

The United Republic of Tanzania



Ministry of Health, Community Development, Gender, Elderly and Children

Terms of Reference

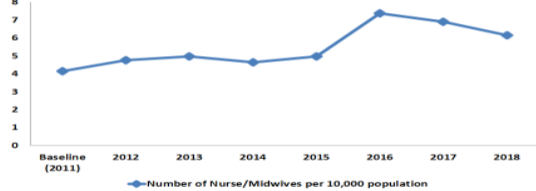
Comprehensive Assessment of Midwifery Workforce in Tanzania



1. Background

Childbirth is one of the most transformative and rewarding events of a woman's life. It should be safe and remembered with great joy and love. However, each year, over 300,000 women die during pregnancy and childbirth globally (WHO, UNICEF, UNFPA, World Bank Group, United Nations, 2015). Nearly, 7.5 million deaths occur in the first 1,000 days of life and five million children die every year before their second birthday (UN Inter-Agency Group for Child Mortality Estimation Levels & Trends in Child Mortality, 2018). In addition, 2.1 million babies are stillborn (GBD, 2015). The few hours of the intrapartum period – the time from labour onset to the immediate postpartum period – carry the greatest lifesaving potential. Up to 2.5 million lives could be saved using evidence-based care by competent health care providers in the intrapartum care period alone (Bhutta *et al.*, 2014). This translates into saving almost 7,000 women and children every day. In Tanzania, the maternal mortality ratio (MMR) stands at 556 per 100,000 live births; the intrapartum stillbirth rate at 5 per 1,000 births; and the neonatal death rate at 21 per 1,000 live births (TDHS, 2016).

Although the number of women delivering at health facilities has increased, it has not impacted on maternal and neonatal mortalities as per government targets. For example, women delivering at a health facility increased from 50.2 percent in 2010 to 63 percent in 2015 (TDHS 2010, 2016). The Mid Term Review of the Health Sector Strategic Plan IV (MOHCDGEC, 2015) and the review of One Plan II (MOHCDGEC, 2016), however, show that maternal mortality and newborn deaths have increased significantly. While there was a 47 percent reduction in the MMR between 1990 and 2012 (870 and 232 deaths per 100,000 live births respectively), Tanzania did not make sufficient progress to attain its Millennium Development Goal of reducing the MMR to 193 per 100,000 live births. Previous gains are being eroded as the MMR increased to 556 per 100,000 births in 2015. Furthermore, it is well known that maternal mortality has many contributing factors. However, health care providers with midwifery skills in an enabling environment could prevent most of the direct causes of maternal and neonatal mortalities. In due regard,



skilled midwives should have abilities and competencies to provide emergency obstetric care in a respectful manner.

Skilled birth attendance (SBA), in addition to emergency obstetric care and the use of voluntary family planning, are among the interventions proven to reduce maternal and newborn mortality and morbidity. The three interventions could reduce maternal mortality by 90 percent – family planning alone by 35 percent and skilled attendance combined with emergency obstetric care by 75 percent (WHO, 2016). However, it has been observed that maternal death is the highest in countries with few skilled health care providers during childbirth. Therefore, ensuring access to and the availability of skilled birth attendance with by skilled midwives is important in reducing maternal mortality as well as morbidity and improving the health outcomes of women and children in Tanzania.

Besides the importance of skilled birth attendance, there is a 52 percent shortage of human resources for health (HRH) across all cadres in Tanzania (MoHSW, 2019). The chronic shortage of HRH commonly results from deployment and distribution patterns (MoHSW, 2014). The estimated gap is based on the static establishment, which might have not indicated the real picture. This limits the ability to meet national health targets and Sustainable Development Goals aimed at reducing maternal and neonatal mortality to less than 70 percent by 2030 (UN-SDGs, 2015). The WHO defines shortage of human resource for health as less than 2.5 health workers per 1,000 persons, a rate Tanzania has not achieved. Findings from the recent HSSP V Midterm review show that the density of nurses and midwives per 10,000 population indicate a decreasing trend as shown at Figure 1.

Together with an insufficient number of health workers, there are a lack of appropriate skills, competencies and education necessary for the workforce to provide quality care (MOHCDGEC, 2015).

In addressing the identified workforce challenges, particularly those related to midwifery training, policy, regulation, and practices, collaboration is required between various stakeholders. There is also a need for strong evidence to inform policy change and strategies. In this regard, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), in collaboration with partners, is planning to conduct a comprehensive assessment of the midwifery workforce in Tanzania.

2. Purpose of the Consultancy

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) in collaboration with UNFPA is seeking the services of individual consultants or a firm to critically assess, explore, and provide recommendations to improve the midwifery workforce for quality and safe practices in Tanzania mainland.

2.1. Objectives of the project

2.1.1 Main Objective

To assess comprehensively the midwifery workforce in terms of education and training, practice, policy and regulation in Mainland Tanzania.

2.1.2 Specific objectives

The specific objectives are presented according to key project thematic areas.

Education and training

To assess:

- a) Midwifery education and training and if they meet international standards (i.e., ICM and WHO)
- b) Tutors'/faculty competencies for appropriate midwifery programme implementation
- c) Quality of teaching and learning environment for effective learning
- d) Health training institutions' capacity to execute midwifery programmes
- e) Adequacy of the curricula in the provision of midwifery competencies as per level of training programme
- f) Competencies of the graduate midwife immediately before employment

- g) Continuing professional education for midwives and accreditation for such programmes

Practice

To assess:

- a) The extent to which midwifery practices abide by national policies, plans as well as strategies
- b) Mentorship and supervision for midwifery trainees
- c) Adequacy and accessibility of midwifery workforce and services in Tanzania
- d) Stakeholders' perception on availability, accessibility, acceptability and quality of midwifery care
- e) Quality of care offered to clients by midwives
- f) Working environment for quality and safe midwifery practice including availability of medical equipment and supplies

Policy and regulation

To assess:

- a) Availability, adequacy and suitability of legislation, policy and regulations governing the education, training and practice of midwifery
- b) Integration of policy and legal frameworks in training and the midwifery practice
- c) Gender mainstreaming in training and the midwifery practice
- d) Roles of professional regulatory body and associations in midwifery education and practice
- e) Mechanisms for monitoring and supervision of midwifery training and practice
- f) Mechanisms for coordination among the key players (4 pillars) for effective training and midwifery practice
- g) Best practices for midwifery education/training and practice relevant to Tanzania
- h) Employment and deployment of midwifery workforce
- i) Availability of pertinent scheme of service for midwifery workforce

2.2. Scope of work

The assignment will be confined to the following aspects:

- a) Conduct interviews with government officials, professional regulators and associations, partners and relevant NGOs, ward in-charges, midwives, Heads of Health Training Institutions and clients/mothers.
- b) Conduct focus group discussions with tutors and trainees.
- c) Conduct field observations to health training institutions, health facilities and other relevant institutions.
- d) Conduct document review related to national policies, plans and strategies including training documents, and other reports related to midwifery practice.
- e) Present the report to MOHCDGEC - HRD and HRH TWG for feedback.
- f) Present the report to stakeholders for validation and feedback.
- g) Finalize the report and submit to MOHCDGEC.
- h) Development of Midwifery Improvement Framework

3. Outputs/deliverables

- a) An inception report with timelines, budget, evaluation matrix ¹ including assessment tools.
- b) Stakeholders' meeting report summarizing key issues.
- c) Assessment report of midwifery workforce for Tanzania.
- d) Framework to guide/improve midwifery practice.

4. Timeframe

- a) The consultancy is expected to last for 45 working days from December 2020 to February 2021.

b) Indicative Timeframe

- Design phase (Preparation for work including submission of the inception report/assessment protocol - 4 days

¹ The evaluation hand book can be found at <https://www.unfpa.org/EvaluationHandbook>.

- Field work phase (desk review, interviews, field visits) – 24 days
- Reporting and dissemination phase (drafting and finalization of reports, validation and consensus meetings etc.) – 11 days
- Development of Midwifery Improvement Framework (drafting, stakeholders meeting and finalization) – 6 days

5. Reporting arrangement

- a) The consultant(s) will work directly with UNFPA for the administration and management of the contract.
- b) The consultant(s) will work closely with the task force for technical issues through MOHCDGEC.
- c) The consultant(s) will submit the final assessment on the midwifery workforce report electronically and three (3) hard copies to UNFPA for contractual purposes and to MOHCDGEC.
- d) The consultant(s) will submit the developed framework to guide/improve midwifery practice in Tanzania to MOHCDGEC.

6. Composition of the Assessment Team

The comprehensive midwifery assessment will be conducted by a team of individual consultants comprised of a team leader and two other experts covering the assessment thematic areas of policy and regulation, education and training, and practice. The team will be formed by national consultants.

The consultants will also develop a framework to guide/improve midwifery practices in Tanzania based on the findings from the assessment.

The Team Leader is expected to have a strong background in the area of human resource for health particularly on the midwifery workforce. In addition to his/her responsibilities as team leader, he/she will also serve as a thematic specialist in the area of policy and regulation. The qualifications, experience and competencies of thematic experts for each thematic area are described below.

Roles and Responsibilities of the Assessment Team

Team Leader and Policy and Regulation Expert

- **The team leader:** will be overall responsible for the assessment process and the production of the deliverables indicated above. S/he will lead and coordinate the work of the assessment team during all phases of the assessment and be responsible for the quality assurance of all deliverables. She/he will liaise with UNFPA and MOHCDGEC team leads for the assessment as well as support the Task Force on various issues related to successful completion of the assessment exercise.

- **The team leader:** will have the requisite expertise in the development field and HRH with experience in conducting complex types of assessment and related research work particularly in the area of the midwifery workforce. She/he will have overall responsibility for providing guidance and leadership in: the development of the assessment design including approach, methodology and work plan; drafting final reports, as well as a brief summary for presentation at a dissemination workshop. The team leader will lead the assessment process and will provide guidance to other team members.

- **Policy and regulation expert:** will provide expertise in the areas of policy and regulations governing midwifery and the midwifery workforce. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final assessment report, including (but not limited to) sections relating to policy and regulation around the midwifery work force.

Other Team Members' Roles and Responsibilities

- **Education and training expert:** will provide expertise in the area of midwifery workforce education and training in line with international and national standards. She/he

will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and the final assessment report, including (but not limited to) sections relating to midwifery education and training.

- **Midwifery practice expert:** will provide expertise in the area of midwifery practices that will include for example, policies and plans around midwifery practices, services, quality of care, environment for safe midwifery practices etc. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final assessment report, including (but not limited to) sections relating to midwifery practices.

7. Qualification and Experience of the Assessment team

a) Team Leader and Policy and Regulation Expert

- Postgraduate degree in midwifery, public health, medical, nursing and/or other health related academic qualification.
- A minimum of 10 years' experience in the Tanzania health sector and in conducting complex assessments in the field of HRH and the midwifery work force in particular, including experience in leading this kind of assignment or research work.
- Substantive knowledge and experience in developing HRH workforce policies, strategies and frameworks.
- Good knowledge of the national development context.
- Previous experience with the development of national tools and strategic plans is a requirement.
- Understanding of HRH in the context of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) is an added advantage.
- Experience and familiarity with Midwifery and or Nursing Association, regulation and education practices, guidelines and policies governing the practice in Tanzania.

- In-depth knowledge of assessment/research methods, data collection and analysis.
- Excellent data analysis skills in qualitative and quantitative methods.
- Experience in carrying out large scale assessments.
- Excellent analytical, writing and communication skills.
- Ability to work with a multi-disciplinary team of experts.
- Good organizational skills, including time management and ability to meet deadlines.
- Experience in the usage of computers and office software.
- Familiarity with UNFPA or UN operations.
- Strong communication skills and good interpersonal skills in building and strengthening partnership.

(b) Other Team Members:

i. Education and Training Expert

- An advanced degree in midwifery, Masters of Public Health or equivalent qualification.
- 7 years' experience in the Tanzania health sector particularly in midwifery and or nursing education and training.
- Substantive experience and expertise in developing/designing and implementing midwifery education and training programmes.
- Experience and familiarity with Midwifery and or Nursing Association, regulation and education practices, guidelines and policies governing the practice in Tanzania.
- Experience in research and teaching.
- Good knowledge of the national development context.
- Understanding of HRH in the context of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) is an added advantage.
- Excellent data analysis skills in qualitative and quantitative methods.

- Good organizational skills, including time management and ability to meet deadlines.
- Ability to work with a multi-disciplinary team of experts.
- Excellent analytical, writing and communication skills.
- Experience in the usage of computers and office software.
- Familiarity with UNFPA or UN operations.
- Strong communication skills and good interpersonal skills in building and strengthening partnership.
- Strong analytical and organizational skills.

ii. Midwifery Practice Expert

- An advanced degree in Midwifery and or Nursing.
- Registered midwife/nurse-midwife with at least five (5) years' experience in midwifery practices.
- Experience and familiarity in the Tanzania health sector; midwifery and or nursing regulations, guidelines, strategies and policies governing the midwifery practice in Tanzania.
- Understanding of HRH in the context of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) is an added advantage.
- Excellent data analysis skills in qualitative and quantitative methods.
- Familiarity with UNFPA or UN operations.
- Ability to work with a multi-disciplinary team of experts.
- Ability to provide deliverables on time.
- Excellent written and spoken english language skills.
- Experience in the usage of computers and office software.
- Strong communication skills and good interpersonal skills in building and strengthening partnership.
- Strong analytical and organizational skills.

Table 1: Allocation of Working Days

Evaluation Team	Design phase (1 week)	Field work phase (3-4)weeks	Reporting and dissemination phase (4-5 weeks)	Development of Midwifery Improvement Framework	Total person-days eequired
Team Leader and Policy and Regulation Expert	4	24	11	6	45
Education and Training Expert	2	18	8	3	31
Midwifery Practice Expert	2	18	8	3	31
Total Days	8	60	27	12	107

8. Contract Duration and Remuneration Arrangements

Workdays will be distributed between the date of signature and the approval of the submitted final report. The fee to be paid to the assessment team will cover professional fees for the days stipulated in Table 1. Travel for field work outside the consultants residing geographical location will be covered by a travel advance or reimbursement, as appropriate, following UNFPA’s prevailing daily subsistence allowance (DSA) rates.

Payment of fees will be based on the delivery of outputs, as follows:

- Upon approval of the design/inception report: 30%
- Upon satisfactory contribution to the draft final assessment report: 30%
- Upon satisfactory contribution to the final assessment report: 40%

All deliverables will be reviewed by the Task Force that has been established by MOHCDGEC. Payments will be upon approval of deliverables by UNFPA and MOHCDGEC (HRD).

9. Management and conduct of the assessment

The midwifery assessment will be conducted by an independent team whose members will be selected through a competitive process using UNFPA procurement process and policy in consultation with MOHCDGEC. The assessment will be managed by the UNFPA M&E and SRH Units in collaboration with the Directorate of Human Resource Development of MOHCDGEC. This team will oversee the entire process of the assessment from its preparation to the dissemination of the final report and the final Midwifery Improvement Framework and manage the interaction between the assessment team and the Task Force. This team will also provide general and logistical support as needed for the assessment and ensure the quality control of deliverables submitted by the assessment team throughout the process. The Task Force that has been established by MOHCDGEC will provide technical guidance in the entire process. Although the consultants will be hired as individuals, they will be expected to work as a team.

Team leader

The team leader has overall responsibility for quality assurance of the Comprehensive Assessment of the Midwifery Workforce. He/she is responsible for:

1. Preparation of the assessment draft and final reports
2. Timely submission of the assessment reports
3. Quality assurance of the field work
4. Timely submission of the thematic reports

Team members

Working under the direct guidance of the team leader, each team member is responsible for:

1. Drafting the field work tools
2. Conducting the fieldwork

3. Drafting and submitting thematic reports to the team leader for clearance within agreed timelines

10. Application

All applicants should send their application documents and CVs by Wednesday 3rd February 2021 to the email address below:

Email: tanzania.office@unfpa.org

11. Remuneration: An attractive consultancy fee will be paid to the successful individual consultant or team based on qualifications.

12. Only successful candidates will be contacted.

References`

1. Bhutta ZA, Das JK, Bahl R, et al. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *The Lancet* 2014; 384(9940): 347-70.5.
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8. TDHS. (2016). Tanzania 2015-16 Demographic Health Survey and Malaria Indicator Survey. In *Tanzania 2015-16 Demographic and Health Survey and Malaria Indicator Survey*.
9. UN Inter-Agency Group for Child Mortality Estimation. Levels & Trends in Child Mortality. Estimates Developed by the UN Inter-Agency Group for Child Mortality Estimation. New York, 2018.
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11. WHO, UNICEF, UNFPA, World Bank Group, United Nations. Trends in Maternal Mortality: 1990-2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO, 2015.