

Terms of Reference

Institutional consultancy to conduct research of the behavioural and social drivers of childhood vaccination in Viet Nam

Summary

Title	Institutional consultancy to conduct research of the behavioural and social drivers (BeSD) of childhood vaccination in Viet Nam.
Purpose	To investigate behavioral and social factors that drive children's vaccination among children under-5 for planning, monitoring, and guiding the design of interventions to increase vaccine uptake.
Location	Based in Hanoi with field visits
Duration	4 months
Start Date	September 2024 (Tentative)
Reporting to	Chief of CSDE Programme and Social & Behaviour Change (SBC) specialist

Background

The Expanded Programme for Immunization (EPI) has been implemented nationwide in Viet Nam for almost 40 years, with priority targets including children and women. Currently, vaccination against 11 infectious diseases, including Tuberculosis, Diphtheria, Pertussis, Tetanus, Measles, Polio, Hepatitis B, Hib pneumonia/purulent meningitis, Japanese encephalitis B, and rubella, is provided free of charge. This accomplishment has played a significant role in achieving the eradication of Polio in 2000, the elimination of Neonatal Tetanus by 2005, and a notable reduction in the incidence of dangerous infectious diseases.

However, Viet Nam's progress in immunization has suffered greatly from the disruptions caused by the COVID-19 pandemic¹. According to WHO/UNICEF Estimates of National Immunization Coverage in 2021, Viet Nam is among the top 5 countries² in the region with the most zero-dose³ and under-vaccinated children. Between 2020 and 2023, an estimated 700,000 to 900,000 children in Viet Nam have missed out on vaccination or have not received adequate doses of basic vaccines, including polio, measles, rubella, diphtheria, pertussis, tetanus, hepatitis B, Hib, among others⁴. This is the lowest immunization results for Viet Nam in the last 20 years. This not only means that hundreds of thousands of children will be vulnerable to illnesses that can easily be prevented with a vaccine, but also pose tangible risks of dangerous outbreaks. Additionally, there have been evidences that highlighted the inequities still persisting within immunization in Viet Nam. Zero-dose children are concentrated in the most marginalized communities, which are also the least equipped to respond. These challenges are threatening the gains achieved by Viet Nam towards reducing child deaths over the past few decades. The country has even more tasks on hand with plans to introduce new vaccines into the national immunization programme for children in the upcoming year, starting from Rotavirus vaccine in 2024.

To understand the factors influencing vaccine uptake, UNICEF Viet Nam supports the Ministry of Health (MOH) in conducting research on the behavioural and social drivers (BeSD) of childhood vaccination in Viet Nam. The research findings will be used by immunization program managers and others who are in charge of collecting, analyzing, and using data for immunization programme planning and evaluation.

¹ Routine immunization coverage in Viet Nam: 2019: 94.3%; 2022: 87.6%; 2023: 77%.

² Viet Nam was listed among the top 20 countries in the world with the largest number of zero-dose children in the State of the World's Children 2023 report (UNICEF).

³ Zero-dose children: defined as children who don't receive a single dose of diphtheria, tetanus and pertussis-containing vaccine (DTP1).

⁴ Source: National Expanded Programme for Immunization (NEPI), National Institute of Hygiene and Epidemiology (NIHE).

Justification

The proposed assignment requires a **local-based institution** of specialized experts in research management and data processing. As this research is designed to be a large scale one, which is time and effort intensive, this research is best to be managed by an institution. Hence, it would be time and cost effective and efficient to recruit a qualified research institution to execute this project.

Objective

The overall objective of this research is to investigate behavioral and social factors that drive children's vaccination among children under-5 in the following four domains (please also see details in Annex 1):

- *Thinking and feeling about vaccines;*
- *Social processes that drive or inhibit vaccination;*
- *Motivation (or hesitancy) to seek vaccination;*
- *Practical issues involved in seeking and receiving vaccination.*

The specific objectives of this research are the following:

- To assess the BeSD indicators, and constructs (themes) shown in Annex 2.
- To collect and analyze information, data to recommend:
 - *the design and evaluation of interventions to increase uptake;*
 - *the development of targeted interventions to address context-specific drivers and barriers, particularly those experienced by disadvantaged population groups;*
 - *the advocacy and mobilization of resources;*
 - *the contribution to triangulated or comparative analysis with other data sources to offer a more complete understanding of issues and guide programme planning.*

Target audience

The research results will be used to inform immunization programme managers and public health policy makers for making decisions related to broad intervention areas that are considered foundational to immunization programmes, such as community engagement, communication and education, and service quality; and policies supportive to achieving high uptake of vaccination.

Scope

The scope of this assignment is confined to vaccination among children under 5 through a desk review and an analysis of quantitative and qualitative data.

- The desk review will cover the existing studies/researches/assessment/evaluations, and local and national media analysis (TV, print and online) regarding the four domains of BeSD of childhood vaccination within the past 5 years (pre, during and after COVID).
- At least 4 provinces will be selected to collect **quantitative data**. These provinces will represent 4 regions of EPI in Viet Nam: Northern, Central, Central Highlands, and Southern regions.
- At least 2 provinces with the highest rate of zero-dose children⁵ or lowest rate of DPT1 in 2023 will be selected to collect **qualitative data**: Ha Giang in the Northern region and Hau Giang in the Southern region⁶. These regions also contain provinces with the lowest rate of fully immunized children (FIC).
- The research is designed to answer the following research questions:
 - *Which social and behavioural drivers predict vaccine uptake among children under 5?*

⁵ **Zero-dose children:** defined as children who don't receive a single dose of diphtheria, tetanus and pertussis-containing vaccine (DTP1).

⁶ **Source:** National Expanded Programme for Immunization (NEPI), National Institute of Hygiene and Epidemiology (NIHE), 2023.

- What are the barriers to and enablers of vaccine uptake among children under 5?
- How are vaccination services experienced among children under 5 and their caregivers?

Methodology and technical approach

This research will employ a mixed method approach to investigate behavioral and social factors that drive the vaccination uptake for children under 5. Accordingly, the research will consist of two parts. The first part is a desk review with content analysis of existing studies/researches/assessments/evaluations regarding the four domains of BeSD of childhood vaccination, and media (print, TV and online) stories focusing on immunization in Viet Nam within the past 5 years.

The second part is an analysis of quantitative and qualitative data. A survey will be conducted to collect quantitative data with a **probability sampling** approach or a similar approach to ensure the representativeness of data collected in selected provinces with disaggregation of urban and rural areas, migration status, ethnicity, and wealth quintiles. The qualitative data will be collected through key informant interviews and focus group discussions, which will be conducted in provinces with the highest rate of zero-dose children. Participants for the **qualitative research interviews** will include the following target groups: *parents or children's caregivers, health workers, outreach workers, key community and opinion leaders, selected national and subnational authorities in the Ministry of Health (MOH), and selected journalists/media personnel.*

The consultancy team (Institution) is expected to propose a research plan which includes detailed information on the desk review (criteria for selecting documents and media products for review); the research's design, including the sample size, sampling approach, and data collection tools; the qualitative part including estimated number of respondents, criteria for provinces/districts/communes selection, interview questionnaires and focus group discussion guide; and data analysis and reporting plan. The consultancy team is required to develop a protocol for the survey and qualitative interviews to meet UNICEF ethical standards in data generation and research (<https://www.unicef.org/evaluation/documents/unicef-procedure-ethical-standards-research-evaluation-data-collection-and-analysis>). They also need to establish realistic timelines for each phase of work, factoring in additional time needed for possible delays. Phases may include protocol development and ethics review, data collection and analysis, recommendations and dissemination.

The consultancy team is expected to establish and work with a **stakeholder team** of relevant staff from MOH various departments (NEPI/NIHE-National Expanded Programme for Immunization/National Institute of Hygiene and Epidemiology, GDPM-General Department of Preventive Medicine, NCHE-National Centre for Health Education and Communication), partners (e.g., WHO), and expert advisors with research expertise. The consultancy team will involve this team and local community representatives throughout the research process, **being sure to include persons with disadvantage or disability.**

The consultancy team is expected to arrange their own fieldwork in the selected sites. UNICEF and MOH will provide support in liaising with local authorities as needed to facilitate the fieldwork. The team will also be responsible for all engagements with stakeholders and research participants, ensuring that communications are conducted in relevant languages (English, Vietnamese, and ethnic languages).

(*) Note: UNICEF will provide the contracted consultancy team (Institution) the **"Behavioural and social drivers of vaccination - Tools and practical guidance for achieving high uptake, UNICEF- WHO"**. This will provide the tools (surveys and interview guides) and guidance for collecting, analyzing and using BeSD data for immunization programme planning and evaluation.

Target respondents

1. Parents and caregivers of children under the age of 5 (0–47 months), including disadvantaged population groups, such as ethnic minorities and people with disabilities.
2. Health workers.
3. Community influencers, opinion leaders.
4. National and local authorities, policymakers, and policy implementers.
5. National and local immunization programme managers.

Deliverables and timeframe

No	Tasks	Deliverables	Timeframe (tentative)
1	<ul style="list-style-type: none"> - Carry out desk review of the content analysis of existing studies/ researches/ assessments/ evaluations regarding the four domains of BeSD of childhood vaccination, and number of media (print, TV and online) stories focusing on immunization in Viet Nam. - Finalize the research design and data collection plan including research protocol and ethical considerations, detailed methodology, sampling and participant selection, agreed with the stakeholder team. 	(Deliverable 1) <ul style="list-style-type: none"> - Inception report agreed that outlines the overall design for undertaking the research and plan for finalizing the report. - Ethical review approval. - Desk review report of the content analysis to guide the qualitative and quantitative data collection tools. 	Sep. 2024
2	<ul style="list-style-type: none"> - Adapt and pre-test tools in consultation with the stakeholder team: questionnaire and discussion guide of key informant interviews and focus group discussions. - Collect quantitative data in 04 provinces represented for 4 regions. - Collect qualitative data in 02 provinces with highest rate of zero-dose children. 	(Deliverable 2) <ul style="list-style-type: none"> - Questionnaires and Qualitative tools finalized. - Primary data (quantitative and qualitative) collected. 	Sep. – Oct. 2024
3	<ul style="list-style-type: none"> - Quantitative and qualitative data analysis and produce draft report in English and Vietnamese 	(Deliverable 3) <ul style="list-style-type: none"> - Data analysis and draft report. 	Oct. – Nov. 2024
4	<ul style="list-style-type: none"> - Consult with the stakeholder team, national-subnational counterparts and representatives of interviewees (consultation workshop) - Finalize the report and supporting documents (abstract, executive summary, power-point presentation, etc.) 	(Deliverable 4) <ul style="list-style-type: none"> - Conduct consultation workshop - Revisions to the draft report and deliver Final Report - Final report available in Vietnamese and English including recommendations. - Abstract, and presentation with key findings and recommendations of the research developed in Vietnamese and English. - All micro data collected should be made available to UNICEF and 	Nov. – Dec. 2024

		counterparts (GDPM, NIHE, NEPI, NCHE).	
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Payment Schedules

Payment for the assignment will be made based on achievement of the following deliverables based on the schedule below:

1. Submission of Deliverable 1 approved by UNICEF and MOH: 30%
2. Submission of Deliverable 2 approved by UNICEF and MOH: 20%
3. Submission of Deliverable 3 approved by UNICEF and MOH: 20%
4. Submission of Deliverable 4 approved by UNICEF and MOH: 30%

Management

The assignment is undertaken under the supervision of the Chief of CSDE Programme, and SBC specialist, UNICEF Viet Nam.

UNICEF Viet Nam's focal point will ensure that a consolidated work plan for this assignment facilitates the joint work of both the contracted institution and any personnel assigned by MOH with quality assurance from UNICEF, MOH and the research's provinces.

Qualification and experience required

UNICEF is looking for a **local-based** institution engaged in social sciences research that has a proven track record of conducting large scale survey, research as well as in-house expertise to conduct quantitative and qualitative research focusing on socio-cultural, BeSD and communication themes.

General requirements for the Institution

- A local-based institution, company, university, center or foundation with an outstanding reputation to conduct social sciences and communication research.
- High organizational capability (size of organization, strength of the project team, proven track record).
- Team leader should have at least 12 years of experience in conducting social sciences research and the team members with at least 6 years of experience in research.
- Experienced in conducting BeSD, social science or communication research in the development sector, specifically in public health sector using social research tools.
- Experience in working in Viet Nam, especially with diverse population groups such as urban/ rural/ migrants, ethnic minority and mountainous communities.
- Experienced in working with UNICEF or other UN agencies and government counterparts is an advantage.
- Excellent written and spoken English and Vietnamese proficiency within the team.
- Quality assurance procedures in place.

Structure of the Technical Proposal

Interested institutions are required to submit a detailed technical proposal including the following:

1. Credentials document outlining the expertise of the company, detailing general and specific experience with similar clients and assignments, including the samples (e.g., survey/research reports, materials, products) of past relevant works.

2. Details of the proposed team for the assignment include the following information:
 - Title/Designation of each team member on the project
 - Experience in working on similar projects and assignments – List similar projects they worked on and their roles on the project.
 - The team needs to include different members who have background and working experience in the following key fields: social analysis, public health research/study or social studies, vaccination, etc.
3. Provide a summary of the approach which the institutions would take to meet the specific objectives and deliverables outlined above.

Note:

- **Submissions must be made in English.**
- **No price information should be contained in the technical proposal.**
- **Any submissions made outside of the allotted time frame or without adequate information will be automatically disqualified.**

Suggested structure of the Financial Proposals

Items
Lumpsum consultancy fees (National consultants rate applied: VNM3 and VNM4)
<i>Travel cost for the field trips</i> Air tickets for field trips Subsistence allowance Vehicle rental
Misc. expenses (organizing FGDs, fee for research interviewers/surveyors, trainings for local interviewers/surveyors, consultation workshops, etc.)

Evaluation process and methods

Weighted ratio between the technical and the price criteria: (70:30)

Only institutions who gain **minimum 49 points (70%)** for technical points will be shortlisted. Each technical proposal will be assessed first on its technical merits and subsequently on its price. A maximum of 70 points is allocated to the technical component and 30 points for the price component, with a maximum possible total score of 100 points.

Only those financial proposals which have been technically qualified will be opened. Max points will be awarded to the lowest price proposal and the other proposals will receive points in inverse proportion of the lowest price proposal.

The proposal obtaining the overall highest score after adding the scores for the technical and financial proposals is the proposal that offers best value for money and will be recommended for award of the contract. UNICEF will set up an evaluation panel composed of technical UNICEF staff.

In making the final decision, UNICEF considers both technical and financial aspects. The evaluation panel first reviews the technical aspect of the offer, followed by the review of the financial offer of the technically compliant vendors.

The proposals will be evaluated against the following two elements:

a) Technical Proposal

Criteria		Points
1	Company Information	10
1.1	<i>Legal Structure (Registration and taxes)</i>	5
1.2	<i>Years of expertise and experience</i>	5
2	Technical Expertise	35
2.1	<i>Understanding of the TOR and its objectives as reflected in the overall proposal</i>	5
2.2	<i>Research design as per TOR objectives and relevance of the approach to meet the specific objectives</i>	10
2.3	<i>Present/prior similar experience working with high profile customers (name of clients, project engagements and size of projects)</i>	10
2.4	<i>Samples of past relevant works: survey/study/research reports, materials, products, etc.</i>	5
2.5	<i>Innovative approaches proposed</i>	5
3	Personnel	25
3.1	<i>Management position and technical competencies (CV)</i>	10
3.2	<i>Number of key staff and technical competencies (CV) assigned to the project</i>	15
	Total	70

b) Financial Proposal

The Financial Proposal should be broken down for each component of the proposed work. Financial proposal should be all-inclusive lump-sum cost. Ensure that the price proposal includes separate line items based on key tasks and deliverables, including:

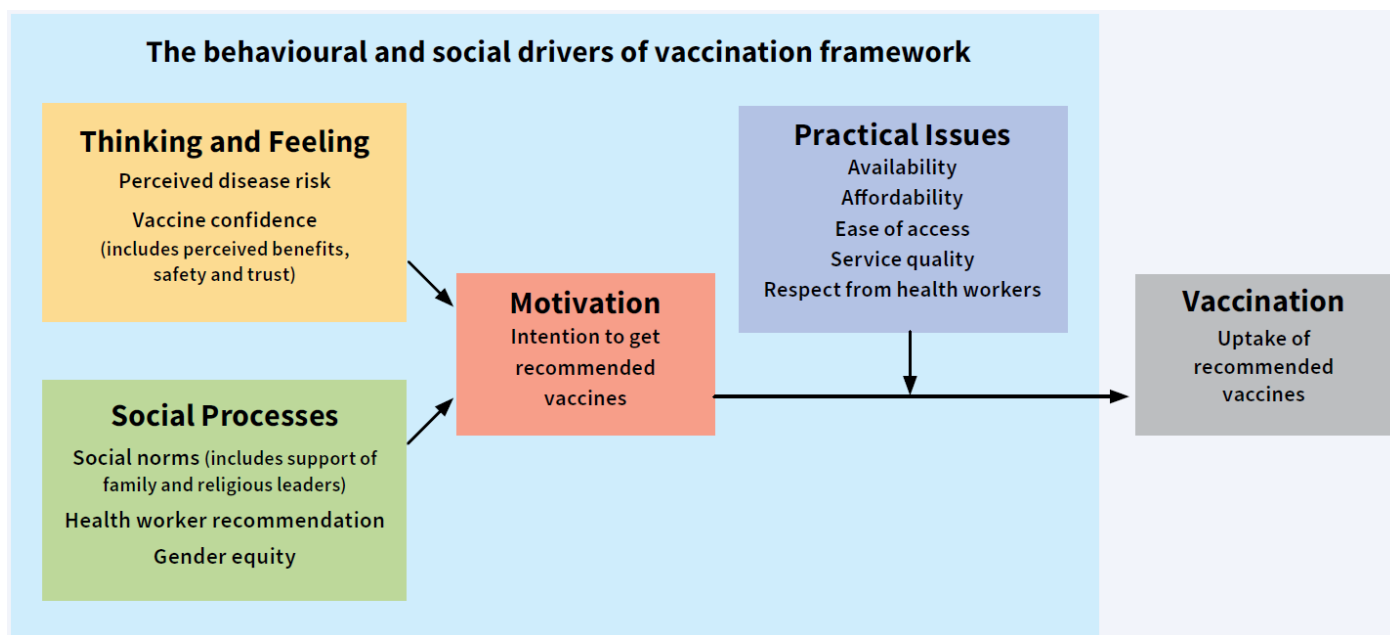
- Professional fees for different team's positions.
- Field visit, consultation - data collection, travel costs.
- Operating expenses: communication expenses, supplies and materials, equipment, training expenses, other expenses, etc.
- Consultation and finalization of the products.
- Administrative/management fees.

Mandatories

- All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization.
- Financial Proposals must be submitted separately to Technical Proposals.
- Financial proposal should be quoted in Viet Nam Dong (VND).
- UNICEF applies EU-UN cost norms for local consultancy.
- Proposals must be duly signed and stamped, in pdf. files, and prepared in English.

Women-owned companies are encouraged to bid. Preference will be given to equally technically qualified women-owned companies.

ANNEX 1 - The BeSD Framework



The BeSD working group. Based on Brewer et al. Psychol Sci Public Interest. (2017).

(UNICEF-WHO Behavioural and social drivers of vaccination, Tools and practical guidance for achieving high uptake).

ANNEX 2 – Summary of priority indicators and constructs measured in BeSD childhood vaccination survey

Domain/ construct	Priority indicator
Thinking and feeling Confidence in vaccine benefits	% of parents/caregivers who say that vaccines are “moderately” or “very” important for their child’s health.
Social processes Family norms	% of parents/caregivers who say most of their close family and friends want their child to be vaccinated.
Motivation Intention to get vaccine	% of parents/caregivers who say they want their child to get “all” of the recommended vaccines.
Practical issues a) Know where to get vaccination. b) Affordability.	a) % of parents/caregivers who say they know where to get their child vaccinated. b) % of parents/caregivers who say vaccination is “moderately” or “very” easy to pay for, considering any payments to the clinic (not the cost of the vaccine itself, as vaccines in the EPI are free), as well as the cost of travel, and the cost of taking time away from work, etc.

Thinking and feeling	Motivation	Social processes	Practical issues
● Confidence in vaccine benefits	● Intention to get child vaccinated	● Family norms	● Know where to get vaccination
● Confidence in vaccine safety		● Health worker recommendation	● Affordability
○ Confidence in health workers		● Peer norms	● Took child for vaccination
		● Community leader norms	● Received recall
		○ Opinion leader norms	● Ease of access
		○ Mother’s travel autonomy	● Reasons for low ease of access
			● Vaccination availability
			● Service satisfaction
			● Service quality

● Main survey question
 ● Priority question in main survey
 ○ Optional question

(UNICEF-WHO Behavioural and social drivers of vaccination, Tools and practical guidance for achieving high uptake).