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TERMS OF REFERENCE

National Consultant – Integrated Specimen Referral System (iSRS) Coordination, ALERT-LAO (Activity 2.3.3)

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	**Vientiane, Lao People's Democratic Republic (office based with travel)**
DURATION OF CONTRACT	**12 months**

Purpose of Assignment

"Advancing Lao PDR's Pandemic Response and Transformation" (ALERT-LAO) is a government-led, multisectoral One Health project co-led by the Ministry of Health (MOH) and the Ministry of Agriculture and Environment (MAE). On 12 February 2026 the Pandemic Fund Governing Board allocated US$17,585,716.07 to ALERT-LAO as a catalytic investment which, with national co-investment and partner co-financing, mobilizes over US$124 million for pandemic prevention, preparedness and response (PPR) in Lao PDR. UNICEF and FAO are the Implementing Entities (IEs): UNICEF supports the human health component and FAO the animal health component.

Under Component 2 (Laboratory Systems and Diagnostic Networks), Output 2.3 aims for a coordinated laboratory network and specimen referral system that is operational across human, animal and environmental sectors, enabling timely transport, testing and reporting of priority pathogens. Activity 2.3.3 (Pandemic Fund three-year budget USD 750,000) scales up and optimizes the national specimen referral system so that specimens are transported, tested, and results returned and reported on time, in line with the national specimen referral strategy. Lao PDR scored Level 3 on JEE D1.1 (Specimen referral and transport system) in 2025, and the project aims for Level 4.

The integrated Specimen Referral System (iSRS), led by NCLE, has been piloted in three provinces and the lessons have been documented. A draft SOP for the National Transportation System (NoTS) covering all provinces is available. In line with the NCLE iSRS Operational Plan (2 September 2026) and the NCLE change request for Activity 2.3.3, Year 1 will scale up the system to 14 more provinces through a national Training of Trainers (ToT) followed by provincial-to-district cascade training, bringing coverage to 17 provinces. Years 2 and 3 will focus on refresher training, supportive supervision, and monitoring of turnaround time and specimen volumes.

Year-1 targets this assignment contributes to (Annex-Indicators, Y1 Workplan INDV2): PSRF indicator 2.3.3, "Number of provinces that updated and implemented the national specimen referral system for better use of laboratory network resources". The Year-1 target is 3 provinces; with the revised target in the change request, 17 provinces should have a working system (3 pilot + 14 scale-up). The assignment also contributes to the linked progress indicator "Number of bio-sample transportation or similar investments supported/facilitated" (cumulative provinces), the Component 2 progress indicator "Number of individuals completing PPR-related training", disaggregated by sex and cadre, and JEE D1.1 (Level 3 maintained in Year 1, with progress towards Level 4). Means of verification are turnaround times and incoming specimen numbers at receiving laboratories, together with ToT, cascade training and supervision reports.

Working day-to-day within NCLE, under the technical guidance of the Director of NCLE (or the designated iSRS focal point) and the contract management of UNICEF, the Consultant provides dedicated technical coordination to set up and scale up the integrated specimen referral system. The Consultant helps NCLE finalize the iSRS framework and tools, deliver the national ToT and the provincial-to-district cascade in the 14 scale-up provinces, put the transport, packaging and data arrangements in place, and monitor and report on system performance

against PSRF indicator 2.3.3. The goal is for the referral system to be functional and sustained in all 17 provinces.

Staff salaries cannot be financed under the Pandemic Fund through UNICEF, so this function is provided as time-bound technical assistance (Activity 2.3.3, sub-activity 2.3.3.13 "Time-bound technical assistance: iSRS coordination / data management" in the NCLE change request). The assignment is temporary and is paid against the monthly deliverables set out below.

Scope of Work

1. iSRS policy framework, SOPs and operational tools

- Support NCLE to organize the technical consultation meetings (two reviews and one endorsement) on the national laboratory framework and policy for iSRS (1.1.1). Consolidate stakeholder comments and prepare the final draft for DCDC/MOH endorsement.
- Coordinate the revision of the existing iSRS materials (1.2.1): the iSRS/NoTS Standard Operating Procedures; the national guideline for domestic specimen packaging and transport (UN3373 / Category B, triple packaging, cold chain, spill response); and the specimen referral logbook and sample collection and transport forms. Manage version control and prepare print-ready files and the distribution plan (1.1.3, 1.2.2).
- Lead the mapping of the laboratory referral network and logistic transport routes from health centres to districts, provinces and central reference laboratories (3.3.2). Define the referral pathway, pick-up schedule and transport option for each participating facility in the 17 provinces.
- Work with the NCLE data team and the data management/LIMS consultant to harmonize referral data recording and reporting tools across disease programmes (1.3.2), and to connect iSRS data to the national laboratory data platform and the iSRS dashboard (DHIS2 integration) (1.3.1).

2. Capacity building: national ToT and provincial-to-district cascade

- Compile and update the iSRS training materials into one ToT package (2.1.1). The package should cover integrated specimen referral, safe specimen collection, packaging, storage and transport, and data recording, with pre- and post-tests.
- Support the guided self-assessment by laboratory administrators (2.1.2 / 3.1.2), with help from PHOs, and consolidate the findings into a report on gaps and needs that informs training, supplies and IT distribution.
- Plan and co-facilitate, with NCLE and the TWG, the national five-day ToT for provincial laboratory managers and administrators (about six participants per province) (2.1.3). Disseminate the national framework and policy during the ToT (1.1.2).
- Support the 14 Provincial Health Offices to plan, budget and deliver the provincial-to-district cascade training (2.1.4). This includes schedules, standard materials, provincial inputs to activity plans and FACE requests, remote and on-site backstopping, and training reports. Maintain a trainee database disaggregated by sex, cadre and level of the health system.
- Design the Year-2 refresher training and the e-learning refresher module on the NCLE platform (4.1.1.1), based on supervision findings and performance data.

3. System implementation, transport and biosafety (Specific Objective 3)

- Coordinate the three virtual regional kick-off meetings (Northern, Central and Southern provinces) with laboratory administrators on implementation approaches (3.1.1).
- Support NCLE to put in place the specimen transport model (3.3.1). This covers the technical specifications and ToR for the courier contract between district, provincial and central levels, the procedure for reimbursing health-centre transport costs, and courier performance monitoring (pick-up compliance, transit time, and lost or damaged specimens).
- Quantify needs and prepare distribution plans for referral consumables, such as triple packaging, cool boxes, ice packs and spill kits (3.2.3), and an itemized IT needs list for district laboratories without computers (3.2.1). Track delivery and use.

- Promote biosafety and biosecurity across the referral chain, including chain of custody, spill management and courier safety. Coordinate with NCLE on related biosafety activities (3.4).
- Support outbreak readiness. Draft the procedure for surge specimen transport for priority pathogens, with activation criteria for the outbreak contingency (2.3.3.12). Support the pre-positioning of referral packaging and coordinate the distribution of reagents for priority pathogens (2.3.3.4).

4. Coordination, supportive supervision, monitoring and reporting (Specific Objective 4)

- Serve as the day-to-day iSRS coordination focal point within NCLE. Act as secretariat for the monthly technical meetings (4.2.1) and the TWG sub-group quarterly consultative meetings (4.2.2), preparing agendas, background documents, minutes and action trackers.
- Coordinate with DCDC, the national disease programmes, PHOs, the ALERT-LAO PCU and partners (e.g. WHO, Fondation Mérieux) to ensure one integrated referral system and no duplication of transport arrangements.
- Operationalize the iSRS M&E framework and indicator tracker, covering: number of provinces implementing; turnaround time (collection–receipt–result return); specimen volumes; rejection rates; lost or damaged specimens; logbook completion; and reporting timeliness. Produce a quarterly iSRS bulletin by province.
- Plan and take part in the central joint supervision (twice a year) (2.2.1), and support PHO/DHO supportive supervision (2.2.2) with standard checklists, trip reports and a corrective-action tracker.
- Compile the means of verification for PSRF indicator 2.3.3 and the linked progress indicators. Provide Activity 2.3.3 inputs to quarterly and annual Pandemic Fund reporting through the DDC PCU and to the annual SPAR self-assessment (D1.1).
- Support NCLE to prepare Activity 2.3.3 quarterly activity plans, FACE fund requests and activity reports using the approved templates, in coordination with the DDC PCU and DoPF. Support the DCDC annual review meeting (4.2.3) and the Year-2 workplan.
- Document lessons learned, good practices and human-interest stories, and contribute to a sustainability plan and to the case for government co-investment in specimen transport.

Scope boundaries

- The assignment is fully dedicated to Activity 2.3.3. The Consultant does not perform routine laboratory testing or replace NCLE staff functions.
- Technical direction comes from the Director of NCLE (or the designated iSRS focal point). Deliverables are reviewed jointly by NCLE and UNICEF and certified by the UNICEF contract manager.
- The Consultant does not handle cash, approve expenditure, take procurement decisions, or sign or certify fund requests and financial reports on behalf of the Government or UNICEF.
- Any support outside this scope, including during a declared outbreak, must be agreed in advance, in writing, between NCLE and the UNICEF contract manager, and be time-bound.

Key performance indicators

- National iSRS framework/policy and revised SOPs, packaging guideline and referral tools submitted for DCDC endorsement by end-February 2027.
- National ToT delivered by end-March 2027, and cascade training completed in all 14 scale-up provinces by end-May 2027.
- Year-1 target for PSRF indicator 2.3.3 met and verified by 30 June 2027: at least the 3 provinces in the Annex-Indicators, and 17 provinces (3 pilot + 14 scale-up) under the revised target.
- Monthly turnaround-time and specimen-volume data reported by participating provincial laboratories, and a quarterly iSRS bulletin issued from Q1 of Year 2.
- Supervision trip reports and corrective-action trackers shared within 10 working days of each visit. All deliverables submitted on time and to the agreed standard.

Work Assignments Overview	Deliverables/Outputs	Delivery deadline to complete the deliverable
Inception and iSRS coordination plan	**Deliverable 1** – Inception report with a 12-month iSRS coordination workplan agreed with the Director of NCLE and UNICEF, aligned with the Activity 2.3.3 Year-1 workplan and PSRF 2.3.3 targets. Stakeholder and referral-network map (NCLE, TWG, national programmes, PHOs). Confirmed list of the 14 scale-up provinces and participating district laboratories. Baseline for the 3 pilot provinces (turnaround time, specimen volumes, rejection rates). Minutes of the 3 virtual regional kick-off meetings (3.1.1). Monthly status summary.	29/01/2027 Approximately 20 days
iSRS framework, SOPs and tools	**Deliverable 2** – Reports of the consultation meetings on the national iSRS framework and policy (1.1.1), with the final draft submitted to DCDC for endorsement. Revised iSRS/NoTS SOP, domestic specimen packaging and transport guideline (UN3373 / Category B), and harmonized referral logbook and forms, finalized and print-ready (1.2.1–1.2.2). Consolidated laboratory self-assessment report on gaps and needs (2.1.2 / 3.1.2). Monthly status summary.	26/02/2027 Approximately 20 days
National Training of Trainers	**Deliverable 3** – Consolidated ToT package (2.1.1) with a module on safe specimen collection, packaging, storage and transport, and pre/post-tests. Five-day national ToT co-facilitated with	31/03/2027 Approximately 20 days

	NCLE and the TWG for provincial trainers from the 14 scale-up provinces (2.1.3), including dissemination of the framework (1.1.2). ToT report with sex-disaggregated participant list and test results. Cascade plan and schedule for each of the 14 provinces. Monthly status summary.	
Cascade launch and transport arrangements	**Deliverable 4 –** Backstopping report on the provincial-to-district cascade trainings in the first group of provinces (2.1.4). Referral-network and transport-route map, health centre–district–province–central, for the 17 provinces (3.3.2). Technical specifications/ToR for the courier contract and the procedure for reimbursing health-centre transport costs (3.3.1). Quantified distribution plan for referral consumables (3.2.3). Monthly status summary.	30/04/2027 Approximately 20 days
Cascade completion and first supportive supervision	**Deliverable 5 –** Consolidated cascade training report for all 14 provinces, with a trainee database disaggregated by sex, cadre and level. Itemized IT needs list and distribution plan for district laboratories (3.2.1). Trip report from the first central joint supervision (2.2.1) with a corrective-action tracker. Monthly status summary.	31/05/2027 Approximately 20 days
Year-1 target verification	**Deliverable 6 –** iSRS functionality checklist completed for the 17 provinces (referral pathway, logbook use, packaging, transport, result return). Year-1	30/06/2027 Approximately 20 days

	report on PSRF indicator 2.3.3, the linked progress indicator and JEE D1.1 inputs, with means of verification (turnaround time and specimen volumes at receiving laboratories; ToT, cascade and supervision reports). iSRS data flow to the NCLE dashboard/DHIS2 tested (1.3.1–1.3.2). Monthly status summary.	
Annual review and Year-2 planning	**Deliverable 7 –** Year-1 iSRS performance report with lessons learned. Documentation for the DCDC annual review meeting (4.2.3): agenda, presentations, minutes and recommendations. Activity 2.3.3 inputs to the Year-2 workplan (refresher training, supervision, M&E and transport) and to the Q1 activity plan and FACE request. Monthly status summary.	30/07/2027 Approximately 20 days
iSRS performance monitoring	**Deliverable 8 –** First quarterly iSRS bulletin by province (turnaround time, specimen volumes, rejection rates, lost or damaged specimens, reporting timeliness). Minutes and action trackers of the monthly technical meetings (4.2.1) and the TWG quarterly meeting (4.2.2). Courier performance review. Monthly status summary.	31/08/2027 Approximately 20 days
Second supportive supervision	**Deliverable 9 –** Trip report from the second central joint supervision (2.2.1) and consolidated PHO/DHO supervision findings (2.2.2), with the corrective-action tracker updated. Activity 2.3.3 inputs to the Q1 Year-2 activity report and	30/09/2027 Approximately 20 days

	PSRF indicator tracker. Monthly status summary.	
Refresher training design	**Deliverable 10 –** Refresher training plan and e-learning refresher module content for the NCLE platform (4.1.1.1), based on supervision findings and performance data. Amendments to the SOPs and tools where needed. Monthly status summary.	29/10/2027 Approximately 20 days
Outbreak readiness and quarterly monitoring	**Deliverable 11 –** Procedure for surge specimen transport for priority pathogens, with activation criteria for the outbreak contingency (2.3.3.12), and a pre-positioning plan for referral packaging. Second quarterly iSRS bulletin. Minutes of the TWG quarterly meeting. Monthly status summary.	30/11/2027 Approximately 20 days
Final report and handover	**Deliverable 12 –** Final consultancy report with results against PSRF indicator 2.3.3, lessons learned, and recommendations for Years 2–3 and for government co-investment. Complete handover of tools, trackers, the iSRS database and files to the NCLE iSRS focal point and UNICEF.	24/12/2027 Approximately 20 days

Payment Schedule:
Payment will be made on submission and acceptance of 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.

Important Notes

- 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.
- The selected candidate is solely responsible for ensuring that the health insurance (and visa if applicable) required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.
- UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT

- **Education:** Bachelors Medical laboratory technology, biomedical science, microbiology, medicine, pharmacy, public health or another health-related field.
- **Work Experience:**
    - At least five years of professional experience in public health laboratory systems, laboratory networks or disease programme diagnostics, including at least three years working directly on specimen referral and transport.
    - Demonstrated hands-on experience in setting up, piloting or scaling up an integrated (multi-disease) specimen referral system at national or sub-national level. This includes designing referral pathways and transport routes, setting up courier or sample-transport arrangements, introducing referral logbooks, forms and specimen tracking, and monitoring turnaround time. Evidence is required in the CV and technical note.
    - Experience designing and delivering Training of Trainers and cascade training, and conducting supportive supervision of laboratory and health-facility staff at provincial and district levels.
    - Experience working with the Ministry of Health, NCLE, Provincial Health Offices or national disease programmes (e.g. TB, HIV, malaria, surveillance) in Lao PDR, and/or with UN agencies or donor-

funded projects (e.g. Global Fund, Pandemic Fund).

- **Language Requirements:** Fluency in Lao and English (spoken and written) is required, including the ability to draft reports and correspondence in English and to translate accurately between Lao and English.
- **Knowledge/Expertise/Skills:**
    - Sound knowledge of national and international requirements for the safe transport of infectious substances, including the WHO guidance, UN3373 / Category B, triple packaging, cold chain and spill management, and of laboratory biosafety and biosecurity.
    - Good understanding of laboratory network functions and quality management: specimen collection, acceptance and rejection criteria, chain of custody, and result return and reporting.
    - Data skills: designing and using referral data tools, and analyzing turnaround-time and specimen-volume data. Working knowledge of DHIS2, LIMS or similar platforms, and advanced MS Excel.
    - Strong coordination, facilitation and report-writing skills. Able to bring together multiple departments, programmes and provinces, and to build trust with senior government officials.
    - Understanding of MOH structures and government planning, financial and administrative procedures in Lao PDR. Culturally sensitive, respects confidentiality and shows the highest standards of integrity.
- **Desirables:**
    - Master's degree in public health, microbiology, laboratory management, epidemiology or a related field.
    - Certified training in shipping infectious substances (e.g. IATA Division 6.2 or WHO infectious substances shipping training).
    - Experience with sample transport networks for GeneXpert, TB or HIV viral load, or with laboratory formation and specimen tracking systems.
    - Experience with FIND – Diagnostic Network Assessment and mapping tool as well as Optimizaiton process
    - Experience with One Health specimen referral, including links with animal health laboratories.
    - Familiarity with UNICEF HACT/FACE procedures, Pandemic Fund results reporting, and JEE/SPAR indicator D1.1.