

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title: National Vaccine Management Specialist (VMS) in Sierra Leone	Funding Code: SM210562 WBS: 3900/A0/08/881/002/010	Type of engagement <input checked="" type="checkbox"/> Consultant (National) <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	Duty Station: Freetown, Sierra Leone (including travel to districts)
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Background:

Timely and equitable immunization services is amongst the most cost-effective development interventions with sustained and long-term health and economic dividends for nations. An effective end-to-end vaccine stock management is critical to ensure that life-saving vaccines are always available up to the last mile, coverage goals are met, and no child is left behind.

However, each year at least one-third of low- and middle-income countries (LMICs) experience one or more vaccine stockouts lasting for one month or more. By reviewing annual government reported supply chain indicators over the last ten years, LMICs have seen an increase in the number of stock outs of at least one routine antigen from 30% in 2010 to 45% in 2019.

Sub-optimal stock management not only increases the operational and opportunity costs of vaccination but can also play a significant role in broadening inequities and stagnating demand, specifically affecting under-served, urban poor, insecure and hard-to-reach populations. UNICEF and WHO Joint Reporting Form (JRF) analysis indicate 46% of developing countries has witnessed service interruptions due to stock outs in 2019, an increase from 30% in 2014. The COVID-19 pandemic has further strained global supply chains with resulting supply and programmatic disruptions including vaccine stockouts and missed immunization sessions.

In Sierra Leone, following the confirmation of the first COVID-19 case in March 2020, the Ministry of Health and Sanitation (MoHS) swiftly and aggressively scaled up the prevention and control measures. As a result, a sharp drop of routine service utilization experienced due to COVID-19 at the early stage of outbreak was restored within a few months. While immunization service was most severely affected and its uptake in April 2020 was 20% less than the previous year, the number of doses delivered per month was back to 2019-levels by end July 2020. As part of the COVID-19 containment measures, Sierra Leone officially started the nationwide rollout of COVID-19 vaccine on 22 March 2021. While initial uptake was very slow, with increased availability of COVID-19 vaccines and operational funds to accelerate the vaccination efforts mostly through monthly/bi-monthly surge campaigns, the coverage increased significantly in 2022. As of 14 November 2023, Sierra Leone vaccinated 3,023,982 persons fully (60.8% of the target population and 40.1% of the total population), and 3,828,547 persons of the target population (76.9%) with one dose of COVID-19 vaccines. For regular child immunization, 92% of children 0-11 months received 3 doses of Pentavalent vaccines with 14 out of the 16 districts achieving above 80% coverage.

In 2023, the country will integrate COVID-19 vaccination into routine immunization services. In order to consolidate the gains already achieved in both COVID-19 and routine immunization services and ensure the seamless transition from campaign to routine mode, the country is seeking for a surge capacity (a national consultant) to support the COVID-19 and routine vaccine management processes, including

effective vaccine stock and cold chain management to ensure an equitable distribution of quality COVID-19 and routine vaccines.

Purpose and objectives:

The purpose of the consultancy is to effectively manage COVID-19 and routine vaccine deliveries, build capacity and support national authorities in planning, storage, distribution, temperature tracking, monitoring, accountability and waste management and other relevant commodities, and support routine immunization activities.

Specific objective is to support Ministry of Health and Sanitation (MoHS)/EPI Programme to:

- strengthen end-to-end stock management and timely and equitable vaccine distribution
- assist National Logistics Working Groups (NLWGs) to make data-driven decisions and triangulate data sources
- enhance existing monitoring and accountability mechanisms
- deploy needs-based technical assistance
- track vaccine transportation and temperatures
- assist the expansion of vaccine verification systems at subnational levels
- deploy field-tested, cost-effective, and human-centered stock monitoring tools to automate vaccine inventories at all levels.

Methodology and Technical Approach:

The national consultant will provide data-driven technical assistance through an effective coordination with both Government and partners, capacity building support including day-to-day on-the-job knowledge transfer, and document lessons learnt and recommendation (with clear prioritization) to improve vaccine stock management of both COVID-19 vaccination and routine immunization services.

Specific Tasks of the Consultant:

- Map vaccine inventory tools and dataflows at all levels and support the national EPI Programme to develop and implement data collection Standard Operating Procedures (SOPs) and guidelines.
- Revalidate supply chain and waste management sections of National Vaccine Deployment Plan (NVDP) for COVID-19.
- Prepare performance monitoring and accountability checklists and SOPs so duty barriers at all levels are held accountable for immunisation supply chain (iSC) related activities.
- Support NLWG to develop or revalidate supply and logistics plans.
- In collaboration with the National EPI Programme and Regional Office Focal Person to develop a robust supportive supervision plan along with budget breakdown.
- Ensure the national EPI Programme has access to updated stock management data including on forecast/actual quantities, stock-on-hand, consumption rates, expiry dates and open and closed vial wastage on weekly basis.
- Deploy both COVID-19 and routine vaccination monitoring checklists and SOPs, collect, analyze and present supportive supervision data with the EPI Programme and partners in real-time or at least twice a week.
- Strengthen or deploy tools to automate, collect and share data on COVID-19 and routine vaccine arrival, distribution and monitoring.
- Lead targeted assessment of iSC performance, especially stock management as per EVM2.0 guidelines and iterative development and implementation of improvement plans. Review continuous improvement plan (cIP) on bimonthly basis.

- Prepare and share monthly vaccine accountability reports.
- Support the updating of national cold chain equipment (CCE) inventories on quarterly basis and support the development of CCE and UCC maintenance plans.
- Support the development and implementation of effective vaccine management (EVM) improvement plans.
- Support the Integration and implementation of Thrive360 and iDash.
- Track and document the drivers of wastage, develop mitigation strategies and refine improvement plans.
- Initiate or support forecast accuracy verification and revision exercise on six monthly bases.
- Lead or contribute to iSC digitalization mapping.
- Conduct two peer data quality reviews, draw recommendations and track progress
- Implement capacity development workshops and on-the-job training opportunities.
- Support the implementation of Global Trust Repository (GTR)
- Undertake other assignments and responsibilities as requested by the supervisor

Management, Organization and Timeframe:

The consultant will be supervised by the Immunization Specialist, UNICEF Sierra Leone, under the overall guidance of Chief of Health & Nutrition Section. The consultant will be seated at EPI Programme Office of the MoHS and will have regular interactions with EPI Programme Manager and team at MoHS, and other partners. The monthly fees of the consultant will be processed by UNICEF upon submission of his/her monthly progress report along with deliverables certified by the supervisor. The duration of the consultancy is 11.5 months.

Start date: 15th January 2023 End date: 31st December 2023

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](#)

Work Assignment Overview			
Tasks/Milestone:	Deliverables/Outputs:	Timeline	Estimate Budget
	<i>These deliverables are interlinked and need to be carried out on an on-going basis until the consultancy concludes.</i>		
Develop a workplan.	A detailed workplan	First week of consultancy	7 days
Prepare and share monthly vaccine accountability reports.	Monthly vaccine accountability reports, including stock receipts, distribution, utilization, and wastage rates, developed, and shared with national EPI Office and UNICEF country and regional offices.	Monthly	25 days
Revalidate supply chain and waste management sections of National Vaccine Deployment Plan (NVDP) for COVID-19.	Supply Chain and Waste Management sections of the National Integrated Vaccine Deployment for both COVID-19 and routine vaccines regularly updated.	Monthly	20 days
Strengthen or deploy tools to automate, collect and share data on COVID-19 and routine vaccine arrival, distribution and monitoring.	The National EPI Office supported to effectively plan the arrivals, storage, temperature monitoring and control during storage and distribution and redistribution of COVID-19 and routine vaccines.	Ongoing until the end of consultancy.	30 days
Prepare performance monitoring and accountability checklists and SOPs so duty barriers at all levels are held accountable for immunisation supply chain (iSC) related activities.	Vaccine accountability, disposal and waste management activities at central and subnational levels supported. SOPs reviewed and implemented, and related data collected and shared on weekly basis.	Ongoing until the end of consultancy.	20 days
Ensure the national EPI Programme has access to updated stock management data on weekly basis.	Ensured National EPI office has access to updated stock management data including on forecast/actual quantities, stock-on-hand, consumption rates, expiry dates, open and closed vial wastage, critical operational challenges. Ensured data is used for data-driven planning and decision making.	Establish within first two months and ongoing afterwards.	30 days
Map vaccine inventory tools and dataflows at all levels and support the national EPI Programme to develop and implement data collection SOPs and guidelines.	The National EPI office supported to map dataflows, vaccine inventory tools and LMIS. Vaccine management issues captured and rapidly shared with decision makers.	Mapping within 30 days and monthly afterwards	30 days
Initiate or support forecasting, forecast accuracy verification and revision exercise on six monthly basis.	National EPI Office supported to forecast vaccines. Data on vaccine stock, consumption, expiry, destruction, and relocation are collected, analyzed, presented and shared. This also includes analysis of the barriers in data use and promotion of smart demand for it.	Ongoing	15 days

Lead targeted assessment of iSC performance, especially stock management as per EVM2.0 guidelines and iterative development and implementation of improvement plans. Review continuous improvement plan (cIP) on bi-monthly basis.	Targeted assessments of iSC performance conducted, especially stock management per EVM2.0 guidelines and iterative development and implementation of improvement plans.	Quarterly	15 days
Update cold chain equipment (CCE) inventories on quarterly basis and support the development of CCE and UCC maintenance plans.	CCE inventories conducted on quarterly basis and UCC maintenance and waste management plan developed and implemented.	Quarterly	15 days
Support the Integration and implementation of Thrive360 and iDash.	Integration and implementation of Thrive360 and iDash supported.	Ongoing	15 days
Implement capacity development workshops and on-the-job training opportunities.	Capacity development workshops and on-the-job training organized and implemented.	Minimum two workshops	10 days
Develop final technical report with key recommendation (as per priority for short, medium, and long-term).	Final technical report with key recommendations	Within 7 days to end of consultancy period	7 days

Budget Year: 2022-2023	Requesting Section/Issuing Office: <i>Health and Nutrition Section</i>	Reasons why consultancy cannot be done by staff: The COVID-19 vaccination efforts have put further pressure on already over-stretched H&N section staff and could adversely affect routine child immunisation programme implementation support. In addition, this work requires dedicated, full-time support for UNICEF to deliver the expected technical assistance and meet the deadlines. Due to pandemic situation, all country offices face similar HR constraints and thus stretch assignment or mission from other offices within UNICEF would not be an option, either. Hence, the HQ mobilised funds from Gavi to support these consultancy positions in 39 selected countries, including Sierra Leone in 2021 initially for 1 year, and now requested the countries to extend the engagement of this surge capacity for an additional year till end 2023. In Sierra Leone, the previous incumbent (international consultant) resigned for personal reason and given that the sufficient in-country capacity has been built, the position is now nationalized, hence this new ToR.	
Included in Annual/Rolling Workplan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please justify: At the time of developing work plan, time efforts and intensity of technical assistance required for COVID-19 vaccine deployment were underestimated.			
Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
If Extension, Justification for extension: N/A			
Supervisor: Immunisation Specialist	Start Date: 15 th January 2023	End Date: 31 st December 2023	Number of Days (working): 11.5 months

Estimated Consultancy fee		11.5 months	
Travel International	Per actual		
Travel Local (please include travel plan)	Per actual		
DSA (local travels)	Per actual		
Total estimated consultancy costsⁱ			
<p>Minimum Qualifications required: <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Entry Disciplines: University degree is required (Advanced degree an advantage), preferably in relevant field (e.g., business planning, supply chain management, economics, international development studies, medicine, procurement, logistics, or other quantitative degree). Applicable work experience can substitute in cases where university degree is not aligned to a relevant field.</p>	<p>Knowledge/Expertise/Skills required:</p> <p>Experience</p> <p>At least (3) years of experience in public health programme management including at least three (3) years in immunization, with experience in low- and middle-income countries, preferably in the areas of:</p> <ul style="list-style-type: none"> • Logistics management systems • Supply chain bottleneck and root cause analysis • Familiarity with inventory policies, allocation, ordering and distribution strategies and other supply chain operations • Health systems strengthening • Assessing and measuring supply chain performance • Experience interfacing with national ministries of health an advantage. <p>Skills required</p> <ul style="list-style-type: none"> • Proven experience in strategic negotiations and planning in multi-stakeholder settings • Experience in writing complex strategic proposals, developing multi-year operational plans • Experience in training, planning and delivery of technical assistance • Effective presenter including ability to adapt the message and visual aids for multiple audiences to deliver concise, impactful presentations • Knowledge of supply chain management and operations • Excellent analysis skills • Demonstrated ability to work in a multi-cultural environment • Proven track record in interfacing with national ministries of health a distinct advantage. 		

Administrative details: Visa assistance required: <input type="checkbox"/> Transportation arranged by the office: <input type="checkbox"/>	<input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based: If office based, seating arrangement identified: <input checked="" type="checkbox"/> TBD IT and Communication equipment required: <input checked="" type="checkbox"/> Internet access required: <input checked="" type="checkbox"/>		
Request Authorised by Section Head	Request Verified by HR:		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <i>Approval of Chief of Operations (if Operations Programme)</i> _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> <i>Approval of Deputy Representative (if Representative (in case of single sourcing/or if not listed in Annual Workplan))</i> _____ </td> </tr> </table>		<i>Approval of Chief of Operations (if Operations Programme)</i> _____	<i>Approval of Deputy Representative (if Representative (in case of single sourcing/or if not listed in Annual Workplan))</i> _____
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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.