

**TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS****International institutional consultancy on strengthening supportive supervision system in the field of immunization****Background and Context**

Immunizations are an essential health service that protect susceptible individuals from vaccine-preventable communicable diseases (VPD). Preventing a VPD outbreak not only saves lives but requires fewer resources than responding to the outbreak.

Already declining immunization rates were, at the global level, further adversely affected by COVID-19 due to overstretched health services and physical distancing measures which may have led parents to defer, postpone and/or reject routine childhood immunization. Furthermore, medical goods were in short supply and supply chains were under historic strain due to transport disruptions. These challenges resulted in accumulation of individuals susceptible to vaccine preventable diseases and ultimately may lead to the resurgence of vaccine-preventable diseases.

Montenegro is an upper-middle-income country with a total population of 620,029 in 2011 (2011 Census). Despite its upper-middle status, Montenegro is faced with critically low and continuously declining immunization rates. Immunization coverage rates for first dose of measles, mumps and rubella vaccine (MMR1) have been decreasing in recent years – from 90% in 2010 to 24% in 2020 and slightly above 18% in 2021<sup>1</sup>, which is a critically low rate and one of the lowest in Europe and Central Asia region. This means that more than 80% of children born in 2020 were not timely protected from the most contagious vaccine-preventable diseases – namely measles. In addition, almost every sixth child in Montenegro has not been adequately protected from Diphtheria, Tetanus and Pertussis (three doses of DTP vaccine) in the first year of life (during 2020).

In early 2020, Montenegro, with the support of the UNICEF Regional Office for Europe and Central Asian conducted a Root Cause Analysis of suboptimal immunization coverage at the sub-national level. Some of the main root causes were insufficient knowledge of paediatricians in contraindications and in interpersonal communication (IPC) for immunization, lack of motivation of immunization service providers for timely immunization and weak accountability of service providers for achieving immunization targets, strong anti-vaccination campaign in media and social networks and weak nation-wide mechanisms for generating demand for immunization<sup>2</sup>.

Furthermore, according to a nationally representative perception survey conducted in May 2020 which focused on health, 53% respondents agreed with the statement that vaccines should be avoided because they may cause other diseases and have unwanted effects (implying worsening of attitudes from Knowledge, Attitude and Practices survey conducted in April 2019 when 27% respondents agreed with the statement). Urgent actions are required to ensure that the trend of declining immunization rates is reversed.

In the past two years with the support of the European Union, UNICEF has supported the Ministry of Health and Institute of Public Health of Montenegro with development of policies, training of health workers, conduct of media campaigns and massive call back to parents and strengthening of the vaccine management system in all 25 municipalities and 18 primary health care centres providing immunizations on the lowest administrative

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<sup>1</sup> WHO/UNICEF estimates of national immunization coverage available from: <https://immunizationdata.who.int/pages/profiles/mne.html> ; Accessed July 3rd 2023.

<sup>2</sup> Dr David Sulaberidze, 2020, "Root Cause Analysis of Low Immunization Coverage at Sub-national Level". Unpublished report commissioned by UNICEF Regional Office for Europe and Central Asia.

level. To build on those efforts, and due to its multidimensional role (increasing immunization uptake, immediate, integrated into routine services, adaptive to local context, etc.), the supportive supervision mechanism of frontline workers in all vaccine service delivery points for routine immunizations (18 primary healthcare centres and 4 health stations – Žabljak, Šavnik, Plužine and Petnjica) as well as in all epidemiological services across the country (providing immunizations in accordance with clinical and epidemiological indications) is seen as an excellent modality of enhancing immunization system, strengthening the supervisory role of the Institute, providing the much needed support to colleagues at the lowest level of health care and improvement of the overall quality health services.

In cooperation with the Ministry of Health and Institute for Public Health, UNICEF Country Office in Montenegro will engage an international agency/organization gathering public health/epidemiology and adult learning experts in the field of contemporary supportive supervision model/system of immunizations in line with international standards of practise.

## 2. Objectives, Purpose & Expected Results

The purpose of this assignment is to contribute to strengthening overall immunization system to ensure that children and vulnerable groups in Montenegro are timely and adequately protected against vaccine preventable diseases through immunization services.

The objective of the assignment is to assist the Ministry of Health and Institute for Public Health to ensure efficient immunization services by defining, setting up and supporting implementation of supportive supervision model/system for primary health care level workforce in Montenegro.

The assignment is part of the “Strengthening health system resilience and response to the COVID-19 pandemic and epidemiological risks” Action implemented by UNICEF with the support of the EU.

## 3. Description of the Assignment

The following tasks are expected to be completed:

1. Desk review and preparation for the field mission (remotely), development of a detailed workplan with timelines of activities and a zero-draft methodology/model/guideline on supportive supervision.
2. Facilitating a half-day joint meeting (this can be an online meeting) with the Ministry of Health and Institute for Public Health to present the zero-draft methodology/model/guideline on supportive supervision and agree on next steps. In advance of the meeting, the draft meeting agenda and slide deck for the meeting should be submitted to UNICEF for review.
3. Based on the outcomes of the meeting, develop first draft of the methodology/model/guideline on supportive supervision for defining, setting up and supporting implementation of supportive supervision model. The MoH, IPH and UNICEF will provide inputs on proposed methodology.
4. Finalize supportive supervision methodology/model/guideline on supportive supervision line based on UNICEF and MoH, IPH inputs, comments and revisions of the first draft.
5. Conduct training of relevant health professionals (face to face) on supportive supervision methodology/model/guideline on supportive supervision principles and techniques. Participants in the training should be appointed national level institution (IPH) practitioners and selected paediatricians / municipal immunization coordinators who will supervise front line health professionals in the future. All relevant tools (checklists, visiting plans, indicators, reporting and filing systems) will be presented during the training. The IPH and UNICEF will organize logistics for the training participants.

6. Mentor the national supervisors in conducting one round of supervisory visits for PHCs (methodology to be proposed by the applicant).
7. Facilitating presentation of the outcomes of the established supervision model at a national level half-day meeting gathering policy makers and practitioners (online or in person).
8. Prepare final consultancy report for UNICEF and the Ministry of Health and Institute for Public Health including recommendations next steps in the process of setting up, introducing and potentially improving supportive supervision model in order to ensure its sustainability (remotely).

Deliverables should be submitted in Montenegrin language and training should be held in Montenegrin (or if in English, with interpretation in Montenegrin). If interpretation services are required, the applicant should include translation costs in the Financial Proposal.

#### 4. Deliverables, timelines, and payment schedule

Deliverables	Tentative deadlines	Tentative payment schedule
1. Detailed workplan with timelines of activities and a zero-draft methodology/model/guideline on supportive supervision	8 September 2023	50%
2. Facilitating joint half day meeting(s) with the Ministry of Health and Institute of Public Health	15 September 2023	
3. First draft of the methodology/model/guideline on supportive supervision	22 September 2023	
4. Final supportive supervision model/ methodology/ guideline	23 October 2023	
5. Facilitating training of relevant professionals on supporting supervision model/system	10 November 2023	
6. Facilitating mentoring of trainees implementing supportive supervision	Between 10 November and 10 December 2023	50%
7. Facilitating presentation of the outcomes of the model at a national level half-day meeting gathering policy makers and practitioners	By 15 December 2023	
8. Final consultancy report for UNICEF, MoH and IPH with recommendations.	By 21 December 2023	

#### 5. Travel

- The international team is required for the outlining, training and presentation of the outcomes at the end of the assignment. During the application process, the Technical and Financial proposals should outline required travel (duration and number of trips).
- Some meetings will be held online.
- The international team 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. the designated 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 when needed.
- **Organization:** International Institutional Consultancy is required, meeting the criteria described below.
- **Schedule:** This assignment will commence on 4 September 2023.

## 7. Qualification Requirements

The Consultancy Agency team should consist of public health/epidemiology/adult learning professionals with the following requirements:

- All team members should hold advanced university degrees in medicine, public health, epidemiology or a related technical field.
- Each of the team members should have at least five years of progressive professional experience in the field of public health, epidemiology including training and supervising other health professionals.
- At least one team member should have professional experience in providing training on supportive supervision.
- Previous work experience in the Western Balkans is a strong asset.
- Previous work experience with UN is a strong asset.
- Excellent command of both spoken and written English or Montenegrin.

## 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 and role of each team member for the fulfilment of above tasks. One team member should be assigned as a team lead to facilitate communication with UNICEF;
  - c) Description of the methodology and technical approach with a tentative work plan with the number of working days per each team member and in total and timeframe in line with the ToRs;
  - d) 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
<b>1</b>	<b>Overall Response</b> - 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	3
<b>2</b>	<b>Company and Key Personnel</b>	
2.1	• Range and depth of organizational experience with similar assignment	5
2.2	• Samples of previous work, number of customers, size of projects	4
2.3	• Key personnel: relevant experience and qualifications of the proposed team for the assignment	18
<b>3</b>	<b>Company policies</b>	
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
<b>4.</b>	<b>Proposed Methodology and Approach</b>	
4.1	• Methodology and technical approach outline	25
4.2	• Tentative work plan	5
<b>TOTAL TECHNICAL SCORE</b>		<b>70</b>

**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.