

TERMS OF REFERENCE FOR SERVICE CONTRACTING

Assignment	Description of services: Orientation and mentoring for HCD and BI/ applied Behavioural Sciences in the MENA Region to support achievement of results for Zero-Dose Children and other regional priorities
Location	Amman, Jordan
Duration	9 months
Estimate number of working days	Up to 120 days
Reporting to	Senior Behavioural Scientist, SBC, MENARO

1. JUSTIFICATION/BACKGROUND

What?

As reflected in the new regional SBC strategy, the MENA Regional Office (MENARO) intends to strengthen the achievement of results under each of the five Regional Accelerators (see below) over the next four years, in part by building capacity in the use of innovative approaches such human-centred-design (HCD), behavioural insights (BI) and applied behavioural sciences as central tools of social and behavioural change (SBC). To that end, this consultation focuses on zero-dose children and under-immunized children for the initial phase of roll out, under the PHC/UHC accelerator, with a view to addressing the backsliding on immunization experienced during COVID-19.

HCD is a creative human rights-based approach to problem solving, which borrows from private sector as well participatory research methods. UNICEF has been supporting Ministries of Health, in particular, in selected countries (mostly outside MENA) to use human-centred-design (HCD) to develop evidence-based, tailored, and context specific demand generation strategies on immunization and health using the HCD Field Kit developed by UNICEF. The HCD approach uses rapid research enquiry to inform the ideation and development of tailored demand strategies for improving vaccine uptake particularly to reach underserved and missed populations. HCD supports the identification of specific barriers in a particular setting on both supply and demand side and facilitates co-creation of operational strategies to engage and reach communities. HCD has the potential to address equity in both supply and demand dimensions, including important gender issues.

Behavioural Insights (BI) refer to a large set of cognitive biases or patterns that are not necessarily conscious, however they have a considerably impact on decision making.

People often choose what is easy or convenient rather than what is best for them. For example, supermarkets facilitate “impulse buying” by certain placement of products such as snack bars where people wait to the checkout. Another example is: “it won’t happen to me” - which is a common belief when faced with risks. This reflects a positivity bias, or “present bias” or even ego. BI recognizes that people are affected by a wide range of personal, social and environmental factors and people are not always rational in their decision making, and may not even act in their own best interests at times. By taking this realistic view of how people actually make decisions rather than how we think they ‘should’ make decisions, we can have a more positive effect on outcomes.

HCD and related BI approaches have been specifically prioritized in GAVI ACT-A funds and also in the most recent call for proposals from BMZ. Three countries have been identified for support from UNICEF HQ and an additional three countries have applied for GAVI funding for HCD implementation in 2023. Two or more additional non-GAVI ACT-A countries will be identified to join the initiative focused on immunization or any other accelerator. Given the nature of funding and timeframes within which the countries are expected to roll-out these initiatives, they will require rapid and simultaneous support to identify areas of application and relevant partners, evaluate readiness for uptake of HCD and BI approaches, prepare terms of reference, and to orient relevant stakeholders on this innovative approach to program adaptation.

This TOR is designed to provide simultaneous support for up to eight countries to introduce HCD/BI/Applied behavioural science into programming, with a focus on zero-dose children. These approaches have been prioritised within a range of funding provide to countries, including from BMZ, GAVI, ACT-A, for immediate implementation in Q1, 2023. As such, the successful institution will provide support to facilitate and prepare for high quality implementation of this innovation in multiple countries, including identifying local technical partners.

The expected results for selected countries of this initiative are:

- Clear understanding among UNICEF staff and key partners of the HCD/BI process and value, applied to immunization and related behaviours, under the PHC/UHC Accelerator area
- Country Plan plan/ concept note on what, how, where and when the approach will be applied, including TOR or equivalent to facilitate a Request for Proposals for implementation of HCD activities

Why?

MENARO has been promoting HCD/BI/Applied behavioural science across the region during 2021 to address challenges of the COVID-19 pandemic, however uptake has been patchy, with only Sudan completing a full training and embarking on roll out (cascade), as part of the process of developing their HSS plans, BMZ funding and GAVI portfolio planning. In discussion with country offices, several barriers to uptake of HCD have been identified – most of which could be overcome by identification of local technical partners and supportive mentoring throughout the process.

Demand for SBC capacity: COs find it difficult to advocate for HCD because most do not yet have direct experience and so they are not confident about the details of how it works,

including for different accelerators and behaviours. At the same time, COs are very interested in the approach. Consistent with international trends, the demand for SBC approaches and capacity in MENA has been increasing, as evidenced by rising requests for technical support by country offices and partners. HCD/BI/Applied behavioural science are central tools of SBC, but not well understood by country offices. HCD is adaptable and actionable in a relatively short timeframe and can address the full range of challenges in the region – such as ongoing and large-scale emergencies across the region, including infectious disease outbreaks (cholera, polio, COVID), have required sustained community engagement for practice of life-saving and protective behaviours particularly among highly vulnerable and displaced populations. HCD is informed by the social and behavioural sciences and can also take into account gender and other social norms, manifested through practices such as child marriage and FGM/C.

Demand for rapid evidence generation: HCD is a relatively efficient process designed to link data collection with action in the short term. However, COs often perceive HCD to be a lengthy research process, when in reality it can be executed very rapidly, depending on the scope that is decided. By contrast, traditional research methods are often lengthy and expensive, and may not serve the immediacy of emergency situations.

The need for advocacy and support to introduce HCD/BI/Applied behavioural science: Diffusion of innovation theory and practice states that the introduction of any new idea requires education and socialization, and relationship building with potential users to build support and some level of enthusiasm (among other things). Without it success is not possible. To address this, the approach described here recommends mentoring for country offices, in addition to providing background information, good practice examples, and direct capacity building for country offices and core stakeholders.

5 Regional Accelerators

1. **Strengthening Primary Health Care (PHC) for Universal Health Coverage (UHC)**
2. Addressing violence against children, especially in homes, schools, and institutions
3. Expanding social protection national systems to reduce multi-dimensional poverty and vulnerabilities
4. Scaling up UNICEF's specific programmatic response to the climate crisis including water scarcity
5. Improving adolescent girls' and boys' skills, learning and employability right from early childhood, and taking advantage of the GenU partnership.

2. OBJECTIVE AND TARGETS

This TOR is designed to support countries to introduce HCD/BI/Applied behavioural sciences into programming, with a focus on zero-dose children.

The expected results for selected countries of this initiative are:

- Clear understanding among UNICEF staff and key local partners of the HCD process/ BI and behavioural science, applied to immunization and related behaviours, under the PHC/UHC Accelerator area
- Country Plan plan/ concept note on what, how, where and when the approach will be applied, including TOR or equivalent to facilitate a Request for Proposals for implementation of HCD activities

Where?

Approximately eight countries (and one sub-national region, NWS) which have included HCD/BI/Applied behavioural science in their plans and are scheduled to receive HQ, GAVI, BMZ or other funds in Q1 2023 for this purpose have been prioritised for mentoring. These countries include: Djibouti, Iraq, Jordan, Lebanon, Libya, Palestine, Sudan, Syria, North West Syria, Yemen. Countries will be at different stages of readiness which needs to be taken into account in planning.

When?

Quarter 1, 2023

3. SCOPE OF THE WORK (WORK ASSIGNMENT)

How?

In particular, MENARO seeks to utilize a *mentoring approach* to help selected countries to understand and prepare for implementation of HCD, BI/Applied behavioural science in routine immunisation (or their chosen accelerator area). In effect the work will be divided into two phases.

- (i) **The Formative Phase**, which is the focus of this TOR, provides an orientation to HCD/BI and behavioural science concepts, and supports countries to identify focus areas for investigation. In effect, this phase prepares countries for implementation in the second phase.
- (ii) The Implementation Phase - not included in this TOR - whereby COs implement the HCD program focused on a particular set of barriers, and apply BI and other behavioural science concepts according to the preparation that was done in the Formative Phase.

Core tasks

In consultation with country offices, the service provider will focus on the following tasks:

- **Assess CO readiness for HCD, BI, applied beh sc and related processes** – by conducting preliminary discussions with COs, including P, M & E and sectoral colleagues and management, to identify local partners, challenges, linkages and opportunities with ongoing initiatives for zero dose children, especially Gavi support milestones and indicators
- **Conduct introductory training/s on HCD/BI/Applied behavioural science** (including pre- and post-test training of the evaluation) to build a common understanding, and explore opportunities in COs
- **Identify specific challenges related to the chosen Regional Accelerator:** Building on the Immunization Agenda 2030 and Gavi 5.0, Countries are encouraged to focus on zero-dose children. Drawing on the UNICEF MENA SBC Regional Strategic Framework 2022-25, and the MENA ROMP 2022-2025, countries need to clearly define the problem and objective, and explore key barriers - including gender.
- **Identify local stakeholders and sectoral partners**, especially local technical partners for capacity transfer relevant to the implementation phase, ideally through community mapping and micro-mapping at local levels, especially in areas with high zero dose children.
- **Support advocacy** for HCD/BI/Applied behavioural science internally within the selected UNICEF Country Offices and externally with government and partners (such as Gavi,

World Bank, BMGF) where needed, including briefings, presentation materials and follow up

- **Liaise with country office colleagues and partners to define the HCD process and relevance of BI and behavioral science** including local technical partners, stakeholders, inputs and administrative requirements such as ethical approvals, and budget
- **Support preparation of TOR for the HCD/BI/Applied behavioural science roll out** and identification of TA as needed, including project documents, dissemination strategies, M&E frameworks, and detailed budget; as well as criteria for selection of technical assistance to execute the TOR
- **Develop the outline (at a minimum) of a Monitoring and Evaluation Framework** that can be progressively developed over time, as Phase One (Formative) unfolds and Phase Two (implementation) begins.
- **Link to existing materials:** produced by UNICEF and other partners to inform the process, including:
 - [*Everybody wants to belong*](#)
 - [*Little Jab Aids*](#)
 - [*Little Jab Book*](#)
 - [*Human-centred Design Pocket Guide*](#)
 - [*Design Kit*](#)

4. EXPECTED DELIVERABLES

The selected institution/firm with its team will be responsible for delivering the following specific outputs and deliverables, comprising of the main milestones:

No	Task	Deliverable	Timeframe
1.	Develop HCD readiness tool; consult with CO key stakeholders and partners to assess KAP levels re HCD, capacity and confidence to identify and implement HCD	HCD Readiness assessment	Week 2
2	Develop and deliver orientation and training package with key stakeholders, with evaluation	Staff training package on HCD and BI and key SBC terms and processes: incl participant evaluation	Week 4
3	Consultations with key stakeholders and partners on potential focus of HCD in country	List of key program barriers, including internal barriers at individual, social and structural levels.	Week 5 thru 8
4	Review existing M&E frameworks in SBC and sectors; revise to provide a working framework for HCD planning and measurement	Outline (at a minimum) of a Monitoring and Evaluation Framework	Week 12
5	Capture potential focus, articulated behaviours and interim indicators, key next steps for implementing concept notes on	Minimum 8 Detailed Outlines for Country Plans/ concept notes on what, how, where	Week 12

	what, how, where and when HCD will be applied in country	and when the approach will be applied, including TOR or equivalent	
6	Conduct micro/mapping with key stakeholders and sectors, at national and sub-national levels	Community micro/mapping including list of key stakeholders, sectoral and other partners at various levels	Week 16
7	Feasibility and consolidated planning with potential local technical partners well-placed to support in the implementation phase	Country Plan plan/ concept note on what, how, where and when the approach will be applied, including TOR or equivalent to facilitate a Request for Proposals for implementation of HCD activities	Month 9

5. REALISTIC DELIVERY DATES AND DETAILS ON HOW THE WORK MUST BE DELIVERED

Mth 1

- Wk 1 Inception Report (ppt)
- Wk 2 HCD Readiness assessment tool developed
- Wk 3 Introduction to COs; HCD Readiness assessment tool applied
- Wk 4 Staff training package on HCD and BI and key SBC terms and processes: incl participant evaluation

Mth 2

- Wk 5-16 Monthly progress report (ppt)
- Orientation begins, *ongoing*
- Outline of a Monitoring and Evaluation Framework
- List of key program barriers, including internal barriers at individual, social and structural levels
- Community micro/mapping including list of key stakeholders, sectoral and other partners at various levels

Mth 3

- Monthly progress report
- Updated M&E Framework, including target behaviours and indicators
- Minimum 8 Detailed Outlines for Country Plans/ concept notes on what, how, where and when the approach will be applied, including TOR or equivalent to facilitate a Request for Proposals for implementation of HCD activities

Mth 4,5,6

- Monthly progress reports
- Feasibility and Consolidated planning with potential local technical partners well-placed to support in the implementation phase

- Mth 7-8** Monthly progress reports
Complete Feasibility and Consolidated planning with potential local technical partners
- Mth 9** Minimum 8 Final Country Plans/ concept notes on what, how, where and when the approach will be applied, including TOR or equivalent to facilitate a Request for Proposals for implementation of HCD activities
- Project close out, final report & debrief

6. PAYMENT SCHEDULE

(provide proposed payment schedule based on deliverables and milestones)

End Month 1	Inception report and timeline	25%
End Month 3	3 monthly progress reports 8 Country Plan Detailed Outlines Updated M&E Framework to guide HCD plan	50%
End Month 9	6 monthly progress reports & min 8 final country plans/concept notes for at least 8 countries	25%

7. OFFICIAL TRAVEL INVOLVED

none

8. DESIRED QUALIFICATIONS, SPECIALIZED KNOWLEDGE OR EXPERIENCE

Seeking organisations with:

- ☐ More than 10 years experience in Social and Behaviour Change, Public Health, and/or Social Sciences, risk communication and community engagement, immunisation, health systems
- ☐ Direct experience implementing human-centred design, behavioural theory and behavioural insights in practice
- ☐ Creative approaches to instructional design and/or educational design and publication
- ☐ A proven track record in capacity building and training in development contexts
- ☐ Experience in emergency and/or development contexts is an advantage
- ☐ Arabic is essential, French is an advantage
- ☐ Experience working with UNICEF, MENARO is an advantage

A. Company

Company Capacity statement

B. Team composition

(team profile and qualification CVs of proposed team members)

- Senior team leader with relevant experience as above, to provide extensive supervision and quality assurance of all processes and products

9. CONTRACT MANAGEMENT

The overall management is lead by the Senior Behavioural Scientist, SBC, MENARO

Clear approach to contract management should be included in the proposal, including division of labour and accountabilities within the team.

10. PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

1	Technical Proposal (points) Overall Response <ul style="list-style-type: none">- General adherence to Terms of Reference and tender requirements (5)- Elaborated and articulated understanding of scope, objectives and overall assignment requirements. (5)	10
2	Company and Key Personnel <ul style="list-style-type: none">- team member(s) meet academic requirements (5)- company meets minimum (10) years of experience (2)- company has previously conducted similar work(5)- company is properly registered a/o has required certifications, memberships, etc.(1)- Quality assurance mechanism and risk mitigation measures(2)- Two Samples of previous relevant work undertaken successfully by the contractor. (5)- Names and CVs of team members entailing their specific academic, professional backgrounds and roles in the assignment for UNICEF review and approval. The Contractor should make a commitment to this effect, in order to avoid possible changes in the team members' composition after the start of the assignment. (5)- Management approach at the functional and the senior management levels. (5)	30
3	Proposed methodology and approach <ul style="list-style-type: none">- deliverables are addressed as per TOR (20)- proposed timelines are met (10)	30
	TOTAL TECHNICAL SCORES	70
4	Financial Proposal (points) Assessment/review will include: <ul style="list-style-type: none">- Overall Price- Completeness of the Financial Proposal (ensure that itemized cost is provided for professional fees and spares)- Payment terms/schedule of payment proposed- Timeline proposed- Period of validity of Proposal	30
	Total score	100

Minimum technical required score 70% or 49 out of 70

The Technical Proposal has a total mark of 70 points. Technical Proposals receiving 70% (= 49 out of 70 points) or higher, will be considered technically compliant and included for review and Evaluation of their Financial Offer.

11. FREQUENCY OF PERFORMANCE REVIEWS

Performance review against timeline will be conducted throughout 12 week period of the contract

12. CALL FOR PROPOSALS

A two-stage procedure shall be utilized in assessing the proposals, with assessment of the technical proposal being completed prior to any price proposal being compared. Applications shall therefore contain the following required documentation:

A. Technical proposal

Applicants shall prepare a proposal as an overall response to ToR ensuring that the purpose, objectives, and deliverables of the assignments are addressed. All proposals to include (but not limited to):

- ☐ A technical proposal that includes a brief cover letter and understanding of the assignment is required.
- ☐ Based on the proposed timetable laid down in the TOR, a proposal of the methodology, tentative work plan and time schedule is required.
- ☐ Updated profiles/ CVs of the team members listing similar experiences/assignments and highlighting those focused-on adolescents/youth budgeting, youth engagement and participation.
- ☐ Quality assurance mechanism and risk mitigation measures put in place
- ☐ Example of similar projects done and at least two references from a previous vendor

A.B. Financial Offer

☐ A financial proposal with a breakdown of all costs that are to be charged to UNICEF and based on deliverables. This includes estimated number of working days, consultancy fees, all office administrative costs, international and local travel costs, as well as any additional requirements needed to complete project or that might have an impact on cost or delivery of products.

The Financial Proposal shall be submitted in a separate file, clearly named Financial Proposal. No financial information should be contained in the Technical Proposal.

C. Timetable (Schedule)

This section should include a proposed time/delivery schedule not exceeding 12 weeks. An action plan specifying the timeframe with various milestones and activities should be included under this section.

In addition, the institution should consider the following in the submission:

- A. Company profile (Company structure, team composition, organogram...etc)
- B. Company registration

13. UNICEF RECOURSE IN CASE OF UNSATISFACTORY PERFORMANCE

UNICEF reserves the right to withhold payment on each individual and consolidated output until the consultant provide satisfactory quality output as reviewed by the project supervisor. In case of unsatisfactory performance, the payment will be withheld until quality deliverables are submitted.

14.REQUEST FOR PROPOSAL EVALUATION AND WEIGHTING CRITERIA

__70__% technical

__30__% financial

100% total

Submitted proposals will be assessed using Cumulative Analysis Method. All request for proposal will be weighed according to the technical (70 points) and financial considerations (30 points). Financial proposals will be opened only for those application that attained 70% or above on the technical part. Below are the criteria and points for technical and financial proposals.

A. Technical Proposal

1) Overall Response (10 points)

- general adherence to Terms of Reference and tender requirements (5)
- Elaborated and articulated understanding of scope, objectives and overall assignment requirements. (5)

2) Company and Key Personnel (30 points)

- team member(s) meet academic requirements (5)
- company meets minimum (10) years of experience (2)
- company has previously conducted similar work(5)
- company is properly registered a/o has required certifications, memberships, etc.(1)
- Quality assurance mechanism and risk mitigation measures(2)
- Two Samples of previous relevant work undertaken successfully by the contractor. (5)
- Names and CVs of team members entailing their specific academic, professional backgrounds and roles in the assignment for UNICEF review and approval. The Contractor should make a commitment to this effect, in order to avoid possible changes in the team members' composition after the start of the assignment. (5)
- Management approach at the functional and the senior management levels. (5)

3) Proposed methodology and approach (30 points)

deliverables are addressed as per TOR(20)
proposed timelines are met(10)

Minimum technical score: 70% of 70 points = 49 points

B. Financial Offer

A separate Financial Offer detailing all activity expenses and logistics should be submitted under this section. The financial offer (this section) should be submitted on a separate page from the Technical Capability and Schedule information. Only those financial proposals will be opened which have been technically accepted according to the above criteria. Financial proposal will be weighted based on the clarity and appropriateness.

Total Financial 30 points

The Contract shall be awarded to a bidder obtaining the highest combined technical and financial scores. Proposals not complying with the terms and conditions contained in this ToR, including the provision of all required information, may result in the Proposal being deemed non-responsive and therefore not considered further.

1. CONDITIONS

- The **contractor** will work on its own computer(s) and use its own office resources and materials in the execution of this assignment. **The contractor's fee shall be inclusive of all office administrative costs**
- Local travel and airport transfers (where applicable) will be covered in accordance with UNICEF's rules and tariffs.
- Flight costs will be covered at economy class rate as per UNICEF policies.
- Any air tickets for travel will be authorized by and paid for by UNICEF directly, and will be for the attendance of meetings and workshops.
- Please also see UNICEF's Standard Terms and Conditions attached.