

TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS

International/National Institutional Consultancy for:

Data collection of behavioral insights (BI) on drivers influencing immunization-related behaviors in Montenegro.

1. Background and Context

Even though vaccination is considered to be one of the greatest achievements of modern medicine, the decline in vaccine coverage for several well-established vaccines has been observed globally in the previous decade. This trend has been especially pronounced in Montenegro where significant decline in routine immunization rates has been observed ever since 2014 with all routine immunizations but particularly with the timely application of the first dose of MMR vaccine that has dropped to staggering 24% of coverage among children born in 2019 and seems to be even further declining for the children born in 2020.

Beside the observed and well documented vaccine hesitancy ([MICS 2018 vaccines hesitancy module results snapshot](#); [Public opinion polls about coronavirus | UNICEF](#)) and decline in vaccination rates for childhood diseases, concerns and hesitancy related to COVID-19 vaccines emerged as well and has additionally impacted routine immunization coverage rates.

Currently, almost every country in the world struggles with vaccine hesitancy, resulting in the threat of re-emergence of outbreaks of vaccine-preventable diseases, and delay in reaching herd immunity for COVID-19. According to the national Institute for Public Health (IPH) and as of March 2022, a share of adults vaccinated with at least two doses of COVID-19 vaccines in Montenegro constitutes around 57 % of adult (18+) population or 45% of total population.

In order to address people's concerns, increase vaccine uptake and thus provide better protection for children and adults from life-threatening communicable diseases, it is important to understand determinants and drivers of individual vaccination related behaviours and decisions.

To understand the factors influencing people's immunization-related choices and practices, UNICEF Regional Office for Europe and Central Asia has hired an international company (Euro Health Group – EHG) to develop a methodology and conduct the analysis for several countries in the region, including Montenegro. However, each country is responsible for organizing collection of their own data that will guide formulation of country specific recommendations on immunization and COVID-19 vaccines uptake.

Based on the results of the research, national counterparts will be supported in the development of a demand generation strategy as well as in overall strengthening of health and immunization programs and budgets.

This activity is part of the ongoing EU UNICEF partnership “Strengthening health system resilience and response to the COVID-19 pandemic and epidemiological risks”.

2. Objectives, Purpose & Expected Results

The main purpose of this call is to better understand factors (drivers) influencing people's immunization-related choices and practices based on which recommendations will be developed in order to increase demand for childhood and COVID-19 vaccines.

The objective is to execute data gathering process among populations defined in the description of the assignment based on the methodology developed, provided and supervised by EHG and UNICEF RO.

3. Description of the Assignment

Data will be gathered in two “lines” of research:

- 1) Factors influencing childhood vaccine uptake and
- 2) Factors influencing COVID-19 vaccine uptake.

For childhood immunization behavioral insights (BI) research:

- A representative sample (by gender, age and geographical distribution) of healthcare workers (physicians and nurses) from all levels of health care will be surveyed, not limited to but with special focus on pediatricians and pediatric nurses who are closely involved in childhood immunization. Proposed sample size: 1000 health workers (250 medical doctors and 750 nurses). Disaggregation of data regarding the specialization and profile of healthcare worker must be secured.
- A representative sample (by gender, age and geographical distribution) of parents and/or caregivers of children aged 0-6 will be surveyed. Proposed sample size: 1000 persons.

For COVID-19 behavioral insights (BI) research:

- A representative sample (by gender, age and geographical distribution) of health workers (family doctors/GPs, other specialists and nurses) from primary, secondary and tertiary health care levels. Proposed sample size: 1000 health workers (250 medical doctors and 750 nurses) will be surveyed.
- A representative sample (by gender, age and geographical distribution) of the general adult population (18+) excluding health workers will be surveyed. Proposed sample size: 1000 persons.

a. Methodology

For healthcare workers the survey will employ a structured face-to-face survey method for data collection while for general population and parents of children aged 0-6 Computer Assisted Telephone Interviewing methodology (CATI) will be developed and applied.

As an alternative and depending on the epidemiological situation with COVID-19 in the country, the Company (bidder) is encouraged to also provide alternative approach / separate proposals for including a phone or online interview methodology in all target populations while implementing clear data quality and traceability assurances. Where alternative approaches are proposed, bidders are encouraged to provide separate budgets for them

Tailored survey instruments will be used for both lines of research. Surveys are expected to take around 20 minutes.

All data should be collected and recorded electronically. The Company will be expected to provide a secure electronic platform for data collection and responsible for programming the electronic version of the questionnaires, including all skip logic, constraints, data validation, etc. The Company is expected to use tablets, lap-top computers, power sources, and any other logistics deemed necessary for electronic data collection. Pilot testing of the survey is expected to be conducted ahead of the data collection and as explained in duties and responsibilities section of the document. In addition, the Company will ensure quality control (e.g., recording of interviews or a sample of interviews to be contacted at a later point to verify survey execution).

Finally, a codebook in the local language(s) and English will be developed and data will be inserted according to the codebook. An export of the coded database will be provided to EHG data analyst after the pilot testing, as well as on every 7 days during the data collection period.

It should be noted that the survey questionnaire(s) is a complex instrument which will require highly qualified enumerators and 2 days training (including outdoor practice), which will be led by the Euro Health Group team with the support of the Company and supervised by UNICEF Country Office in Montenegro.

b. Ethical considerations

The Company is required to clearly identify any potential ethical issue, as well as to provide all necessary documents (as required by UNICEF CO ethical review board) and enable processes of ethical review and oversight during the research/data collection process. UNICEF Country Office will communicate with the ethical review board.

UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis can be found at: https://www.unicef.org/supply/files/ATTACHMENT_IV_UNICEF_Procedure_for_Ethical_Standards.PDF and shall be consistently applied throughout the entire research process. The procedure contains the minimum standards and required procedures for research, evaluation and data collection and analysis undertaken or commissioned by UNICEF (including activities undertaken by individual and institutional contractors, and partners) involving human subjects or the analysis of sensitive secondary data.

c. Duties and Responsibilities

- 1) **Survey protocol:** The Company will develop detail survey protocol for both lines of research and four target populations, based on the methodology developed by EHG. The protocols will be discussed and finalized with EHG and UNICEF regional and country office.
- 2) **Sampling:** The Company will define nationally representative samples for both lines of the research and four target populations, supported by the Euro Health Group Data Analyst. The Company will also propose a feasible (available) sampling frame from which the sample will be drawn and treated, for each line of research and four target population, according to the sampling strategy.
- 3) **Translation:** Supported by the EHG team/Focal Point the Company will provide translation and back translation of survey instruments into national language.
- 4) **Programming and pilot testing of questionnaires for both lines of research and four target populations:** The Company will review the questionnaire provided by the Euro Health Group team and UNICEF country office and provide comments and suggestions to it. The questionnaire will be tested by the Company, with the guidance and support from the EHG team. The testing will take place in actual facilities, which will then be excluded from the sample. The pilot should include a minimum of 10 interviews in each of 4 target populations, to be reviewed in detail by the survey team. The research tools will be finalized based on the results of the testing, in coordination with EHG and UNICEF.
- 5) **Detailed Field Procedure Plan:** The Company will prepare a plan that will include the following:
 - a. Protocols for ensuring full adherence to the sample frame (including rules for re-visits).
 - b. Protocols for ensuring high-quality data, including quality control during data collection, and data validation.
 - c. Provision of all information and documents needed for obtainment of the necessary ethical approvals for the survey.
 - d. Obtainment of the notification letter for HCWs and permission paper for conducting surveys in health care facilities from the Ministry of Health (with UNICEF CO support).

- e. Interview logistics: assignment of enumeration teams; schedule; how enumerators will be managed in the field to recognize and correct obvious errors (e.g. incomplete or wholly implausible responses).
 - f. Logistics costs including phone calls costs, travel and lodging and other logistics costs associated with data collection.
 - g. Management information/reporting tools (field log) to track data collection and monitor data quality.
 - h. Procedures for field data back-up and timely submission to the data collection software.
 - i. Regular data exports as part of quality control (at least once after the testing of tools and once per week during data collection).
- 6) **Development and revision of the Field Procedure Plan:** The Field Procedure Plan must be submitted for comment and review to the Euro Health Group team and UNICEF country office before the start of field work and revised if necessary, according to any comments. The Company must adhere as closely to the plan as conditions allow during survey implementation. If field conditions dictate significant changes to these plans, the Field Supervisors are obliged to immediately inform the Euro Health Group and UNICEF country office in the form of a written report.
 - 7) **Additional costs:** The Company will handle all logistical expenses related to the survey, including survey related in country travel, survey team health and accident insurance, provision of mandatory protective equipment for visiting PHCs (masks, sanitizers, other as per epidemiological situation and requirements), salary, taxes, and others as necessary.
 - 8) **Management, training, and contracting of experienced field staff:** The Company will hire, train and manage all field staff, such as enumerators, supervisors and a data manager, with the guidance and active support from Euro Health Group team and supervision of the UNICEF country office. Proposals should therefore include a plan for enumerator recruitment, including the minimum number, qualifications and experience of enumerators. The contractors will ensure the enumerators/interviewers and supervisors have the necessary profile and experience to support quality data collection.
 - 9) **Survey training and manual:** Prior to commencing training, the Company should prepare a survey manual for the use of the enumerators, supervisors and data manager. The training will focus on the content and administration of the questionnaires provided by the Euro Health Group team and UNICEF country office. Furthermore, the training should also serve as a screening process for skilled interviewers. Consequently, the Company must recruit more interviewers for the training than will be ultimately hired for the project. At least five enumerators should be included in the training as a reserve.
 - 10) **The training:** enumerators training will be managed and implemented by the Euro Health Group team, with the support of the Company (including translation if necessary). The training costs, translation, interpretation, including venue, manpower, and refreshments will be covered by the Company.
 - 11) **Data collection:** The Company is responsible for data entry and for data quality supervision and will, with the support of Euro Health Group team/data analyst, develop a plan for ensuring accurate entry.
 - 12) **Monitoring of data collection:** The Company will develop a monitoring / information system to track questionnaires completed coordinating with the Euro Health Group focal point and data analyst and the criteria to incorporate in the monitoring system. The dashboard will be submitted to the EHG focal point and data analyst on a weekly basis during data collection, and all data will be submitted to the agreed server daily. Data must be backed up, if not submitted to the server upon completion of the interview. The field log must be submitted to the EHG Focal point and data analyst daily. The Company must reconcile any identified discrepancy between the server and the field log within 24 hours.

- 13) **Reporting:** The Company will provide regular weekly reports to the EHG focal point and data analyst detailing the number of interviews completed, plots mapped, challenges faced, modifications made to the Field Procedure Plan, and any other notable occurrences. The Company will correct all inconsistencies and problems identified by the EHG team in data quality checks, which may require re-visiting interviewees (the list of data quality checks will be shared in advance of the start of data collection).
- 14) **Data protection and confidentiality:** The Company will collaborate with the EHG focal point and data analyst and UNICEF Country Office on securing the confidentiality of the data through encryption.
- 15) **Daily data validation and correction:** The Company will be required to respond to the data quality checks produced by the EHG focal point and data analyst on a daily basis.
- 16) **Online repository:** The Company will be responsible for ensuring that all data generated under this project (contract) is deposited in the dedicated secure online repository.
- 17) **Final report:** Submission of a final Field Report at the end of the data collection period, summarizing the weekly progress reports and detailing the overall response rate.

The lead researcher is expected to provide inputs and contributions to EHG in writing the country report and developing conclusions.

4. Deliverables, timelines, and payment schedule

| | Deliverables | Tentative timeline | Suggested schedule of Payment |
|----|---|---|-------------------------------|
| 1 | Definition of the representative sample and available sampling frame for both Childhood and COVID-19 BI survey and all four target populations. | June 20 th 2022 | 30% |
| 2 | Programming questionnaires into electronic format. | | |
| 3 | Final training curriculum and materials. | | |
| 4 | Pilot testing and export/analysis. | | |
| 5 | Obtainment of ethics approval | | |
| 6 | Detailed Field Procedure Plan | | |
| 7 | Weekly field Progress Reports on data collection and Raw Data Delivery | Period from June 20 th to July 18 th (e.g., every Friday COB during the defined period) | 50% |
| 8 | Corrections resulting from consistency checks | July 18 th , 2022 | |
| 9 | Final raw datasets | | |
| 10 | Final field reports and as required contribution to EHG in writing the country report and formation of conclusions | July 31 st , 2022 | 20% |

5. Travel

International travel is not expected.

Travel and lodging costs, accommodation, meals and incidentals are expected to be covered by the selected company and bidder is required to include cost estimates of them in the financial proposal.

6. Management and Organisation

Selected contractor shall be supervised by UNICEF ECD Officer in collaboration with UNICEF Senior Public Health Consultant, Social and Behavior Change Officer, and EHG.

UNICEF County Office in Montenegro shall ensure overall coordination of project activities, financial management arrangements, disbursements and procurement arrangements. UNICEF Country Office will support the Company in obtaining MOH permissions and ethical clearance for the survey.

Euro Health Group will provide a necessary guidance on the survey and support in selecting the institutions for sampling and population sample. EHG will conduct quality checks and periodical calls with the Company/teams to assess the progress, identify challenges and explore solutions.

7. Qualification Requirements

1. Proven prior experience of at least 5 years in conducting surveys (based on registration documents and list of projects).
2. Sufficient human resources (with 5 years of experience): enumerators, supervisors and data managers. The names of the data managers and survey manager, and their specific responsibilities must be mentioned in the Company's proposal. The knowledge of English or availability of translator is required for the lead researcher.
3. Quality proposal: The Company's proposal should describe the expertise of the organization in developing a representative sample strategy to use, adjusting for replacement of non-respondents. The strategy should be proposed for both lines of research and four target populations.
4. Demonstrated capacity for implementing electronic data collection using an available software solution used at the Company. This includes:
 - a. capacity to troubleshoot problems as necessary, and capacity to manage data collected from the field using the software, provide quality assurance mechanisms, and data validation (short description).
 - b. capacity to provide tablets that can effectively support the electronic survey application along with any required accessories such as chargers.
 - c. Strong system for data quality control checks that can be accessible by the research team without any restriction (e.g., survey/interview recording, checking random participants if they were surveyed, and if necessary, checking for errors in data entry, use of GPS tracking, verification of the length of the interview/data collection per subject).
5. Proven experience collecting data in the health sector of Montenegro is an asset.

8. Application procedure

The potential contractors are expected to submit a proposal based on these Terms of Reference. The proposal should consist:

- i. **Technical Proposal including:**
 - a) Portfolio of the organisation/institution/agency with examples of previous work on similar projects and clients in the last 5 years
 - b) Title/designation of each team member including their CVs,
 - c) Detailed description of the methodology and technical approach, including alternative approach, and quality assurance mechanisms
 - d) Tentative work plan with the number of days and timeframe in line with the above deadlines for deliverables,
 - e) Supplier Profile Form,
 - f) LRPS Form signed.

First, the Technical Proposals will be evaluated. The Technical Proposal was allocated a total possible score of 70 points (pt) using following criteria. Technical Proposals receiving 70% of obtainable points or higher, will be considered technically responsive and the Financial Proposal will be opened. Proposals which are considered not technically compliant and non-responsive, will not be given further consideration.

- ii. **Financial Proposal (Budget) including separate budget proposal for the following "lines" of survey:**
 1. For childhood immunization behavioral insights research among healthcare workers (physicians and nurses) from all levels of health care
 2. For childhood immunization behavioral insights research among representative sample of parents and/or caregivers of children aged 0-6 will be surveyed.
 3. For COVID-19 behavioral insights research among representative sample of health workers (family doctors/GPs, other specialists and nurses) from primary, secondary and tertiary health care levels.
 4. For COVID-19 behavioral insights research among representative sample of the general adult population (18+) excluding health workers.

The financial proposal shall indicate budget estimated in EUR.

9. Evaluation

- 1) Technical components (total of 70 points)

| ITEM | TECHNICAL EVALUATION CRITERIA | MAX OBTAINABLE POINTS |
|------------|---|-----------------------|
| 1 | Overall Response - e.g. the understanding of the assignment by the proposer and the alignment of the proposal submitted with the ToR | 10 |
| 1.1 | • <i>Completeness of response</i> | |
| 1.2 | • <i>Overall concord between TOR/needs and proposal</i> | |

| | | |
|------------------------------|--|-----------|
| 2 | Company and Key Personnel | |
| 2.1 | • Range and depth of organizational experience with similar projects | |
| 2.2 | • Samples of previous work | |
| 2.3 | • Number of customers, size of projects, | 33 |
| 2.4 | • Client references | |
| 2.5 | • Key personnel: relevant experience and qualifications of the proposed team for the assignment | |
| 3 | Company policies | |
| 3.1. | • Company policy on Child labor, Safeguarding and Prevention of Sexual Exploitation and Abuse (articulate policies for the protection & safeguarding of children and prevention of PSEA) | 3 |
| 3.2. | • Gender component: At least 1 female in the management structure or ownership of the company | 2 |
| 3.3. | • Workplace policies on disabilities | 2 |
| 4. | Proposed Methodology and Approach Work plan showing detail sampling methods, project implementation plan in line with the project | |
| 4.1 | • Technologies used - compatibility with UNICEF | |
| 4.2 | • Project management, monitoring and quality assurance process | 20 |
| 4.3 | • Innovation approaches (With less impact to the Environment) | |
| 4.3 | • Instructional strategies | |
| TOTAL TECHNICAL SCORE | | 70 |

Minimum technical score: 70% of 70 points = 49 points

2) Financial component (total of 30points)¹

- Technical proposal evaluation. Proposals passing the minimum technical pass score (49 points-70% of the maximum points obtainable for technical proposal) will continue into the Financial proposal evaluation.
- Financial proposal evaluation. The lowest price proposal will be awarded the full score assigned to the commercial proposal.
- Recommendation. The recommendation for award of contract will be based on best combination of technical and financial score.
- Final award and contracts. Based on verified nominations and final scores, contract negotiations could be initiated with one or more successful Proposers.
- The UNICEF evaluation team will select the Proposal which is of high quality, clear and meets the stated requirements and offers the best combination of technical and financial score.

¹ Financial offer will be reviewed only if Technical proposal meets minimum required quality standards.