1. **Background and Context**

Montenegro is an upper-middle income country in the Western Balkans, aspiring to join the EU, with a population size of approximately 620,000 people according to the 2011 Census. The population of children 0-17 in 2011 was 145,126 or 23.4% of the whole population, while according to the Census there were 6,251 Roma and Egyptians or 1.01% of the whole population, of whom 3,392 were aged 0-18.

NMR is as low as 2/1000 live births. The latest MICS Survey from 2018 (National Statistical Office MONSTAT and UNICEF) showed that 7% of children under 5 in the general population are stunted and 7% are overweight, while 21% of children under 5 in Roma settlements are stunted and 3% are overweight. In addition, 66% of children aged 6-8 months in the general population and less than 1/3 of children in Roma settlements received the minimum dietary diversity (5 of the 8 recommended food groups) and slightly less than one half (48%) in the general population and 1/5 in Roma settlements received the minimum acceptable diet. Only 1 in 4 children in the general population and 1 in 5 children are exclusively breastfed during first six months, and in Roma settlements every 6th child. Finally, according to COSI, 37% of boys aged 7 are overweight and 19% are obese, 29% and 9% girls respectively (Institute of Public Health of Montenegro, 2016).

Montenegro has a Program for control and prevention of chronic noncommunicable diseases and a National Program for Improving Nutrition with corresponding action plans, while the plan for 2021-2022 is under development. The Ministry of Health has a commission for control and improvement of nutritional status. A breastfeeding commission was set up in August 2021.

In 2017, the Institute for Public Health (IPH) with the support from UNICEF and USAID, conducted an iodine nutrition survey among pregnant women (mUIC and salt intake) and detected iodine deficiency, following which, in collaboration with Ministry of Agriculture and Rural Development, IPH amended the national Rulebook in 2019 that entered into force in 2020, using WHO Guideline on recommended I+ content level in relation to the actual salt consumption. Later on, the IPH surveyed lactating mothers and, recently, school-age children. After one year of the application of the amended Rulebook, the Government (Ministry of Agriculture, Forestry and Water Management) plans to conduct an IS (iodized salt) quality survey to document compliance and results. Monitoring of salt iodization on the market is planned through the Program for Improving the Nutrition in Montenegro.

Valid national data on iron deficiency in pregnant and postpartum women is lacking. Based on WHO Global Health Observatory, there is no progress in terms of reduction of anaemia rates in Montenegro, the situation is worse among pregnant women. In 2015 25.1% of WRA and 27.2 % of PW were reported to be anaemic (almost no change from year 1999). This can be an indication of other micronutrient deficiencies among other age groups. There are no recent publications on micronutrient deficiencies among children.
An assessment of the micronutrients status, bearing in mind that such kind of study has never been performed in Montenegro and that there is no valid data about micronutrients, is deemed essential to determine prevalence trends, and make recommendations for planning and implementing suitable intervention strategies. With the financial support of the European Union within the Action “EU and UNICEF for Early Childhood Development in Montenegro”, UNICEF Country Office in Montenegro is supporting IPH to undertake this survey and is looking to contract an institutional consultancy with research expertise to work closely with IPH and the assigned National Laboratory, to provide technical assistance in designing and implementing the survey.

2. **Purpose and Objective**

The purpose of this assignment is to support IPH in planning, designing and conducting a first ever micronutrient survey in Montenegro in order to generate fresh data and evidence (at national and regional levels) on the micronutrient nutritional status of children, adolescents and women in the country as a basis for policy and programming.

**Objectives of the consultancy service:**

- To provide technical assistance to IPH in order to design the methodology and develop the protocol, including all needed data collection tools and sampling framework, as well as laboratory methodologies.
- To oversee and guide the survey implementation with all required technical assistance in preparation, implementation, technical supervision, quality assurance, laboratory analysis, data analysis and reporting of the survey, and supervise national partners for data collection and reporting as well as during implementation of the survey.

**The preliminary (to be confirmed) specific objectives of the survey are:**

1) To identify the prevalence of Anaemia and Iron Deficiency and Iron Deficiency Anaemia in children 6-59 months and 5-9 years old boys and girls, and women of reproductive age (15-49).
2) To define the prevalence of vitamin A and Vitamin D level in boys and girls aged 6-59 months and 5-9 years old boys and girls.
3) To define the folate deficiency in women of reproductive age (15-49 years).

**Additional objective is:**

1) To identify factors that contribute to the nutritional vulnerability of boys and girls and women of reproductive age (dietary, care practices and services questionnaire).

**The target group for this survey is:**

1) Children 6-59 months of age living in Montenegro (including dedicated strata among Roma);
2) Primary school aged children (5-9 years old) living in Montenegro (including dedicated strata among Roma);
3) Women of reproductive age (15-49) years old living in Montenegro (including dedicated strata among Roma).

3. **Methodology and Technical Approach**

The survey is going to be nationally representative cross-sectional survey intended to obtain valid and reliable data on all needed biomarkers including but not limited to levels of haemoglobin (Hb), Ferritin
(iron status), serum folate, vitamin A, vitamin D status (25 (OH) Vitamin D), and inflammation status (α1-acid glycoprotein (AGP) and C-reactive protein (CRP) of the target population. The updated official data from the proposed survey will guide the evidence-based decision-making and programme design to improve the nutritional status of children and women.

For quality assurance and ensuring the full national ownership of the study process and results, the steering committee composed of Ministry of Health officials, IPH experts, UNICEF staff, and other relevant partners will be established to provide oversight of the study, validate the findings and recommendations, and disseminate them to wider stakeholders.

4. **Activities and Tasks**

The contracted international institution will be responsible for the tasks as stipulated below:

1. Support to the national authorities, primarily the Institute for Public Health, in designing the methodology and all relevant needed documents and tools. This will include the survey methodology and protocols, including the development of questionnaire/s, organizational structure, sample size, and sampling method, data collection methods/tools, and data management/statistical analysis, ethical review, the laboratory methods that will be used, the entire work plan with a timeframe. This includes mapping of available lab capacities in the country to identify if the lab analysis can be conducted in the country or samples need to be exported. The methodology should be submitted to the Institute’s Ethical Review Board.

2. Support to the national authorities in the recruitment, selection and training of the interviewers and supervisors (including training on handling biomedical waste). Supervise that all necessary supplies are procured and are prepared for each field team. Prepare and facilitate the training of interviewers and supervisors on data collection. Support IPH in undertaking the pilot survey and to revise the tools and methods accordingly.

3. Supervise data collection (including quality assurance), data entry and cleaning, blood sample collection and analyses for quality assurance. Share complete datasets with UNICEF in CSV and SPSS file formats.

4. Support to IPH to conduct data analysis, synthesis of the results, and report writing, with full engagement of the Ministry of Health, and other related national authorities, UNICEF and counterparts, and provide necessary technical assistance and capacity building support throughout this process.

5. Share a draft with UNICEF Country Office and the Ministry of Health and Institute for Public Health for review and feedback. Supplemental analysis based on feedback from UNICEF country office the Ministry of Health and Institute for Public Health should be conducted, and the final report should be produced incorporating all the comments and feedback.

6. Supporting IPH and UNICEF to undertake a consultative workshop on the findings of the survey and the strategic recommendation to different stakeholders (Ministry of Health, Education etc.)

7. UNICEF consultants will follow the Guidance on External Academic Publishing.

5. **Deliverables and Timeframe**

The Contractor will be responsible for delivering the following deliverables with the following tentative breakdown of working days and within the below provided tentative timeframe:
1. Development of an inception report based on desk review of existing policies, strategic documents, information and data in this area and development of an inception report (5 working days), by 30 November 2021.

2. Full methodology, and survey protocol including, all data collection tools, sampling etc. is finalized and have received ethical review (12 working days), by 27 December 2021.

3. Capacity building and training of the survey team conducted and report from the training submitted (3 working days), by 31 January 2022.

4. Revised tools and methods based on pilot testing of above methodology (3 working days), by 7 February 2022.

5. Data collections and lab analysis, by 14 February 2022.

6. Survey report with prevalence trends and relevant recommendations produced along with datasets (17 days), by 30 June 2022.

7. Supplemental analyses and a two pager for easy communication of findings produced (5 days), by 29 July 2022.

The Contractor will be engaged for the period from 22 November 2021 until 1 August 2022 for approximately 45 working days.

6. Travel:

The Contractor’s team members are expected to work both in the field (Montenegro) and from home. The candidates should propose the number of trips required in the Technical Proposal (please see section Application Procedure).

7. Management and organization

Management: The consultancy will be supervised by Early Childhood Development Officer in UNICEF Country Office in Montenegro.

Organization: International Institutional Consultancy is required, meeting the criteria described below.

Schedule: This assignment will commence on 22 November 2021.

8. Qualifications and requirements

UNICEF is seeking proposals from experienced institutions or consultancy agencies, with experience of working in Europe and Central Asia region, and ideally in South East Europe and/or Western Balkans, and a strong track record in conducting large nutrition-related household surveys.

The Contractor must meet the following requirements:

A. Institutional capacity:
   - Extensive experience (at least 10 years) in conducting large nutrition (micronutrient-related) household surveys
   - Experience collaborating with UNICEF or other UN Agencies is a strong asset.
B. The team of consultants should meet the following requirements:

**Team leader:**
- Advanced degree in nutrition, medicine, public health, epidemiology, biostatistics, research and evaluation, or other related fields;
- Minimum 7 years of practical experience in designing, coordinating and managing research, surveys;
- Must be familiar with Statistical Package and all relevant computer applications in general.
- Strong analytical, writing and presentation skills;
- Fluency in English is mandatory. Knowledge of local language is an advantage.

**1/2 team members:**
- Advanced degree in nutrition, medicine, public health, epidemiology, biostatistics, research and evaluation, or other related fields;
- Minimum 2 years of experience in undertaking nutrition surveys (design and methodologies, field workers training, field supervision, data analysis);
- Strong research, analytical, writing skills relevant to the TOR;
- Fluency in English is mandatory for both team members. Knowledge of local language is an advantage.

9. **Application procedure**

Applicants 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 (micronutrient surveys etc.)
   b) Title/designation of each team member including their CVs;
   c) A more detailed description of the methodology and technical approach based on the above description;
   d) A more detailed tentative work plan with the number of days and timeframe per team member in line with the above tentative deadlines for deliverables including travel plan;
   e) Supplier Profile Form.

ii. **Financial Proposal (Budget) including**
- Daily fee rate for each team member per deliverable as well as the total cost per professionals based on the number of working days included in the Technical Proposal.
- Estimated travel costs (all travels must be pre-approved by UNICEF and will be based on most direct and economy class ticket irrespective of the duration of the flight.). Daily subsistence allowance (DSA) will, where applicable, be paid up to a maximum of the official UN rate.
- Other costs if applicable.

The financial proposal shall indicate budget estimated in USD or in EUR.

10. **Proposal 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.
The proposal will be evaluated as follows:

1) **Technical components (total of 70 points)**
   - Professional profile - 15
   - Proposed Methodology and Approach – 25
   - Quality of Personnel and Suitability for the assignment - 30

<table>
<thead>
<tr>
<th>Technical Proposal Evaluation Form</th>
<th>Max. Points Obtainable</th>
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<tbody>
<tr>
<td>1 Professional profile</td>
<td>15</td>
</tr>
<tr>
<td>1.1 Evidence of experience in similar surveys</td>
<td>15</td>
</tr>
<tr>
<td>2 Proposed methodology and Approach</td>
<td>25</td>
</tr>
<tr>
<td>2.1 Quality of presented approach, methodology and work plan</td>
<td>25</td>
</tr>
<tr>
<td>3 Quality of Personnel and Suitability for the assignment</td>
<td>30</td>
</tr>
<tr>
<td>3.1 Technical expertise and experience in the preparation and conduct of micronutrient surveys</td>
<td>20</td>
</tr>
<tr>
<td>3.2 Technical expertise and experience in capacity building</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>70 points</td>
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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.

11. **Remark:**

- UNICEF Montenegro Office holds copyrights for all reports. The documents (including raw materials, etc.) may not be reproduced, distributed or published without the written permission from UNICEF.
- All personal data should be accessible to team members, but no one else. The consultants need to set up secure systems (a) to ensure that other staff within their institutions cannot access their data via the shared staff drives, and (b) to ensure secure data transfer between institutions. Cloud based storage with limited sharing rights could be considered in this instance. Different personal data files need to be link-able, they need to be held separately so that they can only be linked purposely, by researchers who are authorised to do so. There is

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1 Financial offer will be reviewed only if Technical proposal meets minimum required quality standards.
also a need to ensure that data cannot be removed from secure systems in ways that might compromise data security.

- UNICEF Montenegro Office will share with the selected consultants all the relevant materials it has and provide required expertise.
- UNICEF Montenegro Office will review and provide feedback on reports prepared by consultants.
- All information from produced reports cannot be shared with the media without the written approval of UNICEF Montenegro Office.

12. **Budget and Remuneration**

- **Consultancy fee**
  Proposals are invited based on these Terms of Reference.

- **Payment schedule**
  The payments will be made upon successful completion of the deliverables and submission of invoices, as follows:
  - Deliverables 1-5 – 50%;
  - Deliverables 6-7 – 50%.

- **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.