

### TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

<b>Title:</b>  <b>Provincial Immunization Consultant (based in Jakarta)</b>		<b>Type of engagement</b>  <input checked="" type="checkbox"/> Consultant	<b>Duty Station:</b>  1 person based in Jakarta - to cover West Java Province  <i>Consultant should be home-based and will not have assigned desk or office space.</i>
<b>Purpose of Activity/Assignment:</b> The purpose of this consultancy assignment is to provide support and technical assistance to the Government on Routine Immunization in West Java (one out of the ten high-priority zero dose provinces). The aim is to support accelerating activities to reach zero dose and under immunized children and enhance equitable immunization coverage including new vaccine's introduction in West Java province.			

#### Background:

Indonesia's health system reaches most children in their birth cohort of 4.3 million children a year with vaccines and other health services. However, it was one of the countries globally which had encountered stagnated vaccination coverage in the past decades before the COVID-19 pandemic. The services interruption and vaccine hesitancy among the parents and caregivers due to the COVID-19 pandemic resulted in significant number of eligible children being unvaccinated and or under vaccinated. This has further deteriorated by the high burden on the health systems to deliver COVID-19 vaccine among the 234.7 million target population. Many health workers reported a high workload with poor motivation due to various reasons<sup>1</sup>. The pulse survey highlighted that health facilities reduced the frequency of vaccination sessions to cope with their high workload and other priorities. On the other hand, most health facilities and vaccine storage points at various supply chain levels experienced significant stock out of several routine vaccines<sup>2</sup>. Many children could not receive vaccines due to the closure of schools. All these issues unveiled the reasons for the high number of zero-dose children in Indonesia.

Indonesia made significant progress during 2022 to catch up missed children due to the implementation of the National Children Immunization Month (BIAN) catch up campaign implemented during May-Oct 2022. However, due to pockets of missed children and inequitable immunization coverage, the country remains high-risk for Polio, Measles-Rubella, and other vaccine preventable disease outbreaks. During Nov 2022 and Feb 2023, an outbreak of circulating Vaccine Derived Polio Virus type2 (cVDPV2) with a total of 4 incidence of cVDPV2 cases reported in Acute Flaccid Paralysis (3 from Aceh and one case from West Java), and 11 cases of cVDPV2 reported in healthy children (4 from Aceh and 7 cases from West Java) occurred. Moreover, according to the latest monthly surveillance bulletin released on 16 Oct 2023, increased incidence of suspected Measles outbreaks, and diphtheria cases are reported in 2023 versus 2020-2022<sup>3</sup>.

Despite significant progress in the COVID-19 vaccination program, vaccination coverage among several target age groups remains low, inequity in vaccination coverage is apparent especially among the elderly group, increased number of zero dose and under vaccinated children, along with the issues reported with the immunization supply chain and vaccine management.

Based on the request letter from Ministry of Health through letter# IM.01.01/C.IV/ 1315 /2023 dated 31<sup>st</sup> March 2023, UNICEF will provide support to the Ministry of Health to achieve its target to prevent and control transmission of vaccine preventable diseases (VPD). In this recovery time from the COVID-19 Pandemic, UNICEF will provide: 1) Technical support at national level, provincial and district level focusing on 10 priority provinces both on program delivery and also in demand aspects including people's perception on routine immunization; 2) Facilitate unpacking of the communication strategy to reach zero dose children and respond to VPD outbreaks (including outbreak response immunization) in all affected provinces or districts; 3) Support routine analysis of cold chain capacity adequacy as well as cold chain management training; 4) Increasing demand for immunization through involvement of influencer/champion as immunization ambassador. The high priority provinces include Aceh, North Sumatera, West Sumatera, Riau, West Java, East Java, Central Sulawesi, East Kalimantan, NTT, and Papua.

This TOR is part of UNICEF support to provide technical assistance by appointing 4 individual consultants based in Jakarta, Surabaya, and Makassar to cover six provinces out of ten priority provinces. Four remaining focus provinces will also be covered through UNICEF staff in the respective field offices and EPI team in Jakarta. Knowing the challenges, the GoI has requested UNICEF to intensify the technical assistance to strengthen the routine immunization, support the introduction and scale-up of

<sup>1</sup> UNICEF and MOH. 2021. Quarterly survey to assess the continuity of immunization services during pandemic.

<sup>2</sup> UNICEF and MOH. 2021. Effective Vaccine Management Assessment for the private hubs and provincial stores.

<sup>3</sup> Vaccine Preventable Disease Surveillance, September 2023

several new and underutilized vaccines, support on capacity building on immunization supply chain, facilitate unpacking of the immunization communication strategy, increase demand through engagement with local influencers, religious scholars, and community leaders. [The consultancy is approved by the Deputy Representative Program and will be included in the Technical Assistant Plan for 2024.](#)

#### Scope of Work:

The Immunization consultant will provide technical support, advocacy and facilitate the required support to the provincial and district levels, including provision of technical assistance to program strategy development (planning, budgeting, and implementation); support developing micro planning to determine the accurate denominator for targeted children <5 years using socio-economic register, focusing on zero dose children, established linkages between vital statistics birth registrations in ECD centres and Puskesmas, decentralized advocacy and communication efforts with provincial governors, and Bupatis as part of a wider Routine Immunization and RCCE agenda, and support respective local authorities to implement the immunization plan with high quality, monitoring progress and providing feedback in selected provinces.

The GOI has requested UNICEF's support in high priority provinces with increased number of zero dose and under immunized children across several critical areas:

- 1) **Conduct advocacy and provide technical support at provincial and district level** focusing on both supply, program delivery and demand generation for routine immunization.
- 2) Develop **local actions plan** for strategic support to the routine immunization programs in targeted provinces.
- 3) **Support, facilitate** and provide **technical assistance** for unpacking the national immunization **communication strategy** to respond to vaccine hesitancy and zero dose community in all affected provinces/districts
- 4) Support **routine analysis of cold chain capacity** adequacy as well as cold chain management training.
- 5) **Demand generation:** Increasing demand for immunization through engagement of local influencer/champion as immunization ambassador.
- 6) **Support micro planning** and all relevant efforts for establishing correct denominator.
- 7) Provide strategic advice and course corrective actions, including adaptation of national routine immunization tools/guidelines to ensure the quality of immunization supply chain and vaccines demand.
- 8) Collaborate with other UNICEF sectors at sub national level, particularly education and child protection team, to ensure integration of routine immunization program plan with other sectors.
- 9) Provide appropriate technical support on advocacy and socio mobilization coordination activities.
- 10) Final report (in narrative and ppt) with recommendation and lessons learned. Summarize the best practice, strategies and methods for reaching zero dose children and the utilization of new vaccines to strengthen routine immunization programme.

The consultants will be based in Jakarta with frequent field travels within West Java Province.

<b>Supervisor:</b>	<b>Start Date:</b>	<b>End Date:</b>	
Immunization Specialist in Health Section in Jakarta.	<b>01 May 2024</b>	<b>30 April 2025</b>	
<b>Work Assignment Overview</b>			
Tasks/Milestone	Deliverables/Outputs	Timeline	Est bgt
Conduct a situation analysis of zero dose and under immunize children, root causes, barrier to immunization, gender, and immunization barriers of the last three years 2019-2022 including social and spot mapping of community influencers, stakeholders, Early Childhood and Development centers.	Report on zero dose and under immunization children from West Java Province conducted and report submitted from 2019 – 2022. The report should cover: (1) Trend of zero dose children and under immunize children for <5yrs disaggregated data by gender (2) Root cause analysis of zero dose (3) Gender and Immunization barriers (4) Social mapping of the influencers, and the existing potential networks of stakeholders, ECD centres.	31 May 2024	9%

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3 Vaccine Preventable Disease Surveillance, September 2023

	(5) Recommendation for context specific and evidenced approach to increase immunization		
In the light of detailed situation analysis, develop local context specific action plan for strategic support to increase demand for routine immunization, scale up of new vaccines, and enhance equitable routine immunization and COVID-19 vaccination coverage to increase population immunity against VPDs in West Java. Ensuring an establishment of links between Birth Registration and Vital Statistics Offices with Puskesmas.	<p>A detailed costed work plan to support routine Immunization including COVID-19 vaccination plan in the targeted provinces is developed. The plan to cover:</p> <ul style="list-style-type: none"> <li>(1) EPI microplanning</li> <li>(2) The gaps identified by the EVM assessment conducted in 2023 and consolidated as part of the EVM continuous improvement plan (cIP) including capacity building of HWs and Vaccine and Cold chain management.</li> <li>(3) Inventory Gap Analysis including physical inventory of cold chain equipment</li> <li>4) Advocacy and Demand generation for immunization including IPC training workshop for HCWs on multiple injection, workshop on cross sectoral collaboration to support RI, scale up of HCD to increase routine immunization and COVID-19 vaccination coverage.</li> <li>(4) Establish referrals between Puskesmas and Early childhood development centres for catch up vaccination</li> <li>(5) Established plan for review and analysis social registry to identify vulnerable population with low socio-economy status – for mapping of zero-dose population.</li> </ul>	By 30 June 2024	9%
Technical support is effectively provided for the planned key results through strong technical leadership. As technical experts representing UNICEF, coordinate with MOH, WHO, PHOs and DHOs in West Java to facilitate capacity building of health workers.	<p>The plan for following trainings is developed and implemented, and the report shared with pre and post evaluation on:</p> <ul style="list-style-type: none"> <li>a) Facilitated the workshop on Routine Immunization microplanning at the provincial level with socialization plan at the district level</li> <li>b) Facilitated the workshop on Vaccine Management at the provincial level with socialization plan at the district level for pharmacy and immunization staff of Puskesmas</li> <li>c) Facilitated the workshop on vaccine demand including HCD, IPC, and multiple injection for immunization staff at the provincial level with socialization plan at the district and Puskesmas level for Puskesmas staff.</li> <li>d) A quarterly report on the progress of activities will be submitted for each quarter, outlining a summary of the progress of activities, technical and advocacy meetings</li> <li>e) The field visit report will be available and shared with UNICEF internally and MOH as necessary.</li> </ul>	By 31 July 2024	9%

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Conduct advocacy meeting with the provincial governors, PHO, DHO, and Bupati to promote cross sectoral collaboration and scale up of new vaccines. Undertake joint field visits to carry out monitoring and supportive supervision of routine immunization activities in selected puskesmas on; participate in periodic EPI reviews with government counterparts and other partners.	A quarterly report on the progress of activities will be submitted for each quarter, outlining a summary of the progress of activities, technical and advocacy meetings.  The field visit report will be available and shared with UNICEF internally and MOH as necessary.	By 31 Aug 2024,	8%
Obtain data of social registry and carry out analysis to map vulnerable population with inadequate socio-economy status to identify zero dose population and plan for a special catch up/integrated outreach – as need be.	Analysis of social register with subsequent analysis of zero dose children/communities available and submitted for further utilization.	By 30 Sep 2024	8%
Conduct advocacy meeting with the provincial governors, PHO, DHO, and Bupati to promote cross sectoral collaboration and scale up of new vaccines. Undertake joint field visits to carry out monitoring and supportive supervision of routine immunization activities in selected puskesmas on; participate in periodic EPI reviews with government counterparts and other partners.	A quarterly report on the progress of activities will be submitted for each quarter, outlining a summary of the progress of activities, technical and advocacy meetings.  The field visit report will be available and shared with UNICEF internally and MOH as necessary.	By 31 Oct 2024	8%
Technical support provided to PHOs and DHO to revise and consolidate Routine Immunization micro plans at Puskesmas, district and Provincial levels.	Updated micro plan available at Puskesmas, District, and provincial level in West Java.	By 30 Nov 2024	9%
		By 31 Dec 2024	9%
Conduct advocacy meeting with the provincial governors, PHO, DHO, and Bupati to promote cross sectoral collaboration and scale up of new vaccines. Undertake joint field visits to carry out monitoring and supportive supervision of routine immunization activities in selected puskesmas on; participate in periodic EPI reviews with government counterparts and other partners.	A quarterly report on the progress of activities will be submitted for each quarter, outlining a summary of the progress of activities, technical and advocacy meetings.  The field visit report will be available and shared with UNICEF internally and MOH as necessary.	By 31 Jan 2025	7%
Technical support provided to PHOs and DHO to revise and consolidate Routine Immunization micro plans at Puskesmas, district and Provincial levels.	Updated micro plan available at Puskesmas, District, and provincial levels in West Java	By 28 Feb 2025	9%
Organized orientation workshop for the focal points of PHO, DoE, and Vital statistics and social affairs on establishing linkages between ECD centers, Birth Registration sites, vital statistics and Puskesmas at the provincial level and socialization at the district level for routine immunization denominator and catch-up vaccination plan.	Linkages and a referral mechanism established between ECD centres, Birth Registration sites, vital statistics sites and the Puskesmas at sub-district levels and documented. List of ECD centres, birth registration sites, and vital statistics sites are available.	By 31 Mar 2025	8%

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<p>Support provincial health office to develop Disease outbreak preparedness and mitigation plan outbreaks of vaccine-preventable diseases (VPD).</p> <p>Submit the final Report (narrative and PPT) highlighting major achievements, strategies used, best practices and lessons learned along with recommendation are submitted - to adopt for future use to strengthen the routine immunization at national and subnational.</p>	<p>Disease outbreak preparedness and response plan available at the provincial level.</p> <p>Final reports, including narrative, PPT, relevant documents in excel sheets – highlighting major achievements, strategies used, best practices and lessons learned, challenges and recommendations are submitted.</p>	<p>By 30 Apr 2025</p>	<p>9%</p>
<p><b>Minimum Qualifications required:</b></p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> <b>Masters</b> <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines:</p> <p>Medical Doctor, Nurse, Midwife, and Public Health Science, and or Health related subjects</p>	<p><b>Knowledge/Expertise/Skills required:</b></p> <ol style="list-style-type: none"> <li>1. Public Health Expert with immunization, advocacy/communications, and data/information management experience.</li> <li>2. Minimum 5 years of experience, 3 of which should be working experience in Immunization programme.</li> <li>3. High technical knowledge on immunization programs is preferred—good analytical, advocacy and conflict resolution skills.</li> <li>4. Familiarity with country, government structures and public health system especially immunization stock management.</li> <li>5. Able to work independently with minimal supervision</li> <li>6. Self-motivated and results oriented.</li> <li>7. Proven ability to deliver under tight deadlines.</li> <li>8. Good report writing, fluency in Bahasa Indonesia (is necessary), and English, with computer skills.</li> </ol>		