TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS/ CONTRACTORS

Title:	**WBS/Funding Reference/ Activity /IR:**	**Type of engagement**	**Workplace of Consultant:**
Technical assistance for district health system strengthening (DHSS) and development of comprehensive Primary Health Care (PHC) model in Sierra Leone	3900/A0/08/881/001/002	☒ Consultant ☐ Individual Contractor	Home-based with visits to Freetown, Sierra Leone (including travel to districts), permitting COVID-19 situation

Grant: Non-Grant	**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 births[1]. 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, respectively[2]. 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 has just concluded a national UHC consultation for the development of a UHC priority framework and is now developing a UHC Roadmap document.

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.

The overarching strategy, which UNICEF has adopted is the District Health System Strengthening (DHSS) approach – assisting MoHS in strengthening equity-focused planning, budgeting and public financial management at decentralized level, by building

[1] *Trends in Maternal Mortality: 1990 to 2017. Estimates by WHO, UNICEF, UNFPA, World Bank and the UN Population Division, WHO, 2019.*
[2] *Levels & Trends in Child Mortality Report 2018. Estimates developed by the UN Inter-Agency Group for Child Mortality Estimation (UN IGME), UNICEF, 2019.*

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 the 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 a contextualised DHSS approach that will focus on: i) improving the availability, timeliness and quality of health information at the subnational level; ii) improving DHMT and other district stakeholders capacities to carry out health system community-level analysis (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 in planning, monitoring, and budgeting processes 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 the 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 relevant documents and data, interview of key informants at national and sub-national levels, and consultative meetings with 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 the 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 the set up and functioning of 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 the 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

If the final reports and documents are not submitted according to the deliverables stated in this TOR, the payments will be withheld. UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines (Payment will only be made for work satisfactorily completed and accepted by UNICEF. All materials developed will remain the copyright of UNICEF and UNICEF will be free to adapt and modify them in the future.

5. Expected Deliverables

Deliverables	Due Date
1. A scalable and sustainable comprehensive community based PHC model (PowerPoint and report)	30 September 2020 (19 consultancy days)
2. Tools and guidelines for evidence-based local level planning, monitoring and budgeting, including 'Business Planning' tool at PHUs	31 October 2020 (17 consultancy days)
3. Planning, organisation and facilitation of the local level planning (LLP) orientation meetings in two selected districts	15 November 2020 (5 consultancy days)
4. Planning, organisation and facilitation of data collection and analysis (incl. equity assessment and bottleneck analysis) in two selected districts	31 December 2020 (16 consultancy days)
5. Planning, organisation and facilitation of the local level planning (LLP) workshops as well as PHU business planning meetings in two selected districts	15 February 2021 (29 consultancy days)
6. PHU business plans and costed local level plans (with funding source) with performance monitoring framework	31 March 2021 (12 consultancy days)
7. Planning, organisation and facilitation of LQAS rapid assessment of selected indicators (e.g., family practices) (to serve as baseline)	31 March 2021 (12 consultancy days)
8. Monthly debriefing with key government stakeholders and UNICEF, and monitoring report of the implementation process of PHC model / DHSS approach	End of each month (November 2020 – March 2021) (5 consultancy days)
9. Full report of the consultancy	15 April 2021 (5 consultancy days)

6. Management, Organization and Timeframe

Estimated number of working days required for this assignment is 120 days over a period of over eight months from 24 August 2020 to 30 April 2021. The consultant will work remotely to complete the first two deliverables. When/if COVID-19 situation permits, the consultant will visit Sierra Leone, including travel to the field as necessary.

Budget and Remuneration (for planning purpose only). Final fees will be negotiated by HR		
Payment schedule	**Deliverable* *with the expected contribution of the consultant***	**Timeframe**

10% of the total consultancy amount	Submission and UNICEF approval of an inception report with workplan	31 August 2020
25% of the total consultancy amount	Submission and UNICEF approval of a scalable and sustainable comprehensive community based PHC model (PowerPoint and report)	30 September 2020
15% of the total consultancy amount	Submission and UNICEF approval of tools and guidelines for evidence-based local level planning, monitoring and budgeting, including 'Business Planning' tool at PHUs	31 October 2020
15% of the total consultancy amount	Submission and UNICEF approval of LLP workshop reports	15 February 2021
20% of the total consultancy amount	Submission of PHU business plans and costed local level plans with performance monitoring framework	31 March 2021
15% of the total consultancy amount	Submission and UNICEF approval of all the remaining deliverables	15 April 2021

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

Budget Year:	**Requesting Section/Issuing Office**:	**Reasons why consultancy cannot be done by staff**:

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.