
Terms of Reference

International institutional consultancy to facilitate the development of National Catch Up Plan, development of Local Catch Up Plans for four municipalities and conducting of Training of Trainers (ToT) on immunization to support Ministry of Health in increasing immunization coverage rates in Montenegro

1. Background and Context

Timely vaccination is key to maintaining population immunity against vaccine-preventable diseases (VPDs), ensuring populations are fully protected against life-threatening communicable diseases as early as possible, and preventing large outbreaks of VPDs. However, despite best efforts and intentions of their parents, individual children may not always receive all vaccinations in a timely manner as per the recommended age in a national immunization schedule. Regularly scheduled vaccinations may be missed for a variety of context-specific reasons (e.g. difficulty accessing health services and other health system related barriers, health workers practices, stock outs, beliefs held by caregivers and community members about vaccination, etc.)¹.

It is evident that the COVID-19 pandemic has caused disruptions in the provision of many preventive services, including routine immunizations, resulting in reduced demand for such services mainly due to concerns about possible virus transmission during immunization sessions, inconvenience of rescheduled appointments or transportation (mobility) barriers. These challenges resulted in an accumulation of individuals susceptible to vaccine preventable diseases and ultimately may lead to the resurgence of vaccine-preventable diseases. The risks can be reduced if national immunization programmes take measures to minimize service interruptions, as well as plan for and implement catch-up vaccination. If provision of immunization services is negatively impacted by COVID-19, implementation of catch-up vaccination will require strategies to track and follow-up with individuals who missed vaccinations, to assess immunity gaps, and to re-establish community demand².

Montenegro is faced with critically low, declining immunization rates - despite its upper middle-income status. Immunization coverage rates for first dose of measles, mumps and rubella (MMR1) have been decreasing in recent years – from 90% in 2010 to 23% in 2020, which is a critically low rate³ and one of the lowest in Europe and Central Asia region. This means that almost 80% of all young children are not protected from the most contagious vaccine-preventable diseases. Some municipalities are especially at risk, for example Budva and Cetinje, where MMR1 coverage in the second year of life of children born in 2019 is well below 10%. In addition, almost every sixth child in Montenegro has not been fully protected from Diphtheria, Tetanus and Pertussis 3 (DTP3) in the first year of life (during 2020).

Urgent action is thus required in order to increase immunization rates by encouraging parents to take all opportunities for catching up on missed doses to ensure sustainable higher coverages in the future.

The COVID-19 situation also represents an important opportunity for health systems strengthening for example by identifying, understanding and modifying immunization related policies and practices that may contribute to missed opportunities for vaccination or by addressing issues in the supply chain and by strengthening collaborations with other sectors in reaching and engaging underserved populations.

¹ Leave No One Behind: Guidance for Planning and Implementing Catch-up Vaccination. WHO, working draft August 11, 2020.

² Mitigating the impact of COVID-19 on control of vaccine-preventable diseases: a health risk management approach focused on catch-up vaccination. Copenhagen: WHO Regional Office for Europe; 2020. Licence: CC BY-NC-SA 3.0 IGO.

³ Institute of Public Health of Montenegro.

In early 2020, UNICEF Montenegro, with the support of the UNICEF Regional Office for Europe and Central Asia, conducted a Root Cause Analysis of suboptimal immunization coverage at the sub-national level. Some of the identified main root causes were: insufficient knowledge of paediatricians and other health workers when establishing contraindications, lack of interpersonal communication (IPC) skills 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 immunization⁴. The assessment was conducted before the COVID-19 outbreak, which, brought additional challenges to both the supply side (overstretched health services) and the demand side (parents' willingness to vaccinate children).

UNICEF has extensive experience leading and supporting partnerships to reduce social barriers to immunization access and acceptance. In addition, UNICEF recognizes the central role played by front-line health workers in addressing local drivers of inequity and promoting and sustaining community demand for immunization and health in general. UNICEF programme interventions seek to strengthen local accountability and encourage communities to advocate for immunization as a right⁵. UNICEF supports countries in achieving their national immunization goals with an increased focus on strengthening their immunization systems to ensure that key bottlenecks are identified and addressed efficiently. In that sense, UNICEF Montenegro supports the Ministry of Health in addressing the identified root causes for suboptimal immunization coverage both at national and local level.

Hence, UNICEF Montenegro seeks to engage an international institutional consultancy to assist relevant national authorities in laying the foundations for a short to medium and long term strategy to catch up on missed doses and strengthen knowledge of health workers in relation to vaccination. This assignment is part of a two-year regional multi-sector Action "Regional Project to mitigate the impact of COVID-19 on the lives of children and families in the Western Balkans and Turkey" implemented by UNICEF with financial support from the European Union (during 2021 and 2022).

2. Purpose and Objective

The purpose of the assignment is to contribute to strengthening immunization system to ensure that children in Montenegro are protected against vaccine preventable diseases through routine immunization services.

The specific objectives of this assignment are:

- to contribute to tackling declining rates and missed opportunities related to vaccine coverage (particularly on MMR1 vaccine coverage) with focus on catch up activities on missed doses, by developing national and local costed immunization catch up strategy and specific plans;
- to increase knowledge, skills and awareness of front-line health professionals by designing and conducting a training of trainers (ToT) programme on vaccine safety and contraindications, adverse events following immunization (AEFI) and the importance of immunization as one of the priority health services during the COVID-19 pandemic and the risks from vaccine preventable disease (VPDs).

3. Methodology and Technical Approach

The following methodology should be used: desk review, consultations/ interviews with relevant stakeholders, development of draft action national and local plans, presentation to stakeholders,

⁴ 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.

⁵ UNICEF Immunization Roadmap, 2018-2030, available at [https://www.unicef.org/sites/default/files/2019-01/UNICEF Immunization Roadmap 2018.pdf](https://www.unicef.org/sites/default/files/2019-01/UNICEF%20Immunization%20Roadmap%202018.pdf).

validation of first draft, finalization of documents, development of training content (including based on an anonymous training needs assessment that can be administered through an online survey), delivery of training and development of training report with recommendations.

It is expected that work is mostly done remotely, except for the delivery of the above training of trainers, which should be delivered in Montenegro (Podgorica).

All deliverables should be produced in English. UNICEF Montenegro will arrange for translation and interpretation services.

Meetings will be scheduled by the National Early Childhood Development and Health Consultant who will be assisting in logistical and other related matters of the assignment.

4. Activities and Tasks

The international institutional consultancy will be responsible for:

1. Design and finalization of the costed National Immunization Catch Up Plan and costed Local Immunization Catch Up Plans for four pilot municipalities (to be selected based on the latest vaccine coverage rates)
 - Desk review of all available relevant national strategic and other documents (reports, analyses, data) on immunization;
 - Liaising with members of the National Immunization Technical Advisory Group (NITAG) and other relevant stakeholders such as Ministry of Health (MoH), Institute for Public Health (IPH) and four primary health centres (PHCs), UNICEF, WHO, paediatric associations, parent NGOs and associations;
 - Conducting online/ group/ in-person “deep” interviews and consultations with stakeholders including parent groups, to collect and consolidate relevant data and information;
 - Preparing first draft of the costed National Immunization Catch Up Plan, as well as costed Local Immunization Catch Up Plans for four municipalities, for feedback by UNICEF, MoH, IPH, NITAG and the four PHCs;
 - Based on above feedback, consolidating and finalizing the costed National Immunization Catch Up Plan and revised costed Local Immunization Catch Up Plans for four municipalities as per received inputs from relevant stakeholders;
 - Delivering a presentation of the final plans at online workshops gathering all relevant stakeholders.
2. Capacity building of front-line health professionals on contra-indications, vaccine safety, AEFI and the importance of immunization through development of the training and conduct of the training of trainers programme (ToT)
 - Conduct a training needs assessment of relevant health workers on vaccine safety, contraindications, AEFI and the importance of immunization as one of the priority health services during the COVID-19 pandemic;
 - Develop the content (Facilitator’s and Participants’ Guide) for a ToT on vaccine safety, contraindications, AEFI and the importance of immunization as one of the priority health services during the COVID-19 pandemic and the risks from VPDs based on international training documents (by WHO etc.) and training needs assessment in Montenegro;
 - Hold the ToT for up to 20 participants (paediatricians (PHC, tertiary level, neurologist), PHC nurses, epidemiologists, etc.);

- Develop a final report with observations and conclusions from the ToTs and recommendations for the roll-out of the training package for immunization in Montenegro.

5. Deliverables and Timeframe

The Contractor will be responsible to delivering the following with the below provided tentative dates:

- Design and finalization of the costed National Immunization Catch Up Plan, by 25 July 2021;
- Design and finalization of the costed Local Immunization Catch Up Plans for four municipalities, by 31 July 2021;
- Design of the ToT for front-line health professionals on contraindications, vaccine safety, AEFI and the importance of immunization, by 25 July 2021;
- Conduct of the ToT for front-line health professionals on contraindications, vaccine safety, AEFI and the importance of immunization, by 15th September 2021;
- Develop a final report with observations and conclusions from the ToT and recommendations for the roll-out of the training package for immunization in Montenegro, by 10 October 2021.

The Contractor will be engaged for the period from 1 July 2021 until 10 October 2021.

6. Travel:

Travel within the contract duration is required to Podgorica, Montenegro, for the purpose of the conduct of the ToT which will be conducted face-to-face. Other activities are expected to be conducted remotely – online.

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 1 July 2021.

8. Qualifications and requirements

UNICEF is seeking proposals from experienced institutions or consultancy agencies, with experience of working in South East Europe and/or Western Balkans and a strong track record in health systems strengthening, particularly on childhood immunizations.

The Contractor must have a team of experts which, collectively, have experience in development of costed catch up plans, as well as in trainings of front-line health workers on contra-indications, vaccine safety, AEFI, the importance of immunization, etc.

The Contractor must have experts:

- with Master/PhD degrees in medicine, public health, epidemiology or a related technical field;
- with extensive work experience and track record in the development of costed catch up plans, including for different international agencies (especially UN), in the field of immunization;
- with extensive work experience in delivering trainings on immunization to front-line health professionals, particularly on vaccine safety, contraindications, AEFI, based on WHO guidance;

- who are fluent in English (both spoken and written); knowledge of local language is an added value.
- who have strong knowledge of relevant WHO and UNICEF recommended guidelines and vaccine practices;
- who are familiar with UNICEF's mandate and goals

9. 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 (in development of costed immunization catch up plans, as well as in trainings of front-line health workers on contraindications, vaccine safety, AEFI, the importance of immunization, etc.)
 - b) Title/designation of each team member including their CVs;
 - c) Detailed description of the methodology and technical approach;
 - d) Tentative work plan with the number of days and timeframe in line with the above deadlines for deliverables;
 - 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.

The financial proposal shall indicate budget estimated 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 - 10
- Proposed Methodology and Approach – 30
- Quality of Personnel and Suitability for the assignment - 30

Technical Proposal Evaluation Form		Max. Points Obtainable
1	Professional profile	10
1.1	<i>Evidence of experience in similar action plans and trainings</i>	10
2	Proposed methodology and Approach	30
2.1	<i>Quality of presented approach, methodology and work plan</i>	30
3	Quality of Personnel and Suitability for the assignment	30
3.1	<i>Technical expertise and experience in the development of national action plans</i>	15
3.2	<i>Technical expertise and experience in training delivery</i>	15
	Total	70 points

2) Financial component (total of 30 points)⁶

- 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 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:

- Finalization of National Immunization Catch Up Plan and of Local Immunization Catch Up Plans - 50%;

⁶ Financial offer will be reviewed only if Technical proposal meets minimum required quality standards.

- Delivery of the Training of Trainers and submission of the Report with observations and conclusions from the ToT and recommendations for the roll-out of the training package for immunization in Montenegro – 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.