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TERMS OF REFERENCE

National EPI Consultant

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	Dhaka Bangladesh & Office based (With Travel)
DURATION OF CONTRACT	12 Months

Purpose of Assignment

- The overall purpose of the Divisional EPI Consultants is to strengthen and complement the capacity of Government of Bangladesh (GoB) divisional, district, city corporation and municipal health authorities to plan, implement, monitor and review routine immunization services, with a particular focus on finding and vaccinating zero-dose and underimmunized children in urban, slum and hard-to-reach areas. Bangladesh's EPI is one of the country's most successful public health programmes, but recent evidence shows its gains are at risk:
- • Valid coverage is falling. CES 2023 found crude full vaccination coverage of 95.2%, but valid full vaccination coverage by 12 months was only 81.6%, which is 2.3 percentage points lower than CES 2019 and well below the national target of 95%. Full coverage, including MR2, was 76.8%.
- • The gaps are concentrated in cities. Valid coverage was lower in urban than rural areas (79.0% vs 84.6%). Zero-dose prevalence was six times higher in urban areas (2.4% vs 0.4%) and was highest in Dhaka division (3.2%) and Dhaka South City Corporation (5.9%). Under-immunization was 9.8% in urban areas against 6.8% in rural areas (CES 2023).
- • The 2026 international review confirms the gaps. The Joint National/International EPI and VPD Surveillance Review (October 2026) estimated that poor microplanning misses 15–20% of eligible children every year, and about 373,430 zero-dose children have accumulated over five years. The 2026 measles outbreak, mostly among unvaccinated children, was described as a clear warning of persistent immunity gaps.
- • HPV vaccination is weakest in cities and among out-of-school girls. HPV CES 2025 found national coverage of 79.1%, below the 2030 target of 90%. Coverage was 69.9% in urban areas, 44.7% in Dhaka North City Corporation, and only 6.5% among out-of-school girls. Only 25.1% of vaccinated girls had kept their vaccination card.
- The divisional reviews in all eight divisions found the same root causes:
- • uncosted microplans that do not reflect real target populations, with administrative coverage above 100% hiding missed children;
- • weak defaulter tracking, and supportive supervision that is irregular or not documented;
- • 30–40% of frontline and supervisory posts vacant, with many newly recruited Health Assistants untrained; • data in DHIS2, e-Tracker, VaxEPI and eVLMIS not triangulated; and
- • persistent access gaps for urban slum, char, haor, tea garden, border and other hard-to-reach populations. To address these gaps, the consultants will support divisions, districts and city corporations to implement the District Evidence-Based Planning and Budgeting (DEPB) Programme for 2027. Immunization and zero-dose priorities will be built into district and city corporation plans and tracked through monthly coordination meetings, monthly supportive supervision and Rapid Convenience Monitoring (RCM), and quarterly reviews

with all health managers and workers. The consultants will also support:

- • revision of EPI online microplans and use of Smart Health BD (OpenSRP-based e-Tracker) and VaxEPI for registration, due and defaulter lists, and zero-dose tracking;
- • eVLMIS use and Effective Vaccine Management (EVM) improvement;
- • HPV routinization, including registration of in-school and out-of-school girls and engagement with madrasa boards;
- • Basic REPI and EVM SOP training for frontline staff; and
- •data quality improvement and evidence-based performance review. Through these time-bound, measurable deliverables, the consultants will help close immunity gaps, reduce zero-dose and dropout children, narrow the gap between urban and rural coverage, and strengthen government ownership and accountability for EPI results at divisional, district and city corporation levels
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Scope of Work

The Divisional EPI Consultant will provide technical and operational support to the divisional, district, city corporation
and municipal health authorities of the Directorate General of Health Services (DGHS) in the assigned division. The work covers planning, implementation, monitoring and quality improvement of routine immunization under the national EPI programme. The consultant will work within national EPI policies, the National Immunization Strategy
2023–2027 and national guidelines. The role does not include national-level policy, procurement, or staff functions.
The consultant will work closely with Divisional Directors (Health), Civil Surgeons, city corporation health departments,
Upazila Health and Family Planning Officers, Medical Officers (Disease Control), MT-EPI staff, EPI supervisors, education authorities, religious and community leaders, NGOs, WHO and other partners. Based in the assigned division, the consultant will spend at least 8 days a month in the field at the district, city corporation, upazila, and EPI center levels, prioritizing low-performing, urban-slum, and hard-to-reach areas as identified by CES 2023, HPV CES
2025, and the 2026 national EPI review. Progress will be reported to UNICEF monthly and quarterly.
Description of Assignment:

1. Support DEPB implementation and accountability

Support districts, city corporations, and municipalities in implementing 2027 DEPB plans focused on urban immunization and zero-dose reduction, including monthly coordination meetings, monthly supportive supervision,Rapid Convenience Monitoring (RCM) with documented corrective actions, and quarterly review meetings with all health managers and workers.

2. Strengthen microplanning and missed-child follow-up]

Support review and updating of EPI online microplans with realistic targets, GIS mapping and session plans, and systematic identification, line-listing and follow-up of zero-dose, under-immunized and defaulter children.

3. Strengthen digital systems and data use

Support formal refresher training and orientation, followed by on-the-job mentoring, for users of Smart Health BD (OpenSRP-based e-Tracker) and VaxEPI; monitor system use and data quality; support triangulation of data from DHIS2, e-Tracker, VaxEPI and eVLMIS; and escalate system issues to EPI-HQ and MIS.

4. Strengthen the immunization supply chain

Support strengthening the use of eVLMIS, conduct EVM assessments, temperature monitoring and identification

of immunization supply chain gaps, and facilitate EVM SOP training with post-training follow-up.

5. Support HPV routinization
Support registration and line-listing of eligible 10–11-year-old girls in schools, madrasas, non-formal institutions and communities, with a specific focus on out-of-school girls and urban areas; review of HPV microplans; coverage
monitoring and RCM; and issuing vaccination cards and digital certificates. Facilitate engagement with education authorities and madrasa boards, including Befaqul Madarisil Arabia Bangladesh.
6. Strengthen frontline capacity
Support planning and delivery of Basic REPI training (district ToT and cascade) for newly recruited and untrained Health Assistants and vaccinators.
7. Support demand generation and community engagement
Adapt and implement SBCC activities, and engage religious leaders, teachers, local government and community influencers to address vaccine hesitancy and misinformation.
8. Improve data quality and performance review
Support data validation, Data Quality Assessments (DQA), RCM in high-risk and hard-to-reach areas, and mid-year and annual EPI performance reviews.
9. Report and document
Prepare monthly and quarterly progress reports, an annual performance analysis and an end-of-assignment report, and document good practices and lessons learned

Work Assignments Overview	Deliverables/Outputs	Delivery deadline to complete the deliverable
Provide technical assistance to districts, city corporations and municipalities for implementing the District Evidence-Based Planning and Budgeting (DEPB) Programme, focusing on urban immunization and zero-dose reduction, including: a) Monthly coordination meetings at districts and city corporations; b) Supportive supervision and Rapid Convenience Monitoring (RCM) every month; c) Quarterly review meetings with all health managers and workers at district and city corporation level. Strengthen EPI microplanning, zerodose and under-immunized child identification, defaulter tracking and follow-up, particularly in underserved and hard-to-reach communities	**Deliverable** • Immunization and zero-dose priorities included in the 2027 DEPB plans of all districts and city corporations in the assigned division. • Baseline analysis of 2026 coverage, dropout, and zero-dose children prepared from DHIS2, Smart Health BD (OpenSRP/eTracker), and VaxEPI, with lowperforming areas identified. • EPI online microplans reviewed and updated 50% in all assigned Districts and City Corporations. • Monthly DEPB coordination meeting held in selected districts and city corporations of the assigned division, with minutes and action points documented. • Two Supportive supervision visits and one Rapid Convenience Monitoring (RCM) conducted in DEPB districts and city corporations, with findings and corrective actions shared with Districts and City Corporations health managers • Technical support to divisional, district, and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	31 January 2027

Provide technical assistance/on-thejob orientation for the continued implementation and scale-up of Smart Health BD (OpenSRP/eTracker) in the assigned division to strengthen beneficiary registration, digital immunization records, vaccination tracking and zero-dose identification. Support operationalization of the EPI Online Microplan in districts and city corporations, including target population estimation, GIS-based mapping and session planning. Provide technical assistance for planning and implementing Basic REPI training for newly recruited and previously untrained Health Assistants, vaccinators, and other relevant frontline health workers. Support monthly review, supportive supervision and Rapid Convenience Monitoring (RCM) of DEPB implementation in districts and city corporations.	**Deliverable** • Divisional Smart Health BD (OpenSRP/e-Tracker) rollout plan developed in line with the national scale-up plan, and onthe-job orientation provided to users in targeted districts and city corporations. • EPI online microplans reviewed and updated 80% in all assigned Districts and City Corporations. • Divisional Basic REPI training plan (district ToT and cascade) developed with divisional and district health authorities. • Monthly DEPB coordination meeting held in each district and city corporation of the assigned division, with minutes and action points documented. • Supportive supervision and Rapid Convenience Monitoring (RCM) conducted in DEPB districts and city corporations, with findings and corrective actions shared with health managers. • Technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	28 February 2027
Provide technical assistance for the implementation and expansion of eVLMIS in the assigned division to strengthen	**Deliverable** • eVLMIS rolled out to the	31 March 2027

vaccine forecasting, stock management, distribution and inventory control. Support training and capacity building for EPI managers, cold chain technicians, storekeepers, MT-EPI, EPI supervisors and other relevant personnel at divisional, district and upazila levels. Provide technical assistance to strengthen the immunization supply chain through EVM assessments, temperature monitoring, maintenance planning and identification of iSC gaps. Support monthly review, supportive supervision and Rapid Convenience Monitoring (RCM) of DEPB implementation, and facilitate the quarterly DEPB review meeting with all health managers and workers at district and city corporation level	divisional, district and city corporation stores planned for Q1, as per the national expansion plan. • Health managers, cold chain technicians and storekeepers in rollout areas trained on eVLMIS, with a training report submitted. • Effective Vaccine Management assessment completed in selected districts and city corporations (50%) of the assigned division, with iSC gaps. • EPI online microplans reviewed and updated 100% in all assigned Districts and City Corporations. • Divisional Basic REPI training plan (district ToT and cascade) developed with divisional and district health authorities. • Two Supportive supervision visits and one Rapid Convenience Monitoring (RCM) conducted in DEPB districts and city corporations, with findings and corrective actions shared with District and city corporation health managers. • Quarterly (Q1) DEPB review meeting held with all health managers and workers at district and city corporation level, with progress against the DEPB plan reviewed and an action plan agreed. • Quarterly (Q1) progress report on EPI technical assistance submitted to UNICEF. • Technical support to divisional,	

	district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	
Provide technical assistance to strengthen the immunization supply chain through EVM assessments, temperature monitoring, maintenance planning, and identification of iSC gaps. Provide supportive supervision, Rapid Convenience Monitoring, real-time vaccination coverage monitoring, data analysis, and identification of implementation gaps for HPV routinization in the assigned division. Strengthen coordination with education authorities, health facilities and community platforms to improve vaccination uptake among eligible populations.	**Deliverable** • Effective Vaccine Management assessment completed in selected districts and city corporations (100%) of the assigned division, with iSC gaps. • HPV and TCV coverage analysis by district and city corporation completed, and implementation gaps identified and shared with divisional health authorities and EPI-HQ. • Supportive supervision (1) and RCM (1) visits conducted to HPV vaccination sites in lowperforming areas, with corrective action plans agreed. • Coordination meeting(s) with divisional/district education authorities on HPV routinization held, with minutes and follow-up actions documented. • Monthly DEPB coordination meeting is held in each district and city corporation of the assigned division, with minutes and action points documented. • Technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	30 April 2027

Provide technical assistance for strengthening HPV vaccination targeting 10–11-year-old girls, including Class V–VI students, to reach the remaining 11-year-old cohort and the current 10-year-old cohort in 2027. Support identification, registration, and line-listing of eligible girls in educational institutions, madrasas, non-formal educational institutions, and communities, including out-ofschool and vulnerable girls. Provide technical assistance for adapting and implementing Social and Behaviour Change Communication (SBCC) activities at divisional and district level to increase demand for routine and newly introduced vaccines Support monthly review, supportive supervision and Rapid Convenience Monitoring (RCM) of DEPB implementation in districts and city corporations.	**Deliverable** • VaxEPI Registration of eligible girls completed (20%) in schools, madrasas, non-formal institutions and communities, including outof-school girls. • Monthly DEPB coordination meeting held in each district and city corporation of the assigned division, with minutes and action points documented. • One Supportive supervision and two Rapid Convenience Monitoring (RCM) -one for REPI and one for HPV conducted in DEPB districts and city corporations, with findings and corrective actions shared with health managers. • Divisional SBCC and demand generation action plan developed with divisional and district health authorities, in line with the national SBCC plan. • Technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	31 May 2027
Facilitate multisectoral advocacy and coordination with education authorities, religious institutions, including Befaqul Madarisil Arabia Bangladesh, local government and community stakeholders to strengthen HPV vaccination acceptance and participation. Support demand generation and targeted	**Deliverable** • VaxEPI Registration of eligible girls completed (30%) in schools, madrasas, non-formal institutions and communities, including outof-school girls. • Review HPV vaccination microplans for 10–11-year-old	30th June 2027

communication for HPV and other newly introduced vaccines, particularly among vulnerable, outof-school and underserved populations. Conduct joint supportive supervision and field monitoring with divisional and district health authorities, WHO and other relevant partners. Support monthly review, supportive supervision and Rapid Convenience Monitoring (RCM) of DEPB implementation, and facilitate the quarterly DEPB review meeting with all health managers and workers at district and city corporation level.	girls finalized with district health and education authorities in the assigned division. • HPV vaccination of 10–11-year-old girls strengthened and monitored, with daily coverage tracked and a coverage and lessons-learned report submitted. • Advocacy meetings held with education authorities, Befaqul Madarisil Arabia Bangladesh representatives, local government and community leaders in the assigned division, with commitments documented. • Communication materials (SMS, posters, leaflets, audiovisual and digital content) for HPV adapted to the local context and disseminated. • Divisional EPI performance review workshop facilitated, with minutes and a follow-up action matrix prepared. • Supportive supervision (1) and Rapid Convenience Monitoring (RCM)-1 conducted in DEPB districts and city corporations, with findings and corrective actions shared with health managers. • Quarterly (Q2) DEPB review meeting held with all health managers and workers at district and city corporation level, with progress against the DEPB plan reviewed and an action plan agreed. •technical support to divisional,	

	district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	
Provide technical assistance for planning and implementation in lowcoverage, outbreak-prone and highrisk areas to reach missed and underimmunized children. Facilitate periodic EPI performance review meetings and provide evidence-based recommendations to improve immunization coverage and equity. Support monthly review, supportive supervision, and Rapid Convenience Monitoring (RCM) of DEPB implementation in districts and city corporations.	**Deliverable** • VaxEPI Registration of eligible girls completed (30%) in schools, madrasas, non-formal institutions and communities, including outof-school girls. • Divisional mid-year EPI performance review conducted, with coverage, zero-dose and dropout analysis and recommendations shared with divisional and district health authorities. • Monthly DEPB coordination meeting held in each district and city corporation of the assigned division, with minutes and action points documented. • Supportive supervision and Rapid Convenience Monitoring (RCM) conducted in DEPB districts and city corporations, with findings and corrective actions shared with health managers. • technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	31 July 2027

Facilitate ToT, cascade training, refresher training, and practical sessions for Basic REPI covering immunization schedules, safe injection, AEFI management, cold chain, vaccine handling, session management, and reporting. Strengthen coordination among city corporations, Civil Surgeons, NGOs, private healthcare providers and other stakeholders to improve urban immunization service delivery. Support monthly review, supportive supervision and Rapid Convenience Monitoring (RCM) of DEPB implementation in districts and city corporations.	**Deliverable** • Basic REPI district ToT conducted and cascade training rolled out for Health Assistants and vaccinators as per the divisional training plan, with pre/post-test results and a training report submitted. • Urban immunization coordination meeting(s) held with city corporations, Civil Surgeons, NGOs and private providers, with an action plan agreed • Monthly DEPB coordination meeting held in each district and city corporation of the assigned division, with minutes and action points documented. • Supportive supervision and Rapid Convenience Monitoring (RCM) conducted in DEPB districts and city corporations, with findings and corrective actions shared with health managers. • technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	31 August 2027
Provide technical assistance for conducting Rapid Convenience Monitoring (RCM) in high-risk, hardto-reach, char, coastal and border areas to validate administrative coverage and identify missed children. Support data quality improvement	**Deliverable** • Two RCMs conducted in selected high-risk, hard-to-reach, char, coastal and border areas, with findings and missed children shared for follow-up.	30 September 2027

through regular data validation, Data Quality Assessments (DQA), supportive supervision and implementation of corrective action plans. Support improved vaccine storage, handling, stock management, wastage monitoring and emergency preparedness, and conduct supportive supervision to monitor cold chain performance. Support monthly review, supportive supervision and Rapid Convenience Monitoring (RCM) of DEPB implementation, and facilitate the quarterly DEPB review meeting with all health managers and workers at district and city corporation level.	• DQA conducted in selected lowperforming districts/city corporations, with corrective action plans developed and tracked. • Cold chain supportive supervision visits conducted, with temperature monitoring, stock and wastage findings and corrective actions documented. • Monthly DEPB coordination meeting held in each district and city corporation of the assigned division, with minutes and action points documented. • Quarterly (Q3) DEPB review meeting held with all health managers and workers at district and city corporation level, with progress against the DEPB plan reviewed and an action plan agreed. • technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	
eVLMIS refresher training, data quality, vaccine availability, stock reporting, wastage and supply chain performance through supportive supervision and regular data analysis. Facilitate EVM SOP training for cold chain handlers, storekeepers, EPI supervisors, and other relevant personnel at the divisional, district, and upazila levels, and	**Deliverable** • eVLMIS refresher training (reporting completeness, stockouts, wastage) completed, with feedback shared with districts, city corporations and EPI-HQ. • EVM SOP training delivered to cold chain handlers, storekeepers	31 October 2027

monitor its application through post-training follow-up. Support monthly review, supportive supervision, and Rapid Convenience Monitoring (RCM) of DEPB implementation in districts and city corporations	and EPI supervisors, with a training report and post-training follow-up findings submitted – 30% of districts and city corporations trained. • One supportive supervision and one Rapid Convenience Monitoring (RCM) conducted in DEPB districts and city corporations, with findings and corrective actions shared with health managers. • technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	
Smart Health BD (OpenSRP/eTracker) system refresher, data quality, and implementation progress in the assigned division, and escalate technical and operational issues to EPI-HQ, MIS, and technology partners for resolution. Support supportive supervision, coverage monitoring and demandgeneration activities to address vaccine hesitancy and improve acceptance of HPV and TCV vaccination. Facilitate EVM SOP training for cold chain handlers, storekeepers, EPI supervisors, and other relevant personnel at the divisional, district, and upazila levels, and monitor its application through post-training follow-up. Support monthly review, supportive	**Deliverable** • OpenSRP/e-Tracker refresher and data quality review completed in 20% of districts and City Corporations, with technical and operational issues logged and escalated to EPI-HQ/MIS and followed up until resolved. • HPV routinization progress review completed, with a coverage and hesitancy analysis and recommendations for 2028 shared with divisional health authorities and EPI-HQ. • Divisional EPI performance review workshop facilitated, with minutes and a follow-up action matrix prepared.	30 November 2027

supervision and Rapid Convenience Monitoring (RCM) of DEPB implementation in districts and city corporations.	• EVM SOP training delivered to cold chain handlers, storekeepers and EPI supervisors, with a training report and post-training follow-up findings submitted – 30% of districts and city corporations trained. • technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	
Smart Health BD (OpenSRP/eTracker) system refresher, data quality and implementation progress in the assigned division, and escalate technical and operational issues to EPI-HQ, MIS and technology partners for resolution. Facilitate EVM SOP training for cold chain handlers, storekeepers, EPI supervisors, and other relevant personnel at the divisional, district, and upazila levels, and monitor its application through post-training follow-up.s Prepare periodic technical updates, analytical reports, presentations, briefing notes and programme progress reports for UNICEF and divisional/district health authorities. Document programme achievements, implementation challenges, innovations and good practices to support knowledge management and evidence-based decision-making. Maintain effective coordination with divisional and district health	**Deliverable** • OpenSRP/e-Tracker utilization and data quality review completed in 20% of districts and City Corporations, with technical and operational issues logged and escalated to EPI-HQ/MIS and followed up until resolved. • EVM SOP training delivered to cold chain handlers, storekeepers and EPI supervisors, with a training report and post-training follow-up findings submitted – 30% of districts and city corporations trained. • Annual EPI performance analysis for 2027 (coverage, zero-dose, dropout, data quality) completed and presented to divisional, district and city corporation health authorities and UNICEF. • End-of-assignment report submitted, covering all deliverables, achievements,	31 December 2027

authorities, WHO, NGOs and other partners working in the assigned division. Support monthly review, supportive supervision and Rapid Convenience Monitoring (RCM) of DEPB implementation, and facilitate the quarterly DEPB review meeting with all health managers and workers at district and city corporation level.	challenges and recommendations for 2028. • Good-practice and lessons-learned documentation (at least two case studies/briefs) prepared on eTracker, eVLMIS, HPV vaccination or urban immunization in the assigned division. • Inputs to the 2028 DEPB plans and district/city corporation EPI workplans submitted. • Supportive supervision and Rapid Convenience Monitoring (RCM) conducted in DEPB districts and city corporations, with findings and corrective actions shared with health managers. • Quarterly (Q4) DEPB review meeting held with all health managers and workers at district and city corporation level, with progress against the DEPB plan reviewed and an action plan agreed. • technical support to divisional, district and city corporation health authorities for EPI programme oversight, with a monthly progress report submitted to UNICEF	

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.
- Contracts are conditional upon the selected candidate's willingness to comply with any current or future vaccination requirements that may be established by UNICEF, where applicable. Failure to comply with applicable vaccination requirements, where required and without an approved medical exemption by UNICEF, may result in the withdrawal of the consultancy offer or termination of the contract in accordance with the General Terms and Conditions of Contract.
- 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

- Minimum requirements:

  Education: Masters or above in Public Health, Medicine, Epidemiology, Health Systems Management, Biostatistics, or a related field.

  Work Experience: Minimum 7 years of progressively responsible professional experience in immunization/EPI programme management, public health programme management or health systems strengthening.

  • Demonstrated experience working with the Government of Bangladesh, particularly DGHS/EPI and divisional, district, upazila or city corporation health systems.

  • Proven experience in EPI microplanning, supportive supervision, monitoring (including RCM/RCA) and performance review at sub-national level.

  • Experience supporting district or city corporation planning and budgeting processes, including DEPB or similar evidence-based planning.

  • Experience coordinating with development partners, NGOs, education and religious institutions, and government stakeholders.

  Skills: Technical Expertise: Demonstrated expertise in one or more of the following areas:

  • Routine immunization programme management, including GIS-based and online EPI microplanning.

• Identification and follow-up of zero-dose, underimmunized and defaulter children, including in urban slum and hard-to-reach areas.

• Digital immunization platforms: DHIS2, Smart Health BD (OpenSRP-based e-Tracker), VaxEPI and eVLMIS.
• Immunization supply chain management, Effective Vaccine Management (EVM) and cold chain.

• HPV vaccination and school/madrasa-based immunization.

• Supportive supervision, Rapid Convenience Monitoring (RCM), Data Quality Assessment (DQA) and coverage data analysis.

• Training and capacity building of frontline health workers (e.g., Basic REPI, EVM SOPs).

• Social and behaviour change communication (SBCC), community engagement and addressing vaccine hesitancy.

Skills and Competencies:

• Strong analytical, planning and problem-solving skills.

• Excellent report writing, documentation and presentation skills.

• Ability to analyse, interpret and communicate programme data to decision-makers.

• Strong coordination, facilitation and stakeholder engagement skills.

• Ability to work independently, travel extensively and manage multiple priorities

•Proficiency in MS Office applications and health information systems

Language Requirements: Fluency in Bangla and English (written and spoken) is required

Desirables: Prior experience working with UNICEF, WHO, Gavisupported programmes or other UN agencies.
• Experience working in urban immunization, city corporations or hard-to-reach settings (char, haor, hill tracts, tea gardens, border areas).

• Familiarity with the National Immunization Strategy, Urban Immunization Strategy and EPI guidelines of Bangladesh.

• Experience supporting measles/MR campaigns, outbreak response or new vaccine introduction.