

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

<p>Title: International consultant for progress review of Sierra Leone Every Newborn Action Plan (SLENAP) and documenting the complete Special Care Baby Unit (SCBU) package and pathway to sustainability</p>	<p>Funding Code: SC210489</p> <p>WBS: 3900/A0/08/881/002/003</p>	<p>Type of engagement</p> <p><input checked="" type="checkbox"/> Consultant (international)</p> <p><input type="checkbox"/> Individual Contractor Part-Time</p> <p><input type="checkbox"/> Individual Contractor Full-Time</p>	<p>Duty Station: Freetown, Sierra Leone (including travel to districts)</p>
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Background:

Despite significant investment in the health sector over the past several decades, Sierra Leone continues to have some of the worst health indicators in the world. Maternal Mortality is unacceptably high with 717 mothers dying in every 100,000 live births, while progress in neonatal mortality reduction has been slow with the current rate at 31 per 1,000 live births. Undernutrition is the underlying cause in over one-third of under-five deaths and diseases. There is increased risk of maternal mortality for adolescent girls, where early childbearing is common. Though the situation is improving, in general, many health facilities are not in compliance with the norms and standards for the basic package of essential health services with severe human resource challenges and inadequate tracer basic amenities, including sanitation facilities, improved water sources, emergency transport, and basic equipment and essential drugs.

Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCAH) is a priority for the Government of Sierra Leone. In 2010, the Government launched the Free Health Care Initiative (FHCI) for pregnant women, lactating mothers, and children under five years of age. Among other important policies and plans in place, the government developed the National RMNCAH Policy and Strategy 2017-2021, and Sierra Leone Every Newborn Action Plan (SLENAP) 2017-2030. SLENAP has the goal of ending preventable Newborn deaths, achieving a neonatal mortality of 12 (or less) per 1,000 live births by 2030, as well as ending preventable stillbirths, achieving a stillbirth rate of 12 (or less) per 1,000 live births by 2030. It has five key objectives - Scaling up of community based Newborn care and essential Newborn care at all primary health facilities to improve equitable access to essential Newborn services; Improve the quality of maternal and Newborn care; Reach every woman and Newborn to reduce inequities; Harness the power of parents, families and communities; and Count every Newborn through measurement, programme tracking and accountability.

In 2016, during the process of developing the SLENAP, a bottleneck analysis of Newborn care revealed very limited availability of services for Newborns. UNICEF responded by supporting Ministry of Health and Sanitation (MoHS) in establishing four (4) Special Care Baby Units (SCBUs) at tertiary and regional hospitals in 2017. Based on the success and lessons learned from the operationalisation of these four SCBUs, UNICEF supported the MoHS in 2019 in scaling up the units across the country. Additional twelve (12) SCBUs have since been established, making a total of sixteen (16) SCBUs. While supporting the establishment of SCBUs, UNICEF developed a systematic approach, which was followed through step by step: 1) comprehensive needs assessment; 2) preparation of human resources (training and making adequate staff available); 3) renovation of existing spaces at health facilities to convert them to SCBU based on the standard design; 4) making available lifesaving equipment, instrument, furniture, and commodities as per the standard list outlined in the standard operating procedures (SOPs); 5) preventive maintenance and repair of equipment; 6) creating an enabling environment to provide quality care; and 7)

monitoring and supportive supervision. All these components are essential to ensure quality of care at SCBUs.

Purpose and objectives:

The purpose of the consultancy is two-fold:

1. To review implementation progress with the SLENAP (2017-2030), identify lessons learned, best practices, and challenges, as well as fine-tune/update the overall plan and define specific components and targets for the next 5 years.
2. To document the SCBU journey from initial establishment to scale up as well as the pathway to sustainability in phases over the next 5-10 years. The sustainability plan should cover description of and requirements for the complete package of 'centre of excellence' with cost implications as well as making SCBUs an integral part of nationally owned health system.

Methodology and Technical Approach:

The consultancy will generally consist of desk review and analysis of existing data, documents and reports; participatory workshops with MoHS and other key stakeholders; key informant interviews (KIIs) with MoHS officers, UNICEF staff, frontline healthcare workers including community health workers (CHWs) and other key stakeholders including WHO, UNFPA, FCDO, and civil society organisations (CSOs); focus group discussions (FGDs) with pregnant women, lactating mothers, caretakers and health service users, and targeted field visits to hospitals including SCBUs and periphery health units (PHUs).

Specific Tasks of the Consultant:

1. Prepare an inception report that should include but not be limited to interpretation of the Terms of Reference, a list of review questions in line with the broad objectives outlined above, detailed review methodology and tools, SCBU documentation outline, and a detailed work plan.
2. Formation of and an inception meeting with a lean technical committee with clear Terms of Reference to support in coordinating the SLENAP review and update. The technical committee shall comprise of key focal points from MoHS, UNICEF, WHO, UNFPA and other key members of RMNCAH Technical Working Group (TWG).
3. In close collaboration with the technical committee and based on agreed review methodology, facilitate a participatory process for SLENAP implementation progress review including through primary data collection in the field / key informant interviews as per the review tools followed by workshops with MoHS, UNICEF, WHO, UNFPA and other key stakeholders.
4. Collection and documentation of lessons learnt, best practices and gaps/challenges arising out of the primary data collection in the field / KIIs and workshops.
5. In close collaboration with the technical committee and based on outputs under deliverables 3 and 4 above, fine-tune the SLENAP and define specific components and targets for the next 5 years.
6. In close collaboration with the technical committee, organize stakeholder validation and official release of the revised SLENAP.

7. Document the process of establishment and scale-up of SCBUs
8. Identify and document the pathway to sustainability over the next 5-10 years and description of and requirements for the complete package of 'centre of excellence' with cost implications (Approach to execution of this task should be detailed under deliverable 1 above). The complete package should include the following elements: 1) Vision, political commitment, national plan; 2) Financing (adequate and sustainability); 3) Human Resources (availability and capacity building); 4) Infrastructure; 5) Equipment (including maintenance); 6) Robust data system and effective use of data; 7) Labour Care, childbirth care and maternal wellbeing; 8) Family involvement; 9) Developmentally supportive care (including responsive caregiving); and 10) Post discharge care (including early intervention). Assess and document the current status of each element, envision and document the expected status after 5 and 10 years, costing of the complete package, and required steps to achieve the expected status with responsible parties while strengthening sustainability.
9. Organize and hold a workshop bringing together MoHS, UNICEF and key stakeholders to disseminate key contents of the SCBU documentation with specific emphasis on the sustainability pathway.
10. Prepare a final report on the consultancy according to the following proposed format:
 - Executive summary
 - Introduction and background, including the objectives of the consultancy and the methodology and process followed
 - Major findings (results achieved, constraints, lessons learned)
 - Lessons and recommendations from implementing the consultancy, context and theories for achieving related results that can inform future strategy and programming
 - Conclusions
 - Annexes, incl. terms of reference, review questions and tools, documentations, list of stakeholders/partners, etc.

Management, Organization and Timeframe:

The consultant will be supervised by the Health Specialist (MNH), UNICEF Sierra Leone, under the overall guidance of Chief, Health & Nutrition Section. The consultant will operate from UNICEF Sierra Leone office in Freetown and will have regular interactions with Directorate of Reproductive and Child Health at MoHS, and other partners. Travel to the districts to sample SCBUs, PHUs and catchment communities is required. However, some of the tasks may be performed remotely (negotiable).

The duration of the consultancy is 60 days over the period of 3 months.

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:

<p>Child data role <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
<p>More information is available in the Child Safeguarding SharePoint and Child Safeguarding FAQs and Updates</p>

*** Expected timelines for completion are estimated and may vary depending on progress**

Work Assignment Overview			
Tasks/Milestone:	Deliverables/Outputs:	*Timeline	Estimate Budget
Develop an inception report and detailed workplan.	Inception report A detailed workplan, review questions and tools	5 days	
Rapid assessment as per review tool, including through KIIs, FGDs, and observation in the health facilities and communities	Rapid assessment report and presentation slides	7 days	
Review workshop for SLENAP	SLENAP review workshops held and report submitted	7 days	
Collection and documentation of lessons learnt, best practices and gaps/challenges arising out of the SLENAP review.	Lessons learnt, best practices and gaps/challenges documented	4 days	
Fine-tune the SLENAP and define specific components and targets for the next 5 years	Revised SLENAP with targets for next 5 years	4 days	
Stakeholder validation and official release of the revised SLENAP.	Revised SLENAP validated and officially released	1 day	
Document the process of establishing, scaling-up and sustaining SCBUs	Final SCBU document on process of establishment, scale-up and sustainability plan	27 days	
Disseminate key contents of the SCBU documentation	SCBU documentation disseminated to MOHS	1 day	
Prepare a final report on the consultancy	Final consultancy report submitted and approved	4 days	
Total		60 days	

Budget Year: 2021-2022	Requesting Section/Issuing Office: <i>Health and Nutrition Section</i>	Reasons why consultancy cannot be done by staff: This work is time sensitive and is a key deliverable under the USAID grant which comes to an end in August 2022. The work requires dedicated, full-time support for UNICEF to deliver the expected technical assistance and meet the grant deadlines. This cannot be managed by staff given other equally important and pressing tasks that Health and Nutrition section staff are currently engaged in. For the SCBU documentation, engagement of an external consultant independent from UNICEF is preferable in order to eliminate any potential biases.	
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:			
Consultant sourcing: <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
If Extension, Justification for extension: N/A			
Supervisor: Edwin Lutomia Mangala, Health Specialist (MNH)	Start Date:	End Date:	Number of Days (working): 60

Estimated Consultancy fee	per day	60 days	
Travel International	Per actual		
Travel Local (please include travel plan)	Per actual		
DSA (local travels)	per month	3 months	
Total estimated consultancy costsⁱ			
<p>Minimum Qualifications required:</p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines: Advanced university degree in Public Health, Medicine, Social Sciences, Health Systems Management, or other relevant disciplines</p>	<p>Knowledge/Expertise/Skills required:</p> <p>Experience</p> <ul style="list-style-type: none"> At least 8 years of progressively responsible professional work experience in the development, planning and management of reproductive, maternal, newborn, child and adolescent health programmes (including Nutrition) in developing country contexts Experience in health data collection, analysis, assessment, monitoring, and evaluation. Experience in team working in culturally diverse contexts. Experience of working in West Africa, specifically Sierra Leone is a strong asset Familiarity with the UN system, including similar prior work in the UN system, is desirable Commitment and willingness for immediate start <p>Skills required</p> <ul style="list-style-type: none"> Excellent analytical and organizational skills, including effective communication and people skills; ability to communicate and coordinate with various stakeholders and to express ideas and concepts concisely and clearly in written and oral form Language proficiency: Fluency in oral and written English is mandatory 		
<p>Administrative details:</p> <p>Visa assistance required: <input checked="" type="checkbox"/></p> <p>Transportation arranged by the office: <input type="checkbox"/></p>	<p><input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based:</p> <p>If office based, seating arrangement identified: <input checked="" type="checkbox"/> TBD</p> <p>IT and Communication equipment required: <input checked="" type="checkbox"/></p> <p>Internet access required: <input checked="" type="checkbox"/></p>		

ⁱ 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.