

TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS

International institutional consultancy for support to the Ministry of Health of Montenegro in strengthening the primary healthcare services for children including costing

1. Background and Context

The past two decades in Montenegro are characterized by political stability, social and political reform and economic growth. Montenegro, with a population of approximately 620,000 inhabitants, has an upper-middle-income economy as per World Bank classification of countries by income level 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 all children equally.

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. According to the World Bank, general out of pocket expenditure, as a share of current health expenditure, has fluctuated substantially in Montenegro in recent years, with a declining trend from 2011 to 2020, when it amounted to 36.5 % in 2020. The impact of COVID-19 pandemics is yet to be seen. Montenegro has a good network of Primary Healthcare Centres (PHCs), health stations 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, with several municipalities not having pediatrics coverage during the whole working week. Eight PHCs also host Centres or Units for 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. Some PHCs hire Roma mediators. The Law on Healthcare and Law on Health Insurance were adopted in 2016 and subsequently amended on a number of occasions. The Government has defined the standards and norms, content and duration (in minutes) of the provision of primary health care services by the chosen doctor and chosen doctor's team, as well as the scope of entitlements and standards of health protection from the mandatory health insurance in relevant rulebooks and decrees.

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. Despite these favorable preconditions, the PHC services are facing challenges – including with respect to service coverage and human resource shortages that threaten to be even more pronounced in years to come following the migration of health workforce and favorable conditions for working abroad¹. An adequately planned, developed, and supported health workforce is critical to enable equitable access to health protection for all.

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. The caseload was found to be inadequate for quality provision of preventative

¹ Institute for Public Health of Montenegro, The effect of EU enlargement on the migration of healthcare workers. Available at: [Uticaj proširenja EU na migracije zdravstvenih radnika - IJZCG](#).

services. The service was costed based on existing capacities on one hand, and the gap to meet norms and standards on the other². No such analysis has been performed with respect to pediatric services and Centres or Units for Children with Special Needs (CCSN). As regards the former, there is a general analysis of human resources in the health care system 2016-2021³. As regards the latter, the Analysis of the Cross Sector System Support for Children with Disabilities in Montenegro⁴ found that the original idea of regional organization of early detection and intervention through the CCSNs has been discredited in practice due to inadequate legal regulation in the area, the fluctuation of staff and a lack of continuous training. Similarly, the Overview of Early Childhood Development Services⁵ found that CCSNs face numerous limitations in their operations related to their insufficient number, the inadequate composition of staff and capacities to meet the needs.

The Ministry of Health of Montenegro has drafted an Early Childhood Development Strategy. One of the objectives of the Strategy is to create an integrated, harmonized and equally accessible system of early childhood development. One of the key activities under that objective is related to reorganization of child services in PHCs. This assignment is intended to support the Ministry of Health to implement the said activity.

2. Objectives, Purpose & Expected Results

The purpose of the assignment is to help strengthen the capacities of the primary health care system in Montenegro to enable equitable (including gender equity, disadvantaged populations) access to health protection for all children in Montenegro.

The objectives of the assignment are:

- To develop an analysis of current human resource availability and identify current and estimate future gaps (based on trends) in order to meet existing standards and norms (workforce ratios at population level and doctor to patient – taking into account workload and caseload - preventative and curative, number and duration of contacts etc.) in relation to the work of paediatric teams in PHC (paediatricians, paediatric nurses, immunization nurses), counselling centres and centres/units for children with special needs, home visiting nurses (for home visiting nurses the 2017 analysis can be updated), Roma mediators at national level and per municipality and PHC service point.
- To develop model of PHC services (workforce profiles, ratios and salary coefficients) for children based on the above findings as well as consultations with MoH, Institute for Public Health of Montenegro (IPH) and stakeholders (including PHC staff, professional associations, and parents, UNICEF, WHO⁶ etc.) and to cost the model PHC services as well as the current gap between existing capacities, current norms and standards and the proposed model.
- To review the budget of the health system, with specific focus on PHC services, to understand trends and current level of public spending on children to contextualize the above analysis.
- To develop an investment case for increased allocations to PHC services from the state budget.

² A summary is available in ISSP. 2021. [Overview of Early Childhood Development Services in Montenegro](#). Commissioned by UNICEF.

³ Institute for Public Health of Montenegro, 2021, Analysis of Human Resources in the Healthcare System of Montenegro 2016-2021. Available at: [1686839923-analiza-ljudskih-resursa-2016-2021.pdf](#).

⁴ PluriConsult. 2019. [Analysis of the Cross Sector System Support for Children with Disabilities in Montenegro](#). Commissioned by the Council on the Rights of the Child of Montenegro and UNICEF.

⁵ ISSP. 2021. [Overview of Early Childhood Development Services in Montenegro](#). Commissioned by UNICEF. The analysis cites a [report](#) of the Protector of Human Rights and Freedoms of Montenegro.

⁶ See WHO Montenegro - WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT) (2020) [https://www.who.int/europe/publications/m/item/montenegro---who-european-primary-health-care-impact--performance-and-capacity-tool-\(phc-impact\)-\(2020\)](https://www.who.int/europe/publications/m/item/montenegro---who-european-primary-health-care-impact--performance-and-capacity-tool-(phc-impact)-(2020)).

3. Description of the Assignment

The following tasks are expected to be completed:

- To review current standards, norms, workforce to population ratios, etc. in laws, rulebooks, decrees, and relevant PHC analysis.
- To map current and existing human resource availability in relation to the work of paediatric teams in PHC (paediatricians, paediatric nurses, immunization nurses), counselling centres and centres/units for children with special needs, home visiting nurses (for home visiting nurses the 2017 analysis can be updated) and Roma mediators at national level and per municipality and PHC service point (i.e. distribution of health workers).
- To, based on the above mapping, define and analyse gaps in order to meet existing standards and norms (workforce ratios at population level and doctor to patient – taking into account workload and caseload - preventative and curative, number and duration of contacts etc.) in relation to the work of paediatric teams in PHC (paediatricians, paediatric nurses, immunization nurses), counselling centres and centres/units for children with special needs, and home visiting nurses.
- To develop model PHC services (incl. workforce profiles, ratios, salary coefficients) for children based on the above findings as well as consultations with MoH and stakeholders (including PHC staff, professional associations, parents, UNICEF etc.). This task should also take into account the breastfeeding counselling pilot implemented in 5 PHCs in early 2023, and transdisciplinary, family centered early childhood intervention pilot implemented in Kotor and Bijelo Polje municipalities during 2023.
- To identify the current gaps between existing capacities, current norms and standards and the proposed model. The costing should be provided in a dynamic excel file or any other user friendly and interactive electronic format so that it can be updated by stakeholders as variables change. A summary of the costing should be developed as a separate word file.
- To contextualize the above analysis, to review budget of the health sector, with specific focus on PHC service to measure the size, composition, equity, allocative efficiency, and transparency of public spending on PHC services. Since Montenegro is a highly centralized country, the analysis will focus on national budget and explore the relevance of local level spending to the extent possible. Where data is available, budget analysis should comment on the links between plans, budgets and past delivery results, not just expenditure.
- To cost the model PHC services with a well-defined methodology including costing by health system building blocks, costing by delivery platforms, costing by cost drivers, and including proposed PHC reforms – depending on data availability and with main focus on human resources.
- To present the draft PHC Cost estimates to stakeholders (MoH, UNICEF, Ministry of Finance, Health Insurance Fund, PHCs) for their feedback.
- To calculate resource gap analysis and suggest approaches for resource mobilization.
- To develop an investment case/policy brief for increased allocations to PHC services from the state budget including impact assessment/ returns on investments made. The investment case should encompass costed priority investments that will put the country on the trajectory to attain desired results – increased funding for improvement of PHCs services. To ensure that recommendations coming out from the investment case are realistic, the consultants are expected to undertake some assessment of fiscal space and macroeconomic situation.
- To present the final investment case to stakeholders for advocacy (MoH, UNICEF, Ministry of Finance, Health Insurance Fund, PHCs) and for cross-country learning.
- Brief final consultancy report.

The team members are expected to work for about 6 months. Consultancy Agency should propose the number and 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 deliverables proofread to a professional standard. Only some desk review documents are available in English. One team member should be fluent in the local language to facilitate desk review and primary data collection.

The Consultancy Agency is expected to use their online subscription platform for participation of the international team members in all meetings related to this consultancy.

4. Deliverables, timelines, and payment schedule

Deliverables	Tentative timeline	Schedule of Payment
Submission of Inception report including agreed work plan	31 December 2023	40%
Analysis of current human resource availability and gaps to meet existing standards and norms, and proposed PHC reforms	31 January 2024	
Model PHC services (incl. workforce profiles and ratios) for children	31 January 2024	
Costing of model PHC services as well as the current gap between existing capacities, current norms and standards and the proposed model, and resource gap analysis	1 April 2024	60%
Review of budget of the health sector, with specific focus on PHC services	1 April 2024	
Investment case/policy brief for increased allocations to PHC services from the state budget, and approaches for resource mobilization	15 April 2024	
Presentation of the draft investment case/ policy brief to stakeholders for their feedback	13 May 2024	
Submission of the final investment case/ policy brief to stakeholders	27 May 2024	
Final consultancy report	31 May 2024	

5. Travel

- Travel is required for a field mission to Montenegro for meetings with stakeholders to collect inputs for the analysis, and to present the investment case.
- 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 draft and final deliverables as they become available for review, potential feedback and revision.
- 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 8 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, public health, Pediatric Health, Family Health, Health Research, Global/International Health, Health Policy and/or Management or another relevant field;
- Extensive professional background in planning/costing primary health care services (at least five years of experience);
- Excellent command of English language (both oral and written), one team member should have excellent knowledge of the local language;
- Strong communication 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 per team member 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.