

**UNICEF Pacific**

**TERMS OF REFERENCE CONSULTANT**

Consultant for Developing EPI comprehensive Multi Year Plan (cMYP) in Vanuatu

**Requesting Section: Health and Nutrition**

**Date/Updated date: 11 July 2018**

**Programme Area and Specific Project involved: Output:** Health system capacities strengthened to deliver quality health and nutrition services that are adapted to the impacts of climate change, particularly in target countries

**Outcome**: Pregnant women, mothers and children equitably benefit from high impact interventions for accelerated improvement of neonatal, child and maternal survival, health and nutrition.

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**Background:**

At 28 infant deaths per 1,000 live births in 2013[[1]](#footnote-1), Vanuatu did not reach its 2015 MDG target for infant mortality of 15 infant deaths per 1,000 live births, or its 2016 Health Sector Strategy (HSS) target of 20 infant deaths per 1000 live births. Similarly, with an Under Five Mortality Rate (U5MR) of 31/1,000 live births[[2]](#footnote-2), the country did not achieve its 2015 MDG target for under-five mortality of 19 child deaths per 1000 live births, or its 2016 Health Sector Strategy target of 25 child deaths per 1000 live births[[3]](#footnote-3). As no new mortality data is available, it is still too early to determine if the country is on track to achieve its new target for U5MR of 25 deaths per 1000 live births by 2020, which was laid out in the Vanuatu Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy 2017-2020.

Immunization coverage decreased between 1990 and 2013, but increased between 2013 and 2016, and the proportion of children 12-23 months receiving 3 doses of Diphtheria, Pertussis and Tetanus (DPT3) containing vaccine increased from 55% in 2013[[4]](#footnote-4) to 81% in 2016.[[5]](#footnote-5) Given this data, Vanuatu now appears to be on track to achieve the globally agreed target of 90% coverage of DPT3 by 2020.[[6]](#footnote-6) However, work still needs to be done to maintain recent increases in immunization coverage, to increase coverage in poor performing areas, and to increase full immunization coverage which was 67.7% for children 24-35 months old as of 2016.[[7]](#footnote-7)

In 2005, WHO and UNICEF developed the WHO–UNICEF guidelines for developing a comprehensive multiyear plan (cMYP)\* as a means of providing support for countries to improve their immunization planning. This new approach was guided by the need to simplify and harmonize the proliferation of varied immunization planning activities at the national level, which in turn had led to duplication of effort, high transaction costs, and a lack of alignment with national systems. The cMYP process is expected to streamline the immunization planning process at national level into a single comprehensive and costed plan.

In 2019, the Ministry of Health of Vanuatu is planning to introduce series of new vaccine into their routine schedule. This include the PCV, Rotavirus and HPV vaccine. Additionally, the MoH recently launched the new Health Sector Strategy (HSS) 2017-2020. The new HSS aim to increase coverage of DPT3 for more than 95% to contribute in reducing under 5 mortality rate below 29 per 1000 livebirths. To achieve the target stated in the new HSS and successfully introduce the new vaccine into the routine EPI Programs. A clear costed multiyear program is needed to be use by the Ministry of Health especially the EPI unit in as reference for their annual business planning.

UNICEF is requested by the Ministry of Health to provide support in provision of consultant to assist the MoH developed the cMYP with cost.

**Purpose of Assignment:**

The overall purpose of the assignment is to provide technical assistance to the Ministry of Health in developing a cMYP for 2019-2023.

**Scope of Work/ Work Assignments:**

The consultant will undertake the following tasks in Vanuatu working closely with the Ministry of Health to achieve the assignment objectives:

1. Conduct situational analysis and desk review (routine immunization, system component- immunization services, programme management, HR management, costing and financing, vaccine supply, quality and logistics, surveillance and logistics, demand generation and communication and health sector analysis. etc.) of available existing immunization strategies and performance documents, including any available previous cMYP, as it relates with regional and global strategies and targets
2. Collaborate with the Ministry of Health and its partners in developing a new comprehensive Multi Year Programs (cMYP) based on the latest (2013) WHO-UNICEF cMYP development guidelines, using the Global Vaccine Action Plan (GVAP) 2011-2020 as a guiding framework.
3. Conduct series of consultations with the Ministry of Health and other relevant stakeholders during the development of the document, to agree and prioritize national objectives and milestones.
4. Incorporate other child survival interventions into the cMYP that constitute immunization Plus- deworming, vitamin A and zinc supplementation etc
5. Facilitate the collation and inputting of reliable information on the costs and financing of the EPI program into the cMYP Costing and Financing Tool, and have a draft cMYP costing tool ready. This should be in the context of financial sustainability of the program with respect to current programme commitments and future aspirations
6. Develop a monitoring and evaluation framework, with clear accountabilities and timelines to facilitate program implementation and tracking of the immunization strategic document.
7. Convene a debrief session to present the draft cMYP with a PowerPoint presentation for the MoH and partners
8. Work closely with the EPI program at the MoH and other partners to ensure the cMYP is finalised and endorsed by the ICC and MoH.
9. Guiding the national EPI manager on how to mobilize decision maker support for the implementation of the cMYP. Developing a resource mobilization strategy as a part of cMYP implementation. The EPI managers and relevant officials should understand that this will be their plan and their success if implemented rightly.

**Work Schedule:**

The duration of consultancy is for 60 working days in the period of 3 months from 1 August – 30 October 2018. The consultant(s) is expected to work in Vanuatu to deliver the output.

**Payment Schedule and deliverables**

Payment is based on satisfactory submission of deliverables outlined in the Deliverables/End Product section.

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| 1st payment (30%)  End of 1st month -31 August 2018 | Deliverables 1:  Inception Report in 2 weeks of assignment, which includes a situational analysis and desk review  Draft cMYP |
| 2nd payment (40%)  End of second month- 30 September | Deliverables 2:  Draft cMYP costing tool with financial analysis  Draft of PPT for presentation/debrief to MOH and Partners. – end of September 2018 |
| 3rd Payment (30%) -End of 3rd month-30 October 2018 | Deliverables 3:  MOH & Partners debriefing workshop report  Finalised cMYP and costing tool  Minutes of ICC endorsing cMYP and costing tool |

**Deliverables/End Products**

1. Inception Report with situational analysis/desk review findings
2. Finalized cMYP document for 2019-2023 for MoH Vanuatu
3. Finalized cMYP costing tool for Vanuatu MoH
4. Minutes of ICC meeting endorsing finalized cMYP document and costing tool

All products should be in electronic and hard copy submission

**Supervisor Name and Type of Supervision that will be provided:**

The consultant will work under the overall supervision of the MCH specialist in Vanuatu. Technical direction, management of contract, and quality assurance will be provided by the Suva Maternal and Child Health Specialist. Overall operational support from Chief of Field offices in Vanuatu. Day to day supervision will be supervised by the Immunization Officer in Vanuatu.

**Consultant’s Work Plan and Official Travel Involved:**

The consultant is required to make his/her own return travel arrangements from Place of recruitment-Duty Station-Place of recruitment on the most direct route and economical class. Travel costs will be reimbursed to the consultant upon submission of invoice and travel documents.

All related (internal/external) official travel of the consultancy will be organized by the consultant and costs reimbursed accordingly.

The consultant is also required to organize his own visa to the duty station – UNICEF will provide a support letter to assist with visa approval.

The consultant will be based in Vanuatu to deliver the output.

The consultant will maintain regular contact/ communication with the technical supervisor for technical support and providing weekly updates by email, skype or telephone as required.

**Consultant’s Work Place:**

The consultant(s) will be based in the UNICEF office in Vanuatu. Office space will be provided.

The consultant is required to use his/her own laptop.

**Qualifications or Specialized Knowledge/Experience Required:**

Qualifications

Post-graduate degree in Public health, global/international health, social development, project management

Experience

* At least 7 years documented work experience in provision of technical assistance to the government on development of health related policy and strategy and planning documents
* Experience developing EPI program policy especially the cMYP
* Experience in policy/strategy development IMCI guidelines and tools
* Strong inter-personal, teamwork and organizational skills
* Familiarity with information technology, including proficiency in word processing, spreadsheets, and presentation software
* Previous working experience in the Pacific and with health and nutrition programmes will be an asset.
* Proven analytical and report writing skills;
* Familiarity and experience of working with UN agencies is an asset

Languages

* Fluency in written and spoken English required

Competencies

* Good analytical, facilitating, negotiating, communication and advocacy skills

**General Conditions** **of Contracts for the Services of Consultants / Individual Contractors**

**1. Legal Status**

The individual engaged by UNICEF under this contract as a consultant or individual contractors (the “Contractor”) is engaged in a personal capacity and not as representatives of a Government or of any other entity external to the United Nations. The Contractor is neither a "staff member" under the Staff Regulations of the United Nations and UNICEF policies and procedures nor an "official" for the purpose of the Convention on the Privileges and Immunities of the United Nations, 1946. The Contractor may, however, be afforded the status of "Experts on Mission" in the sense of Section 22 of Article VI of the Convention and the Contractor is required by UNICEF to travel in order to fulfill the requirements of this contract, the Contractor may be issued a United Nations Certificate in accordance with Section 26 of Article VII of the Convention.

**2. Obligations**

The Contractor shall complete the assignment set out in the Terms of Reference for this contract with due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices.

The Contractor must respect the impartiality and independence of UNICEF and the United Nations and in connection with this contract must neither seek nor accept instructions from anyone other than UNICEF. During the term of this contract the Contractor must refrain from any conduct that would adversely reflect on UNICEF or the United Nations and must not engage in any activity that is incompatible with the administrative instructions and policies and procedures of UNICEF. The Contractor must exercise the utmost discretion in all matters relating to this contract.

In particular, but without limiting the foregoing, the Contractor (a) will conduct him- or herself in a manner consistent with the Standards of Conduct in the International Civil Service; and (b) will comply with the administrative instructions and policies and procedures of UNICE relating to fraud and corruption; information disclosure; use of electronic communication assets; harassment, sexual harassment and abuse of authority; and the requirements set forth in the Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

Unless otherwise authorized by the appropriate official in the office concerned, the Contractor must not communicate at any time to the media or to any institution, person, Government or other entity external to UNICEF any information that has not been made public and which has become known to the Contractor by reason of his or her association with UNICEF or the United Nations. The Contractor may not use such information without the written authorization of UNICEF, and shall under no circumstances use such information for his or her private advantage or that of others. These obligations do not lapse upon termination of this contact.

**3. Title rights**

UNICEF shall be entitled to all property rights, including but not limited to patents, copyrights and trademarks, with regard to material created by the Contractor which bears a direct relation to, or is made in order to perform, this contract. At the request of UNICEF, the Contractor shall assist in securing such property rights and transferring them to UNICEF in compliance with the requirements of the law governing such rights.

**4. Travel**

If UNICEF determines that the Contractor needs to travel in order to perform this contract, that travel shall be specified in the contract and the Contractor’s travel costs shall be set out in the contract, on the following basis:

1. UNICEF will pay for travel in economy class via the most direct and economical route; provided however that in exceptional circumstances, such as for medical reasons, travel in business class may be approved by UNICEF on a case-by-case basis.
2. UNICEF will reimburse the Contractor for out-of-pocket expenses associated with such travel by paying an amount equivalent to the daily subsistence allowance that would be paid to staff members undertaking similar travel for official purposes.

**5. Statement of good health**

Before commencing work, the Contractor must deliver to UNICEF a certified self-statement of good health and to take full responsibility for the accuracy of that statement. In addition, the Contractor must include in this statement of good health (a) confirmation that he or she has been informed regarding inoculations required for him or her to receive, at his or her own cost and from his or her own medical practitioner or other party, for travel to the country or countries to which travel is authorized; and (b) a statement he or she is covered by medical/health insurance and that, if required to travel beyond commuting distance from his or her usual place or residence to UNICEF (other than to duty station(s) with hardship ratings “H” and “A”, a list of which has been provided to the Contractor) the Contractor’s medical/health insurance covers medical evacuations. The Contractor will be responsible for assuming all costs that may be occurred in relation to the statement of good health.

**6. Insurance**

The Contractor is fully responsible for arranging, at his or her own expense, such life, health and other forms of insurance covering the term of this contract as he or she considers appropriate taking into account, among other things, the requirements of paragraph 5 above. The Contractor is not eligible to participate in the life or health insurance schemes available to UNICEF and United Nations staff members. The responsibility of UNICEF and the United Nations is limited solely to the payment of compensation under the conditions described in paragraph 7 below.

**7. Service incurred death, injury or illness**

If the Contractor is travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contract, or is performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval, the Contractor (or his or her dependents as appropriate), shall be entitled to compensation from UNICEF in the event of death, injury or illness attributable to the fact that the Contractor was travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contractor, or was performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval. Such compensation will be paid through a third party insurance provider retained by UNICEF and shall be capped at the amounts set out in the Administrative Instruction on Individual Consultants and Contractors. Under no circumstances will UNICEF be liable for any other or greater payments to the Contractor (or his or her dependents as appropriate).

**8. Arbitration**

1. Any dispute arising out of or, in connection with, this contract shall be resolved through amicable negotiation between the parties.
2. If the parties are not able to reach agreement after attempting amicable negotiation for a period of thirty (30) days after one party has notified the other of such a dispute, either party may submit the matter to arbitration in accordance with the UNCITRAL procedures within fifteen (15) days thereafter. If neither party submits the matter for arbitration within the specified time the dispute will be deemed resolved to the full satisfaction of both parties. Such arbitration shall take place in New York before a single arbitrator agreed to by both parties; provided however that should the parties be unable to agree on a single arbitrator within thirty days of the request for arbitration, the arbitrator shall be designated by the United Nations Legal Counsel. The decision rendered in the arbitration shall constitute final adjudication of the dispute.

**9. Penalties for Underperformance**

Payment of fees to the Contractor under this contractor, including each installment or periodic payment (if any), is subject to the Contractor’s full and complete performance of his or her obligations under this contract with regard to such payment to UNICEF’s satisfaction, and UNICEF’s certification to that effect.

**10. Termination of Contract**

This contract may be terminated by either party before its specified termination date by giving notice in writing to the other party. The period of notice shall be five (5) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a total period of less than two (2) months and ten (10) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a longer period; provided however that in the event of termination on the grounds of impropriety or other misconduct by the Contractor (including but not limited to breach by the Contractor of relevant UNICEF policies, procedures, and administrative instructions), UNICEF shall be entitled to terminate the contract without notice. If this contract is terminated in accordance with this paragraph 10, the Contractor shall be paid on a pro rata basis determined by UNICEF for the actual amount of work performed to UNICEF’s satisfaction at the time of termination. UNICEF will also pay any outstanding reimbursement claims related to travel by the Contractor. Any additional costs incurred by UNICEF resulting from the termination of the contract by either party may be withheld from any amount otherwise due to the Contractor under this paragraph 10.

**11. Taxation**

UNICEF and the United Nations accept no liability for any taxes, duty or other contribution payable by the consultant and individual contractor on payments made under this contract. Neither UNICEF nor the United Nations will issue a statement of earnings to the consultant and individual contractor.

1. VNSO & SPC, *Vanuatu Demographic and Health Survey 2013*; 2014. [↑](#footnote-ref-1)
2. VNSO & SPC, *Vanuatu Demographic and Health Survey 2013*; 2014. [↑](#footnote-ref-2)
3. Government of Vanuatu, *Health Sector Strategy (HSS) 2010-2016,* 2010. [↑](#footnote-ref-3)
4. VNSO & SPC, *Vanuatu Demographic and Health Survey 2013*; 2014. [↑](#footnote-ref-4)
5. MoH, UNICEF and WHO, *Vanuatu Vaccination Coverage Survey*, 2016. [↑](#footnote-ref-5)
6. Global Target from the Global Vaccine Action Plan (GVAAP) [↑](#footnote-ref-6)
7. MoH, UNICEF and WHO, *Vanuatu Vaccination Coverage Survey*, 2016. [↑](#footnote-ref-7)