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TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS

INTERNATIONAL INSTITUTIONAL CONSULTANCY ON QUALITY ASSESSMENT OF HOSPITAL CARE FOR MOTHERS AND NEWBORNS IN MONTENEGRO

1. Background and Context

After being neglected for too long, the international community recognised the quality of care as a critical aspect of the unfinished mother, newborn and child health agenda, particularly concerning care around childbirth[1]. This is true globally, both in developed and developing countries. Besides hampering the achievement of desired health outcomes, low quality of care impedes the fulfilment of the right to health of women and babies. It may cause inefficiency and unjustified direct and indirect costs for both the health systems and individual households. Addressing inequities in health outcomes requires strengthening information systems and promoting the use of disaggregated qualitative and quantitative data to identify marginalised groups and adjust programmes to their needs. Programmes must also support governments in identifying and addressing bottlenecks to the availability, accessibility, acceptability and affordability of quality maternal and newborn health interventions that prevent equitable outcomes, including systematically addressing gender-related barriers to care[2].

Montenegro is an upper-middle-income country with a total population of 620,029 in 2011 (2011 Census). According to the Human Development Report 2019, Montenegro ranked high for human development. Improvements in perinatal and paediatric care have contributed to a significant reduction in infant mortality in Montenegro. Maternal mortality is comparatively low, declining from an estimated 7 per 100 000 live births in 2010 to 6 in 2017, lower than the averages of the EU (6.3) and the WHO European Region (12.7) (WHO, 2022e). Infant mortality is also very low in Montenegro and decreased from 6 per 1 000 live births in 2010 to 2 in 2020. The decline in infant mortality is partly due to improvements in antenatal, perinatal and paediatric care, with the share of live births attended by skilled personnel at almost 100% (UNICEF, 2021). There 7,000 births per year (the number of deliveries in the maternity hospitals ranges from less than 200 in one municipality in the north to around 3,000 in the capital, Podgorica).

Data indicate that inequalities due to poverty and regional disparities remain. Almost one-quarter of the population of Montenegro in 2018 was living below the national poverty line (World Bank, 2022), with people in mountainous and rural areas at greater risk of poverty than those in urban areas (WHO, 2017). The COVID-19 pandemic has exacerbated inequalities and poverty, particularly among already vulnerable groups of people such as children and women; refugees, asylum seekers and stateless persons; Roma and Egyptian communities; and people with disabilities (UN, 2021). Universal child allowance was reintroduced in 2022, following the introduction of quasi universal child allowance for children under 6 in 2021.

According to the assessment of the safety and quality of hospital care for mothers and newborn babies conducted in Montenegro in 2016, suitable physical structures (water, electricity and heating) and good hygiene were observed, with improvements compared to the previous assessment conducted in 2011. Assessors noticed the presence of dedicated staff but heavy understaffing. The report highlighted the absence of single-patient rooms dedicated to labour and delivery in most hospitals. The option of having an active birth, with a choice of position and freedom from restrictions in childbirth, was not in place. Assessors documented that many outdated, harmful practices persist (enema, shaving, non-vertical positions for delivery and Kristeller manoeuvre). Pain prevention, assessment and relief in sick newborn care are not performed, also in surgical cases. National guidelines and protocols were missing in almost

[1] NR van den Broek, WJ Graham, 2019, Quality of care for maternal and newborn health: the neglected agenda, https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/j.1471-0528.2009.02333.x

[2] UNICEF Strategy for Health 2016-2030.

every field. In addition, clinical record keeping was substandard, and data were not systematically analysed and used to develop solutions/recommendations to improve the quality of care. As a result of the assessment, the experts' team developed a set of recommendations to improve the quality of care for mothers and children.

Jointly with national partners, UNICEF plans to organise a quality assessment of hospital care for mothers and newborns in Montenegro to track progress and identify future steps to improve the situation. To provide the technical support mentioned above, an institute/agency gathering international experts in the field of maternal and newborn care is required.

2. Objectives, Purpose & Expected Results

The objective of the assignment is to assist the Ministry of Health, key partners and stakeholders in carrying out an assessment of the quality of care provided at the hospital level, to identify key areas that can be improved, and to develop a specific action plan by use of the WHO Hospital care for mothers and newborn babies: quality assessment and improvement tool.

The assignment includes preparation for the assessment, coordination of data collection and development of the recommendations and action plan.

3. Description of the Assignment

The Consultancy Agency is expected to engage three members: gynecologist/obstetrician, neonatologist and midwife.

The following tasks are expected to be completed:

1. Desk review and preparation for the field mission (remotely). This should entail:
    - Review of the quality assessment report conducted in 2016 and Montenegro's healthcare system analyses and reports shared by UNICEF Country Office.
    - Preparation for the mission and planning of field work jointly with the team, national partners and UNICEF. Preparation of the timeline of the assignment including assessment mission. The average time needed to evaluate one facility is one and a half to two full days depending on the hospital size, but is likely to take one day in each of the four PHCs providing EmOC. When developing the timetable, travel time should be included and local working hours and holidays taken into consideration.
    - Coordination of selection of the national team of co-assessors in consultation with UNICEF and national partners (e.g. obstetricians, midwives, neonatologists, and interviewers) to allow for capacity building and ensure a pool of national experts will be available for subsequent activities.
    - The tool adaptation if it is needed. The adaptation may include selecting or deleting some chapters or subchapters of the tool.
2. Facilitating a half-day meeting (this can be an online meeting) with the Ministry of Health, key partners and stakeholders to present the WHO quality assessment tool and assessment goal and timeline. In advance of the meeting, the following should be submitted to UNICEF:
    - Draft meeting agenda.
    - Presentations (slide deck) for the meeting.
3. Facilitate one day workshop for the national co-assessors (face-to-face in Montenegro). In advance of the meeting, the following should be submitted to UNICEF:
    - Draft workshop agenda.

- Presentations (slide deck) for the workshop.

4. Conduct quality assessment of hospital care for mothers and newborn babies in 8 maternities and 4 PHC facilities providing EmOC (in Montenegro, combined with the above workshop on the same visit to Montenegro) and the neonatal intensive care unit (in the capital Podgorica). This task includes the following actions:
    - The assessment visit should include all relevant services: admission, labour and birth areas, units for normal and for complicated pregnancy, postpartum, special care nursery, neonatal intensive care unit (in the capital Podgorica only), outpatient and emergency area, pharmacy, laboratory, blood bank, etc.
    - Assessment team members should focus on various units and departments according to their expertise.
    - An adequate number of clinical records, as specified in the tool chapters, need to be assessed to judge how a specific condition is usually managed.
    - A minimum number of confidential interviews with women should be made.
    - Each assessor will take notes of strengths and weaknesses in each topic and attribute a score to each item they are assessing using the information gathered from different sources.
    - At the end of each subchapter and chapter, the overall score for the section should be recorded as the main strengths and weaknesses, which provide inputs for the feedback session.
    - At the end of the assessment, the assessors team hold a meeting to discuss findings and agree on the final assessment conclusion: scoring, strengths and weakness.
    - Arrange a feedback meeting at the end of the assessment and invite managers and staff members (both doctors and nurses) and provide the scoring, strengths and weakness in writing to the designated hospital/PHC representative.
5. Providing feedback at the national level to the Ministry of Health, key partners and stakeholders at a feedback/action planning workshop (face-to-face during a second visit to Montenegro). In advance of the meeting, the following should be submitted to UNICEF:
    - Draft meeting agenda
    - Analysis of the results of all assessments and overall scoring and a draft of national recommendations to be refined during the feedback/action planning workshop.
    - Presentations (slide deck) for the workshop.
6. Finalizing national-level recommendations and action plan jointly with the Ministry of Health and designated professionals from maternities (remotely, using online consultations as required).
    - Finalize national findings and recommendations on improvement of quality of care, including to reach marginalised groups and fulfil the right to health of women and babies.
    - Finalize action plan based on findings and recommendations (this may require online consultations)
    - Submit all deliverables to UNICEF.

Deliverables should be prepared in English language. UNICEF Office in Montenegro will secure translation of the report (or excerpts of the report) into Montenegrin language in agreement with the Ministry of Health.

4. Deliverables, timelines, and payment schedule

Deliverables	Tentative timeline	Payment schedule
1. Timeline of the assessment and adapted assessment tool	13 March 2023	
2. Draft half day meeting agenda, slide deck for the online meeting with UNICEF and national counterparts, facilitating half day meeting	24 March 2023	
3. Draft workshop agenda for national co-assessors, slide deck for the workshop, facilitating workshop	3 April 2023	
4. For each of the assessed maternities (8 hospitals and 4 PHCs providing EmOC) scoring, strengths and weakness in writing	5 May 2023	70%
5. Draft meeting agenda, slide deck for the workshop to present findings at national level, draft results of all assessments and overall scoring and a draft of national recommendations	19 May 2023	
6. Final results of all assessments and overall scoring and national recommendations	26 May 2023	30%

5. Travel

- The international team is required to travel twice, for the assessment workshop and the assessment itself (first visit) and for the workshop to present findings at national level (second visit)
- Some meetings will be held online.
- The international team is expected to travel within the country for assessments and should arrange their own travel and accommodation.

6. Management and Organisation

- Management: The consultancy will be supervised by Early Childhood Development Officer. The Consultancy Agency (i.e. team lead) should communicate with the Early Childhood Development Officer on a regular basis and share all deliverables as they become available for review and potential feedback. The deliverables should be provided in advance of meetings involving national counterparts to allow sufficient time for translation into Montenegrin.
- Organization: International Institutional Consultancy is required, meeting the criteria described below.
- Schedule: This assignment will commence on 6 March 2023.

7. Qualification Requirements

The Consultancy Agency team should consist of gynecologist obstetrician, neonatologist and midwife with the following requirements:

- All three team members should hold advanced university degrees.

- Each of the three team members should have at least ten years of progressive professional experience in the field of MNH.
- The team members need to be familiar with respective WHO and UNICEF standards on quality care (e.g. WHO and UNICEF BFHI 2018-2020; WHO standards for improving quality of maternal and newborn care in health facilities, 2016; WHO standards for improving quality of care for small and sick newborns in health facilities, 2020; WHO recommendations on maternal and newborn care for a positive postnatal experience, 2022 – as relevant for this assignment).
- Each of the three team members should have at least three experiences in evaluation/assessments of the quality of maternal and newborn care.
- At least one team member should have work experience in South-East or Eastern Europe. Previous work experience in Montenegro will be considered as an asset.
- At least one team member should have previous work experience with UNICEF.
- Excellent command of both spoken and written English.

8. Application procedure

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

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 at least
   b) Title/designation of each team member including their CVs, clearly outlining how each of the team members fulfils the above requirements. One team member should be assigned as a team lead;
   c) Description of the methodology and technical approach with a tentative work plan with the number of days and timeframe in line with the ToRs;
   d) Supplier Profile Form.
   e) LRPS Form signed.

ii. ***Price Proposal (Budget) including***
   a) Daily fee rate for each team member based on the number of working days included in the Technical Proposal.
   b) Estimated travel costs both international and in country travel. Daily subsistence allowance (DSA) will, where applicable, be paid up to a maximum of the official UN rate. (Reimbursement of travel costs / accommodation expenses will be based on actual expenses).
   c) Other costs if applicable.

   The price, i.e. financial proposal shall indicate budget estimated in EUR.

8. Evaluation

1) Technical components (70 points)

ITEM	TECHNICAL EVALUATION CRITERIA	MAX OBTAINABLE POINTS
1	**Overall Response** - the understanding of the assignment by the proposer and the alignment of the proposal submitted with the ToR	
1.1	• Completeness of response	3
1.2	• Overall concord between TOR/needs and proposal	5
2	**Company and Key Personnel**	
2.1	• Range and depth of organizational experience with similar assessments	8
2.2	• Samples of previous work, number of customers, size of projects	5
2.3	• Key personnel: relevant experience and qualifications of the proposed team for the assignment	32
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**	
4.1	• Methodology and technical approach outline	5
4.2	• Tentative work plan	5
TOTAL TECHNICAL SCORE		**70**

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

2) Financial component (total of 30 points)

- 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.