



Consultant Position Description

Sierra Leone - Vaccination and Faith Toolkit Implementation

ABOUT CCIH

Christian Connections for International Health (CCIH) is a global network of Christian organizations, individuals and affiliates committed to advancing health and wholeness from a Christian perspective. Motivated by our faith and our values, CCIH envisions a world where all have access to quality healthcare and prevention services. CCIH members work in over 90 countries and include non-governmental organizations, church networks, Christian Health Associations, volunteer and product donation agencies, and other support organizations. CCIH works with Protestant, Catholic, and non-denominational organizations as well as interfaith networks. CCIH shares information and provides a forum for networking, advocacy, capacity building and fellowship to an ever-increasing spectrum of organizations and individuals. CCIH also carries out grants and programs by working through its members in low- and middle-income countries. CCIH is a nonprofit (501c3) organization established in 1987 and headquartered in the Washington, DC area. CCIH is financed by membership dues and a variety of grants.

DESCRIPTION OF CONSULTING SERVICES REQUIRED

This consultancy is part of the USAID-funded MOMENTUM Country and Global Leadership program. CCIH is a subrecipient under Jhpiego in this program.

Immunization coverage has stagnated at 85% over the last decade. To break through the stagnation in coverage, programs must prioritize reaching the unreached by working in an integrated manner with new partners. To increase immunization coverage, service delivery should be tailored to serve the most disadvantaged communities.

Local and national faith communities are an important group of non-state actors who offer unique opportunities for partnership on raising demand and addressing hesitancy. These are also highly influential in promoting good health, including vaccination. Religious leaders influence and shape community attitudes, beliefs, and actions; but little is known about their current beliefs, positions, and capacity to spread relevant, accurate information about vaccines generally and COVID-19 vaccines specifically. Moreover, faith-based health services provide a substantial share of health services, but we do not know their capacity limitations to scale immunizations for the general population.

This project will identify and begin to address concerns among religious leaders and faith-based health services around vaccination. Over the past two years, MCGL collaborated with many leaders of faith communities to [understand concerns about vaccines](#) and [to identify promising practices](#) to overcome

hesitancy and increase confidence. Then, a toolkit was developed to support dialogue and sharing, with a review process that included pre-testing through advisory forums and focus groups in India and Sierra Leone.

Key stakeholders for the toolkit dissemination and monitoring include: Local faith actors as well as those who can support, encourage and foster partnership with these faith actors—such as Ministries of Health, national policy-makers and legislators, non-governmental organization program managers and technical staff, private-sector stakeholders with an interest in vaccine adoption, interfaith councils, health workers, medical and science bodies, and other actors working to improve vaccine uptake.

The objective of this consultancy is to 1) disseminate and monitor toolkit utilization in Sierra Leone, 2) identify key stakeholders for toolkit implementation, and 3) Orient and monitor key stakeholders implementing the toolkit.

DELIVERABLES

1. Create a list of primary key stakeholders who are interested in using the toolkit and a broader list of secondary stakeholders to disseminate the toolkit through.
2. Disseminate the soft copy of the toolkit to local faith actors via whatsapp, listservs, emails, etc in the local communities.
3. Obtain commitments from local faith actors to participate in orientation meetings for utilizing the toolkit.
4. Facilitate toolkit orientation meeting with local faith actors (organize these meetings, including reserving a venue with tea break and meal options, creating and printing agendas, printing and disseminating the toolkit, facilitating the meeting, and providing airtime/data to local faith actors).
5. Monitor key stakeholders and follow-up with them to find out what parts of the toolkit they have used and receive feedback (#s reached, feedback from the community)
6. Facilitate closing meeting with key stakeholders (organize the meeting, including reserving a venue with tea break and meal options, creating and printing agendas, printing and disseminating the toolkit, facilitating the meeting, and providing airtime/data to local faith actors).
 - a. Conduct an Pulse Poll with key stakeholders on what happened, what helped and what to adjust in the toolkit.
7. Written summary on the experience in-country of utilization of the toolkit by key stakeholders, including what strategies are needed for successfully implementing the toolkit and answer to “How can vaccination programs effectively work with faith-based systems (FBOs and faith leaders) to address misinformation and promote appropriate health-seeking behavior, such as vaccine uptake?”
8. Develop a list of key agencies, partners, and experts in-country who can speak with USAID and global stakeholders to share their insights, experiences, and guidance on program development and implementation.

TERMS AND PAYMENT

This project is expected to start January 10, 2023 and be complete by August 30, 2023

Payment is Fixed Price.

Payment schedule: Based on deliverables. Consultant must submit invoices for payment.

CCIH offers payment split among milestone deliverables for the following expenses: consultant fee, expenses for travel for the consultant and key stakeholders to attend meetings, printing the toolkits and

agendas, reserving venues and providing food at meetings, providing transport reimbursement for key stakeholders to attend orientation and closing meetings, and airtime/data for key stakeholders to implement the toolkit. These travel and material costs are paid based upon approval of the receipts provided. Any reasonable expenses shall be approved by CCIH and must comply with US Government regulations.

CCIH shall make payments based on agreed discrete milestones.

MILESTONE SCHEDULE

#	Milestone	Deliverable	Deadline
1	Contact lists and dissemination	<ul style="list-style-type: none"> List of local faith actors (excel) who are interested in testing the toolkit Broader list of in-country stakeholders to disseminate the toolkit to. Disseminate the soft copy of the toolkit to local faith actors via whatsapp, listservs, emails, etc in the local community/country of focus 	January 30, 2023
2	Orientation meeting	<ul style="list-style-type: none"> Phone call discussions with faith actors for testing toolkit Invitation letter for orientation meeting (Word document) Agenda for orientation meeting (Word document) Printing toolkit for orientation meeting Execute the orientation meeting and submit attendee list (excel) 	February 28, 2023
3	Monitor local faith actors	<ul style="list-style-type: none"> Follow-up with local faith actors to find out what parts of the toolkit they have utilized and receive feedback (#s reached, feedback from the community - reported via Excel) Conduct a pulse polls with local faith actors on their experience with the toolkit (reported via excel) 	August 15, 2023
4a	Dissemination of results	<ul style="list-style-type: none"> Develop a list of key agencies, partners, and experts in-country who can speak with USAID and global stakeholders to share their insights, experiences, and guidance on program development and implementation. 	July 1, 2023
4b		<ul style="list-style-type: none"> Written summary on experience in-country of testing the toolkit with local faith actors, including what strategies are needed for successfully implementing the toolkit, and answering "How can vaccination programs effectively work with faith-based systems (FBOs and faith leaders) to address misinformation and promote appropriate health-seeking behavior, such as vaccine uptake?" 	August 20, 2023

REQUIREMENTS

- Degree in international development or public health or related field
- Experience with social behavior change communication
- Experience in immunization, vaccination
- Ability to work in faith-based settings, with diverse religious leaders
- Use of own computer, internet access
- Ability to meet remotely with team in different time zones via Zoom or Google Meet
- Willingness to use CCIH project management software as needed

TO APPLY:

Submit a cover letter by December 21, 2022, including how you found out about the position and your preparation and qualification for the work, your resume, and a 1-page writing sample to jobs@ccih.org. Please provide an expected total expense including a breakdown of expected expenses to complete the toolkit dissemination and monitoring. Incomplete applications will not be considered.

While USAID Mission concurrence has been submitted and is expected soon, we are waiting on final approval and therefore this consultancy is being posted, but will not officially be hired until final approval is secured.

You will receive notification of receipt of your application. CCIH will only contact applicants after that who we are considering for the position. You will not be notified if CCIH does not move you to the next steps of the process. Thank you for considering working with our team.