

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

<p>Title:</p> <p>International Consultancy - Human Resource for Health Consultant</p>	<p>Type of Engagement</p> <p><input checked="" type="checkbox"/> Consultant (International)</p> <p><input type="checkbox"/> Consultant (National)</p>	<p>Duty Station: Freetown, Sierra Leone (including travel to districts)</p>
<p>Background:</p> <p>In Sierra Leone, maternal, neonatal, and child mortality rates are among the highest in the world, with 443 maternal deaths per 100,000 live births, 31 neonatal deaths per 1,000 live births, and 101 child deaths per 1,000 live births. Despite over 90% coverage of antenatal care and facility deliveries, high rates of institutional maternal, neonatal, and child mortality persist due to poor-quality healthcare.</p> <p>One key contributor to low-quality care across the level of facilities is the shortage of skilled, motivated, and adequately compensated healthcare workers. Without these essential workers, achieving global targets such as Sustainable Development Goals (SDGs), Ending Preventable Maternal Mortality (EPMM), Every Newborn Action Plan (ENAP), and Child Survival goals remains difficult to achieve.</p> <p>Health workers are at the heart of every health system. Their knowledge, skills, and motivation is essential to delivering services to those in need. The HRH Strategic Plan 2017-2021 highlights Sierra Leone's severe shortage and uneven distribution of skilled health workers. With a health worker density of just 6.4 per 10,000 people—well below the WHO's recommended 23 per 10,000—and a physician density of only 0.05 per 1,000, the country faces significant challenges. The over-reliance on Unsalariated Health Workers (UHWs), who make up an estimated 40% of the frontline workforce, further weakens quality of care, especially in underserved and hard to reach areas. UHWs often lack motivation and commitment and high retrenchment exacerbating the country's healthcare crisis.</p> <p>Human resources are also unevenly distributed, with most health workers concentrated in urban areas and at district headquarter, leading to acute shortages in peripheral and hard to reach areas. The quality of care is further compromised by the fact that, according to the 2018 Service Delivery Indicators (SDI) Survey, healthcare providers correctly diagnose less than half (44.6%) of five key common health conditions (These are malaria with anemia, diarrhea with severe dehydration, pneumonia, pulmonary tuberculosis, and diabetes¹. While 67% of doctors can accurately diagnose all five conditions, the rates are lower for Community Health Officers (59.7%) and nurses (44.5%). The survey also highlighted a significant gap between provider knowledge and practice, with a notable discrepancy between diagnosis and treatment. For example, although 97% of doctors can accurately diagnose pulmonary tuberculosis, only 5% can provide the correct treatment. Quality of care also varies by location, with urban facilities showing higher diagnostic accuracy (50.9%) than rural ones (37.3%).</p> <p>UNICEF's Country Programme Document (CPD) for 2025-2030 has prioritized strengthening HRH (human resources for health) to improve the quality of maternal, neonatal, and child health (MNCH) services. To build a self-sufficient and well-functioning healthcare system in Sierra Leone—driven by a competent and motivated workforce focused on maternal, newborn, child, adolescent health, and nutrition—it is critical to establish a strong HRH information system, generate evidence, and develop evidence-based advocacy strategies.</p> <p>To support this, UNICEF aims to hire a qualified international consultant to provide high-level technical assistance to the Directorate of HRH, MoH.</p>		
<p>Purpose and Objectives:</p> <p>The purpose of this consultancy is to assist the Ministry of Health (MOH) in enhancing and updating Sierra Leone's Human Resources for Health (HRH) profile, as well as improving the collection and use of HRH data for planning and management. This will also provide critical insights for the development of a new HRH Strategic Plan. The specific objectives are:</p> <ol style="list-style-type: none"> 1. Conduct an assessment to update Sierra Leone's National HRH profile, including volunteer health workers in facilities, and produce advocacy materials for use by MOH and UNICEF. 2. Coordinate the development of HRH roadmap including the plan for gradual absorption and regulation of volunteer Health Workers (UHWs) into existing pin coded formal Health workforce. 		

¹ 2018 Sierra Leone Service Delivery Indicators (SDI) Survey

3. Evaluate the existing Human Resources for Health Information System (HR HIS), identify key challenges, and offer recommendations, including the potential for digitalization and interoperability with other systems such as DHIS 2.
4. Deliver comprehensive technical assistance for the digitalization of HR HIS and ensure proper alignment with Directorate of Policy Planning and Information (DPPI), other key directorates, and partners.
5. Provide guidance and direct support to health sector leaders and partners on capacity-building initiatives related to using HRH data for planning and management.

Expected Outcomes:

Strengthened MOH and partner alignment toward collection, analysis, and use of HRH information toward identifying and addressing key bottlenecks in HRH in Sierra Leone.

Methodology and Technical Approach:

Specific Tasks:

This consultancy will support the Sierra Leone Ministry of Health / HRH director and leaders, UNICEF and other appropriate organizations and committees in the following:

1. **Conduct a quantitative and qualitative assessment** to update the Sierra Leone National HRH profile, including the situation of volunteer or unsalaried health workers in health facilities.
 - a. Develop proposals and tools and implement data collection and analysis.
 - b. Prepare the national HRH profile report, bulletin, and validation.
 - c. Produce at least two qualitative reports on selected HRH thematic areas.
 - d. Create at least three targeted advocacy briefs and materials based on MoH and UNICEF findings.
 - e. Facilitate the dissemination of findings to relevant stakeholders.
2. **Provide high-level technical** support to the HRH Directorate in developing an HRH roadmap, including the plan for gradually integrating and regulating volunteer health workers (UHWs) into the formal, pin-coded health workforce.
 - a. Organize consultative meetings and workshops on situational analysis, stakeholder engagement, and priority setting.
 - b. Finalize the costed HRH roadmap, ensuring its validation and endorsement.
3. **Evaluate the existing Human Resources for Health Information System (HRHIS)**, identify key challenges, and propose recommendations for digitalization and interoperability with other systems, such as DHIS 2.
 - a. Conduct a desk review and consultations on Sierra Leone's HRHIS, preparing a report on strengths, weaknesses, opportunities, and recommendations for interoperability.
 - b. Develop a detailed, costed action plan to optimize e-HRHIS and ensure interoperability.
4. **Provide technical assistance for HRHIS digitalization**, ensuring alignment with DPPI, key directorates, and partners.
 - a. Define and adopt an HRHIS solution.
 - b. Initiate implementation of the digital HRHIS.
5. **Offer guidance and direct support for capacity-building among health sector leaders and partners in using HRH data for planning and management.**
 - a. Provide technical assistance to ensure key stakeholders have a thorough understanding of HRHIS and health workforce challenges.
 - b. Assist in organizing and managing consultative processes (e.g., technical working group meetings, stakeholder workshops), and produce outputs such as meeting notes, reports, and follow-up communications.
 - c. Deliver both planned and ad-hoc technical assistance, training, and coaching to support capacity building and program implementation.

- d. Recommend technical training, presentations to decision-makers, or participation in local workshops or conferences to address health workforce challenges and objectives.

Management, Organization and Timeframe:

The following deliverables, at the least, would be expected to be approved and provided to the UNICEF team in consultation with the MoH:

- I. HRH assessment report
- II. National HRH profile
- III. At least three targeted advocacy briefs and materials based on needs expressed by MoH and UNICEF.
- IV. HRH Strategic Plan Roadmap, including the plan for gradually integrating and regulating volunteer health workers (UHWs) into the formal, pin-coded health workforce.
- V. HRHIS evaluation report
- VI. Meeting notes and reports, to be circulated among key stakeholders.
- VII. Monthly activity reports.
- VIII. Technical support reports
- IX. Summary reports of technical assistance, short training and coaching for capacity building

This is an individual consultancy for a 11.5-month assignment. The Consultant will be stationed in Freetown MOH / HRH directorate with an estimated 85 days of in-country travel.

The Consultant will work under the direct supervision of the of the Health Specialist (Health Systems Strengthening) at UNICEF Sierra Leone office and in close collaboration with the Director of HRH, MoH and other relevant directors in MoH.

Consultants are be expected to provide their own work tools including laptop and other communication tools required.

Mode of Submission of Applications

Candidates will be required to submit a technical proposal and a financial proposal and the financial proposal should quote a lump-sum inclusive of fees, travel costs and communication costs. Financial proposals may be negotiated.

Work Assignment Overview			
Tasks/Milestone:	Deliverables/Outputs:	Timeline:	Payment Schedule
<p>Conduct a quantitative and qualitative assessment to update the Sierra Leone National HRH profile, including the situation of volunteer or unsalaried health workers in health facilities.</p>	<ul style="list-style-type: none"> a. Proposals and tools and implement data collection and analysis developed. b. The national HRH profile report, bulletin, and validation prepared. c. At least two qualitative reports on selected HRH thematic areas produced. d. At least three targeted advocacy briefs and materials based on MOH and UNICEF findings created. e. The dissemination of findings to relevant stakeholders facilitate. 	<p>Established Nov 1,2024</p> <p>End: February 1, 2025</p> <p>40 days</p>	<p>25% of total contract amount</p>

<p>Provide high-level technical support and coordination to the HRH Directorate in developing an HRH roadmap, including the plan for gradually integrating and regulating volunteer health workers (UHWs) into the formal, pin-coded health workforce.</p>	<ul style="list-style-type: none"> a. Consultative meetings and workshops on situational analysis, stakeholder engagement, and priority setting organized. b. The costed HRH roadmap, ensuring its validation and endorsement completed. 	<p>Established: February 1,2024</p> <p>End: May 1, 2025.</p> <p>35 days</p>	<p>15% of total contract amount</p>
<p>Evaluate the existing Human Resources for Health Information System (HRHIS), identify key challenges, and propose recommendations for digitalization and interoperability with other systems, such as DHIS 2.</p>	<ul style="list-style-type: none"> a. Conducted a desk review and consultations on Sierra Leone’s HRHIS, preparing a report on strengths, weaknesses, opportunities, and recommendations for interoperability. b. Develop a detailed, costed action plan to optimize e-HRHIS and ensure interoperability. 	<p>Established: Feb. 1,2025</p> <p>End: April 1, 2025.</p> <p>7 days</p>	<p>5% of total contract amount</p>
<p>Provide technical assistance for aligned HRHIS digitalization, capacity-building among health sector leaders and partners in using HRH data for planning and management.</p>	<ul style="list-style-type: none"> a. Defined and adopted an HRHIS solution. b. Initiated implementation of the digital HRHIS. c. Provided technical assistance to ensure key stakeholders have a thorough understanding of HRHIS and health workforce challenges. d. Assisted in organizing and managing consultative processes (e.g., technical working group meetings, stakeholder workshops), and produce outputs such as meeting notes, reports, and follow-up communications. e. Planned and ad-hoc technical assistance, training, and coaching to support capacity building and program implementation provided. f. Recommended technical training, presentations to decision-makers, or participation in local workshops or conferences to address health workforce challenges and objectives 	<p>Established: Nov. 1,2025</p> <p>End: Oct 15: 2025</p> <p>90 days</p>	<p>55% of total contract amount</p>

Cost description			
Total Estimated Consultancy Costsⁱ			
Minimum Qualifications required: <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: <ul style="list-style-type: none"> Minimum master’s degree in economics, policy, health sciences, public health, or related subjects 	Knowledge/Expertise/Skills required: <u>Experience</u> <ul style="list-style-type: none"> Experience in HRHIS Experience designing, supporting, and managing large-scale HRH studies, strategies, and road map. Experience providing practical training, coaching, and mentoring in leadership development, with a focus on HRH planning and management. Experience in high-level and technical partner coordination, management and alignment. Ability to work in a team and in a diverse work environment. <u>Skills required.</u> <ul style="list-style-type: none"> Data analysis Strengthening electronic Health Information system preferably in HRHIS 		
Start Date: 01 December 2024	End Date: 15 September 2025	Number of Months (working): 11.5 months	

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.

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.

The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations, or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.