Terms of Reference (TOR)

Consultancy

Strengthen, maintain, and restore immunization services to reach zero-dose children and missing communities in fragile settings and at the H-D nexus during covid-19 recovery

Background

MOMENTUM Integrated Health Resilience (MIHR) is a global United States Agency for International Development (USAID) cooperative agreement led by IMA in South Sudan, in Consortium with 3-other partners (JSI, GOAL, Pathfinder). MIHR is designed to strengthen quality voluntary family planning and reproductive health, maternal, newborn, and child health (FP/RH/MNCH) care and services linked to resilience building in South Sudan. The project supported health facilities in 8 Counties in delivery of integrated FP/RH/MNCH services. The project implementation is both at the facility and community-based level.

The country teams work primarily at the subnational level, most often with county health teams (or the equivalent), local NGOs, and communities to maintain, restore, and strengthen immunization systems. MIHR’s core team supports its country programs with catalytic TA, global evidence, practical guidance, assessments, analytics, and other tools for planning, implementing, and monitoring performance improvement. Cross-country support and learning are **core funded**, while country support is generally **field-support funded**.

After determining countries for **core investment** with USAID, and obtaining the necessary field mission approvals, MIHR proposes to use a combination of **core and field support funding** to carry out the following activities.

1. **Support counties to “build back better” during and after COVID-19 (including adapting zero-dose guidance) and prepare for future shocks (core and field funding).**
2. **Map and promote proven immunization strategies for fragile settings.**
3. **Support country teams to introduce or strengthen RED/REC.**
4. **Assess available digital data collection tools and job aids for pilot testing in Program year 3 (PY3)**.
5. **Update and make the WHO Effective Vaccine Management (EVM2) tools, training, inventory of cold chain, and guidance available to country teams**.

**Rationale**

Global data from The Lancet[[1]](#footnote-1) and WHO/UNICEF immunization estimates for 2020 highlight the COVID-19 impact on childhood vaccination rates, and show a significant drop in basic vaccinations in previously fragile communities/geographies, putting millions of children at risk of vaccine-preventable diseases. Globally, the estimated coverage of DTP3 (diphtheria-tetanus-pertussis, third dose) in 2020 fell to 76.7 percent, and MCV1 (measles-containing vaccine, first dose) to 78.9 percent, representing a decrease of more than 7 points each when compared to 2019.[[2]](#footnote-2) This is the largest disruption to worldwide immunization in recent history.

Globally, WHO, Gavi, UNICEF, USAID, and other partners have focused on addressing the reasons that immunization services continually miss some infants. Since 2019, the focus has been on infants who have not received their first vaccinations (see new strategies like IA2020[[3]](#footnote-3) and Gavi 5.0,[[4]](#footnote-4) as well as the Equity Reference Group discussion papers[[5]](#footnote-5)); many of these children live in communities where MIHR works. This situation is commonly referred to and measured as “zero-dose” for DPT1. The COVID-19 pandemic has exacerbated the problem of zero-dose due to interruptions in immunization services (affecting all antigens), and the temporary suspension of mass vaccination campaigns.

 **TOTAL days:**

Approximately 20 days in addition to the work carried out by the Child Health/Immunization officer in-country, Immunization lead and co-leads of the HSCB at headquarters and the HQ Senior Consultant support four days.

**Deliverables and Timeline:**

Dates from the start date up to 20 days

1. **Participate and collaborate in the organization of a workshop with our respective country immunization/CH advisors and other relevant experts to:**
* **report is due on September 5, 2022**
* **4th week from the start date**

1. Present Local data analysis with communities to determine populations for vaccination (infants and pregnant women) and to align with immunization delivery services to reach them (fixed, outreach, mobile, PIRI) given struggles with denominators and coverage discrepancies.

b) Training of local facilities and vaccinators needed on fundamentals of immunization data and analysis.

1. Outline some key activities, based on the UIFHS and other recommended experiences by MOH.]
2. **RED/RED guideline review document workshop**
3. Identify hard and soft copy of tools adapted for REC-QI opportunities.
4. Improved, learning from UIFHS (e.g., fishbone analysis, local quality improvement teams, community involvement with facilities and local authorities).
5. Identify hard and soft copy of tools adapted Integrated Service delivery tools: Nutrition, Immunizations, FP/RH and Immunizations
6. Identify hard and soft copy of tools adapted additional tools: Preparedness and response plans updated with Immunization activities for outbreaks preparation
7. Identify hard and soft copy of tools adapted budget tools to the DHSS planning cycle for an efficient vaccination integrated program
8. Identified hard and soft copy of tools integrated budget tools linked to country fiscal year i.e Tanzania and Madagascar
9. Identify hard and soft copy of tools to explore Digital Health applications.
10. Training of the adaptation RED/REC to fragile context. Using RED/REC online (Geneva learning foundation and other partners)

1. **Rapport of Strength, Opportunities, Weakness and Treats of the Immunization program f**or addressing zero doses and ensuring full immunization, work with communities to know where missed communities/families are
* **Second week of the consultancy**
1. **Rapport of the quick vulnerability analysis.** As some children miss WASH, Nutrition and other public health intervention are also immunization zero doses. The consultant will find out how these families will be reached with immunization services at least 5 times in the next year. Ideally linked with other CH interventions.
* **Second week of the consultancy**

5) **Rapport of a proposed mechanism for finding and reaching pregnant women**. So that they know the infant should receive vaccines at birth and then 6, 10, 14 weeks, and 9 months. For example, propose that mothers should be given a vaccination card for the infant at birth and if the delivery is at home, the community health worker should link her with the services, so that she can get the infant vaccinated as soon as possible.

**Second week of the consultancy**

Qualifications

* Minimum qualification is bachelor’s in public health, Medicine-surgery
* The preferred qualification will be master’s in degree in Public Health/medicine/pediatric/immunology

Required

* Extensive experience working in Immunizations, (RED/REC), Health system strengthening, MNCH, nutrition, and MNCH in humanitarian and development contexts. Expertise in Immunization and HSS at subnational level programming platforms (Immunization, organizational capacity, PNC, IMNCI,
* Demonstrated capacity to work with government staff and development and humanitarian counterparts (donors, multilateral and bilateral organizations, NGOs, etc.) at various levels.
* Ability to work as part of a team, including remotely.
* Training on Immunization tools (preferably, newborn and child health, nutrition, and/or mental health tools).
* Attention to detail, ability to monitor others, and follow through on tasks in a timely fashion.
* Strong communication skills.
* Flexibility and ability to travel and work in difficult circumstances

Strongly preferred

* Experience with version RED/REC Reach Every District/ Reach Every Community.
* Experience in microplanning, budget formulations, health system functions at the subnational level
* Experience in resilience and organizational capacity
* Experience in Immunizations and Health systems strengthening capacity, including MNCH in humanitarian and development contexts.
* Fluency in English (speaking, reading, writing)

Application should be submitted e-mail - southsudanprocurement@lwrima.org by **4:00pm on August 28 , 2022**.

**Tender Committee**

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)