



TERMS OF REFERENCE

SHAPE PROJECT

CONSULTANCY FOR THE DEVELOPMENT OF A FACILITATION KIT FOR BIRTH & PARENTHOOD PREPARATION WORKSHOPS IN SIERRA LEONE

COUNTRY	SIERRA LEONE
EXPERTISE	MIDWIFERY HEALTH EDUCATION TRAINING
TIMEFRAME	APRIL 2025 – OCTOBER 2025

SUMMARY

1 GENERAL PRESENTATION 1

2 EXPERTISE FOR THIS MISSION..... 2

2.1 CONTEXT 2

2.2 OBJECTIFS AND METHODOLOGICAL APPROCH 2

3 SCOPE OF THE MISSION..... 3

3.1 ACTIVITIES AND RESPONSABILITIES 3

3.2 DELIVERABLE 4

3.3 TIME LINE..... 4

3.4 BUDGET..... 4

4 CONSULTANT / TEAM REQUIREMENTS 5

5 HOW TO APPLY 5

1 GENERAL PRESENTATION

Solthis (Therapeutic Solidarity and Initiatives in Health) is an international health NGO that contributes to the strengthening of health systems to improve access to quality care in countries with limited resources and/or with vulnerable populations. Solthis is registered and has been operating in Sierra Leone since 2011. Our teams have provided comprehensive technical support at both health facility, national, and community levels to improve the quality of HIV and TB care, and SRHR services.

In Sierra Leone, Solthis is launching in 2025 the SHAPE (Sexual and reproductive Health Access and Promotion of Empowerment) project in partnership with Community Action for the Welfare of Children (CAWeC SL), a local NGO. The project is funded by French Development Agency (AFD). Solthis is responsible for the overall coordination of activities and will operate capacity-building for health professionals and improve the quality of care offered in public health centers while the local partner will roll out all community interventions.

2 EXPERTISE FOR THIS MISSION

2.1 Context

In West Africa, adolescents' and young people's (AY) access to sexual and reproductive health (SRH) services and interventions tailored to their needs remains very limited, and a range of barriers prevent them from exercising their SRHR. As a result, the key indicators for ASRH remain extremely fragile and well below international targets. The teenage pregnancy rate in West Africa is more than twice the world average (UNFPA 2022). In Sierra Leone, these pregnancies were recognised as a public health emergency in 2013 (UNICEF 2013). Although the percentage of teenagers who have given birth or are pregnant with their first child has fallen since 2013, it is still very high at 21% (Sierra Leone Demographic and Health Survey, 2019). According to a 2016 survey by the National Secretariat for the Reduction of Teenage Pregnancy (NSRTP), around 82% of teenage mothers did not want to become pregnant. Early pregnancies are known to increase the vulnerability of young girls, often leading them to resort to unsafe abortions and exposing them to an increased risk of obstetric complications, and consequently of maternal and neonatal morbidity and mortality. In 2019, Sierra Leone had 717 maternal deaths per 100,000 births, one of the highest rates in the world. An estimated 40% of these maternal deaths occur in adolescent girls, with obstetric complications representing the 1ère cause of death in this population (DHS 2019). Pregnancy complications such as haemorrhage, sepsis, dystocia and complications of unsafe abortion are the leading cause of death among girls aged 15 to 19. In addition to the health risks, early pregnancy also has major socio-economic consequences for the future of young girls and their children, as teenage mothers are often forced to drop out of school. The limited skills of healthcare workers, organisational problems within healthcare structures, weak referral systems, negative social representations and the poor quality of the care-giver-patient relationship also have a direct impact on the quality of care provided to young people. In addition, all too often the healthcare relationship continues to be one of domination by the medical establishment over individuals, particularly young girls and women, which can lead to situations of violence in a context where healthcare systems have difficulty in recognising women and girls as actors in their own health, and in placing the patient experience at the heart of the concept of quality.

In this light, SHAPE project aims to contribute **to the reduction of maternal and neonatal morbidity and mortality in the districts of Western Area Urban and Western Area Rural by improving access to and the quality of sexual and reproductive health (SRH) services and SRH rights for adolescents and young people (AY)**, in particular young women and adolescent girls aged between 10 and 24. To achieve this, the project will focus on (1) improving knowledge and empowering young people in the target areas in terms of SRH and gender equality, (2) adapting SRH care provision to the needs of young people and improving the skills of health workers, and (3) transferring the knowledge acquired with a view to the transition and scaling-up of the intervention at country level

In order to improve pregnant women and girls' access to care, strengthen their links with healthcare providers, improve their knowledge of pregnancy and parenthood, and thus contribute to their empowerment, the project includes the deployment of **birth and parenthood preparation workshops**. This activity will complement the quality improvement of health facilities and other community awareness-raising initiatives.

2.2 Objectifs and methodological approach

2.2.1 General objectif of the mission

Solthis seeks a consultant or a team of consultants **to develop a full package of tools and material for the implementation of birth and parenthood preparation workshops.**

2.2.2 Specific objectifs

More specifically, it is expected of the consultant or team of consultants to:

- 1) **Design the Birth & Parenthood Preparation Workshop Implementation Kit including all the relevant tools for its implementation and recommendations for workshop organization** (frequency, articulation / complementarity with ANC, best location, etc).
- **Implement 2 to 3 days in-person training/orientation on workshop facilitation for Solthis and CAWEC midwives' team and representatives of local health authorities involved in the project.** Training will be held in Freetown, Sierra Leone.

2.2.3 Expected methodological approach for workshops

The following details are provided for information purposes only and may be subject to change in consultation with project partners including health authorities and along with the consultant/team of consultant.

Workshop modalities: The workshops will be facilitated by Solthis and CAWEC and targeted health facilities midwives either in the community or directly within the health facilities covered by the project. Workshops will include group of 8 to 10 pregnant women and be organized by cycle (*for exemple 6 sessions of 2 hours per group*). At least one session will be open to pregnant women's partners.

Topics to be covered during the workshop should include: physical and psychological changes during pregnancy, nutrition & preventive measures during pregnancy, danger signs during pregnancy, interventions for common physiological symptoms, birth plan, labour stages, mobility in labour, birth labour and delivery position, companionship during labour, pain relief strategies, post-partum care for women including post-partum family planning, newborn care.

Expected facilitation methods for the workshop: case studies, practical training in the different types of pushing, breathing exercises and pain-relieving positions, massages, and a demonstration with birth simulators¹, self-support sessions / discussion group, etc.

The birth preparation kit should be based on national and international recommendations including policies on maternal health models of care that prioritize the needs of women (WHO recommendations for antenatal and intrapartum care²³, group-ANC⁴, midwifery models of care⁵, network of care, respectful maternity care⁶ etc.).

3 SCOPE OF THE MISSION

3.1 Activities and responsibilities

The consultant will be responsible for:

1 Solthis plan a dotation of birth simulator, MamaNatalie from Laerdal : [Simulateur d'accouchement MamaNatalie | Laerdal Medical](#)

² [9789241549912-eng.pdf](#)

³ [WHO-RHR-18.12-eng.pdf](#)

⁴ [Group Care Toolkit | Group Care Global](#)

⁵ [Transitioning to midwifery models of care: global position paper](#)

⁶ [Respectful maternity care final.pdf](#)

- Participate in the inception meeting with the Solthis DSSR referent, the medical manager, and the midwives, including the focal point midwife for humanized childbirth issues;
- Plan one or two additional meetings with Solthis and CAWEC medical teams to refine needs;
- Propose a first plan of the workshop kits and gather feedback from the Solthis team;
- Develop the full kit for workshop facilitation;
- Develop and implement a 3 to 4 days training/orientation session for Solthis and CAWEC teams + local health authorities to implement the workshop (including practices sessions);
- Participate in a debriefing meeting once the training has been implemented.

3.2 Deliverable

- Inception report ;
- Birth preparation facilitation kit ;
- Training material + in-person training on the use of the kit for Solthis and CAWEC teams + local health authorities ;
- Training/mission report.

3.3 Time line

Selection of consultants	March 2025
Contracting of consultants	April 2025
Start of assignment	April 2025 - remotely
Literature review and project briefing	April 2025 - remotely
Submission of inception report	May 2025 -remotely
First draft of Birth preparation workshop kit	June 2025 - remotely
Final version of the kit	August 2025 - remotely
Training/orientation session of Solthis and CAWEC teams in Sierra Leone	August – September 2025
Final report	October 2025 - remotely

3.4 Budget

The maximum budget available for this mission is **12 400 euros**. The consultant’s proposal should include a detailed breakdown including number of working days, consultant fees, level of effort, travel costs, visa if needed, per diem, and VAT/taxes. All costs proposals should be made in Euro.

Training organization costs (room, lunch and coffee breaks, etc) in Sierra Leone will be directly covered by Solthis and should not be included in the budget.

4 CONSULTANT / TEAM REQUIREMENTS

The consultancy team should include expertise in SRHR, midwifery, and health education. At least one member of the team must have extensive experience in facilitation of birth preparation workshops for pregnant women. To ensure contextual relevance, inclusion in the team of a local expert from Sierra Leone would be particularly appreciated.

The consultant / team of consultants are expected to meet the following qualifications:

- Midwifery degree;
- Master's qualification or equivalent experience in gender studies, health promotion, or public health would be an asset;
- Expertise on SHAPE project issues: sexual and reproductive health and rights (SRHR), maternal health, gender inequalities, unintended pregnancy, early pregnancy, self-help and self-care;
- Proven experience of conducting birth preparation workshops;
- Proven experience of developing trainings material using active participative methods ;
- Intercultural competence ;
- Experience in health education, knowledge of self-care / self-help approach among SRHR would be an asset ;
- Balanced team composition, taking into account age, and cultural diversity, and relevant inclusion of national/regional consultant;
- Excellent report writing, and proven ability to form concise, actionable recommendations;
- Fluency in English.

5 HOW TO APPLY

Proposals should address : understanding of the TOR and methodology, proposed team structure, workplan, budget breakdown, CV including 2 references. Proposals should include at least one example of a previous similar mission by the team or lead consultant. Proposal should not exceed 8 pages.

Proposals should be submitted to Aurélie Musca Philipps (aurelie.philipps@solthis.org) and Lawson Mbolueh (programcoordinator.sl@solthis.org) by February 27th 2025