



TERMS OF REFERENCE FOR THE BASELINE ASSESSMENT OF THE PROJECT STRENGTHENING MIDWIFERY PRACTICE IN TANZANIA

Vacancy: Consultancy

Location: United Republic of Tanzania

Duration: July- September 2024

Introduction.

Tanzania has significantly reduced maternal mortality from 556 per 100,000 live births (TDHS, 2015/2026) to 104 per 100,000 live births (TDHS, 2023). Despite the significant achievement, no single preventable maternal death is acceptable. In Tanzania, women are still dying every year due to complications of pregnancy and childbirth, the majority of which can be averted. Under-5 mortality decreased from 67 to 43 deaths per 1,000 live births between the 2015–16 TDHS-MIS and the 2022 TDHS-MIS. Over the same period, infant mortality declined from 43 to 33 deaths per 1,000 live births, while neonatal mortality remained largely unchanged. UNFPA, in collaboration with Government, Development Partners and other stakeholders, is striving to achieve zero preventable maternal deaths by 2030.

Context:

UNFPA is working in consortium with the Canadian Association of Midwives (CAM) and Amref Canada with financial support from Global Affairs Canada (GAC) to support the *Strengthening Midwifery in Tanzania Project*. The project will be implemented by the Ministry of Health, Tanzania Midwives Association (TAMA), Amref Tanzania, President's Office Regional Administration and Local Government (PORALG), Women in Law and Development in Africa (WiLDAF) and Local Government Authorities in the two regions of Dar-es-Salaam and Shinyanga.

Currently, there is no standalone, direct-entry Midwifery Education Programme in Tanzania, which affects the quality of midwifery training and, subsequently, midwifery service delivery. The existing 'Nurse-Midwifery' Training Programme is perceived to fall short in meeting international training standards. For example, a Tanzanian midwife's exposure time for midwifery lessons is four times lower than for a midwife who meets the standards recognized by the International Confederation of Midwives. In the working environment, midwifery is not well recognized by various policy frameworks such as regulation frameworks, public service frameworks as well as governance frameworks for decisions. Limited education, unsatisfactory working environment and limited engagement in governance and decisions further compromise the provision of quality midwifery care.

According to the most recent Population and Housing Census (2022), the population of the United Republic of Tanzania is 61.7 million (31.6 million women and 30 million men). For Tanzania's Mainland, it is 59.5 million (29.2 male and 30.3 female). Tanzania is adding over one million people to its population every year. The nurse-midwife availability is only [5.4](#) per 10,000 population in Tanzania which is fewer by three folds compared to WHO minimum

requirement of xxx. Hence, the annual increase in population is likely to lead to more pressure on the lean midwifery workforce, causing burnout, low motivation, and more challenges to meet the requirements of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services of the population these nurse-midwives serve.

Evidence shows that universal coverage of global standard¹ midwife-delivered interventions could avert 67% of maternal deaths, 64% of neonatal deaths, and 65% of stillbirths. Furthermore, midwives who are appropriately educated and regulated to international standards and working in enabling environments can provide up to 87% of essential sexual and reproductive health services (State of the World Midwifery [SOWMy] Report, 2022). A recent [study](#) from 88 countries that account for the vast majority of the world's maternal and neonatal deaths and stillbirths concluded that universal coverage of midwife-delivered interventions could avert two-thirds of these deaths and save 4.3 million lives per year by 2035

(The State of the World's Midwifery 2022: East and Southern Africa Region)

The midwifery profession, which is predominantly occupied by women, is considered to be of lower status, underpaid, and overworked. Midwives in Tanzania often work in under-resourced facilities, which affects the quality of care they can provide. Some may face discrimination and harassment in the workplace, including sexual harassment and physical and emotional violence and abuse. This can lead to a sense of compromised safety and security, stress and hostility in the work environment, which may result in female midwives leaving the profession. Furthermore, female midwives may have additional social and family responsibilities in their personal lives, such as caring for children and household tasks, which adds an additional burden to their daily workload. Therefore, there is a need to improve the working environment, experiences and welfare of midwives through the use of human rights based and gender-responsive approaches in the entire project.

Based on the problem analysis conducted to inform the development of this proposal, the project will focus on strengthening gender-responsive midwifery education and improving the working environment for midwives, both pre and in-service, to ensure that it is free from any form of harassment and gender-based violence. advocacy for female and male midwives, participation in leadership/decision-making positions, building peer support and demanding for midwives' rights to equal treatment. In-service midwives in the targeted project target areas will be offered opportunities to upgrade their skills through continuous professional development.

The project intends to do the following: -

1. Improve the pre-service and eLearning teaching and learning environment for professional midwives in targeted health training institutions, including the competencies of nurse and midwife tutors, mentors, and preceptors, to ensure they have the skills and knowledge to deliver high-quality, inclusive, and gender-responsive reproductive, maternal, newborn, and adolescent health (RMNAH) services.
2. Deploy and increase the capacity and skills of mentors and trainers to provide supportive supervision and in-service/eLearning training and ensure current managers, nurse-midwives, and future deployed midwives are improving the enabling

¹ A "midwife-delivered intervention" is defined as one which (i) can be delivered in its entirety by a professional midwife according to standards published by ICM, (ii) is known to directly affect mortality or nutritional status and (iii) is listed as an essential intervention either by ICM or the UN Global Strategy for Women's, Children's and Adolescents' Health.

environment and have the skills to deliver quality, inclusive and gender-responsive services.

3. Design and deliver strategic interventions, including the development and implementation of a midwifery bridging program and innovative clinical skills development packages to upgrade certificate and diploma-level midwives and existing maternity staff to ensure they can provide the full scope of midwifery care competently and confidently in targeted health centers and hospitals.
4. Support Nurse Midwives NTA level 5 working in selected health facilities of project regions to upgrade to NTA level 6 through the e-Learning Programme.
5. Strengthen the national system (disaggregated by sex and age) for monitoring and analysis of the compliance with global standard for midwives within the public health system to inform policymakers and planners about resource allocation and address identified gaps.
6. Work with women's rights organizations to build gender capacities and engage the community, particularly community leaders, faith-based leaders, community health workers, men and young men, and women and girls' groups, in dialogues and targeted community activities that aim to challenge negative gender and social norms that impact the uptake of RMNCAH and GBV prevention services.
7. Invest in midwifery leadership by strengthening the capacity of the Tanzania Midwives Association (TAMA) to work with relevant authorities, including women's rights organizations, to advocate for increasing the number of competent and empowered midwives, build TAMA's leadership capacities and solidarity with women for a common cause of promoting gender equality within the health workforce and improving working environments free of stigma, discrimination, harassment and violence against midwives and their clients.
8. Engage with the Ministry of Health, PORALG, Regional and Local Government Authorities, and regulatory authorities to review and/or develop gender-responsive midwifery-related policies, regulations, guidelines, and coordination mechanisms to improve the status of the midwifery workforce, which is valued and treated dignified.
9. Collaborate with the Nursing and Midwifery regulatory authority to finalize and disseminate the reviewed scope of practice, which encompasses updated midwifery skills and provides a full range of roles, responsibilities, activities, and functions that nurses and midwives are educated in and legally authorized to perform.
10. Strengthen social accountability mechanisms, community structures capacity building, promoting male engagement as well as community awareness.

Geographical Coverage

This project intends to increase the availability of skilled and empowered midwives to contribute to reducing maternal and newborn mortality and provide a full range of other RMNCAH services. The project will be implemented in three districts of Shinyanga region (Shinyanga rural, Kahama, and Kishapu) and three municipal councils of Dar-es-Salaam region (Temeke, Ilala, and Kinondoni).

Objectives:

The baseline assessment broadly aims to provide information that will help to implement the midwifery project in Tanzania, specifically, the assessment will achieve the following:

1. Establish the baseline values for the indicators for the project as highlighted in the results framework.
2. Assess the extent to which the current midwifery education and training meets the international standards (ICM and WHO).

3. Assess the availability, compliance of content with global standards, gender responsiveness, and functionality of e-Learning and other digital in-service training applications and scope of dissemination for midwives.
4. Assess the availability of the midwifery data system, certification, and registration mechanism.
5. Assess the quality and gender-responsiveness of teaching and learning environment for midwifery in selected training institutions.
6. Assess the availability of enrolled and registered in-service nurse midwives in project regions.
7. Assess the quality of midwifery services provided in selected health facilities in the project area.
8. Assess the current status and perceptions of gender equality within the health workforce and working environments.
9. Assess the experiences of stigma, discrimination, harassment and violence against midwives and their clients.
10. Assess factors at community level that influence the utilization of midwifery services, including the presence of gender and social norms that impact positively or negatively on the uptake of RMNCAH and GBV prevention services.
11. Assess the availability and effectiveness of community structures promoting gender equality and male engagement in RMNCAH, particularly midwifery services.
12. Assess the effectiveness of community health workers in promoting and referring women to RMNCAH services, including antenatal, perinatal, pregnancy, and postpartum services in selected districts.
13. Assess the availability, compliance of content with global standards, gender responsiveness, and functionality of digital training applications and scope of dissemination for Community Health Workers in selected districts.
14. Assess the capacity of community structures for gender-responsive planning, budgeting, financial management, and basic health data analysis (SRHR).
15. Based on the baseline assessment findings, provide recommendations on how best to implement the midwifery strengthening project in the selected districts.

Supervisory and Administrative Arrangements

The consultant(s) will work under the overall guidance of the UNFPA Deputy Country Representative and will be directly supervised by the Project Manager. The monitoring and Evaluation Specialist will be the focal person for day-to-day technical support. Selected members of the midwifery consortium and implementing partners will constitute the reference group and will be responsible for quality assurance and approval of the inception report and final report. The consultants will work closely with the UNFPA Operations unit for administrative and contractual matters.

Scope of the Assessment

The consultant will be provided with a refined results framework with indicators that will be applied to benchmark. The selected consultants are expected to conduct interviews with key informants from selected training institutions, health care workers, the Ministry of Health, PORALG, local government officials from selected districts and health facilities, Community Health Workers, as well as community structures representatives; and conduct facility assessments through direct observation. The consultants will gather secondary data from the selected districts as well as at the national level as necessary. Focus group discussions with community members, particularly community leaders, women, men, first-time young mothers, and male and female adolescents/youth, will be conducted.

The consultants are expected to propose approaches and methodologies to achieve the objectives mentioned in the project proposal.

Ethical Clearance.

The selected consultant will be required to apply for the expedited ethical clearance to the National Institute for Medical Research and seek fieldwork permission to the relevant authorities.

Expected Deliverables

1. Inception report containing a detailed work plan for the entire duration of the consultancy, data collection tools, sampling frame and final baseline report outline to be submitted and presented in a week's time following the signing of the agreement.
2. Draft baseline report validated with key stakeholders.
3. Final baseline report in electronic and a standard outline format, and
4. Dataset in Excel format and transcribed qualitative information in a word format.

Consultants Roles

The baseline assessment will be conducted by an institution or a firm. The institution must have a good track record and extensive experience in planning and conducting evaluations, particularly in the health field, focusing on RMNCAH services and HRH. The composition of the proposed assessment team should be gender balanced and include a team leader and team members.

The team leader:

Will be responsible for the overall assessment process and the deliverables production, designing of the data collection tools, methodologies for collecting required information. The team leader will ensure the designed and final baseline reports are prepared and shared as per agreed timeline. She/He will lead and coordinate the assessment team's work during all phases of the assessment and be responsible for the quality assurance of all deliverables. She/He will liaise with the UNFPA project manager and reference group to ensure the interest of the project is well addressed.

Team Members:

Will support the team leader in data collection, contribute to data analysis and design and final report writing and provide expertise in midwifery workforce education and training in line with international and national standards.

Qualifications.

Team Leader's qualification and experience.

- Must hold at least a master's degree in one or more of the disciplines relevant to the following areas: Public health, Midwifery, and other health-related academic qualifications.
- At least ten (10) years of recognized experience in conducting or managing/leading evaluations or reviews of development programmes and experience as team leader of the evaluation team and as the main writer of evaluation reports.
- Extensive experience with Tanzania's health systems and exposure to working in or with the health sector, including developing prime policy documents and evaluation.
- Experience in the evaluation of similar projects and should share at least one recent report.
- Expertise in quantitative and qualitative evaluation/research methods.

- Experience and familiarity with midwifery and or nursing associations, regulation and education practices, guidelines, and policies governing practice in Tanzania.
- Familiarity with analysis of human rights and gender-related factors and other social determinants that affect the performance of midwives and RMNCAH service utilization.
- Excellent analysis skills in writing evaluation reports with constructive and practical recommendations.
- Fluency in written and spoken English. Knowledge of Kiswahili will be an asset.

Team Member(s)'s qualifications and experience.

- An advanced degree in Midwifery, Master of Public Health, or equivalent qualification. 5 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 programs.
- Experience and familiarity with the Midwifery and or Nursing Association, Regulation and Education practices, guidelines and policies governing practice in Tanzania.
- Experience in research and teaching.
- Good knowledge of the national development context.
- Excellent data analysis skills in qualitative and quantitative methods.
- Excellent analytical, writing and communication skills.

Permission and Legal Requirements

The selected consultancy firm shall be responsible for applying to legal permission and administrative approvals to undertake assessments from the relevant authorities, including expedited ethical clearance as may be required.

Duration of the consultancy

The duration of the consultancy is scheduled to last no more than 30 working days to be completed within a period of three months. The study is expected to take off in early July 2024. The proposed working schedule is outlined in the table below: -

Table 1: Proposed Number of Days

S/N	Activity	# of days
1	Desk review for inception report and tools development	3 days
2	Presentation of the inception report to reference group	0.5 day
3	Addressing comments for the inception report, including tools	0.5 Day
4	Data collection	14 days
5	Data cleaning, entry and analysis	4 days
6	Report writing	6 days
7	Presentation of findings to reference group	0.5 day
8	Addressing comments from the reference group	1.5 day
9	Submission of final report	N/A

	Total	30
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Evaluation Criteria

The institution will be selected based on the quality of the technical proposal and financial proposal. The weight allocated between the two will be 70/30 – 70 points for the technical proposal and 30 points for the financial proposal. Only those technical proposals that score 50 points or more out of 70 will be shortlisted for the financial proposal assessment stage.

Table 2: Technical Proposal Evaluation Criteria

Criteria	Maximum Points	Weight
Technical approach, methodology and level of understanding of the objectives of the project	100	20%
Work plan/time scales given in the proposal and its adequacy to meet the project objectives	100	20%
Professional experience of the staff that will be employed to the project proving demonstrated expertise in evaluation and related processes (CVs, etc.)	100	15%
Specific experience and expertise relevant to the assignment	100	30%
Profile of the company and relevance to the Project.	100	15%
Grand Total All Criteria	500	100%

Payment Schedule.

- 50% upon submission of and acceptance of the inception report by UNFPA.
- 50% upon submission and acceptance of the final consultancy report by UNFPA

Submission Requirements.

- The consultant should submit **Technical and Financial proposals separately**. The technical proposal should not exceed 10 pages in length and include the proposed approach and activities to be taken for the implementation and management of the consultancy, including an operational work plan with timelines. The Financial Proposal should explicitly breakdown the cost involved in undertaking the assignment.
- The firm's profile and curriculum vitae of individuals are expected to constitute the evaluation team.
- The firm must review and adhere to the detailed submission guideline through the provided Request for Quotation with reference number **RFQ N° UNFPA/TZA40/RFQ/2024/002**