

## ANNEX II: TERMS OF REFERENCE

### Consultancy for the development of culturally and gender sensitive vaccination campaigns and other communication products that would lead to gender equitable demand for vaccination for COVID-19 in the Caribbean

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# **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 April 04, 2022, some Member States continue to experience increases in the number of positive cases, with the Region's total confirmed cases at 3,348,000 in 35 countries/territories (including the 26 CARPHA Member States). There were 33,106 deaths recorded in the Caribbean Region. The risk of further cases occurring in the Caribbean remains very high.

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, as at April 04, between 0.99% and 87.80% of persons in CARPHA Member States have been fully vaccinated. However, In CARICOM, coverage ranges from 0.99 - 62.34%.

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.

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### **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 new, and adapt existing culturally and gender sensitive vaccination campaigns that generate confidence and promote uptake of the vaccine. Also, to design COVID-19 vaccine toolkit comprising of communication assets that assist Member States to counter misinformation and dispel rumours.

### **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:** Culturally and gender sensitive vaccination campaigns targeting key populations in languages of Member States developed
- **Result 3:** COVID-19 vaccine toolkit to counter misinformation and dispel rumours designed and translated into French, Spanish and Dutch
- **Result 4:** Existing communication adapted to gender and culturally sensitive messaging that generate confidence and promote uptake of the vaccine
- **Result 5:** Draft Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.
- **Result 6:** 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 produce culturally and gender sensitive vaccination campaigns , while adhering to national COVID-19 safety and protection measures
- Vaccine toolkit communication assets will be translated into French, Spanish and Dutch as required to reach targeted populations of Member States.
- 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 community engagement and social mobilisation activities may result in a delay in the production of communication assets
- Ability to effectively translate vaccination campaigns into French, Spanish and Dutch to reach targeted populations.
- 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 culturally and gender sensitive vaccination campaigns targeting key populations in languages of Member States; designing a COVID-19 vaccine toolkit comprising of communication assets in English, French, Spanish and Dutch to assist Member States to counter misinformation and dispel rumours; and adapting existing communication to gender and culturally sensitive messaging that generate confidence and promote uptake of COVID-19 vaccines in the Caribbean region. This, while maintaining credibility and trust of the national route immunisation 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: Culturally appropriate and gender sensitive vaccination campaigns that target key population groups, including migrants, designed and implemented**

2.1 Review and implement recommendations for key messages and communication products to increase gender equitable demand for vaccination for COVID-19 in the Caribbean as set out in 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

2.2 Develop culturally and gender sensitive vaccination campaigns targeting key populations in languages of Member States, that is English, French, Spanish and Dutch

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

### **Result 3: Evidence-based information and guidance that dispel rumours and misinformation related to the vaccine infodemic implemented**

3.1. Review and implement COVID-19 vaccine infodemic management strategy and action plan

3.2 Design COVID-19 vaccine toolkit comprising of communication assets to assist Member States to counter misinformation and dispel rumours

3.3 Translate communication assets contained in the vaccine toolkit into French, Spanish and Dutch

### **Result 4: Existing COVID-19 and/or vaccine communication adapted to gender and culturally sensitive messaging that generate confidence and promote uptake of the vaccine**

4.1 Review social mobilization plan, including country level activities, that brought together community members and stakeholders to mobilize targeted vulnerable population to participate in immunization activities

4.2 Review and implement recommendations for the adaptation of key messages and communication products to increase gender equitable demand for vaccination for COVID-19 in the Caribbean

4.3 Adapt existing COVID-19 and/or vaccine communication to gender and culturally sensitive messaging that generate confidence and promote uptake of the vaccine

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

5.1 Prepare the Draft Final Report, which will include as an Annex, links to e-versions of all communication products in the languages of Member States, that would lead to an increase in gender-equitable demand for vaccination for COVID-19 in the Caribbean.

**Result 6: Final Report submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.**

6.1 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 July/August 2022 and the period of implementation of the contract will be four (4) 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 communication products.

##### **Qualifications and skills**

- A Master's Degree or Postgraduate Diploma in communications, marketing, advertising, public relations, or any other related field

##### **General professional experience**

- At least three to five (5) years' senior level experience coordinating, managing and producing communication/marketing campaigns valued at least US\$100,000
- Experience in coordinating and managing public health campaigns will be an asset
- Ability to work with teams of professionals and with senior-level technical officers
- Familiarity with cultural and political challenges faced by Caribbean territories, particularly as it relates to COVID-19 vaccine hesitancy

##### **Key expert 2: Creative Director**

##### **Qualifications and skills**

- At least a Bachelor's Degree in digital media technologies, graphic arts/design or any related field

##### **General Professional Experience:**

- At least three (3) years' experience in developing communication campaign material. Public health communication material will be an asset.
- At least three (3) years' experience in developing integrated and fully functional interactive media products for use on a range of delivery platforms.
- 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, particularly as it relates to COVID-19 vaccine hesitancy

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, links to e-versions of all communication products 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 as annexes, links to e-versions of all communication products, including vaccine



toolkit in languages of Member States and adaptation of existing communication, 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 of culturally and gender sensitive vaccination campaigns in English, French, Spanish and Dutch
- Timely delivery of all communication products, including vaccine toolkit and adaptation of existing communication in the languages of Member States, 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.