TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS/ CONTRACTORS

Title: International consultant to introduce Appreciative Inquiry (AI) approach for improving quality of health care in Sierra Leone	WBS/Funding Reference/Activity/IR:	Type of engagement ☒ Consultant ☐ Individual Contractor	Workplace of Consultant: Blended - Remote work (home based) and In-Country Visits in Sierra Leone with travel to districts as necessary
Grant: SC180970	**GL Account:**		**Fund ID: ORR**

Purpose of Activity/Assignment:

1. Background

Despite significant investment in health sector over the past several decades, Sierra Leone continues to have some of the worst health indicators in the world, with the third highest maternal mortality ratio in the world at 1,120 deaths per 100,000 live births, and high neonatal, infant, and under five mortality rates at 31, 81, and 109 deaths per 1,000 live births, respectively (*WHO 2019; UNICEF 2020*).

Overall, 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 by communities and families, altogether adversely affect health status of population in the country.

Quality of care offered at all levels of the health system remains a major concern and is considered the greatest barrier to greater health gains. The main issues hindering quality of care are systemic gaps in human resource capacity, operating environment (lack of functional equipment and supplies, absence of basic enablers such as electricity and water and sanitation facilities), supervision, mentoring and monitoring systems in health facilities, overall health sector leadership, stewardship, governance and accountability, including community engagement and feedback mechanism.

In this context, the Government of Sierra Leone has committed itself to transforming the health sector from an under-resourced, ill-equipped and inadequate delivery system into an adequately-resourced and functioning national healthcare delivery system that is affordable and accessible to all especially the most vulnerable segment of the population (*Medium-Term National Development Plan 2019-2023*). This commitment was recently translated into the launching of the roadmap to achieve Universal Health Coverage (UHC), which underscores the importance of strengthening primary health care and sets health system reform as an important condition for achieving equitable access to quality health services, sustainable financing and financial protection, and health security.

To support the Government in reaching its objectives, UNICEF Sierra Leone is providing health system support to the Ministry of Health and Sanitation (MoHS) for service expansion and quality improvement as well as strategic and catalytic support to enhance the country's policy environment. This includes, amongst others, establishment and scaling-up of Special Care Baby Units (SCBUs) in tertiary, regional and district hospitals with continuous quality improvement; policy revision, quality assurance and resource mobilisation of the national Community Health Worker programme; strengthening of immunisation service delivery with attention to effective vaccine management and cold chain system; expansion of quality coverage of nutrition services through their integration in health system; and promotion of active citizen's participation in health care governance issues through engaging community platforms such as Village Development Committees (VDCs). In the coming years, UNICEF further plans to support the enhancement of district level capacities for evidence-based planning, budgeting, and monitoring for equitable maternal, neonatal, child, and adolescent health and nutrition (MNCAH+N) services.

2. Justification

Despite the commitment and existing initiatives and investment mentioned above, some bottlenecks which stem from lack of accountability continue to compromise quality of care. These include but are not limited to poor

motivation and commitment of staff, lack of leadership and effective performance management, and absence of teamwork at both service delivery and planning/management levels. At community level, though there is governance structure in place such as VDCs and Facility Management Committee (FMCs), not all of them are functional. Furthermore, those community structures are expected to serve as 'citizens voices' to demand for quality of services and to enhance social accountability, but true representation of the community, particularly the mechanism to ensure that the voices of the most marginalized is heard, is not always evident.

As such, any capacity development support for quality improvement through health system strengthening and community engagement should incorporate management principles based on teamwork, motivation and accountability through participatory action processes. At the same time, it is recognized that overuse of 'problem-solving' as a model often held back analysis and understanding, focusing on problems and limiting discussion of new organizational models, and therefore it is necessary to go beyond business as usual in order to bring out transformational change.

In this context, UNICEF intends to support the application of Appreciative Inquiry and Methods of Transformation (AIM-T) approach in evidence-based planning and participatory action processes in Sierra Leone as *an organizational transformation tool* within health system to empower district health planners and health facility staff; and as *a community empowerment tool* to strengthen community engagement and dialogue between communities and health service providers and planners with a view to enhancing transparency and accountability in health service provision. This is based on the positive experiences of other countries where UNICEF supported the introduction of AI such as Nepal, Afghanistan, Iraq, and Bangladesh in similar context, as well as the documented evidences in terms of transformational impact of AI on persons, groups, organizations, and multi-stakeholder collaboration across the sectors and countries.

UNICEF therefore seeks an international consultant ("AI coach") to support MoHS in introducing AI approach, and facilitating, documenting and assessing its application.

3. **Purpose and objectives**

The purpose of the consultancy is to support MoHS in introducing the application of AI approach as organizational and community transformation tools to strengthen management practices, staff motivation, and accountability among health planners/managers and service providers as well as community ownership and engagement and social accountability, and thereby improving quality of care.

The specific objectives of the assignment are to:
• Lead the development of AI initiative for quality of care in 16 hospitals with SCBUs and facilitate its implementation along with other technical resource persons
• Integrate AI approach into the local level planning (LLP) and Periphery Health Unit (PHU) business planning processes for MNCAH+N services in two selected districts and facilitate its implementation along with other technical resource persons
• Lead the development of AI initiative for community engagement and facilitate its implementation as part of LLP and PHU business planning processes in the two selected districts
• Facilitate monitoring, assessment and documentation of the process of implementing AI initiatives, including good practices, challenges and the lessons learned

4. **Methodology and Technical Approach**

The gist of AI is a workshop-based approach for creating an environment that is more communicative, open and supportive, enabling improved management and engagement processes. In the workshops, AI approach will seek out the best of the 'what is' (past successes) to help ignite the collective imagination of 'what might be' and help service providers, managers and planners as well as community members envision a collectively desired future and to carry forth that vision in ways which successfully translate images of possibility in to practices. Through its deliberately positive assumptions about people, organizations and relationships, AI approach will leave behind the deficit-oriented approaches to management and the way we approach questions of organizational improvement, from

"problem solving" (the management approach we have used to date) to appreciation and inquiry. In other words, the AI approaches start with the positive aspect rather than with the existing problems in health systems and build on these successes to create a shared vision between health staff and communities for strengthening MNCAH+N services. In order to make this effective, the management principles of AI have to be fused with the technical component. Therefore, the process requires an international consultant as AI coach to facilitate the workshop while the programme specialists or technical resource persons handle the technical component.

As noted earlier, in parallel to this consultancy, UNICEF is supporting the MoHS in the following:
1) Introduction of continuous quality improvement process using Plan-Do-Study-Act (PDSA) cycle in SCBUs
2) District health system strengthening (DHSS) efforts through planning, organisation and facilitation of the evidence-based local level planning, monitoring and budgeting process, including its tools and guideline development, data collection and analysis, LLP workshops and PHU business planning meetings in selected districts. LLP workshops involves data verification, equity assessment, bottleneck analysis, strategies and action plan development.

Introduction of AI approach shall fully capitalize these ongoing supports through integrating AI into the existing platforms rather than separately organising stand-alone AI activities.

Lastly, as AI approach is new to Sierra Leone context, it is important to generate evidence on effectiveness of AI application or lack thereof. This requires the development of a monitoring and evaluation framework with indicators to be tracked, its systematic monitoring and assessment, and comprehensive documentation of the processes, including lessons learned.

5. __Activities, Tasks, Outputs and Deliverables__
Under the overall guidance of Chief, Health and Nutrition, and working closely with Health Specialist (maternal and newborn health) and Health Specialist (Policy and Planning), the international consultant has the following tasks and responsibilities:

1) Lead AI initiative for quality of care in 16 hospitals with SCBUs
a. Coordinate with UNICEF, MoHS and other stakeholders to discuss and agree on the scope, design, methodology and results of the PDSA cycle workshop using AI approach in 16 hospitals.
b. Facilitate the PDSA cycle workshop using AI approach along with other technical resource persons. The consultant should ensure that the AI is well integrated into the technical sessions and take the lead to facilitate the AI session during the workshop.
c. Train the selected hospital staff and other stakeholders on AI approach to develop positive attitudes.
d. Provide ongoing remote support to enable hospital staff and other stakeholders to continue self-facilitating the PDSA cycle using AI approach.

2) Lead application of AI approach in the LLP, PHU business planning and community engagement processes for MNCAH+N services in 2 districts
a. Coordinate with UNICEF, MoHS and other stakeholders to develop an AI engagement strategy document, implementation plan, monitoring and evaluation (M&E) plan with indicators and design district coordination mechanism. The implementation plan will incorporate AI based motivational and skill development capacity building plan.
b. Based on the above strategy and plans, coordinate with UNICEF, MoHS and other stakeholders to integrate AI into the tools, guidelines, and workshop design/agenda of LLP, PHU business planning and community engagement processes.
c. Facilitate the LLP workshops, PHU business planning meetings and community engagement using AI approach along with other technical resource persons. The consultant should ensure that AI is well integrated into the technical sessions and take the lead to facilitate the AI session during the workshop/meetings; and that wide range of stakeholders, including district health management team, local council, civil society representatives, leaders, women's groups, and community members will meaningfully participate in the process.
d. Train selected district stakeholders and health facility staff on AI approach to serve as the district AI initiative coordinators and AI local coaches to develop positive attitudes among district stakeholders and PHU staff.

e. Co-facilitate with district AI initiative coordinators and AI local coaches the cascading trainings for PHU staff on community engagement using AI approach.

f. Provide ongoing mentoring and coaching support to enable district stakeholders and PHU staff to facilitate LLP, PHU business planning and community engagement processes using AI approach.

3) Facilitate evidence generation

a. As per M&E plan with indicators, facilitate collection and analysis of baseline data and establish the process of ongoing monitoring and documentation of the process of implementing AI initiatives, including good practices, challenges and the lessons learned.

b. Document the process of all AI workshops facilitated or co-facilitated by the consultant.

c. Prepare final report, consolidating workshop reports and analysis of baseline and follow-up data collected per M&E plan. The report should also include the lessons learned and recommendations.

6. **Management, Organization and Timeframe**

Duration   Start date: 15 February 2021   End date: 14 August 2022

Timeframe
Estimated number of working days required for this assignment is 190 days over a period of 18 months from 15 February 2021 to 14 August 2022. Timeline for each deliverable is subject to change within the consultancy period.

Deliverables	Due Date	Duration (Maximum # of Days)
An inception report detailing methodology and workplan for the assignment	28 February 2021	5
Conduct leadership enrolment, key informant interview and field observation of selected sites for context specific designing of the AI workshops.	31 March 2021	7
Preparation and completion of 2-day workshops in the first 6 out of 16 target hospitals, followed by training of selected hospital staff and other stakeholders - workshop report with action plans and training manual and report	31 May 2021	30
Preparation and completion of 2-day workshops in the second 5 out of 16 target hospitals, followed by training of selected hospital staff and other stakeholders - workshop report with action plans and training report	31 August 2021	25
Preparation and completion of 2-day workshops in the remaining 5 target hospitals, followed by training of selected hospital staff and other stakeholders - workshop report with action plans and training report	31 December 2021	25
AI engagement strategy document, implementation plan (including AI based motivational and skill development capacity building plan), monitoring and evaluation (M&E) plan with indicators for two selected districts	31 March 2021	15
Integration of AI into the tools, guidelines, and workshop design/agenda of LLP, PHU business planning and community engagement processes	31 March 2021	3
Preparation and completion of LLP workshops, PHU business planning meetings in 2 districts – workshop/meeting report with action plans	30 April 2021	14
Develop training manual for district AI coordinators, AI local coaches and PHU staff – training manual	15 May 2021	10

Training of district AI initiative coordinators and AI local coaches – training report	15 May 2021	8
Co-facilitation of the cascading trainings of PHU staff on community engagement using AI approach – training report	15 May 2021	8
Facilitate collection and analysis of baseline data and establish the process of ongoing monitoring and documentation – baseline report	30 June 2021	15
Quarterly progress reports, including brief summary of remote/physical technical support provided to trained hospital staff, district AI initiative coordinators and local coaches; and update on AI implementation progress	31 August 2021 30 November 2021 28 February 2022 31 May 2022	20 (including remote technical support)
Final end-of-consultancy report, documenting the whole process, achievements, challenges, lessons learned and recommendations	31 July 2022	5
Total:		**190**

Deliverables and payment schedule:

Deliverables	Payment Schedule
Inception report	10% of total consultancy fee
AI engagement strategy document, implementation plan (including AI based motivational and skill development capacity building plan), monitoring and evaluation (M&E) plan with indicators for two selected districts	
Workshop report with action plans and training manual and report for the first 6 hospitals	15% of total consultancy fee
Workshop report with action plans and training manual and report for the second 5 hospitals	15% of total consultancy fee
Workshop report with action plans and training manual and report for the remaining 5 hospitals	15% of total consultancy fee
Tools, guidelines, and workshop design/agenda of LLP, PHU business planning and community engagement processes that incorporate AI	15% of total consultancy fee
LLP/PHU business plan workshop/meeting report with action plans in 2 districts	
Training manual and report for district AI initiative coordinators and AI local coaches	
Training manual and report for PHU staff on community engagement using AI approach	
Baseline report	5% of total consultancy fee
First quarterly progress report	
Second quarterly progress report	5% of total consultancy fee
Third quarterly progress report	5% of total consultancy fee
Forth quarterly progress report	5% of total consultancy fee
Final end-of-consultancy report	10% of total consultancy fee
TOTAL	100%

UNDERLINE UNICEF recourse in case of unsatisfactory performance: Payment will only be made for work satisfactorily completed and accepted by UNICEF.

7. Conditions of Work

- The consultant will be working remotely with three missions to Sierra Leone, including visits to districts.
- For Sierra Leone, the consultant must secure medical insurance (inclusive of medical evacuation) prior to assuming his/her duties with UNICEF (proof of insurance with med-evac clause is required).
- All travel will be reimbursed at economy class rates.

Budget Year: 2021	Requesting Section/Issuing Office: Health & Nutrition	Reasons why consultancy cannot be done by staff: This is an earmarked technical assistance as part of the FCDO funded Saving Lives Programme (SLP) II. UNICEF staff does not possess technical expertise on application of Appreciative Inquiry approach to deliver the results. However, the UNICEF staff will provide overall guidance and supervision to the consultant to ensure the timely implementation of the planned activities with required quality.

Consultant selection method:	Request for:
☐ Competitive Selection (Roster) ☒ Competitive Selection (Advertisement/Desk Review/Interview) ☐ Single Sourcing (exceptional, only in emergency situations, approval by Head of Office required)	☒ New SSA ☐ Extension/ Amendment

Name (in case of single sourcing/extension):	Justification or Refer to NFR (in case of single sourcing/extension)		
Supervisor: Yuki Suehiro, Chief H&N	Start Date: 15 February 2021	End Date: 14 August 2022	Number of Days (working): 190

Terms of payment	☒ 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 Enter Disciplines: Sociology, Public Health, Social Sciences, and any other related field.	**Knowledge/Expertise/Skills required:** • Have certificate on Coach Training and Appreciative approach • Worked as a Coach in Appreciative Inquiry (AI) for at least 5 years. • At least 5 years professional experiences in conducting workshop using AI approach in heath sector especially on maternal, neonatal and child health, including in international settings. • Demonstrated experience in holding workshops/ session in team building for large number of people (150-200) as well as community engagement. • Demonstrated experience on strategic planning and capacity strengthening support for government stakeholders, health managers/planners, health workers. • Previous experience in facilitating team building sessions for UN agencies an asset. • Public Health/Medical related academic qualification as an asset • Excellent facilitation, communication and writing skills in English. • Excellent analytical skills.