# TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS/ CONTRACTORS

| Title: | Technical assistance for district health system strengthening (DHSS) and development of comprehensive Primary Health Care (PHC) model in Sierra Leone |
| WBS/Funding Reference/Activity /IR: | 3900/A0/08/081/001/002 |
| Type of engagement | ☒ Consultant | [ ] Individual Contractor |
| Workplace of Consultant: | Freetown, Sierra Leone (including travel to districts) |

| Grant: | SC170298 |
| GL Account: | Fund ID: | SC |

## Purpose of Activity/Assignment:

### 1. Background

The maternal mortality ratio in Sierra Leone is the third highest in the world with 1,120 mothers dying in every 100,000 live births¹. The mortality rates of neonates, infants and children under five are also amongst the highest globally at 33, 78, and 105 deaths per 1,000 live births, respectively². Behind these statistics is the limited access to high quality health services by skilled providers, compounded by high disease burden caused by environmental related communicable diseases and aggravated by poor nutrition, traditional and cultural beliefs, and low demand for health services from communities and families.

As part of the Sustainable Development Goals (SDGs) 2030, there is a renewed commitment to Universal Health Coverage (UHC). The Government of Sierra Leone is a part of this global drive to achieve UHC with highest level political commitment to the shared aspiration contained in the Astana Declaration on Primary Health Care (PHC) through building an equitable, resilient, and sustainable health system. This is evident in the country’s Medium-Term National Development Plan (MTNDP) 2019-2023, which prioritizes ‘human capital’ development with an emphasis on improving access to a full spectrum of quality essential health services while protecting the population from financial hardship. The country plans to launch the UHC Roadmap on its Independence Day, 27 April in 2020.

Establishing and maintaining a strong community-based PHC delivery system is a cost–effective strategy for UHC and is an entry point to improving quality coverage of health services. For this reason, the Ministry of Health and Sanitation (MoHS) has decided to develop and pilot a comprehensive PHC model with community and grassroot engagement and district-wide health system strengthening in selected chiefdoms/districts. As the first step, MoHS has conducted a rapid assessment in the two pilot chiefdoms, which UNICEF took part in. UNICEF remains committed to collaborating with MoHS throughout the pilot phase, starting from conceptualisation of the model to actual implementation, monitoring, documentation and final assessment of the pilot for future scale-up. UNICEF does this within the framework of its country programme 2020-2023 where UNICEF aims to provide support for the health system strengthening at community and district levels through addressing different health system building blocks, including:

- **Health workforce**, particularly the further integration of community health workers (CHWs) into health system, and strengthening linkage between CHWs and other community resources;
- **Health information system**, including strengthening and integration of Community Health Information System (CHIS) into DHIS2;
- **Access to essential medicine and nutrition supplies**;
- **Service delivery capacity with focus on quality of care**;
- **Financing**, particularly sustainable financing for the community health system;
- **Leadership and enhancing governance at all levels**, including community engagement / empowerment for voice and accountability;
- **Individual and community practices and behaviours**.

Overarching strategy which UNICEF adopts in this process is District Health System Strengthening (DHSS) approach – assisting MoHS in strengthening equity-focused planning, budgeting and public financial management at decentralized level, by building

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capacity of district health management teams (DHMTs) and councils to go through a holistic approach to local level planning, implementation and monitoring to ensure provision of quality health services and adoption of optimal family care practices in the selected districts.

In this context, UNICEF seeks an international consultant to support MoHS in developing, piloting, documenting and assessing a comprehensive, community based PHC model, along with introducing a holistic approach to local level planning, implementation and monitoring in two selected districts.

2. Purpose and objective of the consultant assignment:

The purpose of consultancy is to strengthen community based PHC system toward achieving UHC in Sierra Leone.

The specific objectives of the assignment are to:

- Help develop a conceptual model for a scalable and sustainable comprehensive community based PHC model with clearly defined governance structure and strong accountability framework
- Help introduce DHSS approach focusing on: i) improving availability, timeline and quality of health information at the subnational level; ii) improving DHMT capacity to analyse data (including coverage and equity assessment, bottleneck analysis) and use it to inform equity-focused planning, decision making, monitoring, and budgeting; iii) ensuring citizens’ voice is incorporated into planning, monitoring, and budgeting process and that functional feedback loops exist between the health system and communities; iv) supporting continuous quality improvement at the facility level as well as community service delivery by CHWs
- Monitor, assess and document the process of implementing pilot PHC model / DHSS approach, including good practices, challenges, and the lessons learned

3. Methodology and Technical Approach

In consultation with MoHS officials (including but not limited to Directorate of Policy, Planning, and Information (DPPI), Directorate of Primary Health Care (DPHC), Directorate of Reproductive and Child Health (DRCH), and Directorate of Food and Nutrition (DFN)), the consultant will conduct a desk review of the relevant documents and data, interview of key informants at national and subnational levels, and consultative meetings with the relevant stakeholders for understanding the context and developing a conceptual model. The stakeholders will include policy makers, MoHS directors/managers, DHMTs, district councils, Ministry of Local Government staff, service providers, communities, development partners, and relevant UNICEF staff. For subsequent technical assistance and capacity building support, the consultant may apply different approach such as on-the-job coaching and mentoring, training workshops, joint data collection, analysis and planning, and development of tools/guidelines. The full engagement of stakeholders, particularly the DPPI, DHMTs, District Councils, throughout the entire process is particularly important to institutionalize the local planning process within the health system.

4. Specific Tasks of the Consultant

Under the direct supervision of Health Specialist (Community Health) and working closely with Health Specialist (Policy and Planning) and Chief of Health and Nutrition, the international consultant has the following tasks and responsibilities.

a) Develop and document a scalable and sustainable comprehensive community based PHC model, including:
   - Brief analysis of current situation – opportunities and challenges
   - Theory of change
   - Service package at different level
   - Community engagement strategy
   - Priority interventions with estimated cost
   - Clearly defined governance structure with roles and responsibilities of stakeholders and accountability framework with measurable indicators for performance tracking

b) Introduce DHSS approach in the selected districts through:
   - Technical assistance and capacity building support in evidence-based planning, which incorporates equity assessment and bottleneck analysis
   - Technical assistance and capacity building support in resource allocation/budget formulation and in budget monitoring with a view to improving the linkage between policies, budgets and performance and increasing the budget allocation to essential reproductive, maternal, neonatal, child and adolescent health and nutrition (RMNCAH+N) at the district level
   - Technical assistance and capacity building support in monitoring of health service delivery and outcomes, which will feed into the planning process
• Technical assistance in building a quality assurance and continuous quality improvement system at PHC level, including application of quality standards at Periphery Health Units (PHUs) and community service delivery and introduction of ‘Business Planning’ process at PHUs.
• Technical assistance and capacity building support in a performance monitoring system that links the programme inputs, outputs and outcomes, through rapid assessment using lot quality assurance sampling (LQAS).
• Capacity building and system strengthening support to establish sustainable social accountability framework with community feedback mechanism, using the existing community structures such as village development committee (VDC) and facility management committee (FMC).
• Technical assistance and capacity building support to strengthen vertical accountability from village to ward, chiefdom to district and vice versa.

c) Monitor, assess and document the process of implementing pilot PHC model / DHSS approach, including tools / guidelines developed to facilitate the systematic implementation, good practices identified, challenges encountered, lessons learned, and future recommendations for adjustment / scale-up

5. Expected Deliverables

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>1. A scalable and sustainable comprehensive community based PHC model</td>
<td>26 April 2020 (19 consultancy days)</td>
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<tr>
<td>(powerpoint and report)</td>
<td></td>
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<tr>
<td>2. Tools and guidelines for evidence-based local level planning, monitoring</td>
<td>25 May 2020 (17 consultancy days)</td>
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<td>and budgeting, including ‘Business Planning’ tool at PHUs</td>
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<tr>
<td>3. Planning, organisation and facilitation of the local level planning (LLP)</td>
<td>31 May 2020 (5 consultancy days)</td>
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<tr>
<td>orientation meetings in two selected districts</td>
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<tr>
<td>4. Planning, organisation and facilitation of data collection and analysis</td>
<td>22 June 2020 (16 consultancy days)</td>
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<tr>
<td>(incl. equity assessment and bottleneck analysis) in two selected districts</td>
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<tr>
<td>5. Planning, organisation and facilitation of the local level planning (LLP)</td>
<td>31 July 2020 (29 consultancy days)</td>
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<tr>
<td>workshops as well as PHU business planning meetings in two selected districts</td>
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<tr>
<td>6. PHU business plans and costed local level plans (with funding source)</td>
<td>31 August 2020 (12 consultancy days)</td>
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<td>with performance monitoring framework</td>
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<tr>
<td>7. Planning, organisation and facilitation of LQAS rapid assessment of</td>
<td>31 August 2020 (12 consultancy days)</td>
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<td>selected indicators (e.g., family practices) (to serve as baseline)</td>
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<td>8. Monthly debriefing with key government stakeholders and UNICEF, and</td>
<td>15 September 2020 (5 consultancy days)</td>
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<tr>
<td>monitoring report of the implementation process of PHC model / DHSS approach</td>
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<tr>
<td>9. Full report of the consultancy</td>
<td>15 September 2020 (5 consultancy days)</td>
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6. Management, Organization and Timeframe

Estimated number of working days required for this assignment is 120 days over a period of six months from 1 April 2020 to 30 September 2020. The consultant will be stationed in UNICEF Sierra Leone (Freetown) with frequent travel to the field as necessary.

<table>
<thead>
<tr>
<th>Payment schedule</th>
<th>Deliverable* with the expected contribution of the consultant</th>
<th>Timeframe</th>
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</thead>
<tbody>
<tr>
<td>10% of the total consultancy amount</td>
<td>Submission and UNICEF approval of an inception report with workplan</td>
<td>3 April 2020</td>
</tr>
<tr>
<td>25% of the total consultancy amount</td>
<td>Submission and UNICEF approval of a scalable and sustainable comprehensive community based PHC model (powerpoint and report)</td>
<td>26 April 2020</td>
</tr>
<tr>
<td>15% of the total consultancy amount</td>
<td>Submission and UNICEF approval of tools and guidelines for evidence-based local level planning, monitoring and budgeting, including ‘Business Planning’ tool at PHUs</td>
<td>25 May 2020</td>
</tr>
<tr>
<td>15% of the total consultancy amount</td>
<td>Submission and UNICEF approval of LLP workshop reports</td>
<td>31 July 2020</td>
</tr>
<tr>
<td>20% of the total consultancy amount</td>
<td>Submission of PHU business plans and costed local level plans with performance monitoring framework</td>
<td>31 August 2020</td>
</tr>
<tr>
<td>15% of the total consultancy amount</td>
<td>Submission and UNICEF approval of all the remaining deliverables</td>
<td>15 September 2020</td>
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</table>
UNICEF recourse in case of unsatisfactory performance: Payment will only be made for work satisfactorily completed and accepted by UNICEF.

<table>
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<tr>
<th>Budget Year:</th>
<th>Requesting Section/Issuing Office:</th>
<th>Reasons why consultancy cannot be done by staff:</th>
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<tbody>
<tr>
<td>2020</td>
<td><em>Health and Nutrition</em></td>
<td>Because of other responsibilities, UNICEF staff alone cannot cover the activities and deliver the results under this consultancy which requires a high technical expertise and experience in DHSS. However, the UNICEF staff will provide guidance and support to the consultant.</td>
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</tbody>
</table>

Consultant selection method:
- [ ] Competitive Selection (Roster)
- [x] Competitive Selection (Advertisement/Desk Review/Interview)
- [ ] Single Sourcing (exceptional, only in emergency situations, approval by Head of Office required).

Request for:
- [x] New SSA
- [ ] Extension/Amendment

<table>
<thead>
<tr>
<th>Name (in case of single sourcing/extension):</th>
<th>Justification or Refer to NFR (in case of single sourcing/extension)</th>
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<tbody>
<tr>
<td><em>Hailemariam Legesse, Health Specialist (Community Health)</em></td>
<td>Start Date: 1 April 2020</td>
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</tbody>
</table>

Supervisor: *Hailemariam Legesse, Health Specialist (Community Health)*
## Work Assignment Overview

### Terms of payment
- ☒ Monthly payment, upon completion of each deliverable according to schedule.
- ☐ Payment, upon completion of all deliverables at the end of assignment.
- ☐ Fee advance, percentage (up to 30 % of total fee)

### Minimum Qualifications required:
- ☐ Bachelors
- ☒ Masters
- ☐ PhD
- ☐ Other

Advanced university degree in Public Health, Medicine, Social Sciences, Health Systems Management, or other related disciplines.

### Knowledge/Expertise/Skills required:

#### Expertise/skills:
- Technical expertise in PHC and health systems strengthening, particularly district health system strengthening (DHSS) approach.
- Proven ability to manage relationships with government ministries, district local governments, national and district partners, service providers, communities and other stakeholders.
- Familiarity with Sierra Leone’s health system is a strong asset.
- Demonstrated ability to integrate, synthesize and communicate complex ideas verbally and in writing.
- Excellent analytical and conceptual skills.
- Fluency in English.

#### Experience:
- At least 8-10 years of relevant experience of working in strengthening PHC system in developing countries. Prior experience with community work linked with PHC is an added advantage.
- Experience in district health system strengthening (DHSS), data collection, analysis, and monitoring and evaluation.
- Previous working experience with UNICEF and/or other international agencies.
- Experience working with the national and district local governments in Sierra Leone is an advantage.

### Request Authorised By:
- **Yuki Suehiro**

### Request Verified by HR:
- **Joseph Sikueya**

### Approval of Chief of Operations (if Operations):

### Approval of Deputy Representative (if Programme):

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*Rushnan Murtaza*

### Representative (in case of single sourcing):

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