

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

Title: International Consultant on Integration of COVID-19 Vaccination into Routine EPI/PHC	Funding Code/WBS:	Type of engagement <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	Duty Station: LUSAKA, ZAMBIA
Purpose of the Assignment: Strategic, advisory, and technical support to the MoH/EPI, MoH Public Health Division, and the UNICEF Zambia Country Office (ZCO) to develop the national costed strategic plan on the integration of Covid-19 vaccination into routine immunisation and primary health care (PHC) systems and services.			
Background and Scope of Work: <p>The human coronavirus disease 2019 (COVID-19) was first reported in Zambia on 18 March 2020 from two individuals who had just returned from travelling abroad. The country has been severely affected by high burden of Covid-19 morbidity and mortality with over 349,224 confirmed cases out of 4,166,833 tests. Unfortunately, over 2,800 cumulative and 1,100 associated deaths were recorded in Zambia since the beginning of the pandemic. Zambia experienced four distinct waves of COVID-19 since March 2020. The first wave with highest number of cases occurred in July-August 2020 with the positivity rate of 25.4%. A second wave occurred with a weekly test positivity of 15.3% and the third wave followed with the peak of reported cases in July 2021 with a positivity rate of 26%. The fourth COVID-19 wave hit the country in December 2021, which was largely driven by the Omicron variant of the COVID-19 virus and the highest number of cases was recorded in January 2022 when the positivity rate rose to 32.3%. Through these waves, the government of Zambia made frantic efforts to mitigate against the disease following international recommendations. Screening and testing at ports of entry in the country, at health facilities and mass testing within the communities at the height of the epidemic were introduced. Public health statutes that mandated wearing of masks in the public and closed off most activities at the height of the epidemic were invoked. With these interventions, the COVID-19 situation analysis indicated a reduced incidence of disease with a smaller number of cases, hospitalisation, and related deaths.</p> <p>As part of the COVID-19 response strategy, Zambia rolled out the COVID-19 vaccination programme in April 2021. Since its inception the programme has reached over 11.5 million people with at least one dose of vaccination, over 9.3 million with a second dose, and over 1.1 million with a booster dose, translating into 85.1% of the eligible population fully vaccinated, thus exceeding the country's target of 70%. The vaccination campaign was rolled out in phases to priority groups and adult population in line with the National Deployment and Vaccination Plan (NDVP) and ultimately to adolescents and children between the age of 12 and 17 years. Despite this notable success in ensuring widespread coverage of COVID 19 vaccination, COVID-19 remains a global public health threat despite the lifting of its status as public health emergency of internal concern by WHO in May 2023. Continued progress against COVID-19 is very important to sustain the gains made and the WHO Strategic Advisory Group on EPI (SAGE) recommended to focus on vaccinating the highest priority groups with complete primary series and booster vaccination.</p> <p>Nation-wide roll-out implementing the COVID-19 vaccination strategies came at a great cost, both financially and in terms of diverting resources from routine immunization and other essential health services, globally. This has led to outbreaks of vaccine-preventable diseases due to decreased routine immunization coverage. Despite the strain on the health system, the vertical approach to COVID-19 vaccination also brought new approaches, insights, and innovations that can benefit health systems in the long term. To capitalize on opportunities and maximize efficiency, the country has proposed a shift from delivery of COVID-19 vaccination from a siloed manner to an integrated platform by incorporation into the routine immunisation programme and the utilisation of various primary health care (PHC) platforms to target populations at high risk of COVID-19. This will leverage the lessons learned from the rapid scale-up and its benefits for immunization efforts such as the COVID-19 investment to support the smooth transition from the emergency response to routine programme while ensuring protection of the most vulnerable populations and lessened impact on other health programmes.</p> <p>Guided by the joint WHO/UNICEF Strategies of Integrating COVID-19 Vaccination into Routine Immunization and Primary Health Care (RI/PHC), Zambia Ministry of Health with support of UNICEF and partners organised a national stakeholders' consultations from 10-14 July 2023 that recommended to develop a national costed strategic plan on the integration of Covid-19 vaccination into routine immunisation and primary health care (PHC) systems and services.</p>			

Key Tasks and Responsibilities:

The consultant will work closely with the Expanded Programme on Immunization (EPI) unit and Public Health Division of the Ministry of Health in coordination with COVID-19 Emergency Operating Centre as well as the Provincial Health Offices (PHOs) and District Health Offices (DHOs) to coordinate and consult with community level structures to gather inputs for the development of national integration plan as follows:

- Conduct desk review of key national strategic documents on COVID-19 rollout and immunisation programme (WHO/UNICEF COVID-19 integration strategies and guidelines; Zambia NDVS, Zambia National Immunisation Strategy, COVID-19 Intra-Action Review (IAR); Covid-19 vaccination post-campaigns reviews; periodic programme reviews; multi-year comprehensive plan, tools and other country experiences) and documents the successes, challenges and lessons learnt of the national COVID-19 vaccination rollout and its impacts on the essential health services including immunisation programme.
- Under the leadership of the MoH EPI & COVID-19 Focal points and by leveraging on existing in-country structures and working in close collaboration with the Country Team (UNICEF, WHO, CIHEB, CIDRZ and other partners), organizes a consultative workshop with the full engagement of the traditional EPI & non-EPI partners and relevant divisions within MoH (NCD, HIV, TB, MCH, Community Health, M&E) to reach consensus on COVID-19 integration road map. The consultant will review the concept note for the national and subnational integration workshops and support meeting scheduling, development of agenda / materials and alignment on next steps.
- Building on the findings of desk review, proceedings of the consultative workshop and agreed COVID-19 integration road map, the consultant will support the development the draft national COVID-19 integration into RI/PHC plan and consolidated districts micro-plans with clear targets and delivery strategies with focus to reach the highest priority use groups and refine the plan with input and feedback from the country team.
- Consultant will also travel to determined districts, as required, to gather feedback input from the district health management team which will inform the development of the integration plan
- Provide specialized technical assistance on the planning of immunisation service delivery, supporting capacity building initiatives, developing strategies to identify and reach under-served and high-risk populations and optimizing local approaches to COVID-19 with an emphasis on integrated service delivery modalities.
- Support the implementation of outstanding preparedness activities for the integration of COVID-19 vaccination into RI and other PHC services
- Develop a framework on integration scenarios of C-19/RI to enhance preparedness of increased routine and COVID-19 vaccine uptake using C-19 resources.
- Contribute to the maintenance of programmatic data on integrated delivery of vaccination through the use and revision of available tools.

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](#)

Budget Year:

2023

Requesting Section / Issuing office:

Health and HIV

Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If No, please justify: <i>It's part of Health & HIV RWP 2023–2024 and earmarked for funding through Gavi CDS 3rd window.</i>			
Consultant sourcing: <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
Consultant selection method: <input checked="" type="checkbox"/> Competitive Selection (Roster) – using regional/global polio roster. <input type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)			
If Extension, Justification for extension: N/A			
Supervisor: Immunisation Specialist (P-3)	Start Date: 1 Oct 2023	End Date: 31 Jan 2024	Number of Days (working) 61 days over a period of 4 months
Work Assignment Overview: Under the overall guidance of Chief Health & HIV, and with day-to-day supervision and support of Immunisation Specialist (P-3), the consultant will work closely with the MoH/EPI, MoH/HPU, ZNPPI, ZAMMSA, in-country immunisation stakeholders, and the COVID-19 Emergency Operating Centre as needed to support the development of costed national Covid-19 vaccination integration plan into RI/PHC with tailored delivery strategies.			
Tasks/Milestone:	Deliverables/Outputs:	Timeline (days/months)	
1) Review of national strategic documents (NDVP, Intra-action/post introduction reviews, progress reports), intra-country national integration workshop and develop inception report with lessons learnt and way forward. Consultation with MoH (and its agencies and departments), UNICEF, WHO and other key immunisation stakeholders on the approaches and timeline on the development of the costed plan.	An inception report with detailed work-plans, methodologies, and timeline.	10 days	
2) Design, develop, and facilitate stakeholders' consultation workshop at provincial levels on COVID-19 integration into RI/PHC and agree on integration roadmap under the leadership of MoH and in collaboration with UNICEF, WHO and other EPI and non-EPI partners and stakeholders.	Detailed Report of the three stakeholders' consultation at provincial level on the roadmap of Covid-19 integration.	21 days	
3) Draft the National COVID-19 Integration Plan into RI/PHC with clear targets and delivery strategies with focus to reach the highest priority groups.	Draft Integration Plan	10 days	
4) Produce a prioritized list of the activities with a clear criterion and detailed costing of each activity. Provide an outline for the costing of the National COVID-19 Integration Plan and spearhead MOH to organize stakeholders meeting (s) to review the draft costing outline and contents.	Draft Costed Integration Plan	10 days	
5) Incorporate the inputs and comments from MoH, UNICEF, WHO and other immunisation stakeholders on the draft costed integration plan, and present the revised costed plan to MoH, UNICEF and National EPI Committee for further review and finalisation.	Final Draft of Costed Integration Plan	10 days	
Estimated Total Consultancy Fees (All Inclusive)		61 days	
Travel International (if applicable)	One economy class return	Lumpsum	
Travel Local (please include travel plan) – will be provided through separate TA	N/A	N/A	

DSA (if applicable)	DSA for Lusaka @\$/day for 61 days	61 days	
Total estimated consultancy costsⁱ			
Minimum Qualifications required:			
<input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: Medicine, Epidemiology, Public Health, Population Health, Child Health, MCH, and Health Sciences etc.			
Knowledge/Expertise/Skills required:			
<ul style="list-style-type: none"> - A minimum of 7 years of professional experience in immunisation programme management, vaccine campaigns, supplementary immunization activities planning and management at the national or international level preferably in a developing country is required. - Relevant experience in immunisation programme, polio supplementary immunization activities (SIA), project development and management in any UN system agency or organization is an asset. - Experience of working in an emergency setting is required. - Ability to work in most extreme hardships. - Ability to work independently and to meet deadlines. - Ability to write clear and concise reports in English. - Demonstrated ability to effectively work and communicate in a multicultural environment. - Computer literacy with high ability to use excel spread sheets. - Completed training on Basic and Advanced Security in the Field. 			
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: Based at MoH/EPI 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"/>	

ⁱ 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.