**United Nations Children’s Fund (UNICEF)- Viet Nam**

**Terms of Reference**

**Individual Consultancy**

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| **Title** | National consultant to support the implementation of communication interventions for COVID 19 vaccine introduction in Viet Nam |
| **Purpose** | To provide technical support to UNICEF Viet Nam and through UNICEF to the Ministry of Health (MOH) and partners for the implementation of evidence-based communication for development strategy/action plan to support the introduction of COVID 19 vaccine in Viet Nam, including the preparedness and response plan for crisis communication. |
| **Expected fee**  | VNM2 |
| **Location**  | Ha Noi |
| **Duration** | Full-time, 11 months |
| **Start Date** | May, 2021 |
| **Reporting to** | Communication for Development (C4D) specialist |
| **WBS/PBA** **Funding Expiry Date** |  |
| **Project and activity codes** |  |
| **General Ledger number** |  |

**Background**

In January 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC). The outbreak has infected millions of people across the world and caused significant loss of lives. To protect people from the disease, vaccines against COVID have been developed by several manufacturers in a number of countries.

In the beginning of the COVID-19 pandemic, Viet Nam faced high risk of transmission as the country is in close geographical proximity of and had robust trade activities with China. In an effort to contain the outbreak, the Government has imposed strict regulations including travel restrictions, school closures and shut down of non-essential service facilities. These measures were effectively implemented and helped the country put the first wave of COVID-19 under control. However, despite this initial success, the country recorded its first COVID-related deaths in July 2020 when faced with the second wave. The third wave of COVID has started recently from 28 January 2021 with new cases in 13 provinces. By 22 Mar. 2021, Viet Nam’s number of confirmed cases has reached 2.572with 35 deaths (sources: Ministry of Health of Viet Nam, <https://ncov.moh.gov.vn/> ).

The Ministry of Health of Viet Nam (MOH) has developed a national action plan to receive, store, distribute and use COVID-19 vaccines (a National Deployment and Vaccination Plan-NDVP). Meanwhile, the country has joined the COVAX Facility (a Gavi-administered mechanism to ensure COVID-19 vaccines are affordable and available to all countries) as an AMC92 country. With this, Viet Nam can access highly subsidized vaccine pricing at the same time as wealthier nations.

Through the COVAX Facility, UNICEF’s plans to procure and deliver enough doses of the COVID-19 vaccine to immunize 20% of the population in Viet Nam, prioritizing front-line workers and high-risk groups. A first allocation of 4,176,000 doses of the AstraZeneca vaccine is expected to be delivered by the second quarter of 2021, and additional doses by year end. In addition, MOH has reached out to both international and domestic manufacturers to discuss and pursue bilateral agreements in order to ensure enough supplies for at least 80 per cent of the whole population.

Vaccines have already started to be distributed and used in Viet Nam. MOH has procured 117,600 doses of AstraZeneca vaccine and launched the largest vaccination drive in its history starting on 8 Mar. 2021, at Hanoi, Hai Duong, Ho Chi Minh city. The priority group of this vaccination programme is frontline medical staff.

It is imperative to implement the national communication action plan that includes crisis communication to generate an enabling environment for public acceptance of safe and effective COVID-19 vaccines whilst enhancing trust in and demand for vaccines and immunization more broadly and continuing to maintain adherence to other non-pharmaceutical interventions.

For the UNICEF, there is the need to support MOH for the implementation of the national communication action plan on COVID vaccine rollout.

**Purpose**

To provide technical support to UNICEF Viet Nam and through UNICEF to the Ministry of Health (MOH) and partners for the implementation of evidence-based communication for development strategy/action plan to support the introduction of COVID 19 vaccine in Viet Nam, including the preparedness and response plan for crisis communication.

**Location**

Communication section, UNICEF office, GOUNH, Ha Noi

**Objectives**

Under the direct supervision of the C4D Specialist and in close coordination with Child Survival and Development section (CSD), and relevant sections, the Consultant will provide technical support to UNICEF Viet Nam and through UNICEF to MOH and partners for the implementation of evidence-based Communication and Social Mobilization plan to support the introduction of COVID 19 vaccine in Viet Nam, including the preparedness and response plan for crisis communication. The Consultant will provide technical assistance in aspects of mass and social media campaign implementation, and support with information education and communication (IEC) materials, digital/online content production and dissemination on COVID vaccination and risk communication as guided by global and regional guidance. In addition, s/he will consolidate, analyze the existing data of the social listening, including social media monitoring, rumor tracking, online listening and make recommendations for the implementation of social media campaign.

**Tasks**

1. Support the implementation of UNICEF-MOH communication action plan on COVID vaccine introduction, public acceptance and social mobilization, including risk communication:
2. Support the implementation of joint UNICEF-MOH mass and social media campaign
3. Consolidate, analyze, and share social media monitoring and rumor tracking data from country and make recommendation for the implementation of social media campaign
4. Identify country-specific online influencers for potential engagement to amplify correct information about COVID-19.
5. Keep an updated mapping of digital-based platforms available for in country-based COVID-19 rumors tracking mechanism.
6. Provide technical assistance to MOH and partners on development, pre-testing and finalization of evidence-based communication content, messages and material as guided by evidence from social listening and base on global guidelines
7. Support to adapt available training modules for health workers and vaccinators as both first adopters of vaccines and as advocates for vaccination acceptance and uptake in communities
8. Support to conduct training of frontline workers, CSOs, FBOs, media training for journalists on COVID vaccination
9. Support to coordinate the digital monitoring and feedback mechanisms and reporting of ongoing implementation of COVID-19 vaccines introduction and broader C4D/Risk communication activities
10. Support documentation of the lessons learnt and best practices, including the human-interest stories (HIS) for COVID vaccine rollout communication.
11. Support the on-going implementation of UNICEF communication activities to promote behaviors to prevent and mitigate the spread of COVID-19

**Methodology and Expected deliverables and timeline**

The consultant will work closely with CSD, and related UNICEF programmes/sections.

The consultant is expected to work closely with MOH’s relevant departments including Department for Communication, Emulation and Award (DCEA), General Department of Preventive Medicine (GDPM), National Institute of Hygiene And Epidemiology (NIHE), National Expanded Programme for Immunization (NEPI), National Centre for Health Education (NCHE), and working closely with WHO, related UN agencies and NGOs.

The Consultant is advised to gather information from a range of stakeholders including journalists and bloggers that cover health topics and cover news on immunization, people related to what information and communication is needed to convince the rollout of new COVID vaccines.

**Deliverables and timeframe**

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| **Task** | **Deliverable** | **Timeframe** *(indicative)* |
| 1. Provide technical assistance to MOH and partners on development, pre-testing and finalization of evidence-based communication content, messages and material as guided by evidence from social listening and base on global guidelines
 | **Deliverable 1:**Provided technical support and quality assurance to produce co-created MOH-UNICEF set of 50 infographics, 4 video clips and 10 radio spots on COVID vaccination | May – Jul., 2021 |
| 1. Support the implementation of joint UNICEF-MOH mass and social media campaign
 | **Deliverable 2:**Provided technical support, monitored the implementation of joint UNICEF-MOH mass and social media campaign, including communication contents/messages development, activities design, influencers involvement, etc. | Jun. – Nov., 2021 |
| 1. Consolidate, analyze, and share social media monitoring and rumor tracking data from country and make recommendation for the implementation of social media campaign
2. Identify country-specific online influencers for potential engagement to amplify correct information about COVID-19.
3. Keep an updated mapping of digital-based platforms available for in country-based COVID-19 rumors tracking mechanism.
 | **Deliverable 3:**Provide technical support for the implementation of risk communication, including social media monitoring, rumor and mis-information management | Jun. 2021 – Feb. 2022 |
| 1. Support to coordinate the digital monitoring and feedback mechanisms and reporting of ongoing implementation of COVID-19 vaccines introduction and broader C4D/Risk communication activities
 | **Deliverable 4:**Provided technical support for setting up and operating of the digital feedback mechanisms | Jun. 2021 – Feb. 2022 |
| 1. Support to adapt available training modules for health workers and vaccinators as both first adopters of vaccines and as advocates for vaccination acceptance and uptake in communities
2. Support to conduct training of frontline workers, CSOs, FBOs, media training for journalists on COVID vaccination
 | **Deliverable 5:**Provided technical support for the development of training modules and materials on related communication skills for frontline workers, medical staff, journalists  | Jun. – Oct., 2021 |
| 1. Support documentation of the lessons learnt and best practices, including the human-interest stories (HIS) for COVID vaccine rollout communication.
 | **Deliverable 6:**At least 3 lessons learnt (and/or HISs) produced  | Mar. 2022 |
| **Total working days: 11 months** |  |  |

**Management and Reporting**

The assignment is undertaken under the supervision of the C4D specialist, UNICEF Viet Nam. The consultant will work closely with CSD, relevant UNICEF sections, WHO, relevant MOH’s Departments, and related NGOs/ development organizations.

**Performance indicators for evaluation**

* Monthly workplan approved by supervisor.
* Monthly report approved by supervisor.

**Qualification/Specialized Knowledge and Experience**

**Child Safeguarding**

Is this project/assignment considered as “[Elevated Risk Role](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Guidance%20on%20Identifying%20Elevated%20Risk%20Roles_finalversion.pdf?CT=1590792470221&OR=ItemsView)” from a child safeguarding perspective?

      [x]    YES    [ ]    NO     If YES, check all that apply:

 **Direct contact role**[ ]  YES     [x]   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:

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**Child data role**[ ]  YES    [x]   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):

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More information is available in the [Child Safeguarding SharePoint](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/SitePages/Amendments-to-the-Recruitment-Guidance.aspx) and [Child Safeguarding FAQs and Updates](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Child%20Safeguarding%20FAQs%20and%20Updates%20Dec%202020.pdf)

###### Education

###### University degree in mass communication, journalism, social sciences

Experience

* At least 3 years of proven experience in communications, mass and social media, digital platform, journalism and media studies
* Previous experience with social media management, trend monitoring, influencing, and analysis and/or digital listening
* Experience in communication materials development, including digital materials
* Experience in social and behaviour change communication, risk communication and community engagement in the areas of public health and immunization is an asset

Knowledge and Skills

* Knowledge and skills in social media management, digital monitoring
* Knowledge public health, immunization is an asset

Languages

* Fluently spoken and written Vietnamese and English is compulsory

**Assessment criteria**

For evaluation and selection method, the Cumulative Analysis Method (weight combined score method) shall be used for this recruitment:

a) Technical Qualification (max. 100 points) weight 70 %

* Degree Education in mass communication, journalism (20 points)
* Knowledge of mass communication, social and digital media (30 points)
* Experience in social media management, trend monitoring, influencing, and analysis and/or digital listening (30 points)
* Quality of past work (e.g. understanding, methodology) (20 points)

b) Financial Proposal (max. 100 points) weight 30 %

The maximum number of points shall be allotted to the lowest Financial Proposal that is opened/evaluated and compared among those technical qualified candidates who have attained a minimum 70 points score in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.

The Contract shall be awarded to candidate obtaining the highest combined technical and financial scores, subject to the satisfactory result of the verification interview if needed.]

**Submission of applications**

Interested candidates are kindly requested to apply and upload the following documents to the assigned requisition in UNICEF Vacancies: <http://www.unicef.org/about/employ/>

1. Letter of interest and confirmation of availability;
2. Technical proposal which clearly explains the outline on how to deliver the tasks and deliverables (preferably less than 2 pages);
3. Performance evaluation reports or references of similar consultancy assignments (if available)
4. Financial proposal: All-inclusive lump-sum cost including consultancy fee, travel and accommodation cost for this assignment as per work assignment.
5. CV/P11 form *(*[*UN Personal History Form*](http://www.unicef.org/about/employ/files/P11.doc)*)*

**Policy both parties should be aware of:**

* 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.
* Under the consultancy agreements, a month is defined as 22 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.
* Individual Contractors who are working in a full-time capacity (for a minimum of 1 full month) and with the same working schedule as staff at the duty station (generally office-based, working five weekdays per week and following the office hours) receive Paid Time Off (PTO) credit at the rate of one- and one-half days (1.5 days) for each full month of service
* Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
* No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.
* For international consultants outside the duty station, signed contracts must be sent by fax or email.
* Consultants will not have supervisory responsibilities or authority on UNICEF budget.
* Consultant will be required to sign (1) the Health statement, (2) Certificate of Good Standing for Consultants/Individual Contractor prior to taking up the assignment, and a copy of appropriate health insurance, including Medical Evacuation.
* The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant.