
COMMONWEALTH PARTNERSHIPS FOR ANTIMICROBIAL STEWARDSHIP 2 (CWPAMS 2) TERMS OF REFERENCE: THET CWPAMS CONSULTANT IN SIERRA LEONE

1. Introduction to the Commonwealth Partnerships for Antimicrobial Stewardship 2

The THET Consultant in Sierra Leone will carry out activities for the Commonwealth Partnerships for Antimicrobial Stewardship (CWPAMS) programme, which runs until March 2025.

Funded by the UK Department for Health and Social Care's [Fleming Fund](#) and managed by the [Tropical Health and Education Trust](#) (THET) and the [Commonwealth Pharmacists Association](#) (CPA), the [first round of CWPAMS](#) funded 26 grant holders to tackle the growing challenge of antimicrobial resistance in Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda and Zambia. These projects focussed on strengthening the capacity of health workers in antimicrobial stewardship within individual health institutions. All activities fed into implementing the governments' AMR National Action Plans.

A new phase, CWPAMS 2, started in July 2022. A total of £2,000,000 is available for grants running from April 2023 to January 2025. Each country is therefore likely to be awarded 1-5 grants for a total amount of £100,000 to £500,000.

THET UK is overall responsible and accountable for the delivery of the programme. They will co-ordinate the selection, contracting, payments and reporting of all grant holders. They will also provide monitoring and evaluation tools and resources for grant holders to use, ensuring a standardised approach, tools and systems for the delivery in each country, adapted as necessary to the local context.

In each country, an in-country THET Consultant will support grant holders, ensuring they are implementing quality projects efficiently and effectively, and will collaborate between grant holders and relevant Sierra Leonean stakeholders.

This document serves as a Terms of Reference for the type of work the THET Consultant in Sierra Leone should expect to carry out as part of this.

2. Workstreams

The activities expected of the consultant as part of this scheme will fall into the following workstreams:

1. Inception phase
2. Developing and strengthening co-ordination between grant holders and other key health institutions, including the Ministry of Health and Sanitation (MoHS), national AMR co-ordinating bodies and other Fleming Fund actors.
3. Facilitating learning and collaboration between grant holders
4. Supporting grant holders to improve their operations
5. Supporting THET with monitoring of grant holders

THET does **not** expect the consultant to carry out all the activities listed below. Rather, THET will work with the consultant to identify from the below what should be prioritised within the four consulting days a month available in order to maximise the impact of CWPAMS.

We are also interested in exploring the possibility to expand THET's work in-country and would welcome the consultant's identification of any appropriate opportunities. Where new projects are introduced in country, this could lead to opportunities to expand the role of the consultant.

WORKSTREAM 1: INCEPTION PHASE

OBJECTIVE: To support the set-up of the programme to ensure that the grants funded will contribute to the country's National Action Plan on AMR.

ACTIVITIES:



- Identify and recruit members of the National Oversight Mechanism (NOM). This body will consist of 3-4 national stakeholders with expertise in AMS, including Ministry of Health and Sanitation representation. They will provide an advisory function, to ensure national oversight and ownership of the design and delivery of the programme in each country, and to align with national policies and programmes and provide an open and transparent choice for Sierra Leonean stakeholders;
- Disseminate information on the call for proposals to potential applicants;
- Review grant holder applications and coordinate NOM's review of applications (alongside THET and CPA).
- Attend full programme inception event

WORKSTREAM 2: DEVELOPING AND STRENGTHENING CO-ORDINATION BETWEEN GRANT HOLDERS, MINISTRY OF HEALTH AND SANITATION AND OTHER KEY HEALTH INSTITUTIONS TO ALIGN WITH STRATEGIC PRIORITIES

OBJECTIVE: To ensure that project activity is in line with country, Fleming Fund and MoHS plans, to strengthen and expand stakeholder buy-in to improve the sustainable impact of the projects and to ensure the programme is accountable to national stakeholders.

ACTIVITIES:

- Chair in-country introduction meeting between grant holders and national stakeholders.
- Provide secretariat of the NOM, keeping them updated on project progress, and organising biannual meetings;
- Establish and promote key relationships between grant holders and national stakeholders (e.g. Fleming Fund grantee, MoHS departments, AMR and AMS taskforces, etc);
- Responsible for mapping and prioritising stakeholders based on how significant they are to the successful delivery of the project in their respective countries. Where appropriate, represent grant holders at meetings with key stakeholders, e.g. at relevant working groups/steering committees;
- Facilitate, where appropriate, grant holder involvement in national stakeholder meetings;
- Provide regular updates to THET UK on the above, as well as changes in health sector priorities, stakeholder relations, changes in the operating environment, media engagement opportunities and upcoming events.

WORKSTREAM 3: FACILITATING LEARNING AND COLLABORATION BETWEEN GRANT HOLDERS

OBJECTIVE: To ensure learning, synergies and sustainability, and to avoid duplication.

ACTIVITIES:

- Facilitate introductions, and strengthen relationships, between grant holders and other relevant programmes and organisations, ensuring maximum effectiveness and to minimise duplication.

WORKSTREAM 4: SUPPORTING GRANT HOLDERS TO IMPROVE THEIR OPERATIONS AND DELIVER EFFECTIVE AND SUSTAINABLE PROJECTS IN LINE WITH NATIONAL PLANS

OBJECTIVE: To facilitate the effective delivery of projects and support partners, particularly the Sierra Leone grant holder, to have the capacity to take a leadership role within the partnership. Strengthening project management processes will allow partners to spend time more efficiently on achieving their project outcomes.

ACTIVITIES:

- Work with THET to ensure that in-country grant holders understand what is required of them with regards to project management (including M&E, finances, activity plan and reporting, grant holder relations, procurement etc.) and support them where necessary to overcome identified challenges.
- Advise grant holders on how activities can be scaled up, and support linkages with the MoHS, appropriate regulatory bodies, other donors and programmes etc, ensuring that projects are embedded into the health system.
- Provide logistical support around grant holder events/visa processes/ethical approvals, UK volunteers, etc
- Attend or present at grant holders' events and their introductory meeting with THET/CPA colleagues.

WORKSTREAM 5: IN-COUNTRY MONITORING OF GRANT HOLDERS AND RISK MANAGEMENT

OBJECTIVE: To accompany progress of the projects and to ensure any potential challenges and risks are identified and mitigated as soon as possible.

ACTIVITIES:

- Conduct visits to the grant holder institutions, and hold regular phone calls, to accompany progress, ensure that challenges identified through reports and monitoring visits are being successfully overcome and that any new challenges, concerns, developments or opportunities are identified quickly.
- Contribute to the review of the grant holder reports and provide feedback to THET
- Identify any changes to the personnel amongst the grant holders
- Maintain country risk registers to monitor the operational, delivery, reputational, safeguarding and fiduciary risks, in conjunction with THET, alerting THET and grant holders to heightened risks as appropriate.

ONGOING ACTIVITIES ACROSS THE PROGRAMME:

Every quarter*, engage in the following activities.

*Frequency of meetings to be assessed as programme goes on.

- Check-in meetings with THET and CPA
- Review meetings and check-ins between THET and CPA in-country consultants to share experiences and help one another with any challenges during the programme implementation
- Update individual workplan to reflect any key activities, meetings and events that are taking place

3. Proposed timeframe

Between 4-5 consulting days a month from October 2022 to March 2025. Please note there will be a degree of flexibility within this, with some months requiring more capacity, others much less.

4. Contractual Responsibilities

Reports to: THET Head of Programmes, based in the UK. The Consultant will be responsible for managing the workload and conducting the activities in a timely and efficient manner as set out in this document. Given the number of activities and the small amount of time, the Consultant will agree with the Programmes which aspects to prioritise. The Consultant will have regular reporting points with the Head of Programmes, largely through quarterly reports and meetings, and will be expected to keep them informed on progress and key issues.

The Consultant will also liaise with a Sierra Leone CPA Consultant, who will provide technical support relating to antimicrobial stewardship to the grant holders.

The contract is for 130 days for 30 months, which works out at just over 4 days' work a month. Consultants will receive a daily rate of £190, which totals to £24,700 for the whole programme. The consultant will invoice THET on a monthly basis. Please note that this is non-negotiable and will cover all expenses apart from project-related travel and communication expenses. Consultants will be given an allowance to help deliver the work, with £100 a month available for transport, communications and meeting costs.

Receipts must be kept, where possible, in order to claim for support costs. Consultants will not be expected to use their own funds to cover project-related costs.



Invoice process: Invoices must be submitted in £ GBP and the [HRMC exchange rate](#) used to calculate any support costs expenses. The monthly exchange rate to be used should match the month the costs were made (and the month should match the receipt). Please keep all receipts for support costs, this includes any data bundles, fuel, taxis.

6. Knowledge Skills and Experience for the Consultancy

To successfully undertake this assignment, the Consultant should meet the following minimum requirements:

- Recent experience of liaising with the Ministry of Health and Sanitation in Sierra Leone.
- Strong project management experience in the health sector in Sierra Leone.
- Experience of working in a senior position in an INGO context.
- Experience of working in partnership with others to promote capacity building.
- Experience of managing security and risk in an INGO context
- Knowledge or experience in antimicrobial resistance or stewardship desirable
- Degree level education. [Public health or related discipline preferred.]
- Analytical skills and demonstrable ability to think strategically
- Excellent representational, written and verbal communication skills in English.
- Proven financial skills (budget preparation and monitoring)
- Proven organisational and administrative skills with sound IT skills (Word and Excel)
- Flexibly and adaptability in the context of working within a small organisation and in a complex environment.
- Well organised with the ability to work independently and take the initiative.

7. How to apply

Candidates must submit their CV along with a cover letter of no more than two pages to jobs@thet.org by **Wednesday 12th October**. Shortlisted candidates will be invited to a virtual interview week commencing 17th October.

The candidate must be based in Sierra Leone, and ideally in Freetown.



ANNEX 1 – TROPICAL HEALTH AND EDUCATION TRUST (THET)

One billion people will never see a qualified health worker in their lives. For over thirty years, THET – www.thet.org - has been working to change this, training health workers to build a world where everyone has access to affordable and quality healthcare. We do this by leveraging the expertise and energy of the UK health community, supporting health partnerships between hospitals, colleges and clinics in the UK and those overseas.

From reducing maternal deaths in Uganda to improving the quality of hospital care for injured children in Myanmar, we work to strengthen local health systems and build a healthier future for all. In the past ten years alone, THET has reached over 100,000 health workers across 31 countries in Africa, the Middle East and Asia in partnership with over 130 UK institutions and UK health workers who have contributed over 60,000 days of their time as volunteers. Health partnerships have contributed to more effective and efficient health systems in low- and middle- income countries (LMICs).¹ They also benefit the UK health sector through improved health professional competencies, motivation, health service innovations and global influence.²

THET is a fund manager for health partnership grants programmes on behalf of UK government and corporations. [Health partnerships](#) are long-term, institutional relationships between health organisations in the UK and their counterparts in LMICs, and are based on ideas of co-development, reciprocal learning and mutual benefit. Staff from UK health institutions volunteer their time developing and carrying out health systems strengthening activities at their LMIC partner institution, be that training, curriculum development, leadership and governance, etc.



¹ Tripleline, HPI, *HPS Evaluation Synthesis Report*, 2016: http://iati.dfid.gov.uk/iati_documents/5641071.pdf

² THET, *In our mutual interest*, 2016: <http://www.thet.org/resource-library/in-our-mutual-interest>