

## **Section 3**

### **Terms of Reference**

#### **Monitoring, Evidence, Learning and Review (MELR) provision to the Saving Lives in Sierra Leone Programme (SLISL)**

##### **1. Background**

- 1.1. The Department for International Development (DFID) is the UK Government's Aid Agency and provides development finance and support in emerging and developing countries. The United Kingdom is the biggest bilateral donor in Sierra Leone.
- 1.2. Sierra Leone has some of the worst health indicators in the world. Life expectancy is 46 years; maternal mortality is high, with one in three deaths among women aged 15-49 years due to pregnancy and childbirth. One in six children dies before the age of five. Teenage pregnancy is high with 28% of young women (15-19) already mothers or pregnant with their first child. These poor outcomes are caused by large gaps in basic health and sanitation services. Only half of mothers deliver in health facilities and only 16% of married women use modern contraception.
- 1.3. The Ebola Virus Disease (EVD) epidemic had a devastating impact on Sierra Leone. It infected almost 13,000 people, directly caused almost 4,000 deaths, and resulted in the death of up to 221 healthcare workers. This further undermined an already weak health system and eroded community confidence in the health service which, if left unaddressed, will frustrate efforts to improve health outcomes and save lives.
- 1.4. The Government of Sierra Leone (GoSL) is committed to getting the country back on track, re-establishing essential public services, and looking to longer term recovery. It is essential that the recovery period brings about major change in the health sector. The President's Recovery Priorities, launched in June 2016, have identified health as a key priority to address during the recovery period. The health recovery plan provides an opportunity for UK support through the Saving Lives in Sierra Leone (SLISL) programme to help deliver a range of priority initiatives to deliver GoSL ambitious goals of saving the lives of 5000 children and 600 women during the recovery period.

##### **2. Introduction to Saving Lives in Sierra Leone programme**

- 2.1. DFID support to the health sector in Sierra Leone is through a wide ranging programme called Saving Lives in Sierra Leone (SLISL). This programme is aligned to the Government of Sierra Leone's (GoSL) post Ebola Presidential Recovery Priorities for health and will support priority, cost effective, interventions to improve health service delivery and save child and maternal lives. The programme was set up in late 2016, and is being implemented through a range of partners: UN partners (World Health Organisation (WHO), United Nations Children's Fund (UNICEF); United Nations Population Fund (UNFPA)), Non-Governmental Organisations (NGOs) and the GoSL, through its Ministry of Health and Sanitation (MoHS).
- 2.2. The key deliverables of the programme are:
  - Ensuring referral facilities across Sierra Leone are able to provide emergency obstetric and neonatal care (EmONC);
  - Installing and/or upgrading water and sanitation (WASH) in health facilities;
  - Rolling out a national community health worker (CHW) programme, providing the critical link between health care needs and service delivery;

- Improving the quality of primary maternal and child health services including supplies, training and supervision;
- Supporting changes in health behaviours on family planning (especially targeting adolescent girls), nutrition and hygiene; and
- Ensuring good data is available for accountability and decision making.

2.3. The programme will run from 2016/17 to 2020/21 and is being implemented in two phases.

#### **Phase 1: July 2016 – 31st September 2018**

This phase initially provides immediate support to the GoSL Recovery Priorities for health plan and programme set-up. The focus will be on increasing access to preventive services including: Emergency obstetric and newborn care; family planning; long lasting insecticide treated bednets; and improving service quality in line with the maternal and child health priorities within the President's Recovery Priorities for health. SLISL will also support: improved infrastructure at facility level; strengthening and supplementing the medical supplies and drugs supply chain; and Support GoSL efforts to improve the geographic distribution of skilled health workers. Implementation will be by WHO, UNFPA, UNICEF and a consortium of NGOs, led by 4M Solutions in a secretariat role. .

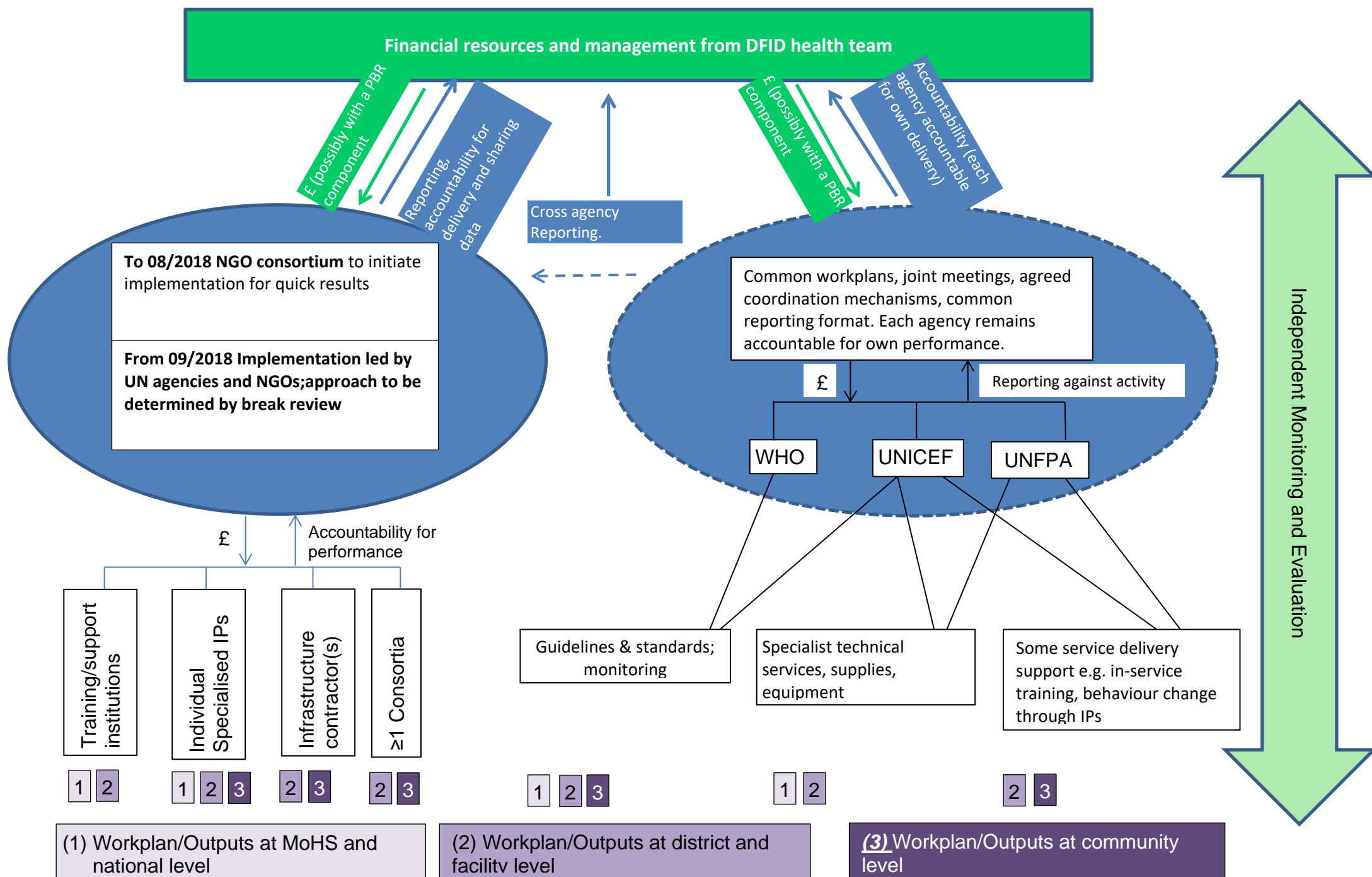
#### **Phase 2: September 2018 to 31st March 2021**

This phase will provide long term support to health system strengthening. It will embed and build on the gains of the first phase to increase equitable access to the improved Reproductive Maternal Neonatal and Child Health services whilst strengthening priority health systems for more sustainable service delivery. There will be greater focus on peripheral facilities and support for pre-service training of midwives based on informed workforce planning, and post-graduate training to fill priority skill gaps and improve prospects for career progression.

- 2.4. A break review, likely to be carried out in quarter one of 2018, will assess progress made during the first phase, inform the future direction of the programme and review more precisely what other partners are supporting in the sector.
- 2.5. Operationally the programme will be managed and implemented jointly by UN partner agencies (WHO, UNICEF and UNFPA) and NGOs. Figure 1 shows schematically the relationships between the various entities. The MELR supplier will have regular interaction with them.
- 2.6. Oversight for the programme will be provided by a steering committee. The steering committee will meet quarterly. The Minister for Health and Sanitation will lead the meetings to discuss progress, concerns and risks. The MELR supplier will interact formally with the Steering Committee.
- 2.7. Due to the complex nature of the programme, DFID Sierra Leone wishes to engage a monitoring, evidence, learning and review (MELR) provider to bring together results and learning across components of the programme. This will ensure results data, support a coordinated evidence approach the programme and provide comprehensive reporting on how the programme is performing in order to support effective delivery.

**The MELR provider should be independent of any of the other Implementing Partners involved in the SLISL Programme.**

**Figure 1: Management Arrangements**



### **3. Objectives**

- 3.1. The overall objective of the monitoring, evidence, learning and review (MELR) component is to provide DFID, service providers and Ministry of Health and Sanitation (MoHS) with comprehensive, accurate and informative reporting on progress and delivery of the SLISL programme.
- 3.2. Reporting by the MELR supplier will provide accountability for delivery of partners; inform decisions on the approach and direction of the programme and document evidence and lessons learnt.
- 3.3. The MELR supplier will work with all suppliers and implementing partners to ensure production of verified results and performance reporting. Programme reporting will be supplemented by additional third party data analysis and limited primary research to provide complete and up-to-date reporting on programme performance against the business case and logical framework.
- 3.4. The supplier will be responsible for producing monitoring reports for the quarterly steering committee meetings, annual programme reviews, a break report between SLISL programme phases, a comprehensive closure review and other lesson learning and evidence documents as appropriate.
- 3.5. The supplier will support delivery of the SLISL programme with technical advice and reporting on areas such as results measurement, data quality, value for money, disability, gender and inclusion, and political economy.
- 3.6. As part of their work on programme reporting the supplier will support the Ministry of Health monitoring department to strengthen their capacity to monitor and analyse the reports from a range health sector projects such as the SLISL; supporting them to use the data they receive to report on progress against the President's Recovery Plan and the Health Sector Strategic Plans. This MELR provider will also leverage on support provided to MoHS when working with SLISL reports to build the capacity of MoH's monitoring staff in using donor reports and producing their own reporting.
- 3.7. It is not considered that evidence of impact is required through formal evaluation, previous evaluation work has provided good evidence of what works and does not work in the health sector in Sierra Leone. However the supplier will be required to document lessons learnt, assess the strength of the theory of change and disseminate updated project bulletins amongst stakeholders four times a year for the steering committee.

### **4. Recipient**

- 4.1. The ultimate recipients of the programme are the people of Sierra Leone whose lives and health will be improved by the better functioning of the SLISL programme.
- 4.2. Reports and evidence from the MELR supplier will be made public, once approved by DFID, to provide accountability and contribute to global debate.

## **5. Scope**

5.1. This section sets out the expected activities of the Monitoring, Evidence, Learning and Review (MELR) supplier.

### **5.2. Advise on coherence of the overall SLISL results framework.**

- The MELR supplier will look across the whole of the SLISL programme to ensure that the overall monitoring framework is appropriate to capture the extent of activities taking place under the programme and is compatible with the President's Recovery Plan and Ministry of Health and Sanitation's monitoring framework and systems. Any omissions or weaknesses will be reported to the SLISL steering committee.
- The supplier will also work with all the implementers of SLISL to ensure that their results frameworks align with the overall SLISL results framework. The MELR supplier will advise, for example, on: alignment of results approaches, compatibility of indicators, ensuring their compatibility with DFID's manifesto target reporting and methodologies, avoidance of double counting, compatibility of definitions, attribution and measurement methodology.
- Ownership for the SLISL results framework will be with the **MELR** supplier who will be responsible for ensuring that the implementing partners' reports feed into and report through the framework to the Steering Committee. The results frameworks of each implementing partner are owned by the implementing partner.

### **5.3. Review SLISL partner data collection processes and data quality.**

- The MELR supplier will conduct periodic data validation and quality assessments across SLISL monitoring data to ensure that data provided is accurate and reliable. The depth, frequency and focus of these checks are to be determined by the supplier based on an initial review of data across the programme.
- Data quality assessments should consider whether data is valid and of a sufficient quality to meet its intended purpose. This may require field visits or small scale validation studies.

### **5.4. Technical advice on SLISL monitoring systems.**

- The MELR supplier will provide suppliers and partners with assistance in developing and running their results systems. This will be on a call down basis as needs arise. Support could be in response to a partner request or in follow up to issues identified by the MELR provider under 5.2. It is anticipated that advice could be given, for example, on indicator methodology, indicator selection, sample sizes, source data quality, field work approaches and relevance.

### **5.5. Compilation of results data.**

- The MELR supplier will be responsible for compiling all of the monitoring and results data from across SLISL and bringing this together into overall programme monitoring reports. This will include calculation of achieved results for the cross SLISL logframe. Reporting will be through quarterly monitoring reports for the programme steering committee, annual reporting and other monitoring updates as required. They will also assist implementers in submitting annual reports to

the Ministry of Health in line with the requirements under the Service Level Agreement.

#### **5.6. Capacity building support to Ministry of Health and Sanitation monitoring department**

- The MELR supplier will provide targeted support to the MoHS monitoring department on interpreting and analysing reports and data from the health sector and programmes. This will be focused towards supporting MoHS in reporting progress against the President's Recovery Plan and the Health Sector Strategic Plans.

#### **5.7. Compilation, interpretation and presentation of third party data.**

- The MELR supplier will be responsible for bringing together the wide selection of third party data required to understand outcomes and impacts of the SLISL programme. This will include, but is not limited to, producing analysis and briefing from national surveys, completing logframe impact and outcome indicators and identifying relevant research from other sources such as Government, other partners and academics
- The supplier is not expected to engage in large scale survey data collection but could be required to work with raw survey data. The supplier will be expected to engage with survey and research work undertaken by other development programmes and Government in Sierra Leone as appropriate and will develop and maintain good relationships with providers of these.
- The supplier will be expected to develop a register of SLISL and relevant third party data sources and to develop a programme of analysis and interpretation of these.

#### **5.8. Qualitative field work**

- The supplier will be required to engage in qualitative fieldwork related to understanding SLISL activities including, but not limited to; understanding stakeholder perspectives, understanding beneficiary perspectives, validating programme reporting and understanding programme activities.
- The extent of and methodology for these activities is to be determined by the supplier and a provisional programme for field work will be developed during the three month inception period.

#### **5.9. Value for money**

- The supplier will develop a SLISL value for money framework with appropriate indicators for all programme suppliers.
- The supplier will be responsible for producing annual value for money analysis of the programme and more in-depth VfM analysis on particular parts of the programme (such as infrastructure development or drug procurement) as required.

#### **5.10. Political economy analysis**

- The supplier is expected to provide political economy analysis focused on the health sector and relevant to the SLISL programme to be updated on an annual basis or more frequently when relevant (such as around the elections).

#### **5.11. Lesson learning and knowledge management**

- The supplier will develop a knowledge management and lesson learning approach for SLISL to capture lessons and knowledge from across the programme and facilitate sharing across SLISL and more widely where relevant.
- The supplier will curate the knowledge management and lesson learning process, providing quarterly bulletins for DFID, the GoSL and partners/stakeholders.

#### **5.12. Annual reviews**

- Starting in 2018, the supplier will be responsible for producing annual reviews of the programme in compliance with DFID annual review requirements.

#### **5.13. Between phases break report**

- One significant output of the supplier will be conducting a break review between phases 1 and 2 of SLISL. This will be a comprehensive review of progress under phase 1 of the programme and include recommendations and guidance for implementation of phase 2

#### **5.14. Project completion review**

- The supplier will be responsible for a comprehensive project completion review at the end of SLISL in compliance with DFID review requirements.

#### **5.15. Other studies and research**

- The supplier will, during the inception period, develop a programme of studies and operational research to be conducted by MELR (in combination with the qualitative research and field work plan). This will be developed in collaboration with DFID and the other programme implementers and will be informed by MELR's understanding of need in SLISL. Areas for consideration include, but are not limited to; gender, disability, inclusion, equity, district capacity, social accountability. It is likely there will be need for two or three such studies in any programme year. The programme of studies and research will be reviewed and agreed by the steering committee on an annual basis.

#### **5.16. Support to SLISL HMIS work**

- The supplier will support the work on health management information work being conducted by partners under the SLISL programme where this links to other data quality work being conducted by the MELR supplier.

#### **5.17. Maintain a comprehensive understanding of programme activities and support updates to the theory of change**

- It will be necessary for the MELR supplier to maintain a detailed understanding of all SLISL programme activities and how they interact. This will be critical for review and monitoring requirements and effective delivery of the component. The supplier will test the programme's theory of change at key points during the

programme to judge whether it is still appropriate and to identify any changes with the operating environment and assumptions that may affect its success.

**5.18. Support revisions to programme monitoring framework and advise on any milestone revisions**

- Following annual reviews the MELR supplier will support DFID and SLISL Steering Committee to make any revisions to the programme logframe and monitoring frameworks as necessary.

**5.19. Develop and follow a dissemination plan for lessons and relevant review**

- The supplier should map out relevant audiences for dissemination of relevant products and actively follow a plan to ensure that appropriate messages are communicated. This plan should have an annual look ahead and be revised as necessary.

5.20. It is important that the MELR supplier delivers more than the sum of the individual parts. The combination of activities above will put the supplier in a unique position to draw on a wide range of data and evidence to form a view of how SLISL is performing and to advise on implementation issues. The success of the supplier will be in realising the complementarity of the activities to add significant value to the SLISL programme.

**6. Methodology and ways of working**

6.1. Suppliers are encouraged to suggest models for delivery of the MELR component. DFID does not have a preferred approach but potential suppliers are encouraged to consider:

- appropriate in-country presence;
- the right mix of skills and expertise to deliver (technical monitoring, methodological, country context, health systems, knowledge management, PEA, gender etc.);
- approach to maintaining relationships with SLISL Steering Committee and stakeholders;
- organisation of activities to maximise value;
- the appropriate mix of staff required to deliver, including the approach to consultancy and subcontracting;
- how the demand for technical advice and assistance across the programme will be managed.

**7. Reporting and documentation**

7.1. DFID and the supplier will agree a schedule of reporting. The initial schedule will be agreed within 3 months of the start date and will be reviewed on an annual basis.

7.2. Reporting is likely to include, but not be limited to:

- Quarterly monitoring reports
- Annual reviews including value for money assessments



- In-depth value for money analysis, as required
  - Lesson sharing reports – to include factsheets and bulletins
  - Political economy reports (not for publication)
  - Data quality assessments
  - Annual data quality round up
  - Between phase 1 and 2 (of the SLISL Programme) break review report ( first quarter 2018)
  - Theory of Change assessments
  - Project closure review
  - Other research and subject review reports as per agreed schedule
  - Third party data reviews
  - Summaries of relevant studies and research
- 7.3. The periodicity of reporting will vary with the reports from one off to quarterly and annual reporting. The period will be dictated by need as determined by DFID and the supplier.
- 7.4. Sign off process for reports will be agreed alongside the reporting schedule. All reports will be signed off by DFID. Some reports will also require assessment by the appropriate stakeholder and confirmation that reports have met objectives and been produced to time and quality. The agreed sign off process will include provision for disagreement by stakeholders.
- 7.5. The supplier should give consideration to innovative and effective communication approaches and use of technology. Short and visual reports are encouraged.

## **8. SLISL Governance**

- 8.1. The oversight of this programme and the implementing partners will be through the Steering Committee. The evaluation of the proposals, budgets and work plans will be conducted by a subcommittee of the Steering Committee and include representation from the MoHS.
- 8.2. The MELR supplier will report to the Senior Health Adviser and the Senior Programme Manager, Basic Services Team in DFID Sierra Leone.

## **9. Timing**

- 9.1. DFID is seeking to appoint a supplier to deliver the services outlined in this document. The contract is scheduled to commence in January 2018 and is expected to run for 42 months
- 9.2. This contract will be for the SLISL programme's expected period which is through to 31 March 2021.
- 9.3. There will be a 3 month inception phase, during which time the supplier will put in place the necessary arrangements to fulfil the terms of reference and to propose a

Payment by Results (PBR) mechanism for identifiable Outputs under the contract. The Inception period will be followed by a Break Point to assess progress.

- 9.4. There will be a review of the SLISL programme activities following the break report and the start of SLISL phase 2. After receipt of the review for SLISL and before the start of Phase 2 of SLISL this contract will have a Break Point to assess progress.
- 9.5. A final break point in March 2020 will provide opportunity to make any necessary changes to focus in the final year of the programme.
- 9.6. DFID shall, as a condition of proceeding into Saving Lives phase 2 (after the between-phases review) have the right to request changes to the contract, including the services, the terms of reference and the contract price to reflect lessons learned, or changes in circumstances, policies or objectives relating to or affecting the Programme.
- 9.7. The contract may be extended by up to six months in line with the SLISL programme.

## **10. Performance Requirements and Payment**

- 10.1. Supplier performance and performance against agreed milestones will be assessed through regular review meetings between the supplier, DFID and the programme's Steering Committee; as well as during DFID SL Annual Reviews throughout the whole contract period.
- 10.2. DFID will be looking for proposals with robust arrangements for ensuring coherence of overall results framework, validation of data quality and collection processes, dissemination of lesson learning, and effective collaboration with stakeholders.
- 10.3. The supplier will be engaged under a contract which will include payments made on the satisfactory achievement of agreed outputs/milestones and/or approval of agreed contract deliverables. Such Outputs/Milestones/Deliverables will be agreed during the Inception period and will form the basis for triggering payments
- 10.4. The supplier will provide monthly financial forecast updates (by email) that highlight estimated under / overspends for the reporting period and implication on forecasts. Unless otherwise agreed with DFID, updates are expected on or before the 10th of every month or the last working day before this. A variance of no more than 5% is expected.
- 10.5. The supplier is to submit applications for payment to DFID SL, including all relevant substantiation and evidence to demonstrate achievement of the outputs and/or milestones as included in the contract. No payment shall be made for deliverables without prior DFID SL approval and verification of completed work.

## **End of Contract Activities**

11. Three (3) months before the expiry date of the contract the supplier will prepare for DFID Sierra Leone's approval a draft Exit Plan which shall include:
  - a. A disposal plan for all assets procured throughout the lifetime of the programme in accordance with DFID procedures on asset management and disposal;
  - b. Addresses any material items that are necessary or desirable for the continued co-operation of the UK Government with Sierra Leone after the contract ends;

- c. The supplier's plans on co-operating to ensure the smooth transfer of responsibilities from the supplier to any persons or organisation taking over such responsibilities after the contract ends;
- d. The supplier's plan to deliver to DFID (if requested or as otherwise directed by DFID) prior to the contract end date (or termination of the contract), any finished work or unfinished materials or work-in-progress which relate to the contract;
- e. The supplier's plans to provide DFID SL before the contract ends a summary of the status and next steps in relation to any on-going projects or other material and unfinished activities being conducted or monitored by the supplier;
- f. The return by the supplier of all Confidential Information to DFID before the contract end date;
- g. Allows for a period of up to sixty (60) days after the contract end date (or termination date) for the exit process to be properly implemented.

### **Duty of Care**

- 12. The supplier is responsible for the safety and well-being of their personnel (as defined in Section 2 of the Contract) and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.
- 13. DFID will share available information with the supplier on security status and developments in-country where appropriate.
- 14. All supplier personnel must register with their respective Embassies to ensure that they are included in emergency procedures.
- 15. The supplier is responsible for ensuring appropriate safety and security briefings for all of their personnel working under this contract and ensuring that their personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the supplier must ensure they (and their personnel) are up to date with the latest position.
- 16. The supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the contract (such as working in dangerous, fragile and hostile environments etc.). The supplier must ensure their personnel receive the required level of training.
- 17. Tenderers must develop their PQQ Response and Tender (if Invited to Tender) on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix prepared by DFID (see Annexes of this ToR). They must confirm in their PQQ Response that:
  - a. They fully accept responsibility for Security and Duty of Care.
  - b. They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
  - c. They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

18. If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your PQQ will be viewed as non-compliant and excluded from further evaluation.
19. Acceptance of responsibility must be supported with evidence of Duty of Care capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence, interested suppliers should respond in line with the Duty of Care section in Form E of the Pre-Qualification Questionnaire (PQQ).

***Key documents to be provided*** (Annexes)

- a) the DFID SLISL Business Case (redacted) and logframe
- b) The President's Recovery Priorities for Health
- c) DFID SL Call for Proposal for initial activities under Phase 1 (July 2016 to December 2017)
- d) ToR for SLISL supplier
- e) DFID SL Duty of Care Risk Assessment: January 2018

## Annex A

### DFID Sierra Leone

#### Supplier Duty of Care

#### Risk Assessment

Theme	DFID risk score
FCO Travel Advice	3
Host nation travel advice	N/A
Transportation	4
Security	3 <sup>1</sup>
Civil unrest	3 <sup>2</sup>
Violence / crime	3
Espionage	1
Terrorism	2
War	1
Hurricane	1
Earthquake	1
Flood	3
Medical services	3 <sup>3</sup>

<b>1</b> Very Low Risk	<b>2</b> Low Risk	<b>3</b> Med Risk	<b>4</b> High Risk	<b>5</b> Very High Risk
Low		Medium	High Risk	

Last updated: January 2018

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<sup>1</sup> Security could shift to 4 during the election period.

<sup>2</sup> Civil unrest could shift to 4 during the election period.

<sup>3</sup> Freetown only. The risk is a 4 outside of Freetown.