TERMS OF REFERENCE
Research and Research Capacity Building
Midwives Save Lives (MSL), Tanzania

TECHNICAL ACTIVITY: The Canadian Association of Midwives (CAM) in collaboration with the Tanzania Midwives Association (TAMA) wishes to recruit one Canadian consultant as technical expert to provide research mentorship and capacity building while carrying out a research project with two junior Tanzanian midwife researchers. The proposed research will examine community perceptions of and attitudes towards the midwifery profession in two regions in Tanzania. This activity will take place as part of the multi-country Midwives Save Lives (MSL) project.

Timeframe: Approximately 6-8 weeks throughout April to August 2019
Location: Remotely and one trip to Tanzania (Shinyanga and Simiyu regions), with possible attendance at research conference in November (TBD). This contract will involve approximately 18 to 28 days of field work (schedule to be determined but preference to take place in July).

Deadline for applications is March 10th 2019

A. INTRODUCTION: SUMMARY OF THE MSL PROJECT
The Midwives Save Lives (MSL) Project will contribute to the reduction of maternal and newborn mortality and morbidity through strengthening the availability, access, acceptability and quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services delivered through midwives in four target countries: Benin, the Democratic Republic of the Congo (DRC), Ethiopia and Tanzania.

If properly trained, equipped and supported, midwives have been shown to rapidly reduce maternal and newborn mortality, free up other more expensive health resources, and play an important role in education and health promotion in the context of respectful maternity care (RMC). The project will increase the skills and competencies of pre and in-service midwives; strengthen health systems to work more effectively with and for midwives; address low levels of demand for maternal health services at the community-level, which impact the health status of girls, women and babies; and strengthen the capacity of Midwives Associations (MAs) to improve the quality and coverage of midwifery care.

The project will be implemented for three and half years from October 2016 to March 2020. It is funded by Global Affairs Canada and is managed by Cuso International and delivered in partnership with CAM and the Midwifery Associations in the four target countries.

Central to this project is the universal right of all women to be treated with dignity and respect and the key role midwifery can play in reducing maternal and newborn mortality around the world. The initiative will draw on the unique Canadian Model of Midwifery, which supports midwives to work independently and in remote areas; as well as additional technical resources available through the International Confederation of Midwives (ICM).

B. TANZANIA BACKGROUND AND RATIONALE FOR ASSIGNMENT
Tanzania is a young but stable democracy and it has one of Africa’s stronger governance and human rights records. Institutional capacity remains weak but is slowly increasing, particularly in the ministries of Finance, Education, and Health.

Political stability has provided a solid foundation for Tanzania’s growth, and with its economic prospects, has raised Tanzania’s profile in the region and the world. On October 25, 2015, Tanzania held its 5th general elections since it transitioned to a multiparty democracy in 1992.

Despite strong economic growth during the last decade, the poverty rate has only marginally declined. Poverty remains a rural phenomenon, where living standards are worse off compared to those of urban households. The country ranks at 159 out of 187 countries, in the 2014 Human Development Index established by the United Nations Development Program (UNDP).

In 2014, Tanzania was confirmed as a country of focus for the Government of Canada's international development efforts.

Reproductive, Maternal, Newborn, Child and Adolescent Health Context
Maternal, newborn and child mortalities remain a major public health challenge in Tanzania. Tanzania is one of six countries which carry 50% of the world’s maternal mortality burden. The National Census of 2012 estimated the maternal mortality ratio of 432/100,000 live births. Nearly 70% of maternal deaths are caused by five direct obstetric causes: hemorrhage, eclampsia, sepsis, abortion complications, and obstructed labor. The majority of maternal deaths can be prevented if pregnant women can be assured of access to skilled attendance at childbirth and emergency obstetric care when pregnancy related complications arise. In all countries that have achieved dramatic improvements in maternal mortality, professionally trained midwives have been a key to success.

The 2015-2016 Tanzania Demographic Health Survey indicated a neonatal mortality of 25/1000 live births. Among the contributing factors is a shortage of skilled midwives in the peripheral primary health facilities to provide emergency obstetric and newborn care to women and their newborns, a weak referral system, inadequate essential equipment, medicine and supplies. Through provision of capacity building of midwives by training them on management of obstetric and newborn emergencies, CAM, Cuso and TAMA will contribute to the reduction of maternal and newborn mortalities in Tanzania.

In Tanzania, unfriendly services (disrespectful care), inadequate capacity at health facilities and a lack of skilled attendant are among the major barriers to accessing maternal health services. The quality of antenatal, intranasal and postnatal care is also inadequate.

C. GOALS AND OBJECTIVES

Goal: By supporting research capacity building for Tanzanian midwives, the MSL project aims to strengthen the ability of midwives to identify and address key issues affecting client outcomes. Ultimately it is envisaged that these activities will allow Tanzanian midwives to contribute to broader conversations in global health, and to inform practices in healthcare ensuring better outcomes for mothers and babies.

It is equally important to gather data and insights on the perception of and attitudes towards the midwifery profession amongst members of the public in the project’s two target regions. Insights gathered will be used by TAMA and it partner stakeholders to identify areas of policy priority, to shape public sensitization campaigns, and to direct project development initiatives and activity planning.

Objectives:
This post’s objectives are as follows:

1. **Research Capacity Building**
   a. Provide personalized mentorship and capacity-building to two junior Tanzanian midwife researchers with whom you will **jointly** conduct the research project. This could include, but is not limited to, guidance on research design and planning, selection of methodologies and research tools, data collection and cleaning, data analysis, report writing and presenting or publishing research findings.
   b. Identify and share resources and tools to support mentorship and capacity building of the two junior researchers.
   c. Promote increased confidence, competency, and capacity to conduct research.

2. **Conduct Research Project**
   a. Conduct research aimed at identifying the perception of and attitudes towards the midwifery profession by the public in the two project regions targeted by the MSL project – Shinyanga and Simiyu.
   b. The overall goal of the study is to explore public perceptions regarding midwives’ role in the community and in delivering care for mothers and babies, and public perceptions of the quality of care that midwives deliver. The specific objectives of the study are as follows:
      i. To gain an understanding of community perceptions of the midwifery profession, midwives, and the services they offer
      ii. Identify areas in which midwives are well perceived by the community and areas in which public perception is poor or where inaccurate information is held by the community regarding the midwifery profession
      iii. To provide recommendations for activities, policy initiatives, and/or partnerships that could strengthen the positive perception of midwives by the community

**Areas of Interest:**
- Awareness of the midwifery profession and the skills and services provided by midwives, including maternal health services (pre and post-natal visits and labour and delivery) and family planning and contraception
- Perception of the quality of the skills and services provided by midwives
- Perception of the client experience around quality of care, i.e., respectful care and care sensitive to any specific client needs
- Perception of the value of midwifery services
- Quality and efficiency of the services provided by midwives
- Expectations of the public towards care provided by midwives
- Factors that determine whether or not to utilize services provided by midwives
- The role midwives play in the community

**D. SCOPE OF WORK**

1. **Study Design**
   1.1. The consultant and the Tanzanian researchers will remotely meet with MSL project staff, will review key project documents and will develop a thorough understanding of the overall objectives, outputs and activities of the project.
   1.2. Convene remote meeting (Skype or Zoom) at the beginning of the study design, which includes the Tanzanian researchers and the CAM Project Officer (PO). **This meeting should happen the week of April 22nd.**
   1.3. The consultant will submit the jointly prepared detailed workplan with timeframes.
1. Joint development and refinement of a detailed study methodology (quantitative and qualitative), to be done at a distance, for approval by CAM and TAMA. Ensure quality of the study including, but not limited to: sampling frame, determination of sample size, identify target audience, selection of respondents, data collection techniques, data quality checking procedure, data entry, data analysis plan and report format. (Consultant and Tanzanian researchers will present this information in a detailed format as an inception report, to the CAM PO)

2. Development of Data Collection Tools
   2.1. The consultant and Tanzanian researchers will develop data collection tools, ensure its relevance and value to project outcomes, and share with the CAM PO and TAMA.
   2.2. The consultant will work with TAMA to ensure that the focus group questions are translated into the relevant language(s). N.B. Community members will express themselves in the language of their choice, which may be Swahili or another local language.
   2.3. The consultant will print the required number of questionnaire sets (if needed) as per determined by the sample size.

3. Implementation of Study
   3.1. The consultant and Tanzanian researchers will collect data for the project regions through the delivery of 10 focus groups and, if deemed relevant, a survey

4. Data Analysis and Report Preparation
   4.1. A data set should be created using the data management tool agreed upon by the research team (the Canadian consultant and two Tanzanian researchers)
   4.2. Data analysis should take the following factors into account:
       - sex
       - age
       - education
       - occupation
       - respondent relationship to midwifery services, i.e., as a direct client, partner of client, parent of client, etc.
   4.3. Draft Report: A draft report will be prepared by the research team, with strong involvement from the Tanzanian researchers. The draft report will be shared with the CAM PO and TAMA. The research team will incorporate the feedback provided by the stakeholders. After review by all concerned, the final draft and will submitted to the CAM PO.
   4.4. Final Report: With signoff from the Tanzanian researchers, the consultant will submit the final report to the CAM PO with incorporation of all comments and feedbacks received from the internal sharing session or any other form.

5. Dissemination of Findings
   5.1. The Tanzanian researchers will present their findings to the Regional and Council Health Management Teams (RHMTS and CHMTS) in Shinyanga and Simiyu regions.
   5.2. The research team (Canadian consultant and Tanzanian researchers) are encouraged to publish their research in academic journals and/or to present their findings at conferences and events.
   5.3. The research team will be expected to acknowledge the Government of Canada through Global Affairs Canada, Cuso International, the Canadian Association of Midwives and the Tanzania Midwives Association in any presentation or publication of the material.

E. DELIVERABLES
   1. Written description of study design and instruments, presented as an inception report submitted to CAM PO and TAMA*
2. **Capacity development/mentorship plan (written document)** – After an initial remote meeting with the Tanzanian researchers, the Canadian consultant should develop a capacity development/mentorship plan, including a supporting list of resources.

3. **Carry out focus groups (and surveys, if included in study design) with identified stakeholders**

4. **Deliver draft report, for feedback from stakeholders**

5. **Deliver final report, including recommendations**

6. **Research findings published and/or presented at research conference**

7. **Mission Report** developed summarizing the adopted methods and processes for the assignment, as well as meetings held, outputs, and challenges. CAM will provide a reporting template.

8. A **detailed timesheet** capturing number of days worked and activities undertaken. CAM will provide a timesheet.

*These deliverables will be carried out in collaboration with the Tanzanian researchers. It is expected that mentorship and capacity development will be integrated into every stage of the process.*

**F. ADDITIONAL INFORMATION**

1. **Parties Involved** – During the assignment, work and collaboration will occur between the following actors:
   a) Consultant: Canadian research consultant
   b) Two Tanzanian Researchers
   c) Stakeholders and participants:
      - Tanzania Midwives Association (TAMA)
      - Tanzania Communication and Development Centre (TCDC)
      - Regional and District Health Management Teams from the Shinyanga region
      - Canadian Association of Midwives (CAM)
      - Cuso International
      - Ward Executive Committee Members
      - Village Executive Committee Members
      - Community Based Organizations
      - Community Health Workers
      - Health Facility Governing Committees

2. **Resources available:**
   During the assignment **on location** in Tanzania, the consultant will have access to the following resources:
   a) Support from TAMA staff throughout the placement;
   b) Workspace and access to Wi-Fi (please note that reliable Internet connection cannot be guaranteed);
   c) Accommodation and transportation will be provided

   **The consultant will be required to use their own laptop. No laptop or computer will be provided by the project.**

CAM will support the Research Consultant with respect to assignment planning and coordination, any activities undertaken in Canada, as well as logistical planning including travel, reimbursement of approved expenses and payment of consultant fees.
Consultants will be responsible for leading on all assignment logistics, in line with CAM and donor policies, procedures and requirements and as outlined in the consultant contract. This includes, preparing expense reports, acquiring their travel visa and filling in time sheets.

All questions and concerns before and after the assignment should be directed to the CAM Project Officer. While in Tanzania, TAMA will act as primary contact to the consultant.

**F. TIMEFRAME AND DELIVERABLES**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Deliverable</th>
<th>Time Allocated (DAYS)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of capacity development/mentorship plan</td>
<td>Capacity development/mentorship plan</td>
<td>2</td>
<td>Remote</td>
</tr>
<tr>
<td>Development of study design and survey instruments</td>
<td>Survey instruments</td>
<td>4</td>
<td>Remote</td>
</tr>
<tr>
<td>Development of an inception report</td>
<td>Inception report with methodology</td>
<td>2</td>
<td>Remote</td>
</tr>
<tr>
<td>Validation of survey instruments Study Implementation</td>
<td>Survey instruments</td>
<td>3-5 days</td>
<td>Tanzania</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14-20 days</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Final report presented to project team</td>
<td>Draft of final report</td>
<td>5</td>
<td>Remote</td>
</tr>
<tr>
<td>Final report delivered</td>
<td>Final report</td>
<td>2</td>
<td>Remote</td>
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Exact dates to be determined based on consultant and Tanzanian researchers availability. Final report should be delivered within three (3) weeks of the consultant’s return to Canada.

**G. REMUNERATION**

As full compensation for the services rendered pursuant to this Agreement, the Contractee shall pay the Consultant a maximum amount between $18,000 - $24,000 CDN, depending on the final work schedule. This amount should include all relevant taxes (GST/PST/HST) and expenses incurred in the preparation of deliverables.

Meals, immunizations and antimalarial medication are covered by the consultant. Travel insurance will be purchased by CAM and invoiced to the consultant.

**H. SKILLS / ABILITIES**

The selected volunteer must have the following educational and professional experience:

- Canadian midwife with at least five (5) years of practice experience and member of CAM, or a background in research and research capacity building in the domain of health care in the global south, with a graduate degree
- Experience in research delivery, including focus group planning and facilitation
- Proven ability to work remotely using online communications tools, i.e., Skype, Zoom, WhatsApp, etc.
• Self-directed and has great initiative
• Interest in mutually beneficial capacity building;
• Experience with cross-cultural communication and facilitation skills in English;
• Strong analytical and writing skills;
• Proven experience working collaboratively with peers;
• A flexible and adaptable approach to work and relationships.

The following educational and professional experience will be considered an asset:
• Experience working in international and/or humanitarian settings. Experience working in a sub-Saharan African country a definite asset.

I. APPLICATION INSTRUCTIONS
Please follow these instructions:
• Send your CV and a cover letter with your availabilities in one PDF document and ensure that your name and the title “MSL Research Mentor” are included in the file name.
• Send your PDF by email with the subject “MSL Research Mentor” to admin@canadianmidwives.org

• Deadline for applications is March 10th 2019

We look forward to receiving your application!