

TERMS OF REFERENCE
Technical Expert: Research Consultant
SMART-RMC Project

Technical Activity: The Canadian Association of Midwives (CAM) wishes to recruit **one (1) Technical Expert in Mixed Methods Research** to support the South Sudan Nurses and Midwives Association (SSNAMA) in the design and implementation of a research activity in South Sudan. The Consultant will create a research proposal, develop data collection tools, support the data collection process, perform a data analysis, and produce an assessment report utilizing a participative approach. A public consultation will be conducted to assess the level of knowledge of Respectful Maternity Care (RMC) and sexual and reproductive health and rights (SRHR) among health care professionals, women of reproductive age and community stakeholders at targeted health facilities in South Sudan.

Timeframe: May 2022 – September 2022

Location: Remote, in collaboration with stakeholders located in South Sudan

Remuneration: A maximum of \$4,000.00 USD

A. Introduction: SMART-RMC Project Summary

The DRC and South Sudan experience high maternal mortality as a result of a number of factors including inadequate skilled attendance at birth. Through the provision of gender-responsive, quality health care by a well-trained midwifery workforce, the SMART-RMC project aims to contribute to the reduction of maternal deaths in both the DRC and South Sudan. Key activities focus on improving clinical care through: 1) training of health care providers in evidence-based innovations using a gender-responsive rights-based approach, coupled with quality improvement campaigns to promote the uptake of RMC in health facilities; 2) increasing communities' awareness of their SRHR to access health services; and 3) strengthening the capacity of midwifery associations to deliver gender responsive programming and SRHR advocacy.

This 3-year project, supported by the Government of Canada through Global Affairs Canada, is implemented by CAM in close collaboration with its project partners, the Société Congolaise de la Pratique Sage-Femme (SCOSAF: the midwifery association of DRC) and the South Sudan Nurses and Midwives Association (SSNAMA). CAM oversees the overall management of the project and contributes its technical expertise, while SCOSAF and SSNAMA provide their own technical expertise and utilize their contextual knowledge to implement quality improvement and advocacy campaigns.

B. Background and Rationale for Assignment

The DRC and South Sudan have among the highest maternal mortality rates in the world. While the DRC has achieved significant decreases in maternal mortality over the past 2 decades, maternal deaths remain high at 473 deaths per 100,000 live births as of 2017. Maternal mortality in South Sudan is also extremely high; at 1,150 deaths per 100,000 live births, South Sudan is the country with the highest maternal mortality rate in the world.

A number of factors are linked to high maternal mortality rates in both countries, including an inability to access quality maternity care and inadequate provider skills. Disrespect and abuse in maternity care, particularly prevalent among marginalized subgroups (including the very poor, very young, displaced, disabled, sex workers, and racially/ethnically discriminated women), can dissuade women from seeking health services and delivering in the presence of skilled birth attendants. These issues are compounded in fragile and conflict-afflicted regions such as the DRC and South Sudan, where a variety of structural, socioeconomic and normative factors restrict women's capacity to advocate for their sexual and reproductive health and rights in pregnancy.

The Respectful Maternity Care movement seeks to transform health systems and healthcare worker conduct, in order to end disrespect and abuse through the promotion of rights-based care. The promotion of RMC and context-adapted services by a well-trained and supported midwifery force will enhance the SRHR enabling environment and contribute to enhanced maternal outcomes for childbearing women in the DRC and South Sudan.

Midwifery Context

Midwives play a pivotal role in the DRC and South Sudan, providing a myriad of sexual and reproductive services including but not limited to prenatal, childbirth, and post-natal care. The DRC government and South Sudanese Ministry of Health have acknowledged the importance of midwifery in enhancing reproductive, maternal and neonatal health outcomes. In both countries, the midwifery associations are civil society organizations representing traditionally gender marginalized health workers nationally and within almost all regions of each country. The associations are intimately knowledgeable about the context of maternity care in their respective settings and deeply committed to realizing respectful maternity care and increasing assisted births.

SSNAMA

SSNAMA, the national professional association of nurses and midwives in South Sudan, was launched in 2011 and currently has 2,060 members. It is a national association with 15 branches across the country and plays a key role in advancing SRHR and the regulation of health professions in South Sudan through close collaboration with the Ministry of Health. SSNAMA conducts various programs including public outreach, SRHR programming for youth and continuing professional development for health workers. The association is intimately knowledgeable about the context of maternity care and deeply committed to realizing RMC and increasing assisted births in South Sudan.

C. Goal and Objectives of the Assignment

Goal: The goal of this consultancy is to assist SSNAMA in carrying out a public consultation to assess the level of knowledge of Respectful Maternity Care (RMC) and sexual and reproductive health and rights (SRHR) amongst project beneficiaries in targeted communities in South Sudan, while uncovering gaps and unmet needs for the uptake of RMC. The results of the study will directly inform the design of numerous project sub-activities that will ultimately contribute to the improvement of SRHR of women of reproductive age (15-49), including marginalized subgroups, in South Sudan by:

- Improving the delivery of gender-responsive quality respectful health services for women of reproductive age by health care professionals in targeted health facilities, and
- Improving the ability of women of reproductive age to exercise their SRHR in target regions.

Objectives:

In order to achieve the goal of the consultancy described above, the Consultant will:

- Lead the design of the research study, including the development and validation of the research protocol, sampling frame and tools and templates to be utilized during data collection.
- Support the application for ethics approval with the South Sudan Ministry of Health.
- Lead the analysis of qualitative and quantitative data collected to produce a report summarizing key findings and recommendations.
- Actively engage members of the SSNAMA project team on design, implementation, and analysis of research processes to ensure institutional learning.

Specific objectives of the study are to assess:

1. The level of understanding of RMC and related clinical practices among health care professionals, as well as gaps in knowledge and skills for the uptake of RMC at targeted health facilities in the project regions (“*What midwives want*”).
2. The level of understanding of RMC and SRHR among women of reproductive age (including adolescent girls and women with disabilities), as well as women’s current experiences of care, unmet needs, and preferences at targeted health facilities in the project regions (“*What women want*”).
3. The level of understanding of RMC and SRHR among key stakeholders (health facilities administrators, men, youth representatives) as well as their views and perceptions of women’s SRHR in targeted communities within the project regions.

D. Methodology / Approach to the Assignment

Study design: This public consultation will consist of a national cross-sectional assessment. Qualitative and quantitative data will be collected from nurses and midwives, women of reproductive age and community stakeholders from health facilities and communities of selected project regions. Qualitative data will be gathered through focus group discussions and key informant interviews, while quantitative data will be gathered through administered questionnaires to assess recall of SRHR among study participants.

Parties involved: During the assignment, work and collaboration will occur between the following actors, as needed:

- a. SSNAMA project staff (including the SMART-RMC Project Coordinator and Programme Manager)
- b. SSNAMA members involved in data collection
- c. CAM SMART-RMC Project Officer
- d. CAM Midwifery Technical Expert
- e. Project stakeholders (regional consortium members) and beneficiaries from the targeted communities

Methods: The Consultant will work in close collaboration with SSNAMA toward the development of all tools, reports, and resources. The Consultant will work from a remote office in order to develop all deliverables, with specific methodology at the Consultant’s discretion.

E. Deliverables

Phase I: Inception Report & Ethics Application (May-June)

The first phase of the consultancy will include the preparation of an inception report and other arrangements towards attaining ethics approval by the Ministry of Health in South Sudan in collaboration with the SSNAMA team. The inception report will include a basic research protocol and data collection plan, sampling frame, the tools/templates to be utilized during the data collection phase using (i.e., focus group discussion guide, interview guide, open and close-ended questionnaires) and other supporting documents as needed.

Phase II: Data Collection & Data Entry (June-July)

During the data collection and data entry phase, the Consultant will guide members of the SSNAMA project team as they conduct the data collection and data entry activities. The role of the Consultant during this phase will be to support preparation and implementation of the data collection activities in collaboration with the SSNAMA team.

Phase III: Report Writing and Validation (August-September)

The third phase of the consultancy consists of analyzing the data collected and writing the final assessment report summarizing key findings and recommendations. The report will subsequently be shared and validated by SSNAMA with a number of project stakeholders, including members of the nursing and midwifery technical working group, the Ministry of Health, regional consortium members, and members of the communities targeted by the project.

F. Proposed Timeline (TBD and finalized with all partners upon signing)

The proposed activities will be conducted between May and September 2022 with the final assessment report being delivered by the 31st of August 2022 (see Deliverable Schedule below).

G. Remuneration and Deliverable Schedule

The Consultant will be remunerated for their services based on payable amounts for the activity according to the deliverables schedule. Payment is dependent on the satisfactory completion of deliverables as assessed by CAM. Per this contract, the Consultant will execute all activities within the contractual amount outlined below.

As full compensation for the services rendered according to this Agreement, CAM shall pay the Consultant a maximum amount of **\$4,000 USD**. This amount should include all relevant taxes and expenses incurred in the preparation of milestones and deliverables.

Deliverable Schedule

Deliverable	Responsible	Due Date
Inception Report (including research protocol, sampling frame and data collection tools) Ethics Application	Consultant	June 15, 2022
Data Collection	SSNAMA	July 31, 2022
Draft Final Assessment Report	Consultant	August 31, 2022
Validation of Results	SSNAMA	September 30, 2022

H. Qualifications

The candidate must demonstrate in their application the following educational and professional experience:

- Background in research and research capacity building in the domain of health care in the Global South;
- Experience in conducting/implementing, analyzing and reporting on qualitative and quantitative research;
- Proven ability to work remotely using online communications tools, i.e., Skype, Zoom, WhatsApp, etc;
- Self-directed and good sense of initiative;
- Interest in mutually beneficial capacity building;
- Experience with cross-cultural communication and facilitation skills in English;
- Strong analytical and writing skills;
- Demonstration of a strong understanding of RMC and SRHR.

The following educational and professional experience will be considered an asset:

- Experience working in international and/or humanitarian settings;
- Experience working in eastern Africa;
- Experience in health care, in particular maternal health services, midwifery and/or RMC and SRHR.

I. Application Instructions

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 “SMART-RMC_Research-Consultant” are included in the file name.
- Send your PDF by email with the subject “SMART-RMC Research Consultant” to admin@canadianmidwives.org.
- Deadline for applications is **May 20, 2022**.