

TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS

International institutional consultancy for support to the Ministry of Health of Montenegro in strengthening the home visiting service

1. Background and Context

The past two decades in Montenegro are characterized by political stability, social and political reform and economic growth. Montenegro has an upper-middle-income economy and is a candidate for accession to the European Union (EU), a process that is a national priority and a major driver of reforms for human rights and children. Much of the country's legislative framework is now aligned with international human rights instruments. Further efforts are required to translate these reforms into working instruments to benefit equally all children.

There is a long history of reform in the health sector and Montenegro has met its Millennium Development Goals in this field. Medical services for children are free although parents often have to meet the costs of some procedures. Montenegro has a good network of Primary Healthcare Centres (PHCs) and hospital facilities. As regards children, curative care and a number of well-baby/well-child exams (counselling, developmental monitoring, immunizations etc.) take place in the chosen pediatrician's office at the 18 PHCs in Montenegro, covering 25 municipalities. Eight PHCs also host Centres or Units or Children with Special Needs. Finally, PHCs also provide a polyvalent model of home visiting, meaning, home visits to mothers and children (pregnant women, mothers immediately following childbirth and young children, henceforth MCH) and some categories of adults and elderly. The Government defined expectations of home visiting in the rulebook on the standards and norms of the provision of primary health care services by the chosen doctor and chosen doctor's team (2012), which defined the content of the visits, while the Decision on the scope of entitlements and standards of health protection from the mandatory health insurance (2013) defined the number of home visits.

Considering that virtually all pregnant women and young families have regular contact with the health care system through antenatal, perinatal, post-partum and new-born/young child services, often with a consistent provider at the health facility and/or household level, the health sector in Montenegro is ideally placed to improve young child wellbeing. Because of their relationship, home visitors are well placed to encourage families to access and use other services while continuing to provide family support and case management, and serve as advocates to ensure that the special needs of the families in their charge are met by the appropriate agencies. Home visiting programmes, by providing early intervention, by supporting parents and families, and by reaching out to all, particularly to those most in need, are crucially important in ensuring that every child has the best start in life.

Despite these favorable preconditions, the home visiting service is facing challenges. In 2017, in partnership with the Ministry of Health (MoH), UNICEF commissioned an analysis of the home visiting system in Montenegro, which showed that the standards are not being implemented across the country and that the overall performance is inadequate. Due to the patronage nurses' preoccupation with curative care, in 2016 nurses delivered slightly more than half of the planned MCH preventive services, and only a quarter of planned visits to pregnant women. There were some indications that the quality of care was suboptimal. Firstly, the training requirements had not been met and professional training was found to be limited. Secondly, caseload was found to be inadequate for quality provision of preventative services. Another issue identified was lack of policy direction for the home visiting service, although the draft national Early Childhood Development Strategy contains a number of provisions to enhance the home visiting system. Following the 2017 analysis, the Ministry of Health of Montenegro decided to enhance the work of the home visitors, as a first step by improving the quality of existing services through training.

Subsequently, in 2018, in partnership with the MoH of Montenegro, UNICEF supported the Health Centre in Podgorica, which is Montenegro's largest PHC, to conduct a training needs assessment (TNA) of patronage nurses

working on maternal-child health (MCH). Following the TNA, with UNICEF and MoH support, a multi-disciplinary pool of trainers was created, consisting of 24 professionals from across the country, who were trained as trainers in December 2018. The training was based on the resource modules for home visitors “[Supporting Families for Nurturing Care](#)” developed by the UNICEF Regional Office for Europe and Central Asia and the International Step by Step Association (ISSA), and which were available at the time of the training. Based on the above training of trainers and the aforementioned TNA, the first training programme for home visiting nurses was developed and rolled out in 2019 focusing on ECD/nurturing care, working with other services, communication skills, combatting stigma and discrimination, and working with Roma families. Another training programme was rolled out in 2021 covering modules related to gender socialization and responsive caregiving. Supportive supervision was provided on project/pilot basis. In the light of an underdeveloped e-health system, data collection on the reach and content of a sample of visits was supported through a software accessed on tablets but also on a project/pilot basis, while the e-health system was upgraded to allow home visiting nurses to prepare reports on visits that can be accessed by the child’s chosen pediatrician.

2. Objectives, Purpose & Expected Results

The purpose of the assignment is to help strengthen the capacities of the home visitation system in Montenegro to play a supportive role in early childhood development for families and their children.

The objectives of the assignment are:

- To train the pool of national trainers in more recent UNICEF-ISSA modules (antenatal care, care for small and sick newborns and physical activity, healthy weight, physical activity and sedentary time) so that the trainers can then provide cascade training to home visiting (and other relevant) nurses.
- To analyse the current, standards and norms on the content, scope and job descriptions of home visiting nurses and provide recommendations for improvement.
- To prepare a proposal for national stakeholders on how to define and regulate the supportive supervision process in the soft legislative framework.
- To support the MoH working group to develop guidelines for home visiting nurses by providing an outline and reviewing the draft text.
- To develop a proposal/list of indicators for improving the health information system (HIS) in the domain of home visiting.

3. Description of the Assignment

The following tasks are expected to be completed:

- To train the pool of national trainers in the recent UNICEF-ISSA modules: antenatal care, care for small and sick newborns and physical activity, healthy weight, physical activity and sedentary time. The training should also draw on the draft national guidelines for schools for pregnant women developed by the PHC in Podgorica. The training should be held face to face in Montenegro. The logistics of the event (providing a venue, equipment, inviting participants) will be organized by the Primary Healthcare Centre Podgorica. Agenda and training materials are to be provided by the Agency.
- To hold consultative meetings with MoH, IPH, PHC management, paediatricians and home visiting nurses, UNICEF and other key stakeholders to gather inputs on norms, standards, practices, supportive supervision, data collection and reporting, in order to be able to complete the below tasks. Meetings should be held face to face.
- To analyse the current standards and norms on the content, scope and job descriptions of home visiting nurses and provide recommendations for improvement. The analysis should be based on a desk review of existing regulations, reports, and abovementioned interviews with stakeholders. The report with the analysis and recommendations should be concise, and should not exceed 20 pages. To present the report

in a meeting (can be held online) and finalize the report based on MoH, UNICEF and stakeholder feedback.

- To prepare a proposal on how to define and regulate the supportive supervision process in the soft legislative framework. The proposal should be based on a desk review of existing regulations, reports, and abovementioned interviews with stakeholders. The report with the analysis and proposal should not exceed 15 pages. To present the report in a meeting (can be online) and finalize the report based on MoH, UNICEF and stakeholder feedback.
- To support the MoH working group to develop guidelines for home visiting nurses by providing an initial outline to the working group and reviewing the draft text developed by the working group on at least two occasions (i.e. two drafts). The guidelines are expected to be approximately 40 pages long. Feedback can be provided remotely in writing or in an online meeting.
- To develop a proposal/list of indicators for improving the HIS in the domain of home visiting. The proposal should be based on a desk review of existing reporting mechanisms, regulations, reports, and aforementioned interviews with stakeholders. The report with the analysis and proposal should not exceed 15 pages. To present the report in a meeting (can be online) and finalize the report based on MoH and UNICEF feedback.
- Final consultancy report, not exceeding 5 pages.

The team members are expected to work for approximately 60 working days in total. Consultancy Agency should propose a breakdown of working days in their Technical Proposal with a clear justification.

Deliverables should be prepared in Montenegrin language. If needed applicants should include the costs of translation of documents proofread to a professional standard.

Only some desk review documents are available in English.

The Consultancy Agency is expected to use their online platform subscription for participation of the international team member in meetings.

4. Deliverables, timelines, and payment schedule

Deliverables	Tentative timeline	Schedule of Payment
Training on the three ISSA-UNICEF modules delivered to national trainers	31 January 2024	50%
Analysis on the content, scope and job descriptions of home visiting nurses with recommendations for improvement	22 December 2023 first draft, 31 January 2024 final draft	
Proposal on supportive supervision	19 January 2024 first draft, 29 February 2024 final draft	
Outline of national guidelines and review of the document on two occasions	31 January 2024 outline, second review by 17 May 2024	50%
Proposal/list of indicators for improving the e-health system in the domain of home visiting	29 February 2024 first draft, 22 March final draft	
Final consultancy report	24 May 2024	

5. Travel

- Travel is required for the training and for a field mission to Montenegro for meetings with stakeholders to collect inputs for the analysis, reports and proposals as described above.
- During the application process, the Technical and Financial proposals should outline required travel (duration and number of trips).
- Travel costs will be calculated based on economy class travel, regardless of the length of travel. Costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC).
- 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 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.
- Organization: International Institutional Consultancy is required, meeting the criteria described below.
- Recourse: 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.
- Schedule: This assignment will commence on 1 December 2023.

7. Qualification Requirements

The Contractor's team of experts are expected to have following qualifications/specialized knowledge/experience required to complete the task:

- University degrees in medicine, nursing, child and maternal health, psychology, early childhood development or another relevant field;
- Extensive professional background in early childhood development and child and maternal health and solid experience in strengthening health sectors' home visiting services (at least ten years);
- At least one team member should have practical work experience as a home visiting nurse (at least ten years);
- Experience in developing and delivering tailor-made *Training of Trainers on Resource Modules for Home Visitors: Supporting Families for Nurturing Care*;
- At least one team member should have experience in delivering/developing supportive supervision for home visiting nurses;
- At least one team member should have experience in developing monitoring and reporting indicators for health systems in the domain of home visiting;
- Knowledge of international standards, including CRC, CEDAW, CRPD;
- Excellent command of either English language (both oral and written) or the local language while knowledge of local language is a strong asset;
- Strong communication and training facilitation skills;
- Strong analytical and report writing skills.

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,
 - b) Title/designation of each team member, team leader and other roles, including their CVs;
 - c) Description of the methodology and technical approach with a tentative work plan and timeframe in line with the ToRs and a breakdown of working days per each team member;
 - d) LRPS Form signed.
- ii. **Financial Proposal (Budget) including:**
 - a) Daily fee rate and total fees in line with the breakdown of working days in the Technical Proposal.
 - b) Travel costs
 - c) Other costs if applicable (e.g. translation etc.).

The financial proposal shall indicate budget estimated in EUR.

8. Evaluation

1) Technical components (total of 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 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

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	Work plan	5
4.2	Methodology	20
4.3	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)

- 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.