

TERMS OF REFERENCE

Implementation of Behavioral Interventions to Improve Child Vaccination in Suriname and Argentina

1. Background and Justification

- 1.1. The Latin America and Caribbean region face significant challenges in terms of vaccinations, including disparities in access to vaccines, logistical issues in distribution, and public hesitancy. These challenges have led to lower coverage in certain areas, making it difficult to achieve widespread immunity and control preventable diseases. Addressing these barriers is crucial for improving public health outcomes across the region.*
- 1.2. Suriname and Argentina are not exceptions to these challenges. In Suriname, National vaccination coverage rates for key childhood vaccinations such as Pentavalent-3, Polio-3, and MMR-1 have not met the 95% target needed to prevent outbreaks, with notable disparities at the subnational level. Districts like Saramacca, Coronie, and Sipaliwini report alarmingly low coverage rates, endangering not only individual children but entire communities. These setbacks have led to a resurgence of diseases once thought controlled, such as diphtheria, measles, and polio.*
- 1.3. In Argentina, efforts to promote child vaccination are being intensified through a collaborative initiative with the Ministry of Health under the AR-L1409 project. This initiative targets children aged 0 to 24 months, emphasizing the timely completion of vaccinations to prevent diseases like tuberculosis, hepatitis B, measles, mumps, rubella, and polio. The strategy involves linking vaccination compliance to the Asignación Universal por Hijo (AUH), a monthly payment made for each child under 18 years of age when their parents are unemployed, work in informal jobs, or are domestic workers. The receipt of the AUH benefit would be contingent upon meeting vaccination requirements. Additionally, within the framework of the project AR-L1358, there is a strong focus on improving HPV vaccination rates, especially addressing the gender gap and the pivotal role pediatricians play in vaccination uptake.*
- 1.4. This project aims to implement and evaluate the behavioral interventions designed based on the behavioral barriers preventing optimal vaccine uptake in the capital cities of Suriname and Argentina, accordingly. By focusing on evidence-based approaches, this project aims to implement and evaluate behavioral interventions designed to increase vaccination rates, protect vulnerable populations, and ensure that no child is left behind in the fight against preventable diseases.*

2. Objectives

- 2.1. The purpose of this project is to implement and evaluate behavioral science interventions in the capital cities of Suriname and Argentina.*

3. Scope of Services

3.1. The selected firm must implement and evaluate interventions designed using behavioral science insights to improve child vaccination in Suriname and Argentina, focusing on the capital cities.

4. Key Activities

4.1. The selected firm will perform the following activities:

- 4.1.1. Selection of behaviorally informed immunization interventions to be implemented*
- 4.1.2. Pilot testing of interventions*
- 4.1.3. Implementation of behaviorally informed immunization interventions*
- 4.1.4. Monitoring and evaluation (M&E) of interventions*
- 4.1.5. Conduction of evaluation, analysis, and final reporting*
- 4.1.6. Development and implementation of a communication and dissemination plan (including translation of reports to relevant languages)*

5. Expected Outcomes and Deliverables

5.1. The general outcome expected from this project is the design of immunization strategies informed by behavioral sciences and the documentation of all the activities conducted to ideate the interventions.

5.2. The deliverables are the following:

- 5.2.1. Implementation plan (including timelines)*
- 5.2.2. Data collection tools and protocols*
- 5.2.3. Pilot test report summarizing the outcomes, challenges, and lessons learned*
- 5.2.4. M&E framework document outlining the methods, indicators, and baseline data for assessing intervention impact*
- 5.2.5. Final evaluation report*

6. Supervision and Reporting

6.1. Carlos Scartascini (RES/RES) will oversee the work of the consulting firm and approve reports. It shall be the firm's responsibility to ensure that meetings are conducted, and reports submitted to the Bank.

6.2. The estimated duration of the consultancy will be 16 months.

7. Acceptance Criteria

7.1. The team will review all the materials and determine whether they comply with the requirements as a deliverable. Approval must be given by Carlos Scartascini, the team leader.

8. Schedule of Payments

- 8.1. *Payment terms will be based on project milestones or deliverables. The Bank does not expect to make advance payments under consulting contracts unless a significant amount of travel is required. The Bank wishes to receive the most competitive cost proposal for the services described herein.*
- 8.2. *The IDB Official Exchange Rate indicated in the RFP will be applied for necessary conversions of local currency payments.*

| Payment Schedule | | |
|----------------------------------------|-------------------------------------|----|
| Deliverable | Deadline | % |
| 1. Implementation plan | Within 30 days of contract signing | 20 |
| 2. Data collection tools and protocols | Within 60 days of contract signing | 20 |
| 3. Pilot test report | Within 90 days of contract signing | 20 |
| 4. M&E framework | Within 120 days of contract signing | 20 |
| 5. Final evaluation report | Within 180 days of contract signing | 20 |