

ANNEX II: TERMS OF REFERENCE

Consultancy for the development of regional risk and communication strategies and/or plans that would lead to gender equitable demand for vaccination for COVID-19 in the Caribbean

1. BACKGROUND INFORMATION	2
1.1. Partner country	2
1.2. Contracting authority	2
1.3. Country background	2
1.4. Current situation in the sector	2
1.5. Related programmes and other donor activities	3
2. OBJECTIVES & EXPECTED OUTPUTS.....	3
2.1. Overall objective.....	3
2.2. Purpose	3
2.3. Results to be Achieved by the Contractor	3
3. ASSUMPTIONS & RISKS	4
3.1. Assumptions underlying the project	4
3.2. Risks	4
4. SCOPE OF WORK	4
4.1. General.....	4
4.2. Specific work.....	5
1.2 Prepare and submit for the approval of the Project Manager, an Inception Report which includes at a minimum, the following:	5
4.3. Project management.....	6
5. LOGISTICS AND TIMING.....	6
5.1. Location	6
5.2. Start date & period of implementation of tasks	6
6. REQUIREMENTS	7
6.1. Staff	7
6.2. Office accommodation.....	8
6.3. Facilities to be provided by the contractor.....	8
6.4. Equipment.....	8
7. REPORTS	8
7.1. Reporting requirements	8
7.2. Submission and approval of reports	9
8. MONITORING AND EVALUATION	9
8.1. Definition of indicators.....	9
8.2. Special requirements.....	9

1. BACKGROUND INFORMATION

1.1. Partner country

Twenty-six (26) CARPHA member states consisting of all CARICOM members and associate states as well as the Dutch Caribbean namely, Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Belize, BES Islands (Bonaire, St. Eustatius, Saba), British Virgin Islands, Cayman Islands, Curacao, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts & Nevis, St. Lucia, St. Maarten, St. Vincent & the Grenadines, Suriname, Trinidad & Tobago, Turks & Caicos Islands.

1.2. Contracting authority

Caribbean Public Health Agency (CARPHA)

1.3. Country background

CARPHA was legally established in July 2011 by an Inter-governmental Agreement (IGA) signed by Heads of Caribbean Governments and began operations in January 2013. CARPHA's functions encompass the responsibilities of five (5) previously existing regional health institutions. Work in these areas advances the public health agenda in the Region and makes a valuable and coordinated contribution to the knowledge and resources of the international health community.

CARPHA is leading the regional public health response, actively working with CARPHA Member States (CMS) and key partners on region-wide approaches to the COVID-19 response. As at January 17, 2022, some Member States continue to experience increases in the number of positive cases, with the Region's total confirmed cases at 2,755,817 in 35 countries/territories (including the 26 CARPHA Member States). There were 30,096 deaths recorded in the Caribbean Region. The risk of further cases occurring in the Caribbean remains Very High, as most CMS are reporting community spread and there have been reports of all five variants of concern of SARS-CoV-2 present in the region.

While most countries are making considerable progress in vaccine rollouts, CARPHA continues to urge that it remains critical that active surveillance, testing and COVID-19 prevention and control measures, including physical distancing, hand hygiene and wearing of masks are maintained to reduce the transmission and mortality associated with COVID-19.

1.4. Current situation in the sector

In its five-year strategic plan, the World Health Organization (WHO) identified vaccine hesitancy as one of the ten global health threats the world faces in 2019 and beyond. Vaccine hesitancy has been defined by the Strategic Advisory Group of Experts (SAGE) working group as the "delay in acceptance or refusal of vaccination despite availability of vaccination services". Vaccine hesitancy was reported among adult populations of several Caribbean countries where studies were conducted to determine acceptability of the COVID-19 vaccine.

Caribbean public health experts have expressed their concerns about COVID-19 vaccine hesitancy in the Region. Speaking at a weekly media briefing on August 12, 2021, Dr. Carissa F. Etienne, Director of the Pan American Health Organization (PAHO) made a strong appeal to people to get vaccinated. Based on data collected by the Global Change Data Lab's Our World in Data site, between 0.65% and 86% of persons in CARPHA Member States have been fully vaccinated. However, in CARICOM, coverage ranges from 0.65-50%.

In light of this, CARPHA will facilitate community engagement, effective communication and legitimacy to generate demand for COVID-19 vaccines, through gender and culturally sensitive communication and community engagement strategies.

1.5. Related programmes and other donor activities

Other complementary initiatives led and managed by CARPHA in furtherance of this public health mandate include:

- CARPHA COVID-19 Vaccine Acceptance Survey
- Establishment of a COVID-19 Vaccine Expert Working Group
- Japan/CARICOM Friendship Cooperation Fund to support a public education campaign to promote acceptance of COVID-19 vaccines
- CARPHA/GIZ Audiopedia Project geared at capacity development for audio messaging as a tool for community outreach to improve health-seeking behaviours in the Caribbean

2. OBJECTIVES & EXPECTED OUTPUTS

2.1. Overall objective

The overall objective of the project of which this contract will be a part of, is:

To contribute to the improved health and protection from COVID-19 for populations in situations of vulnerability in the Caribbean.

-

2.2. Purpose

The purpose of this contract is as follows:

To increase culturally appropriate and gender sensitive communications and engagement regarding the introduction of COVID-19 vaccines.

More specifically, the services of a Consultant will be contracted to develop and implement regional risk and communication strategies and/or plans that would lead to gender equitable demand for vaccination through gender and culturally sensitive communication and community engagement strategies.

2.3. Results to be Achieved by the Contractor

The Contractor is expected to deliver the following results:

- **Result 1:** Inception Report, including a detailed Workplan, developed and submitted for approval by the Project Manager
- **Result 2:** Regional risk and communication strategies and/or plans that would lead to gender equitable demand for vaccination for COVID-19 in the Caribbean developed
- **Result 3:** Regional risk and communication strategies and/or plans that would lead to gender equitable demand for vaccination for COVID-19 in the Caribbean implemented
- **Result 4:** Draft Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.
- **Result 5:** Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.

3. ASSUMPTIONS & RISKS

3.1. Assumptions underlying the project

The assumptions associated with this contract are as follows:

- There is a timely action and successful project implementation
- Ability to effectively coordinate and execute community engagement and social mobilisation activities, while adhering to national COVID-19 safety and protection measures
- Civil society organisations will be mobilised to assist in accessing the views of the target populations and hard to reach groups
- Target groups will have access to communication tools for messages to have the required reach

3.2. Risks

The risks associated with this contract are as follows:

- Securing suitable suppliers (individuals or consulting firms) in a timely manner, while adhering to the CARPHA and donor procurement guidelines
- Limited availability of suppliers with relevant expertise for the development and execution of the Plan
- Pandemic fatigue, risk perceptions, reduced trust in government or health authorities adversely impact social mobilisation activities
- Changes in economic, social and political conditions, as well as other exogenous shocks, which may create difficulties for the achievement of the objectives of the project
- The occurrence of major manmade or natural disasters, which can change public health priorities and inhibit the implementation of this project

4. SCOPE OF WORK

4.1. General

4.1.1. Description of the assignment

The Consultant will be responsible for successfully developing and implementing risk and communication strategies regarding the promotion of COVID-19 vaccines in the Region of the Americas; through community engagement, effective communication and legitimacy to generate demand for COVID-19 vaccines, while maintaining credibility and trust of the national route immunization programmes. Given the role of women's decision making with respect to personal and family vaccination, their engagement will be an integral part of strategies to generate gender equitable demand for vaccination through gender and culturally sensitive communication and community engagement strategies. Other target groups include rural or hard-to-reach populations, representatives of migrants and other at-risk groups.

4.1.2. Geographical area to be covered

CARPHA member states. It should not exclude or discriminate based on gender, age, race, colour, language, disability, religion, political or other opinion, national or social origin, property, sexual orientation, or any other status.

4.1.3. Target groups

The public, including persons who are vaccine-hesitant, families, women/mothers, communities, community leaders, civil society organisations, hard-to-access groups such as migrants.

4.2. Specific work

The project will include the specific work tasks:

Result 1: Inception Report, including a detailed Workplan, developed and submitted for approval of the Project Manager

1.1 Engage in an initial briefing with the designated Project Manager and other relevant CARPHA personnel to discuss the scope of the work to be undertaken, the methodology, approach and any other issues pertaining to the Project upon the commencement of the Consultancy.

1.2 Prepare and submit for the approval of the Project Manager, an Inception Report which includes at a minimum, the following:

- The process/methodology for project completion
- Project timeline/workplan
- Potential risks and strategies to mitigate risks

Result 2: Regional risk and communication strategies and/or plans that would lead to gender equitable demand for vaccination for COVID-19 in the Caribbean developed

2.1 Conduct desk research on documents which would include:

- national and regional risk communication strategies and COVID-19 vaccination plans; vaccine acceptance surveys etc.
- national and regional vaccine acceptance surveys broken down by demographic characteristics

2.2 Develop the following regional communication strategies and/or plans:

- Regional communication strategy and action plan on COVID-19 vaccine confidence
- Risk Communication and community engagement (RCCE) strategy and action plan
- COVID-19 vaccine infodemic management strategy and action plan
- Social mobilisation plan

2.3 Prepare Interim Report and submit for the approval of the Project Manager

Result 3: Regional risk and communication strategies and/or plans that would lead to gender equitable demand for vaccination for COVID-19 in the Caribbean implemented

3.1. Implement RCCE action plan through interventions that may include scheduled forums, such as public consultations, focus group discussions and interviews, effectively engage communities and civil society in the design and implementation of culturally appropriate and gender sensitive vaccination campaigns that target key population groups including migrants and mothers

3.2. Implement social mobilisation plan at country level through activities that will bring together community members and other stakeholders, including decision-makers, local media, NGOs, opinion leaders and religious groups, who will work to mobilise targeted populations to participate in immunisation activities at the member state level.

3.3. Based on the outcome of the implementation of the interventions set out in the plans at 3.1 and 3.2 above, provide recommendations for key messages and communication products to increase gender equitable demand for vaccination for COVID-19 in the Caribbean. These recommendations should be presented to the Project Manager and other internal stakeholders at CARPHA.

Result 4: Draft Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.

4.1 Prepare the Draft Final Report will include as an Annex, links to e-versions of all communication strategies/plans as well as recommendations for key messages and communication products that would lead to an increase in gender-equitable demand for vaccination for COVID-19 in the Caribbean.

Result 5: Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.

5.1 Prepare a Final Report with the same specifications as the draft final report, incorporating any comments received from the parties (including the Project Manager) on the draft final report.

CARPHA will:

Have full proprietorial ownership including copyright of all designs, concepts, generated and included in this contract

4.3. Project management

4.3.1. Responsible body

The Corporate Services Division, CARPHA, will be responsible for the management and coordination of the Project.

4.3.2. Management structure

Project management organisation will consist of the following structures:

The Communications Manager, CARPHA, will be the Project Manager and will have overall responsibility for the Project. The Project Manager will retain oversight for the consultancy and will also be responsible for the day-to-day supervision of project activity.

The Project Manager shall be responsible for approving all reports and invoices.

4.3.3. Facilities to be provided by the contracting authority and/or other parties

CARPHA shall:

- provide the services that will facilitate coordination, logistics and project administrative and contract administrative support.

5. LOGISTICS AND TIMING

5.1. Location

The operational base for the project is the Federation Park, Port of Spain campus of CARPHA. The Contractor will work remotely.

5.2. Start date & period of implementation of tasks

The intended start date is May 2022 and the period of implementation of the contract will be five (5) months from this date.

6. REQUIREMENTS

6.1. Staff

Note that civil servants and other staff of the public administration of the partner country, or of international/regional organisations based in the country, shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

6.1.1. Key experts

All experts who have a crucial role in implementing the contract are referred to as key experts. The profiles of the key experts for this contract are as follows:

Key expert 1: Team leader

The Team leader will be responsible for project coordination, production and final output of the strategies, plans and community interventions.

Qualifications and skills

- An advanced university degree (Master's degree or equivalent) in Public Health or a relevant area of study from a recognized university
- A first-level university degree (Bachelor's degree or equivalent) in combination with three (3) additional years of qualifying experience may be accepted in lieu of the advanced university degree
- At least five years' work experience in emergency/crisis communication and health promotion

General professional experience

- At least three (3) years' experience developing and implementing risk communication and community engagement plans for public health emergencies and outbreaks
- Ability to undertake extensive research
- Demonstrates strong analytical oral and written communication skills
- Ability to work with teams of professionals and with senior-level technical officers
- Familiarity and understanding of public health issues, particularly communicable diseases, COVID-19, along with the cultural and political challenges faced by Caribbean territories
- Ability to adapt to diverse cultural and educational backgrounds and maintain a high standard of personal conduct

All experts must be independent and free from conflicts of interest in the responsibilities they take on.

Key expert 2: Health Communication Specialist

Qualifications and skills

- At least a University degree in health communication, media, Public Relations or any other related field

General Professional Experience:

- At least three (3) years of professional experience in media, health communications or public relations work
- Three (3) years of progressive experience in developing communication campaign material
- Demonstrates strong analytical oral and written communication skills
- Ability to work with teams of professionals and with senior-level technical officers

- Familiarity and understanding of cultural and political challenges faced by Caribbean territories
- Ability to adapt to diverse cultural and educational backgrounds and maintain a high standard of personal conduct

All experts must be independent and free from conflicts of interest in the responsibilities they take on.

6.1.2. Other experts, support staff & backstopping

CVs for experts other than the key experts should not be submitted in the tender but the tenderer will have to demonstrate in their offer that they have access to experts with the required profiles. The contractor shall select and hire other experts as required according to the needs. The selection procedures used by the contractor to select these other experts shall be transparent, and shall be based on pre-defined criteria, including professional qualifications, language skills and work experience.

The costs for backstopping and support staff, as needed, are considered to be included in the tenderer's financial offer.

6.2. Office accommodation

Office accommodation for each expert working on the contract is to be provided by the Contractor.

6.3. Facilities to be provided by the contractor

The Contractor shall ensure that experts are adequately supported and equipped. In particular it must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion.

6.4. Equipment

No equipment is to be purchased on behalf of the contracting authority / partner country as part of this service contract or transferred to the contracting authority / partner country at the end of this contract. Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

7. REPORTS

7.1. Reporting requirements

The contractor will submit the following reports in English in one original and one e-copy:

1. **Inception Report** of maximum 12 pages to be produced **ten (10) working days** from the start of implementation. In the report the Contractor shall describe e.g. initial findings, progress in collecting data, any difficulties encountered or expected in addition to the work programme. The Contractor should proceed with his/her work unless the Contracting Authority sends comments on the inception report.
2. **Interim Report** of maximum 12 pages (main text excluding annexes) to be produced in accordance with the workplan as approved by the Project Manager in the Inception Phase. This Report will cover progress made with implementation up to the completion of Result 2. This report will include any challenges encountered and action taken to address those challenges. It will also include as Annexes, samples of all communication material developed and copies of all Communication strategies and Plans developed as per Result 2 (in Section 4.2).

3. **Draft final report** of maximum 20 pages (main text, excluding annexes). This report shall be submitted no later than **two (2) weeks** before the end of the period of implementation of tasks. The submission must be a comprehensive report comprising the work conducted in respect of section 4.2. It will also include the recommendations for key messages and communication products to increase gender equitable demand for vaccination for COVID-19 in the Caribbean.
4. **Final report** with the same specifications as the draft final report, incorporating any comments received from the parties on the draft report. The deadline for sending the final report is **seven (7) days** after receipt of comments on the draft final report. The final report must be provided along with the corresponding invoice.

7.2. Submission and approval of reports

The reports referred to above must be submitted to the Project Manager identified in the contract. The Project Manager is responsible for approving the reports.

8. MONITORING AND EVALUATION

8.1. Definition of indicators

Implementation performance will be measured by:

- Development and implementation of communication strategies and/or plans,
- Timely delivery of all communication strategies and/or plans,
- Timely implementation of communication strategies and/or plans, and
- Compliance with the schedule for the submission of reports on the outputs of the Project as outlined in Section 7.1

8.2. Special requirements

There are no special requirements.