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| **Title**Three national consultants to support select counties with COVID-19 response and vaccine uptake (one consultant each in the three Zone offices)  | **Funding Code** | **Type of engagement**[ ]  Consultant [x]  Individual Contractor | **Duty Station:**Kisumu ZO, Lodwar ZO, Garissa ZO |
| **Purpose of Activity/Assignment:** The purpose of the consultancy is to provide counties in Kenya with timely support to plan, coordinate, implement and monitor COVID-19 risk communication and vaccination campaigns. |
| **Scope of Work: (see end note below )****Background**Kenya’s COVID-19 index case was reported on 12th March 2020. The total number of confirmed cases are 282,554 cases 5,361 deaths as of 26 December 2021. Kenya has mobilised over 23 million doses of COVID-19 vaccines to date with an aim of vaccinating 26 million by the end of 2022. However, the uptake of COVID-19 vaccine has been slower than anticipated with about 9.6 million doses administered. According to the MOH update dated 25 December, an average of 14.4% of adult population are fully immunized with COVID-19 vaccine with lower uptake in remote areas such as Tana River (3.5%), Wajir (4.1%), Mandera (4.0%), West Pokot (4.5%), and Homa Bay (6.0%). Among the priority population groups, the low coverage among the elderly remains a concern with only 28% of people above 58 years old are vaccinated[[1]](#footnote-1). The number of COVID-19 cases in the African region is sharply increasing since the Omicron variant was detected in South Africa. On 22 December, National Emergency Response Committee on coronavirus issued a press release[[2]](#footnote-2) outlining an array of services, including public transport, that will require full vaccination certificate. **Justification**Recognizing the need to accelerate COVID-19 vaccination in the counties with low vaccine coverage, and in response to the request from the Ministry of Health to the ACSM partners to support the counties, the consultant is urgently required to provide technical assistance on the ground. Kenya is a diverse country with different social-economic practices. Successful vaccine communication activities will require understanding of local social context, including gender dynamics, nomadic population, religious practices and preferred means of communication, as well as careful coordination with the County Health Management Team to ensure timely vaccine supply and social mobilisation, continuity of essential services, partnership with local leaders, continuous social listening and rumour tracking to understand the main triggers to accelerate the vaccine uptake. This will require frequent travel to the counties and participation in the coordination meetings with County Health Management Team and Ministry of Health. It is critically important to augment the capacity of C4D team for COVID-19 vaccination communication. **Activities and tasks**The purpose of the consultancy is to provide counties of Kenya with timely Social and Behaviour Change Communication technical support to plan, coordinate, implement and monitor successful COVID-19 vaccine communication activities to drive vaccine uptake. The main activities include the following:1. Review recent data (administrative data, KAP studies, social listening data and others), strategy documents and plans and conduct interviews with key stakeholders (MOH and UNICEF) to identify bottleneck and solutions. Propose short-term and long-term strategies for COVID-19 response and vaccine communication activities.
2. For the focus counties, map critical issues and capacity gaps and propose specific activities to bring solutions. This may include, but not limited to establishing a coordination mechanism to improve the communication among key stakeholders, building capacity in the County Health Management Team to proactively communicate to the population, and preparing for crisis communication in case of Adverse Event Following Immunizations in close coordination with the counties and UNICEF Zone Office.
3. Support the County Health Management Team and Counties Emergency Operations Centers (EOCs) to develop, coordinate, implement and monitor COVID-19 vaccine uptake plan. Successful vaccine communication activities will require careful coordination with the County Health Management Team to ensure timely vaccine supply and social mobilisation, continuity of essential services, partnership with local leaders, and continuous monitoring of social listening data and administrative data to understand the main triggers to accelerate the vaccine uptake. Notify Nairobi office about the plan for vaccine outreach in the coming weeks to mobilise the partnership with Safaricom and community radios.
4. Develop partnership with local leaders, community influencers and youth groups (e.g. Youth Advisory Champions for Health) to create opportunities for mass vaccination, with consideration to equitable vaccine access to priority groups (elderly, frontline workers, people in congregate settings, and people with co-morbidities), geographical locations and gender equality.
5. Attend ACSM partner coordination meeting, UNICEF internal coordination meeting and relevant MOH meetings as appropriate and report back on the key information and action points with key UNICEF stakeholders.
6. Facilitate documentation and dissemination of good practices and lessons learned related to COVID-19 vaccine delivery and communication.
7. Prepare monthly reports, and a final consultancy report including a numerical progress of vaccine coverage per target population, lessons learned, gaps and recommendations.

**Expected deliverables**The consultant will provide the following deliverables: a) Work plan b) Monthly reports summarizing the details of technical assistance provided to each county and the progress of implementation.c) Capacity building of County Health Management Team with crisis communication.d) Documentation of good practices, and facilitation of videography, where requirede) Final consultancy report with a summary the achievement in each county (number of people vaccinated since the beginning of consultancy, vaccine coverage of high-risk population, partners mobilized, and gender parity), and lessons learned, gaps and recommendations.  |
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| **Budget Year:** | **Requesting Section/Issuing Office:** | **Reasons why consultancy cannot be done by staff:** |
| *2021-2022* | *C4D section/KCO* | *This consultancy requires a senior level C4D expertise and a continuous coordination with MOH/CHMT as well as frequent travel to counties. -This cannot be covered by existing staff.*  |
| **Included in Annual/Rolling Workplan***:* [x]  Yes [ ]  No, please justify: This consultancy was initially envisaged for Nairobi, but modified in response to the emerging situation in western counties and the call from MOH  |
| **Consultant sourcing:**[x]  National [ ]  International [ ]  Both**Consultant selection method:** [ ]  Competitive Selection (Roster)[x]  Competitive Selection (Advertisement/Desk Review/Interview) | **Request for:**[x]  New SSA[ ]  Extension/ Amendment |
| **If Extension, Justification for extension: N/A** |  |
| **Supervisor:** | **Start Date:** | **End Date:** | **Number of Days (working)** |
| *C4D Specialist (emergency)**The consultants will report to C4D Specialist (emergency) in Nairobi to ensure smooth coordination with the MOH/ACSM partners while daily supervision will be provided by Health specialist in UNICEF Zone Office.* | *27 Jan 2022* | *26 July 2022* | *6 months* |

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| **Work Assignment Overview** |
| Tasks/Milestone: | Deliverables/Outputs: | Timeline | Estimate Budget  |
| Review existing strategy, plans and recent data to propose short-term and long-term strategy | a) Work plan with a short-term and long-term strategy | February 2022 | 6500 |
| Map critical issues and capacity gaps and propose specific activities to bring solutions. This may include, but not limited to establishing a coordination mechanism to improve the communication among key stakeholders, building capacity in the County Health Management Team to proactively communicate to the population, and prepare for crisis communication in case of Adverse Event Following Immunizations. | b) Mapping of issues and capacity gaps with capacity building plan and report | March 2022 | 6500 |
| Support the County Health Management Team to develop, coordinate, implement and monitor the social mobilisation and community engagement plan for COVID-19 vaccine uptake.  | c) County specific COVID-19 social mobilization and community engagement plans with dates and monitoring reports | April 2022 | 6500 |
| Develop partnership with local leaders and community influencers to create opportunities for mass vaccination, with consideration to equitable vaccine access.  | d) Description of activity with partners (as part of county specific plans above)  | May 2022 | 6500 |
| Documentation of good practices related to COVID-19 vaccine delivery and communication. | e) Documentation of good practice (as part of monthly reports and final report below) | June 2022 | 6500 |
| Prepare monthly reports including a numerical progress of vaccine coverage per target population, lessons learned, gaps and recommendations. | f) Monthly reports | Every month | - |
| Prepare a final consultancy report including a documentation of good practices, lessons learned, gaps and recommendations. | h) Final consultancy report  | July 2022 | 6500 |
| Travel International (if applicable) | N/A  |  |  |
| Travel Local (please include travel plan) | Travel cost to assigned counties and local communication cost will be covered by the Country Office based on the needs up to $5000. |  | $5,000 x 3 = $15,000 |
| DSA (if applicable) | DSA to be covered by the Country Office based on the actual number of days and cities stayed. Up to $5000. |  | $5,000 x 3 = $15,000 |
| **Total estimated consultancy costs[[3]](#endnote-1)** |  |  | $147,000 |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** |
| [ ]  Bachelors [x]  Masters [ ]  PhD [ ]  Other Enter Disciplines: Advanced university degree in Public Health, Behaviour Science, Social Science, and other relevant areas.Work experiences: * At least 8 years of professional work experience in health communication, immunization, outbreak response, health system strengthening, county health management, and other relevant areas
* Proven expertise in planning, coordinating, implementing and monitoring health communication/community outreach activities.
* Solid knowledge of immunology, vaccine delivery and key characteristics of COVID-19
* Prior experience in working with the government is desired
 | Competencies: * Able to promote collaboration among key stakeholders in the face of pressures and tensions among stakeholders.
* Strong analytical skills to understand data, anticipate changing priorities and identify solution, openly sharing knowledge, insights and effective practices.
* Excellent oral and written communication skills in English
* Capacity development skills to augment the capacity of County Health Management Team in risk communication and crisis communication.
* Willing to travel frequently within Kenya as per UNICEF travel rules, regulations and procedures.
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| **Administrative details:**Visa assistance required: [ ] Transportation arranged by the office: [ ]  |  [ ]  Home Based [x]  Office Based:If office based, seating arrangement identified: [ ] IT and Communication equipment required: [ ] Internet access required: [ ]  |
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| **Prepared by: Akiko Sakaedani Petrovic, Officer-in-Charge, CAP section Diagram  Description automatically generated****Verified by: Susan Musa, HR manager****Approved by: Jean Lokenga, Officer-in-Charge, UNICEF Kenya** |
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1. https://www.health.go.ke/wp-content/uploads/2021/12/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-25TH-DECEMBER-2021.pdf [↑](#footnote-ref-1)
2. https://www.health.go.ke/wp-content/uploads/2021/12/SPEECH-BY-CS-HEALTH.pdf [↑](#footnote-ref-2)
3. 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. [↑](#endnote-ref-1)