

### **TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

<b>Title:</b> International consultant - Technical assistance for Primary Health Care (PHC) model implementation and documentation in Sierra Leone	<b>Funding Code:</b>	<b>Type of engagement</b> <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor	<b>Duty Station:</b>  Home-based with visits to Freetown, Sierra Leone (including travel to districts)
<p><b>Purpose of Activity/Assignment:</b></p> <p><b>1. Background</b></p> <p>The maternal mortality ratio in Sierra Leone is the third highest in the world with 1,120 mothers dying in every 100,000 live births. The mortality rates of neonates, infants and children under five are also amongst the highest globally at 31, 80, and 108 deaths per 1,000 live births, respectively. 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.</p> <p>As part of the Sustainable Development Goals (SDGs) 2030, there is a renewed commitment to Universal Health Coverage (UHC). The Government of Sierra Leone (GoSL) is a part of the global drive to achieve UHC with highest level political commitment to the shared aspiration contained in the Astana Declaration on PHC as it recognizes establishing and maintaining a strong community-based PHC system is a cost-effective strategy for UHC. This is evident as Sierra Leone's Vice President launched the UHC Road Map 2021-2030 on the International UHC Day in 2020, which underscores the centrality of PHC in achieving UHC with the commitment to increasing the domestic resource allocation to PHC and to redesigning, developing and sustaining a community-based PHC delivery model with clearly defined governance structure and strong accountability framework.</p> <p>It is within this context that MoHS, with technical assistance from UNICEF Sierra Leone, has developed a district and chiefdom level model for enhancing PHC, while fully embracing UNICEF's District Health System Strengthening (DHSS) approach. The model has been conceived as a way of working that can i) make District Health Systems more effective with existing resources; ii) complement and enhance the work of any other development partners; and iii) put District Health Management Team (DHMT) in the driving seat for advancing PHC. It provides an opportunity to closely monitor and evaluate the real-world application of PHC polices, which can be documented and replicated; and to innovate on a small scale, to test out approaches especially in areas such as Quality of Care (QoC) and Community Engagement. The model identifies five areas of action to catalyse movement towards strengthening PHC: i) Empower DHMT; ii) Strengthen support to Periphery Health Unit (PHU); iii) Link service providers and communities; iv) Reorient services towards PHC; and v) Enhance community structures and engagement mechanisms. The model further incorporates Appreciative Inquiry and Method of Transformation (AIM-T) as an overarching tool for management, planning, service strengthening and community engagement to strengthen social and organizational accountability and to facilitate 'change'. The model is initially being implemented in Bonthe and Karene, which the GoSL selected as UHC pilot districts, as an action research following the iterative process with involvement of multi-stakeholders under the leadership of Directorate of Policy, Planning and Information (DPPI) of the MoHS. As such, the model continues to evolve based on the learning and through facilitated process with technical assistance and capacity building support. The strong documentation of the process is also critical as the generated evidence is expected to inform the final adoption of the model for scale-up.</p> <p>Against this background, UNICEF seeks an international consultant to support MoHS in piloting, fine-tuning, 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 of Bonthe and Karene.</p> <p><b>2. Purpose and objective of the consultant assignment:</b></p>			

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

The specific objective of the assignment is to guide, monitor and document the implementation process of PHC model and to assess the effectiveness of the model through:

- Helping develop and implement a monitoring and evaluation framework of the model
- Helping define/design some interventions in the model, which are not fully developed, particularly under the domain of “Enhance community structures and engagement mechanisms”
- Providing continuous technical assistance and mentoring and coaching support for the implementation team in application of a contextualized equity-focused and evidence-based planning (EBP) approach at district and health facility level, incorporating citizens’ voice through AIM-T and community score card amongst others
- Monitoring, assessing, and documenting the process of implementing the PHC model, including detailed qualitative and quantitative changes, good practices, challenges, and the lessons learned.

### 3. Methodology and Technical Approach

The consultant will work in close consultation and collaboration with the PHC model steering committee comprising representatives from key directorates of MoHS (DPPI, Directorate of Reproductive and Child Health (DRCH), Directorate of PHC (DPHC), Directorate of Food and Nutrition (DFN)) and UNICEF as well as its M&E working group and DHMTs in Karene and Bonthe. For the intervention design for community engagement component, the consultant, may conduct a desk review of relevant documents and data, interview key informants at national and sub-national levels, and facilitate consultative meetings with relevant stakeholders for understanding the context in close collaboration with a local consultant recruited by DPPI to introduce a community score card. For ongoing 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 throughout the entire process is central to this assignment whose main objective is to institutionalize the PHC model within the health system.

#### Scope of Work:

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

- a) Develop a monitoring and evaluation framework with defined data source, qualitative / quantitative data collection tools and analysis plan.
- b) Build capacity of implementation team / M&E working group members in implementing a monitoring and evaluation framework including through continuous mentoring and coaching support.
- c) Define strategy and design concrete interventions for enhancing community structures and engagement mechanisms, including:
  - Development of the revised Standard Operating Procedures (SOP) and/or guidelines for Facility Management Committee (FMC) through facilitating the stakeholder consultation and synthesizing the consultation outcomes. The consultation may take place as part of designing the community scorecard process. Special attention should be paid on representation of the non-PHU communities and women’s participation.
  - Development of the improved design for mother support group (MSG) approach/interventions, paying attention to the non-PHU communities through facilitating the stakeholder consultation and synthesizing the consultation outcomes. This may also take place as part of designing the community scorecard process.
  - Development of a plan to operationalize the improved FMC and MSG approach, including training modules as relevant.
  - Development and documentation of a harmonized, civic-centric (vs. organization-centric) community engagement strategy for strengthening PHC through review and consolidation of various approaches/strategies currently used by multiple organizations. Application of AIM-T and community scorecard approaches which are central elements of PHC model must be incorporated as part of the

strategy. Roles of the existing community resources including Community Health Workers (CHWs), MSGs as well as community engagement platform such as FMC should be clearly articulated as part of the strategy.

d) Provide continuous technical assistance and mentoring and coaching support for the implementation team in application of evidence-based planning approach at district and PHU level, incorporating citizen's voice. This will include:

- Continuous technical assistance and capacity building support for evidence-based PHU planning and quarterly review with a special focus on data use. This will include: i) capacity building support in establishing more accurate catchment population, monitoring of health service delivery and outcomes, and setting a realistically aspirational target; and ii) development of SOP for integrated outreach planning and execution to improve effectiveness, efficiency and responsiveness of outreach interventions.
- Continuous technical assistance and capacity building support for DPPI and DHMTs to: i) facilitate 2022 annual district health summit which is an evidence-based planning, budgeting and investment case development, incorporating community voices collected at PHU planning exercises, equity assessment, bottleneck analysis, and investment case development at district level; ii) integrating the outcomes of district health summit into district development plans facilitated by District Councils and influencing resource allocation/budget formulation; iii) monitoring of budget execution with a view to improving the linkage between policies, budgets and performance; and iv) facilitate quarterly review of implementation progress. as well as DHMT's capacity assessment. To track the effectiveness of capacity building support, DHMT capacity assessment using PAMAT tool should be conducted periodically.

e) Monitor, assess and document the iterative process of implementing the PHC model, including tools / guidelines developed to facilitate the systematic implementation, good practices identified, positive changes observed at all levels (including the qualitative changes using 'most significant change (MSC)' technique), challenges encountered, lessons learned, and future recommendations for adjustment / scale-up

**Child Safeguarding**

Is this project/assignment considered as "Elevated Risk Role" from a child safeguarding perspective?

YES  NO If YES, check all that apply:

**Direct contact role**  YES  NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

**Child data role**  YES  NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

<b>Budget Year:</b> 2022	<b>Requesting Section/Issuing Office:</b> Health and Nutrition Section – Sierra Leone Country Office	<b>Reasons why consultancy cannot be done by staff:</b> 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.	
<b>Included in Annual/Rolling Workplan:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:			
<b>Consultant sourcing:</b>  <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both  <b>Consultant selection method:</b>  <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)		<b>Request for:</b>  <input checked="" type="checkbox"/> New SSA – Individual Contract  <input type="checkbox"/> Extension/ Amendment	
<b>If Extension, Justification for extension:</b>			
<b>Supervisor:</b> Hailemariam Legesse, Health Specialist	<b>Start Date:</b> 1 July 2022	<b>End Date:</b> 31 May 2023	<b>Number of Days (working):</b> 125

<b>Work Assignment Overview</b>			
Tasks/Milestone:	Deliverables/Outputs:	Timeline	Estimated budget (\$)
A monitoring and evaluation framework for comprehensive community based PHC model implementation in two selected districts	Submission and UNICEF approval of a M&E framework	15 July 2022 (5 consultancy days)	
Final tools and guidelines for evidence-based local level planning, monitoring, and budgeting at district level, incorporating the learning at 2022 district health summit	Submission and UNICEF approval of final tools and guidelines for evidence-based local level planning, monitoring and budgeting at district level	30 September 2022 (5 consultancy days)	
Final tools and guidelines for PHU planning and performance monitoring, including SOP for integrated outreach planning and execution	Submission and UNICEF approval of final tools and guidelines for PHU planning and performance monitoring, including SOP for integrated outreach planning and execution	31 July 2022 (10 consultancy days)	
Development of the revised Standard Operating Procedures (SOP) and/or guidelines for Facility Management Committee (FMC) as part of designing the community scorecard (CSC) process	Submission and UNICEF approval of the revised SOP and/or guidelines for FMC, improved design for MSG approach/interventions, and an operational plan	31 August 2022 (15 consultancy days)	
Development of the improved design for mother support group (MSG) approach/interventions		31 August 2022 (15 consultancy days)	
Development of a plan to operationalize the improved FMC and MSG approach		15 September 2022 (10 consultancy days)	
Development and documentation of a harmonized, civic-centric (vs. organization-centric) community engagement strategy for strengthening PHC	Submission and UNICEF approval of a harmonized, civic-centric community engagement strategy for strengthening PHC	31 October 2022 (20 consultancy days)	
Provision of continuous technical assistance and mentoring and coaching support for the implementation team in application of evidence-based planning approach at district and PHU level	Submission and UNICEF approval of monthly monitoring reports and the final full report on the PHC model implementation with all raw data collected from the field in Annexes	Ongoing throughout the consultancy period (20 days)	
Monthly monitoring report of the implementation process, with attachment of all raw data collected from the field		End of each month (July 2022 – April 2023) (10 consultancy days)	
Full report of the PHC model implementation with all raw data collected from the field in Annexes		15 May 2023 (15 consultancy days)	



<b>Estimated Consultancy fee</b>			
Travel International (if applicable)	3 round tickets for validation meetings including visa and COVID-19 tests		
Travel Local (please include travel plan)	As per actual		
DSA (if applicable)	30 days		
<b>Total estimated consultancy costs<sup>1</sup></b>			
<p><b>Minimum Qualifications required:</b></p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Advanced university degree in Public Health, Medicine, Social Sciences, Health Systems Management, or other related disciplines.</p>	<p><b>Knowledge/Expertise/Skills required:</b></p> <p><b>Expertise/skills:</b></p> <ul style="list-style-type: none"> <li>• Technical expertise in PHC and health systems strengthening, particularly district health system strengthening (DHSS) approach.</li> <li>• Proven ability to manage relationships with government ministries, district local governments, national and district partners, service providers, communities and other stakeholders.</li> <li>• Familiarity with Sierra Leone’s health system is a strong asset.</li> <li>• Demonstrated ability to integrate, synthesize and communicate complex ideas verbally and in writing.</li> <li>• Excellent analytical and conceptual skills.</li> <li>• Fluency in English.</li> </ul> <p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Experience in district health system strengthening (DHSS), data collection, analysis, and monitoring and evaluation.</li> <li>• Previous working experience with UNICEF and/or other international agencies.</li> <li>• Experience working with the national and district local governments in Sierra Leone is an advantage.</li> </ul>		
<p><b>Administrative details:</b></p> <p>Visa assistance required: <input checked="" type="checkbox"/></p> <p>Transportation arranged by the office: <input checked="" type="checkbox"/></p>	<p><input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:</p> <p>If office based, seating arrangement identified: <input type="checkbox"/></p> <p>IT and Communication equipment required: <input type="checkbox"/></p> <p>Internet access required: <input type="checkbox"/></p>		
<b>Request Authorised by Section Head</b>	<b>Request Verified by HR:</b>		

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

*Approval of Deputy Representative (if Programme)*

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*Representative (in case of single sourcing/or if not listed in Annual Workplan)*

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<sup>i</sup> Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

**Text to be added to all TORs:**

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures, and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.