TERMS OF REFERENCE

Brazil
BR-T1476
Support the Establishment of Communities of Practice to Foster Collaboration and Knowledge Exchange on COVID-19
SCL/SPH

1. Background and Justification

1.1. The Social Sector (SCL) is a multidisciplinary team convinced that investing in people is the way to improve lives and overcome the development challenges in Latin America and the Caribbean (LAC). Jointly with the countries in the region, the Social Sector formulates public policy solutions to reduce poverty and improve the delivery of education, work, social protection, and health services. The objective is to advance a more productive region, with equal opportunities for men and women, and greater inclusion of the most vulnerable groups.

1.2. The Social Protection and Health Division (SPH) is tasked with the preparation and supervision of IDB operations in borrowing member countries in the areas of social protection (safety nets and transfers and services for social inclusion which include: early childhood development, youth programs, care services for dependency, among others), health (health capital investment strategies, health networks strengthening, health system financing, organization and performance, etc.) and nutrition.

1.3. The COVID-19 pandemic in LAC has brought about **unprecedented challenges for Brazil to plan and implement an adequate and integrated response** on many fronts, such as: (i) engaging and mobilizing communities to limit exposure; (ii) strengthening rapid population-level active surveillance to find, test, isolate, and care for cases and quarantine contacts to control transmission; (iii) providing clinical care for COVID-19 patients while at the same time maintaining other essential health services to reduce morbidity and mortality; and (iv) reopening the economies while minimizing the chance of an uncontrolled upsurge in cases.

1.4. Fast-evolving scenarios and rapidly changing global knowledge about ways to respond to the pandemic, requires that multiple levels of government (international, federal, state/regional/provincial, and local) cooperate and coordinate their activities to avoid fragmented solutions, duplication of efforts and waste of scarce resources, potentially worsening the risks and outcomes of vulnerable subgroups of the population, such as health workers, the elderly, pregnant women, and people with chronic health conditions. **The establishment of mechanisms to facilitate the exchange of best practices at more localized** (provincial and municipal) **levels** where the action is happening **can strongly support government officials and other community leaders and their leadership teams craft an articulated and more effective response to the pandemic**. For example, in the United States, the Rockefeller Foundation has an ongoing initiative, the Testing Solutions Group (TSG) that is supporting peer-to-peer exchanges amongst COVID-19 response leaders from several States to consolidate existing or promote new efforts to establish communities of practice focused on critical COVID-19 response areas.

1.5. The Inter-American Development Bank (IDB) is looking to hire a firm to support the consolidation and/or the establishment of a community of practice to foster collaboration and knowledge exchange among the selected municipalities of some states of tree different regions of Brazil: Northeast region – Bahia and Pernambuco States; North region – Amazonas State; Midwest region – Mato Grosso and Mato Grosso do Sul States) to identify, adapt, and scale-up best practices to improve critical pillars of the response to COVID-19. Those are regions (states, municipalities, and communities) have with high levels of vulnerability, geographic challenges, social and economic diversity among the municipalities, and very limited institutional capacity for local SUS management

2. Objectives

2.1 The objective of this operation is to support the consolidation and expansion of communities of practices to foster collaboration and knowledge exchange among subnational governments to identify, adapt, and scale-up best practices to improve critical pillars of the response to COVID-19, with the aim of improving current practices, facilitating the adoption of promising initiatives, promoting a more integrated response, and reducing the fragmentation amongst different states, provinces, and municipalities.

3. Scope of Services

3.1 The selected firm will facilitate activities in the community of practice for an integrated response to COVID-19 challenges in Brazil through the design and application of methods for engagement of expert knowledge with the public sector and will be responsible for the design and execution of activities to implement the communities of practice.

4. Key Activities

4.1 The activities the selected firm will perform include, but are not limited to, the following:

1. Review the experience of Rockefeller's Foundation community of practice on COVID-19 testing (Testing Solutions Group (TSG)), as well as the Bank's technical cooperation document and the proposal submitted to the Rockefeller Foundation.
2. Participate in meetings with the IDB team to review Rockefeller's experience and discuss the adaptations needed to contextualize it, including the methodology.
3. Participate in a kickoff workshop with the representatives from the IDB, the Rockefeller Foundation, the TSG, and the collaborating institutions of the other two communities of practice being established in Latin American and Caribbean (LAC). The objective of the workshop will be to discuss and homogenize the methodology to be followed by each community of practice.
4. Prepare a work-plan for the consultancy.
5. Recruit members to join the community of practice[1].
6. Elaborate a calendar for on-line meetings, validated by the members of the community of practice.

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[1] The IDB will support the consultancy to identify and contact potential members, drawing from the network and relationships it has developed in each locality. The community of practice should include collaborators from the private and non-for-profit sectors.

7. Select an information-sharing platform where information, data, and documents related to the community of practice can be shared amongst participants (i.e. google)[2]. Manage and update the content of the platform.

8. Develop a short taxonomy and catalog of problems that could be addressed by the community of practice and prioritize among them[3]. Engage diverse experts and problem owners in the process. A taxonomy of challenges derived from the IDB's Smarter Crowdsourcing initiative (SC-coronavirus) is available for reference, with an accompanying prioritization tool[4].

9. Once a problem (or problems) has been selected and validated with the community of practice, elaborate a five-page (maximum) evidence-based brief on the problem, its main root causes, and potential solutions. The brief(s) will be circulated to participants ahead of subsequent online meetings.

10. Elaborate and validate an agenda for the subsequent online meetings. These should be efficient and tailor-made to the needs of the participants in the community of practice.

11. Develop and apply a survey that will be used to monitor and evaluate the results achieved by the community of practice. This survey should be applied before the first online meeting and every two months thenceforth. This survey, together with the previously mentioned attendance sheets, should capture information, minimally, on the following indicators:

    a. % of members adapting their strategies and/or practices as a result of participation in the community of practice[5]. Target: 60%

    b. % of members that consider their COVID-19 response more articulated and less fragmented. Target: 60%

    c. % of members rating overall satisfaction as "very high". Target: 90%

    d. # and % of members attending each virtual meeting, as well as # and % of members actively participating in each session. Targets: 80% and 80% respectively

    e. % of members who can identify at least one peer connection within the community of practice that has positively influenced their strategy and/or practice. Target: 60%

    f. % of members who have accessed and used the knowledge products developed. Target: 80%

12. Identify and invite guest experts to participate in the subsequent online meetings, according to the agenda established. Guests are those with academic and practical experience (on the subject matter, methods and/or related data or technology) and, above all, people who have demonstrated success solving the problem (in the country or abroad). The goal is to go beyond the "usual suspects" with similar viewpoints and

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[2] Example from Argentina: https://sites.google.com/view/planesoperativosprovinciales.

[3] Examples of potential problems: (i) how to achieve effective coordination and planning to know when and how to relax the most stringent restrictions; (ii) how to apply COVID-19 testing protocols for different settings/scenarios (i.e. schools, workplaces, tourism, etc.); (iii) how to carry out communication and community engagement with clear factual and consistent messages to instill confidence, build solidarity, and enlist individuals and communities in action, such as testing, to slow the spread of COVID-19; (iv) how to best protect health workers with training and protective equipment, and how to attend to their mental health; and (v) how to expand the health system's capacity to treat severe cases.

[4] https://coronavirus.smartercrowdsourcing.org/files/sc_problem_catalogue_en.pdf

[5] As the community of practice will choose the problem(s) it will focus on, this indicator is intended to capture how members will adapt their strategies and/or practices in the chosen topic(s).

to include different forms of experts from a variety of fields with practical know how solving this or a related problem[6].

13. Convene and facilitate a series of online deliberative conversations among participants of the community of practice, according to the agenda established and with the participation of the guest experts. The frequency and duration of these sessions will have been previously defined with the members of the community of practice. These online meetings should take place through a web conferencing platform such as Zoom, and may use other working group tools If necessary, the Bank can facilitate the use of its own platforms and summon up the meetings. The objective of these meetings is to support exchanges of experience as well as expert knowledge on concrete and specific opportunities/solutions related to the problem(s) selected, to encourage the uptake, adaptation and/or scale-up of best practices. As part of this exercise, the consultancy is expected to carry out the following (all of which is expected to be published in the previously mentioned platform):

   a. Prepare an attendance sheet of every online meeting.
   b. Create a map and database of participating experts for members of the community of practice to follow up directly, if needed.
   c. Prepare a moderation guide and moderate each online discussion. If necessary, simultaneous translation to other languages should be arranged.
   d. Produce post-session briefing materials following each online meeting, including video, transcript, summary of the session (1-2 pages), and, if feasible, an action memo or policy brief providing implementable recommendations prepared from the discussion. They should list and describe any promising solutions discussed, followed by an implementation plan that may include specific next steps, actions to take, time frames, costs, and other practical information. An example of a possible format and content of action memos from the SC-coronavirus initiative is available[7]
   e. Prepare knowledge-products. The insights from the online meetings can extracted and may be expanded upon with further research and interviews, to be transformed in a knowledge-product. These should be operationally oriented and should be no longer than 12-15 pages. At least two knowledge-products must be created in the context of the consultancy , one of which will be a final health policy recommendations report in the format of a technical note.
   f. Prepare one blog about the experience of the community of practice, at the end of the consultancy, to be published in the IDB's Gente Saludable.

14. Publish information related to the initiative, including post-session briefing materials and knowledge products on the website of the consultancy, and encourage members of the community of practice to publish this information on the website of the institutions they represent.

15. The consultancy will develop and implement mechanisms to ensure all activities above allow for active engagement and participation by members of the community of practice.

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[6] The IDB can support the consultancy to identify and contact experts, drawing from its network.

[7] See a comprehensive action memorandum.

16. Throughout the consultancy, when requested, participate in coordination meetings with the IDB and the communities of practice being established in other LAC countries, as well as the Rockefeller Foundation and TSG.

4.2 The firm will develop and implement mechanisms to ensure all activities above allow for active engagement of participating communities of practice and validation by the IADB team.

5. Expected Outcome and Deliverables

5.1 Payment is contingent upon acceptance of final deliverables by the IDB. The selected candidate should plan submission of draft deliverables into their work plan and timeline to meet expected timeframes. The selected candidate is expected to submit the products from each deliverable in soft copy formats. Software codes should be submitted via electronic storage device (flash drive) or digitally via email. Please see payment schedule below.

Deliverable	Timeline	Payment %
Deliverable 1: - 3 (kickoff workshop) - 4 (work-plan) - 5 (members of the community of practice) - 6 (calendar for on-line meetings) - 7 (information-sharing platform)	Month 1	**20%**
Deliverable 2: - 8 (taxonomy, catalog of problems, and prioritization) - 9 (final selection of problem and brief) - 10 (agenda) - 11 (design of survey and application of baseline) - 12 (confirmation guest experts)	Month 2	**30%**
Deliverable 3: - 11 (survey results every 2 months) - 13 (online meetings - a, b, c, d)	Months 3-8	**40%**
Deliverable 4: - 13 (online meetings - e, f)	Month 9	**10%**

6. Project Schedule and Milestones

6.1 Expected duration of the project is **9 months** from signature of contract according to the table above.

7. Reporting Requirements

7.1 Every report must be submitted to the Bank in a digital file in Portuguese (BR). If applicable, the report should include cover, main document, and all annexes. Zip files will not be accepted as final reports, due to Records Management Section regulations.

8. Acceptance Criteria

8.1 Upon submission, all deliverables will be reviewed by members of qualified staff from SCL/SPH or external experts if deemed necessary. If the reviewers deem that the deliverables meet the requirements as stated in the TORs the product will be accepted.

9. Other Requirements

9.1 Firm with a strong reputation and leadership in public health and health policy. The firm is required to have international and local expertise in design and application of online engagement of expert knowledge with the public sector in Latin America. Must demonstrate experience producing systematic reviews of the evidence, program and platform design, organizing expert events, and disseminating best practices through online and offline training programs. The firm must have a multi-disciplinary and multi-lingual team, which includes native speakers of Portuguese (BR) with the profiles below:

- Project coordinator (one) with experience managing projects, including planning, logistics related to online events, coordination and articulation of different activities, and follow-up on deliverables and contractual obligations.
- Engagement officer (one) with experience sourcing, managing, and engaging experts.
- Researcher (two) with subject matter knowledge and know-how of writing rapid and actionable documents.
- Sessions facilitator (one) with experience managing and moderating online events and discussions.
- Monitoring and evaluation officer (one) with experience in designing and applying surveys.
- Online platform officer with experience creating and maintaining online platforms for information and data sharing.

10. Supervision and Reporting

10.1 The work will be supervised by the IDB Regional Office (BR) who will provide comments and approve documents and reports, give comments or any instructions for changes, as well as schedule periodic meetings for project assessment. It shall be Firm's responsibility for ensuring that such meetings are conducted, and such reports are submitted to the Bank.

11. Schedule of Payments

11.1 Payment terms will be based on project milestones or deliverables according to the schedule below.

- 20% upon submission and approval of deliverables 1
- 30% upon submission and approval of deliverables 2
- 40% upon submission of deliverables 3
- 10% upon submission of deliverable 4

11.2 The Bank does not expect to make advance payments under consulting contracts unless a significant amount of travel is required. The Bank wishes to receive the most competitive cost proposal for the services described herein. The IDB Official Exchange Rate indicated in the RFP will be applied if necessary.

11.3 The firm in charge will be responsible for the activities that are described below. The technical team from the IDB, upon signing of the contract, will provide the inputs needed to develop the required activities and deliver the solicited products according to the defined specifications in the current document.