

COUNTRY	SIERRA LEONE (FREETOWN AND PORT LOKO)
PERIOD	FEBRUARY-MARCH 2021 / JANUARY-FEBRUARY 2022
BUDGET	15 000€ INCLUDING VAT
CLOSING DATE FOR APPLICATIONS	12TH FEBRUARY 2021 AT 8PM UTC
SUBMISSION OF APPLICATIONS	Full applications should be sent by email to the following addresses: headofmission.sl@solthis.org and lea.merillon@solthis.org with the mention in the subject line " <i>Application for MSC – Empower II project</i> "

EXECUTIVE SUMMARY

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1 INTRODUCTION TO SOLTHIS

Solthis (Solidarité thérapeutique et Initiatives pour la Santé / Therapeutic Solidarity & Initiatives for Health) is an international NGO whose objective is to **improve prevention and access to quality health care through health system strengthening in countries where it operates.**

Solthis was created in 2003 by medical researchers from the Pitié-Salpêtrière Hospital. Solthis' actions rely on a sustainable development approach to address public health issues in resource-limited countries, through:

- A scientific and empirical approach to find cost-effective solutions adapted to the realities on the ground
- Mobilizing multidisciplinary experts from Northern and Southern countries in order to address all dimensions of health issues: medical, social, economic or political

Solthis is strongly committed to the principle of non-substitution and currently operates in 6 West African countries (Guinea, Ivory Coast, Mali, Niger, Senegal and Sierra Leone) through **three modes of intervention: capacity building, operational research and advocacy.**

2 PRESENTATION OF THE PROJECT

2.1 Summary of the project

2.1.1 Project context

The prevalence of HIV/AIDS in Sierra Leone is estimated at 1.7%¹, which represents approximately 78,000² people living with HIV (PLHIV). It is a generalized epidemic, which, according to the Sierra Leone DHS (2019), affects women more severely (2.2% of prevalence against 1.1% for men). It is estimated that, 1.0% of young women and men age 15-24 are HIV positive, with higher prevalence is among young women than young men (1.5% versus 0.5%). HIV prevalence is nearly twice as high in urban areas as in rural areas (2.3% versus 1.2%) and 6 out of the 16 districts (Western Area Rural, Western Area Urban, Port Loko, Koinadugu, Bombali and Moyamba) are considered high burden districts, with higher prevalence than the national as a whole. The incidence of these districts are from as high as 3.4% in Western Rural Area to 1.8% in Moyamba³. The key populations constitute gateway populations for the spread of the epidemic and have a high prevalence of HIV: 14% for Men who have Sex with Men (MSM), 6.7% for Sex Workers (SW), 8.5% for Drug Users (DUs), 8.7% Prisoners⁴.

In addition, only 33% of patients' antiretroviral treatment needs are covered, and only 15% for children. People living with HIV are weakly involved in decisions about their rights and health due to a lack of knowledge and communication with professionals. The health system is deficient both in terms of patients' follow-up (since the rate of people lost to follow-up remains high) and in terms of human resources, often under-qualified, with negative attitudes towards People Living with HIV (PLHIV).

2.1.2 Project summary – Empower I

A first phase of the Empower project – Empower I – was conducted from June 2016 to February 2019. **This project aimed to contribute to the strengthening of civil society and healthcare teams for PLHIV to exercise their right to health in the country.** The Empower I project appeared to have a significant impact on both PLHIV and the health system itself. Among the significant benefits observed at the end of Empower I were the increase in retention of patients in HIV care, an improved adherence to treatment of PLHIV as well as a higher quality of care score for all facilities targeted by the project. During the final evaluation, focus group and workshop working group discussion with

¹ SL DHS, 2019

² UNAIDS, <https://www.unaids.org/en/regionscountries/countries/sierraleone>

³ SL DHS, 2019

⁴ UNAIDS, <https://www.unaids.org/en/regionscountries/countries/sierraleone>

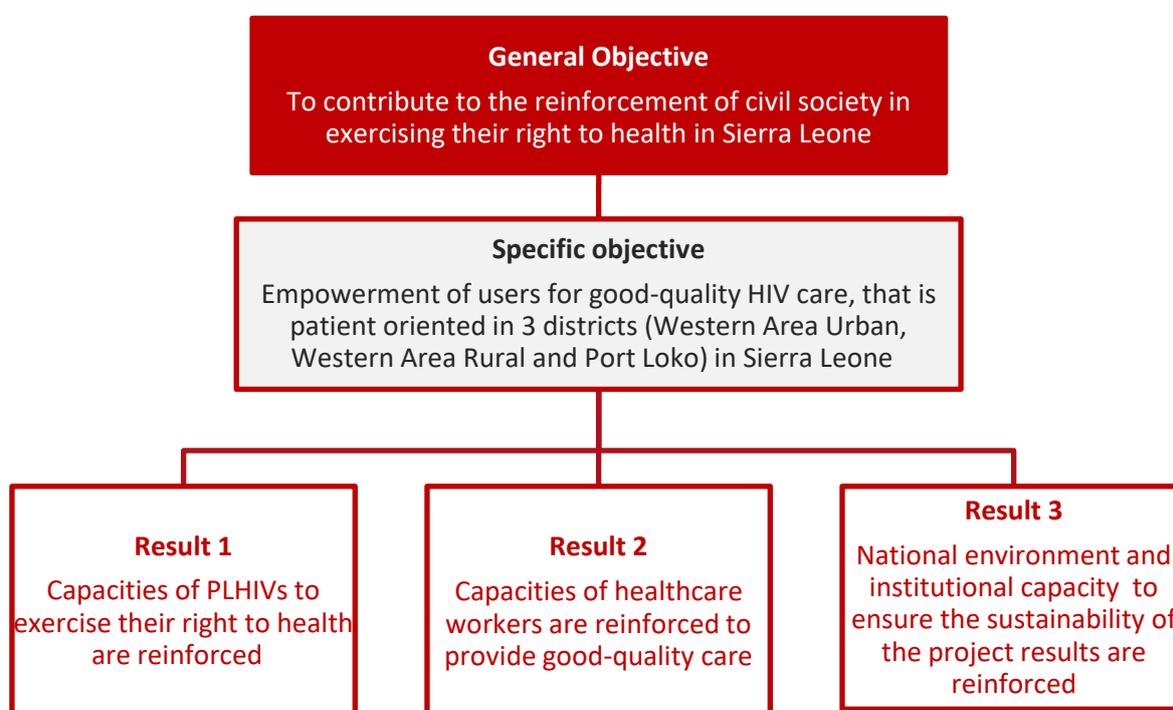
39 support group members also confirmed that the support provided by Empower I had been “lifestyle changing” for PLHIV.

Nevertheless, despite the progress made during the 1st phase of the project, **several challenges remain to be tackled during the Empower II project**: improving access and quality of care; fighting against the stigmatization and discrimination of PLHIV, and in particular toward key populations; and empowering national partners to allow the dissemination of good practices within the country.

2.1.3 Project summary – Empower II

The Empower II project has been developed jointly with Solthis’ partners, NETHIPS⁵ and the Ministry of Health⁶, and aims **to consolidate and sustain the achievements of the 1st phase of the project in terms of HIV quality of care and empowerment of users**. It intends to give a patient oriented, quality focused, needs based care to people living with HIV, by strengthening the capacities of healthcare teams in **20 health facilities** in Freetown and Port Loko and by promoting the rights of users of health services, including the most vulnerable. This second component will mainly be based on support for the civil society organization **NETHIPS** and some **20 patient groups** active in the project intervention areas.

2.2 Empower II project’s objectives



2.3 Empower II project’s expected results and main activities

Empower II aims to achieve and carry out the following results activities:

- **The project intends to build the capacities of PLHIV to exercise their right to health, through strengthening NETHIPS and patient support groups.** In order to reach this result, Solthis is providing support, training and supervision to NETHIPS with a view to strengthen its governance and overall organization and ensure its development and sustainability. Furthermore, the project will help enhance the capacities of PLHIV support groups in Sierra Leone and will conduct a study in conjunction with institutional bodies (NAS, NACP), members

⁵ "Network of HIV Positive in Sierra Leone", a Sierra Leonean non-governmental organization whose social purpose is to fight HIV/AIDS and reduce the impact of HIV/AIDS on the lives of people living with HIV/AIDS and their families

⁶ Through the National Aids Secretariat (NAS) and the National HIV/AIDS Control Program (NACP)

of the civil society and international stakeholders (UNAIDS) to identify the stigma experienced by PLHIV and to consequently devise an advocacy strategy to defend their rights and combat all the forms of stigma and discrimination that they encounter on a daily basis.

- **The project will improve the capacities of healthcare teams to provide quality HIV care, through the implementation of a quality improvement approach within supported facilities.** Solthis will carry out capacity building activities for healthcare teams to provide patient-centered care through trainings, post training follow-up, internship, clinical mentoring and supportive supervision on comprehensive HIV care, pediatrics HIV, Prevention of Mother-to-Child Transmission (PMTCT) and Post Exposure Prophylaxis (PEP). The project also aims to improve the care relationship and to establish communication mechanisms between healthcare providers and patients in order to foster respect for PLHIV and combat stigma in healthcare centers.
- **The project will improve the national environment and institutional capacities to ensure the sustainability of project results, through technical assistance to national partners and district medical teams.** Solthis will provide technical assistance in updating national treatment protocols and managing supplies and stocks according to the patients' needs. Through mentoring and training, the project also aims to raise awareness in the districts covered by the project on how to incorporate the fight against HIV and discrimination into their own practices.

2.4 Project partners and beneficiaries

The key partners involved in Empower II project are:

- **The civil society organization NETPHIS** ("Network of HIV Positive in Sierra Leone")
- The **Ministry of Health**, through the **National Aids Secretariat (NAS)** and the **National HIV/AIDS Control Program (NACP)**, which support the general supervision of the project and are responsible for the organization of national consultation frameworks and workshops.

The direct beneficiaries of the Empower II project are:

- **The healthcare teams in the 20 targeted facilities:** around 200 staff including doctors, nurses, community health workers, midwives, pharmacists / stock managers
- **Local and national authorities** (supervisors of the National HIV/AIDS Control Program of the Ministry of Health, staff of the District Health Management Team)
- **The 21 staffs of NETHIPS**, for whom support will be provided in order to strengthen their skills in coordination, technical assistance to support groups and evidence-based advocacy for the rights of PLHIV
- **The leaders and members of the 20 patient support groups** (around 1,000 people) in the districts targeted by the project who will be supported to develop their expertise on technical subjects (such as therapeutic education) in order to provide better quality information and services to patients.

The indirect beneficiaries of the project are all the patients who will see their care improved in the health facilities supported in Sierra Leone, that is to say approximately **8,000 people**. However, since the third result of the project is focusing on strengthening national stakeholders (Ministry of Health, NETHIPS), it can be estimated that the project will have positive outcomes on all PLHIV in the country, which means around 67,000 people.

2.5 Donors



2.6 Project schedule

The project runs from March 1, 2019 to February 28, 2022:

- The first tranche covers the period from March 1, 2019 to 30 June, 2020
- The second tranche covers the period from July 1, 2020 to February 28, 2022

3 PURPOSE OF THE CONSULTANCY

3.1 Context of the consultancy

3.1.1 Solthis' empowerment strategy

For more than 15 years, Solthis has implemented capacity building actions towards healthcare workers and local stakeholders involved in the management and delivery of HIV care in order to enable them to fulfill their role in an autonomous and sustainable manner. **Since 2016, Solthis has gradually integrated health promotion as well as empowerment of users and civil society organizations** in its projects. Today, most projects include empowerment-related objectives, at individual, organization and/or community levels.

Solthis is currently working on a **dedicated empowerment strategy** in order to improve program quality and to mainstream health promotion and empowerment into its projects. This strategy will include specific objectives related to monitoring and evaluation of empowerment and the MSC technique is currently being seen as a possible methodology to be more widely used in Solthis' projects to measure empowerment-related changes. This consultancy will therefore contribute to inform strategic decision-making regarding monitoring and evaluation of empowerment.

3.1.2 Solthis and the Most Significant Change technique

The methodology used for the external evaluation of the Empower I project, which took place in September and October 2018, was partly based on the MSC technique. The evaluation findings provided extremely valuable insights and made it possible for the project team to look through the eyes of project stakeholders and beneficiaries and to take into account their experiences when transitioning to the second phase of the project.

Based on this successful experience, Solthis decided to use this technique in **Empower II but also in other projects that focus on social change** in areas such as community mobilization and empowerment. The objective for Solthis is to build internal capacities in using MSC in health projects, in particular those with a solid community component and a highly participatory approach.

3.1.3 The MSC in Empower II project

The specific objective of the Empower II project is the empowerment of users for good-quality HIV care. In order to assess the progress made against this objective and the key results of the project, **the M&E system of Empower II is based on both quantitative and qualitative methods:**

- Quality of HIV care and pharmacy scores have been developed and are being collected annually to measure changes in the quality of HIV care and the management of HIV commodities in the 20 health facilities targeted by the project
- Retention in care of PLHIV will be assessed in each targeted facility through the development and implementation of a tailored methodology
- A specific score for organizational capacities has been developed to measure the progress made by NETHIPS in terms of organizational development
- A functionality score for patient support groups has also been developed and implemented

In addition to the above, the **MSC studies** will also inform the project about progress towards quality of care and empowerment of users, by focusing on the most significant changes perceived by key project stakeholders. These studies were supposed to be implemented at the end of the first tranche (June 2020) and at the end of the project (early 2022) in order to assess the changes brought about by individual and collective interventions, particularly in terms of empowerment. However, because of the COVID-19 related context, the mid-term study was cancelled and postponed to early 2021. The consultancy is now planned for **February-March 2021 and in January-February 2022 (end line)** on the other hand. The studies will aim to measure **the improvement of perceived quality of care and empowerment (including in terms of participation, technical skills, self-esteem and critical awareness) among project users**. Solthis is ideally searching for the same consultant/team of consultants for both 2021 and 2022 studies but leave it possible for the candidates to apply for either one or the other.

3.2 Expected objective of the consultancy

The main objective of this study is to use the Most Significant Change technique to **assess the key changes that resulted from the Empower II project in terms of quality of care and empowerment of users**. Even though the MSC technique relies on broad domains of change that are intentionally left loose to be more precisely defined by the project participants themselves. The methodology will need to make it possible to look into both quality of care and empowerment of users in order to provide indications on whether the project is on the right track towards achieving its specific objective (2021 study) or has achieved its specific objective (2022 study), and to what extent.

In addition to that, the studies will also need to focus on determining whether the project has had any sort of **unexpected effect**, including both positive and negative, on project stakeholders and beneficiaries.

The studies will **involve key project stakeholders**, which may be grouped into 3 different levels:

- **Level 1** – Support groups members and leaders and healthcare workers in Empower II targeted facilities
- **Level 2** – NETHIPS and the District Health Management Teams
- **Level 3** – The Empower II steering committee (NAS, NACP, NETHIPS, UNAIDS, UNICEF and Solthis)

The sample selected for the study will be necessary **gender-sensitive** as gender issues are particularly important when it comes to empowerment. **Power dynamics** should be as well taken into account within the project stakeholders when selecting the participants.

The consultancy will primarily focus on the aforementioned objective but will also serve the following **secondary objectives**:

- Identify the forms of empowerment, perceived quality of care as well as the gaps in order to adjust/reorient project activities if necessary for the last year of the project *[2021 study]*
- Inform Nethips advocacy plan *[2021 study]*
- Inform Steering Committee members main actions outside of the project toward HCW & patients in terms of empowerment and quality of care
- Identify key strengths and weaknesses in using the MSC technique in assessing empowerment of users of healthcare services, including the most vulnerable ones
- Identify stories of change which could be used by Solthis' communication department
- Support Solthis staff in HQ and Sierra Leone in building better understanding of the MSC technique so as to more easily replicate this exercise in the future
- Promote a culture of reflection and self-evaluation among project partners and stakeholders in order for them to express, reflect upon and take ownership of the significant changes identified throughout the process

3.3 Expected deliverables

The expected deliverables are as follows:

- At start-up, the consultant(s) will be asked to submit **an inception report of no more than 8 pages**, which could be an updated version of the technical proposal submitted during the application process. It will include the initial mission scoping discussions and will aim to ensure mutual understanding of the objectives, methodology, plan of actions and timeline for conducting the study. If the selected consultant(s) is responsible for both studies, this inception report should cover both of them.
- At the end of each field mission, the consultant(s) will **present the key preliminary results** to the Solthis team in Sierra Leone using a PowerPoint presentation or equivalent.
- At the end of each the study, the consultant(s) will be asked to submit **a study report** (no longer than 20 pages), including:
 - The full presentation of the MSC study, including the study rationale, objectives, organization, methodology, data collection tools and limitations
 - The full presentation of the MSC results and findings, focusing on quality of care, empowerment and progress towards the specific objective. The MSC results and findings will be mostly based on the qualitative analysis of the stories of change but could also highlight some kinds of quantitative data⁷.
 - Strategic and operational recommendations focusing on the last year of implementation of the Empower II project but including, to a lesser extent, longer-term recommendations

For the consultant(s) applying for either the 2022 study or both studies, the report should incorporate the 2021 study findings and be presented as a combined final report.

The report will be reviewed by Solthis and is likely to be subject to one or two round(s) of changes before being considered as final.

4 ORGANIZATION OF THE CONSULTANCY

4.1 Safety and security

Considering the international context related to the COVID-19 pandemic, the following points should be noted:

- With equal qualifications, applications from consultants residing in Sierra Leone or in the sub-region (or from teams with at least one member residing there) will be prioritized in order to reduce the constraints related to international travels.
- The risk reduction measures related to the COVID-19 pandemic explained in the technical proposals will be taken into consideration in the selection of applications.
- Should the health situation deteriorate, Solthis and the consultant(s) will assess together the possibilities of adjusting, postponing or even cancelling the consultancy.

Also, compliance with and application of Solthis' security measures in Sierra Leone is mandatory for consultants during their mission. Participation in a pre-departure briefing for international consultants as well as an on-site briefing at the start of the mission for international and/or national consultants is required.

4.2 Steps

The consultancy is planned in two rounds, **the first one in February-March 2021** and **the second one in January-February 2022**. For each study, below is a tentative schedule that may be adjusted in the candidates' applications:

- **Step 1:** Scoping, desk review and preparation of the methodology and tools required for the in-country mission in Sierra Leone (2-3 days) [2021 study]

⁷ See the "quantification" section of the MSC short paper from INTRAC in the M&E universe online platform: <https://www.intrac.org/wp-content/uploads/2017/01/Most-significant-change.pdf>

- **Step 2:** Field mission in Sierra Leone to implement the methodology developed by the consultant, which will include the use of the MSC technique. The preliminary findings will be presented to Solthis' team in Sierra Leone at the end of the mission.
 - Carry out MSC group discussions with HCWs and SG members: (2-3 days)
 - 1 group discussion with each group separately
 - 1 group discussion with a group that combines HCWs and SG members to be able to compare what come out and see if any significant differences due to bias of sharing a space
 - Have separate female and male group discussions
 - Writing up stories gathered from group discussions to make them presentable to Level 2 (2 days)
 - Facilitating workshop with Nethips and DHMT (1 day including prep)
 - Facilitation in Empower II Steering Committee meeting (1 day including prep)
 - Presentation of key preliminary results
- **Step 3:** Reporting, back-and-forth consolidation and validation of the final report.

5 HOW TO APPLY

5.1 Skills and experience

This consultancy will be carried out by an expert / group of experts with the following skills, experience and qualities:

- Proven experience in the use of the MSC technique in monitoring and evaluation of development projects
- Master's Degree in public health, evaluation of health projects/policies, development studies, social sciences or other training related to the consultancy
- Good understanding of the health sector, including community health, empowerment of users and mobilization of civil society
- Previous experience in West Africa required; previous experience in Sierra Leone will be an asset
- Flexibility and willingness to address comments and feedback to improve expected deliverables
- Organizational skills and ability to meet deadlines
- Excellent command of English is required; good command of French will be an asset

5.2 Submission of bids

Interested candidates are required to submit an application containing the following mandatory elements:

A technical offer containing:

- The detailed CV of the expert or group of experts in charge of carrying out the consultancy
- Relevant references or any previous work that can attest to the expertise and highlight the strengths of the expert or group of experts
- A technical proposal (maximum 8 pages), demonstrating/including the following:
 - ✓ A good understanding of the terms of reference
 - ✓ A methodological proposal for carrying out the work
 - ✓ A proposed timetable/work plan for the mission
- Any element deemed useful by consultant(s) to inform the choice of Solthis

A financial offer including :

- The complete budget of the consultancy in euro, inclusive of all taxes including VAT, reflecting all the phases of the consultancy and all expenses related to the mission

5.3 Submission process

The deadline for the submission of bids is **12TH FEBRUARY 2021 AT 8PM UTC**

The application must include all the information specified in these terms of reference and be sent to the following email address:

- REF : *Application for MSC – Empower II project*
- Email: headofmission.sl@solthis.org & lea.merillon@solthis.org

An incomplete application will not be considered eligible and will therefore be rejected by the selection committee.

6 SELECTION AND ALLOCATION

6.1 Criteria

The proposals received will be evaluated by the internal selection committee on the basis of the following criteria:

- **Quality and clarity of the technical offer**
- **Quality and value for money of the financial offer**

An analysis grid will be used by at the internal selection committee to come up with the final selection.

6.2 Procedure

- Publication of the TOR: **15th January 2021**
- Deadline for submission of applications: **12th February 2021 at 8pm UTC**
- Notification of the final selection to applicants: **w/c 18th February 2021**

2021 study

- Consultancy start-up: **w/c 22nd February 2021**
- Deadline for study report: **March 26th 2021**

2022 study

- Consultancy start-up: **Late January 2022**
- Deadline for final combined report: **February 25th 2022**