

International Institutional Consultancy for conducting national perception surveys on routine immunization of children in Montenegro

1. Background and Context

Immunizations are an essential health service that protect susceptible individuals, mainly healthy children, from different vaccine-preventable communicable diseases (VPD). Preventing a VPD outbreak not only saves lives but requires fewer resources than responding to the outbreak and helps reduce burden on a health-system that has not fully recovered from COVID-19 pandemic.

Vaccines are among the greatest achievements of modern medicine and public health, and, at the same time, they are a key component of delivering universal health coverage across the Globe and nations. Not only does vaccination prevent an estimated 4-5 million deaths each year but it can contribute to the achievement of multiple Sustainable Development Goals and efforts to tackle antimicrobial resistance.

Though substantial progress has been made towards global vaccine coverage, 25 million children under the age of one did not receive basic vaccines in 2021. Evidence suggests that the COVID-19 pandemic has worsened this lack of coverage and is considered to be a disaster for childhood immunization.

Montenegro is currently faced with critically low and further declining immunization rates – despite its upper middle-income status. According to data from the Institute of Public Health of Montenegro (IPH) from January 2023, 43 per cent of preschool children – or around 16 000 of them, did not receive a single dose of the MMR vaccine which is usually given by the age of 15 months. In birth cohort of 2020, only 45 per cent received the first dose of MMR vaccine. In birth cohort of 2021, only 22 per cent received the first dose of MMR vaccine timely.

As of July 2023, as part of the latest WUENIC¹ report and when compared to the same report from the last year, coverage in the second year of life may have doubled but the coverages achieved are still being far away from the safe levels of herd immunity needed to prevent large scale outbreaks of mainly measles and then mumps and rubella, including the potential devastating effects of congenital rubella infections in susceptible pregnant women.

Maintaining the population's trust in the capacity of the public health system to safely meet essential needs and to control infection risk in various settings is key to ensuring appropriate care-seeking behaviour and adherence to public health advice. Furthermore, when health systems are overwhelmed and people fail to access needed care, both direct mortality from an outbreak and indirect mortality from preventable and treatable conditions, such as vaccine-preventable diseases, increase dramatically. In particular, increased risks of outbreaks of vaccine preventable diseases such as measles, threaten to overwhelm the health system in Montenegro, which has not yet fully recovered from the COVID-19 epidemic.

Community responses and attitudes are important for potential outbreak management but also in adequate planning and execution of immunization demand generation related strategies, interventions and approaches including social and behavioural change strategies, public communication and immunization promotion.

¹ WHO/UNICEF estimates of national immunization coverage. Montenegrin report available from here: https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_mne_2023.pdf?sfvrsn=a84a96c_3&download=true

2. Objectives, Purpose & Expected Results

The purpose of the consultancy is to provide technical assistance in conducting a nationally representative perception surveys on routine immunization of children in Montenegro, with the focus on routine timely immunization against measles, mumps, and rubella (immunization with the first dose of MMR vaccine) and communicable diseases perceived risks.

Datasets obtained from these surveys will serve for monitoring and managing the national immunization promotion and demand generation campaigns in response to low immunization rates among children in Montenegro and allow quick evidence-based decision making for the key implementators of supplementary immunization activities – namely the Ministry of Health, the Institute for Public Health and network of primary health care centers. The aim of such formative research is to understand the populations' risk perceptions and the social and cultural context, as well as to predict their acceptance of guidance issued by health authorities.

Surveys (3 in total) should provide information on the following issues:

- what target audiences know about the current communicable diseases health threats for their children and what is their perception of these threats,
- reasons for delayed and postponed (incomplete) immunization of children,
- rumors and misinformation on MMR vaccines including their sources,
- positive and negative attitudes towards routine immunization of children,
- where and when target audiences obtain health information and whom they trust,
- attitudes of parents regarding mandatory immunization especially related as legal preconditions for enrollment in preschools and schools,
- concerns of parents regarding vaccine adverse effects,
- level of satisfaction with health services (both public and private), communication with pediatricians, and other aspects of immunization program implementation.
- whether they were part of the massive call-back and how they feel about it?

3. Description of the Assignment

A detailed work plan with time frame will be developed by the consultant organization and agreed with UNICEF Social and Behavior Change Officer.

The methodology should cover the following items (non-exhaustive list):

Sample definition and sample frame: National representative survey with 800 to 1000 respondents of parents of children up to 6 years of age with boost of parents of children aged 0-2 (at least 150 of those included in the sample frame).

Questionnaire: The questionnaire should be jointly developed by the UNICEF office, contracted agency and national stakeholders covering the following areas (non-exhaustive list):

- Respondent characteristics (respondents to be asked about their demographics (including sex, age, living district, education attainment, household income)
- Risk perception (respondents to be asked about perceived susceptibility of themselves and their children and perceived severity of measles, mumps and rubella infections and complications)
- Information exposure (respondents to be asked about the sources from which they obtained information about routine immunization, and how much they trust those sources, sharing of misinformation)
- Attitudes, knowledge and practices about routine immunization (respondents to be asked whether they support mandatory vaccination and vaccination as requirement for preschool/school enrolment, their concerns regarding adverse effects following immunization, their “immunization journey”, etc.)

Questions will be defined depending on the situation in the country and the needs for data collection on specific topics/issues.

Analyses: Data will be presented with tables including disaggregated data according to gender, different age groups, rural and urban areas, level of education, socio-economic status, etc.

Ethical considerations: The consultant agency is required to clearly identify any potential ethical issue, as well as the processes for ethical review and oversight of the research/data collection process in their proposal. 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 should be consistently applied throughout the 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.

Expected activities for 3 perception surveys:

- Finalization of the research design – agreement on the details regarding the questionnaires for the quantitative research
- Submission of final questionnaires in English and Montenegrin
- Data collection
- Data analysis
- Making a technical report / PowerPoint presentation in English and Montenegrin for UNICEF Montenegro on the survey results – this report should also include disaggregated data according to age, gender, socio-economic status, geographical area, etc.
- Submitting technical reports and data sets to UNICEF Montenegro

4. Deliverables, timelines, and payment schedule

| Deliverables | Timeline | Schedule of Payment |
|--|---|--|
| 1. <i>Research methodology and tools (questionnaire) developed and presented to partners – UNICEF, IPH, MoH, with corresponding validated surveys dataset upon availability</i> | 1. Upon availability | <i>The payments will be made upon successful completion of the deliverables and submission of invoices.</i> |
| 2. <i>Report and a power point presentation in English and Montenegrin on the results of the first research on routine immunization submitted to UNICEF Montenegro as soon as possible</i> | 2. By September 30 th , 2023 | <i>First instalment: Upon satisfactory delivery of the quantitative data of the first research on routine immunization (data tables & PPT) – 50%</i> <i>Second instalment: Upon satisfactory delivery of the quantitative data of the second and third research on routine immunization (data tables & PPT) – 50%</i> |
| 3. <i>Based on the results of the first survey – perform analysis and adaptation of the questionnaire if needed, provide report and a power point presentation in English</i> | 3. By November 10 th , 2023 | |

| | | |
|--|---|--|
| <p><i>and Montenegrin on the results of the second research on routine immunization submitted to UNICEF Montenegro as soon as possible</i></p> <p>4. <i>Based on the results of the two surveys – perform analysis and adaptation of the questionnaire if needed, provide report and a power point presentation in English and Montenegrin on the results of the third research on routine immunization submitted to UNICEF Montenegro as soon as possible</i></p> | <p>4. By December 10th, 2023</p> | |
|--|---|--|

5. Travel

No Travel required for this consultancy.

6. Management and Organisation

The consultant organization will be supervised by the UNICEF Social and Behaviour Change Officer.

The evaluation of the contractor(s)' performance will be based on:

- Quality of produced outputs
- Compliance with the established timelines
- Compliance with ethical UNICEF standards related to reporting on children
- Responsibility and communication

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.

Duration: 3 months (September 10th – December 10th, 2023).

7. Qualification Requirements

The assignment is expected to be undertaken by an institution/company to produce the expected results. The potential contractors are expected to submit a proposal/expression of interests based on these Terms of Reference.

The institution must have full capacity to carry out data collection activities in Montenegro, and extensive experience in research on issues pertaining to public awareness, marketing, etc. Specific requirements are:

- Strong track record in conducting perception surveys, and producing public awareness/opinion research and reports
- Demonstrated capacity to communicate research findings to diverse audiences
- Previous work with UNICEF or other development agencies in a similar area is desirable

8. Application procedure

The potential contractors are expected to submit a proposal (Technical and Financial) based on these Terms of Reference.

The proposal should consist of:

✓ Technical Proposal including:

- a) Portfolio of the organization/institution/agency with examples of previous work on similar projects and clients in the last 5 years, which should include:
 - Title/Designation of each team member on the project and their CVs
 - Experience in working on similar project and assignment – List all similar projects they worked on and their roles on those projects
 - Project implementation and work plan showing the detailed sequence and timeline for each activity and days necessary for each proposed team member
 - Quality assurance mechanism and risk mitigation measures put in place
- b) Detailed description of the methodology and technical approach
- c) Tentative work plan with number of days, timeframe and deadlines for deliverables
- d) Evidence about the two to three similar assignments containing the following information:
 - Name of Client
 - Title of the Project
 - Year and duration of the project
 - Scope of the Projects/Requirements
 - Proposed Solutions and Outcome – include visuals, web-links, etc.
 - Team members on each of the project and their specific roles
 - Project timelines (start and end date year, and any other information necessary)
 - Reference /Contact person details

✓ Financial Proposal (Budget) including:

- Price for three quantitative public perception surveys regarding routine immunization as per proposed sampling size and frame

The financial proposal shall indicate budget estimated in EUR.

8. Evaluation

Each proposal will be evaluated against a weight allocation of 70 for the technical proposal and 30 for the financial proposal. The total maximum obtainable points is 100.

1) Technical components (total of 70 points)

| ITEM | TECHNICAL EVALUATION CRITERIA | MAX OBTAINABLE POINTS |
|----------|---|-----------------------|
| 1 | Overall Response | |
| 1.1 | • <i>Completeness of response</i> | 3 |
| 1.2 | • <i>Overall concord between TOR/needs and proposal</i> | 5 |

| | | |
|------------------------------|--|-----------|
| 2 | Company and Key Personnel | |
| 2.1 | • Range and depth of organizational experience with similar projects | 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 | 12 |
| 2.4 | • 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 |
| 2.5 | • Gender component: At least 1 female in the management structure or ownership of the company | 2 |
| 2.6 | • Workplace policies on disabilities | 2 |
| 3 | Proposed Methodology and Approach | |
| 3.1 | • Workplan | 5 |
| 3.2 | • Methodology | 20 |
| 3.3 | • Project management, monitoring and quality assurance process | 5 |
| TOTAL TECHNICAL SCORE | | 70 |

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

2) Financial component (total of 30 points)²

- 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.

² Financial offer will be reviewed only if Technical proposal meets minimum required quality standards.