now shows an improvement of national immunization coverage in 2020 compared to the coverage in 2016. For instance, the coverage of Penta3 increased to 93 % in 2020 compared to 84% in 2016.

However, a challenge remains to ensure equitable and effective coverage of immunization. While the geographical inequity for Penta 3 coverage has improved in 2020, seven districts (25%) have a Penta 3 coverage of less than 80%. The Malawi Health Sector Strategic Plan (HSSPII) targets to achieve 95% coverage of fully immunized children under the age of one by 2021. The EPI programme also aims to improve on the 76% of fully immunized children aged 12-23 months that was achieved in 2015/16 and reduce the number of zero dose and under-immunized children. In addition, the COVID pandemic and rollout of COVID vaccination has caused a significant strain on the delivery of routine immunization services due to limited resources and an overstretched workforce against an expanding target population for the vaccination. Mid-year data on vaccine coverage already shows a slight drop in Penta 3 coverage from 93% in 2020 to 91% this year.

To ensure routine immunization continuity, UNICEF intends to support the Ministry of Health (MOH) to strengthen immunization programme performance with a special focus on intervention at the sub-national level.

Malawi introduced the COVID-19 vaccine on 11 March 2021. UNICEF is actively supporting MOH and key stakeholders in the efforts to successfully roll out the vaccine and UNICEF is supporting the development of an enhanced NDVP for the population beyond 20% covered for COVAX. During the first phase of its COVID-19 vaccination strategy, some parts of the vaccine roll-out worked well including speedy distribution of vaccines to districts and good publicity which enabled an increasing number of people to be vaccinated within a short period. Furthermore, a monitoring and evaluation system for real-time monitoring was developed with speed to allow timely visualization of data for decision making. However, there have been some massive challenges such as 'limited microplanning at district level to guide and strengthen the vaccine roll-out and vaccine hesitancy especially in rural areas.

To improve vaccine uptake, there is an urgent need to support districts to effectively implement the COVID vaccine roll-out including ensuring equitable distribution of the vaccine, planning vaccine delivery sessions on a day-by-day basis, timely collection of coverage data for decision making and monitoring vaccine stock levels and wastage across all districts.

JUSTIFICATION

Malawi has one of the most successful EPI programs in the Africa Region. For many years now, the programmed has sustained high coverage of immunization above 80%. This has greatly reduced the burden of infectious diseases. With support from donors, the programmed has organized localized immunization campaigns to ensure that immunization coverage in low performing areas is boosted and herd immunity is assured.

The gains from this support may not be sustained if the cold chain system is not fully maintained. The country currently does not have a maintenance plan for which the government endorsed its full support. This resulted in a lack of spare parts for maintenance of the refrigerators and breakdown of fridges with little or no attention.

Data visibility is another challenge the immunization supply chain has suffered. In many cases, this has resulted in poor decision making in the planning and distribution of vaccines. This is a risk in that some facilities may experience stock-out of vaccines if such trends are not addressed.

The introduction of COVID-19 vaccines pose another challenge towards cold chain management. Currently, Malawi is using AstraZeneca type of COVID-19 vaccines. However, additional other vaccines are expected to arrive in-country, including Johnson-&Johnson plus Pfizer vaccines. These vaccines need a very strong and functional cold chain system to maintain potency.

Due to the roll-out of COVID-19 vaccination, there is a potential risk that delivery of routine immunization services may be slowed. Data from the first half of 2021 already shows a slight decrease in Penta 3 coverage from 93% to 91%.

The proposed consultancy will provide dedicated support to EPI Coordinators, cold chain technicians and the broader district health management teams on a day-by-day basis to ensure that deliveries of both routine immunization services and COVID-19 vaccine roll-out are progressing smoothly.

Currently, neither MoH nor UNICEF Malawi has the in-house capacity to perform the above-mentioned activities for the successful introduction and roll-out of NEWER VACCINES including the COVID-19 vaccine in Malawi, hence the requirement to engage an individual contractor to deliver on the activities. It is for this reason therefore that a National EPI Coordinator will be recruited for 11.5 months to support MOH and DHO to strengthen the routine immunization system, continuity of services and successful roll-out of COVID-19 vaccination across the country.

PURPOSE OF THE ASSIGNMENT

To support the efforts of the Ministry of Health, Government of Malawi in developing a sustainable system of supportive supervision of routine immunization and COVID-19 vaccination, involving Medical Colleges and capacity building, including on-the-job training of frontline workers, cold chain officers, handlers and technicians.

The EPI Coordination contractor will liaise closely with faculties of the College of Medicine and district health officials, and other inter-sectoral partners, both Government and NGOs, thus networking on the various activities for the implementation of strategy towards ensuring supportive supervision of routine immunization across the state.

The EPI Coordination contractor will work under the direct supervision of Health Specialist - Community Health, the MOH and other immunization stakeholders at the national and district level to provide technical support to the EPI unit of the Ministry of Health to implement interventions for strengthening the routine immunization and COVID-19 vaccination roll-out

SCOPE OF WORK/OBJECTIVES

Under the supervision of the Health Specialist, the National EPI Coordinator's responsibilities include, but are not limited to:

1. Coordinate implementation of activities for strengthening routine immunization and COVAX roll-out at the national and district level to ensure optimal programme quality.
2. Collect, compile and analyse routine and supplementary immunization coverage and monitoring data and provide feedback to senior officials in MOH and state officials for interventions at national and subnational levels.
3. Provide technical assistance to MOH for implementation of activities related to the Expanded Immunization Programme (EPI). Develop technical guidelines and protocols on matters related to vaccines, programme implementation and policy for improving immunization coverage in the country.
4. Assist MOH with planning and implementation of immunization campaigns, such as "PIRI, IPV", for periodic intensification of routine immunization.
5. Assist MOH in techno-managerial capacity for the introduction of new vaccines.
6. Review the progress of immunization programmes in different districts.
7. Undertake field visits to monitor the planning and implementation of the immunization programme, providing feedback at appropriate levels.
8. Assist MOH in review and coordination of the allocated thematic components of EPI like monitoring and evaluation, vaccine logistics management, Cold Chain, AEFI, Health System Strengthening etc. with stakeholders
9. Assist MOH in establishing monitoring and review mechanisms related to the status of vaccine stock, cold chain logistics and training.
10. Liaison with districts ineffective implementation of programme and improvement of immunization coverage.
11. Organize and coordinate meetings of technical expert committees, document the minutes of meetings and subsequently follow up on action points.
12. Coordinate with partners and stakeholders for the improvement of programme performance.
13. Support implementation of urban immunization strategy.
14. Support training activities and introduction of My Village My Home strategy

15. Support low performing districts with Reaching Every Child (REC) implementation strategy
16. Support the implementation of Human Papilloma Virus (HPV) vaccination in selected districts.
17. Undertake any other activities/tasks as assigned by the supervisor.

Document country good practices throughout the process including related to challenges, lessons learned and critical success factors

- Facilitate reports and documentaries on the cold chain good practices in Malawi in liaison with the Communications team and Ministry of Health.

REPORTING REQUIREMENTS

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

The EPI Coordination contractor will report to the Health Specialist - Community Health and work closely with the Programme Manager, EPI, Ministry of Health and Immunization Specialist of UNICEF Health & HIV Section.

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

The National EPI Coordination contractor will submit monthly reports against a monthly work plan discussed and agreed with the Supervisor. The National EPI Coordinator will also submit weekly progress reports and any ad-hoc report that may be required for the execution of his tasks during the overall contract period. The format of the report will be agreed upon with his supervisor.

How will the contractor deliver work and when will reporting be done:

A list of expected deliverables is listed here below. Any additional tasks and associated deliverables not included in these TORs in a monthly work plan to be discussed and agreed with her/his supervisor.

The National EPI Coordinator will submit to his/her supervisor monthly invoice requests jointly with the following supporting documentation:

- Monthly work plan agreed with the supervisor.
- A monthly report indicating the achieved activities/results.
- Proposed monthly programme and activities planned for the coming month.

Given the in-country current COVID-19 situation, the national EPI Coordination contractor will be required to work mostly virtually (as per the Office Footprint guidelines) and conduct all meetings and other engagements as such. However, where in-person meetings will be required, the EPI Coordination contractor will be expected to seek approval before undertaking in-person meetings.

EXPECTED DELIVERABLES

In alignment with the scope of work as described above, The National EPI Coordination contractor will be expected to perform the following activities and deliverables as per the schedule and estimated dates below:

Task/Milestone	Deliverable/Outcome (e.g., Inception, progress, final reports, training material, workshop, etc.)	Planned Completion date	% Of the total fee payable
<p>Project planning for the introduction of the newer vaccine including COVID-19 in coordination with the MOH-EPI team (as per COVID19 office procedures).</p> <p>Desk review and analysis of reports on supportive supervision and monitoring of immunization sessions/cold chain status / other immunization activities as per the plan.</p> <p>District specific plans for addressing bottlenecks of the immunization programme. Monthly HMIS analysis reports</p> <p>Prepare and submit inception report with a detailed monthly work plan</p>	<p>Inception Report Monthly report</p>	<p>Monthly based on the approved work plan</p>	<p>Monthly</p>
<p>Design and develop an integrated Results Framework on Zero Dose strategy and EPI programme: The support includes the design and development of the results framework with indicators on key interventions and approaches including the specific framework for the assessment and/or evaluation of the innovation components. Prepare and submit a second monthly progress report</p>	<ul style="list-style-type: none"> Integrated Results Framework on ZDS; Assessment/Evaluation Framework. Monthly report 	<p>Monthly based on the approved work plan</p>	<p>Monthly</p>
<p>Develop a comprehensive plan of key documentation on the</p>	<ul style="list-style-type: none"> A Comprehensive Plan of documentation with 	<p>Monthly based on the</p>	

<p>evidence of results, impact and good practices: Technical support to develop the detailed outlines and contents of the documentation of each of the new strategies/ innovations as briefly described above with aim of peer-reviewed publications, policy brief, advocacy brief and fund-raising proposals. Prepare and submit a third monthly progress report</p>	<p>specific outlines and contents.</p> <ul style="list-style-type: none"> • Monthly report 	<p>approved work plan</p>	<p>Monthly</p>
<p>Train PHA and DHM staff on Data for Management (D4M) including collection, compiling, management, analysis, interpretation, documentation and use: Technical support to design, develop, conduct and evaluate an appropriate training and orientation programme for the National/District Health staff as well as other implementing partners (Churches, NGOs, CSO, Private Sector). This also includes the development of training and orientation materials and job-aid. Prepare and submit the fourth monthly progress report</p>	<ul style="list-style-type: none"> • Training completion report • Monthly report 	<p>Monthly based on the approved work plan</p>	<p>Monthly</p>
<p>Facilitate, monitor, advise and support on Data for Management (D4M) and Documentation: Provide support to Health Managers, Medical Officers, Data Assistance, Health Extension Officers (HEOs) for health facilities on all M&E related activities, including training on M&E concepts, skills and tools; assist in developing M&E plans; and mentor/support staff on conducting M&E activities. Prepare and submit the fifth monthly progress report</p>	<ul style="list-style-type: none"> • Training & Mentorship Report (Number of staff trained and mentored) • Monthly report 	<p>Monthly based on the approved work plan</p>	<p>Monthly</p>

Data Collection, Compiling, Management and Analysis to prepare documents on the evidence of impact and good practices: Support the MOH team and UNICEF to collect, compile, analyse and prepare complete sets of data matrices on newer strategies/areas of innovations. Prepare and submit a final monthly progress report	<ul style="list-style-type: none"> • A complete set of data matrices on all six areas of innovations • Monthly report 	Monthly based on the approved work plan	Monthly
Prepare and submit draft documents on the evidence of impact and good practices on all newer vaccine introduction including COVAX and other innovations: In line with the earlier developed documentation plan, detailed report to be prepared and submitted on each of the newer strategies/ innovations for peer-reviewed publications, developing policy brief, advocacy brief and fund-raising proposals.	Draft Report		Monthly

However, as the actual starting date may impact the dates estimated in the TOR, a detailed work plan with exact timeframes and actual delivery dates will be jointly agreed upon between the individual contractor and the supervisor upon contract signature.

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
- Demonstration of high standards in cooperation and communication with UNICEF and counterpart

PAYMENT SCHEDULE

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

Travel and living costs within-country for approved field trips will be reimbursed on actual expenditures and upon presentation of original supporting documents.

DESIRED COMPETENCIES, TECHNICAL BACKGROUND AND EXPERIENCE

Academic qualification:

- A first university degree from a recognized academic institution in one or more of the following areas is preferred: Engineering, Cold Chain or related to cold chain operations in UNICEF programme areas, or technical qualification in cold chain maintenance.

Work experience:

- Minimum five years progressively responsible professional work experience at the national level in cold chain maintenance, vaccine and logistics management, EPI programming.
- Work experience managing large-scale projects, working with governments, working in resource-limited settings, monitoring and evaluating supply chains, and risk management, mitigation will be an asset.

Technical skills and knowledge:

- Product knowledge on cold chain equipment, new cold chain technologies and understanding of the principles of vaccine management, knowledge and experience with data collection, data management analysis and reporting are essential.
- Knowledge of procurement processes and good distribution practices could be beneficial.

Competencies:

- Strong analytical, negotiation, oral and written communication skills.
- Effective presenter including the ability to adapt the message and visual aids for multiple audiences to deliver concise, impactful presentations of primary health care interventions.
- Effective facilitator with proven ability to engage and train a group of individuals at the national level and for front line health workers as well.
- Ability to work in a multi-cultural environment.

Languages:

- Written and spoken fluency in both the local language and English.

ADMINISTRATIVE ISSUES

UNICEF will regularly communicate with the EPI Coordination contractor and provide feedback and guidance and necessary support 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 and individual contractors, 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. Prior to the issuance of the official contract, the EPI Coordination contractor is requested to complete the applicable mandatory trainings.

The assignment requires the EPI Coordination contractor to actively engage with partners as well as the focal person in MoH (EPI), City Councils and NGOs.

The EPI Coordination contractor will need to present the draft documents as well as the final report to UNICEF and EPI, MOH. At the beginning of the assignment, the individual contractor is expected to produce and agree with UNICEF and EPI, MOH on work plan schedules for the assignment period.

The EPI Coordination contractor will work from home and attend meetings as and when required. He/she will use a personal computer, own data costs and phone to carry out the work.

CONDITIONS

- The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.
- The individual contractor may not commence with the assignment unless the UNICEF's General Terms and Conditions are signed by the individual.
- The individual contractor will be based in Lilongwe.
- The individual contractor will be paid an all-inclusive fee (stationary, communication and other miscellaneous expenses) as per the stipulated deliverable and payment schedule.
- The individual contractor is not entitled to payment for overtime, weekends or public holidays. The individual contractor will receive Paid Time Off (PTO) credit at the rate of one- and one-half days (1.5 days) for each full month of service, to be credited on the last calendar day of the month.
- Travel expenses for official in-country trips, including living costs, will be covered in accordance with UNICEF's rules and tariffs, by the contractor and reimbursed against actual, unless otherwise agreed.
- No travel should take place without an email travel authorization from the 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 will provide the individual 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 individual contractor will not have supervisory responsibilities or authority on the UNICEF budget.
- 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 assignment is an on and off-site support.

HOW TO APPLY

Interested individual contractors should provide the following:

1. Curriculum Vitae
2. Brief technical proposal (no longer than five pages) demonstrating the contractor'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