CALL FOR INTEREST

Consultancy: Emergency Surgical Skills for Obstetrics Training

In-service training of health care providers

The Canadian Association of Midwives (CAM) invites you to submit a proposal in accordance with the requirements of the following Call for Interest. Proposals must be received by CAM no later than the due date indicated in the table below:

Issue Date:	July 02, 2026
Proposal Due Date:	July 31, 2026
Written questions and proposals should be submitted via email to:	Dave Musonge, Administrative Assistant Procurement Email Dmusonge@canadianmidwives.org Subject: TRUST ESSOT CFI

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TABLE OF CONTENTS

BACKGROUND AND PURPOSE

Position Summary:

The Canadian Association of Midwives (CAM) is seeking a consultant or consultancy team to provide technical assistance to develop, train and strengthen both the clinical competencies and the provision of quality, respectful and rights-based care of health professionals in emergency obstetric surgical skills in South Sudan as part of the TRUST project. The consultant(s) will work closely with the Association of Gynecologists and Obstetricians of South Sudan (AGOSS) to develop the in-service training material ensuring that it is contextually relevant, sustainable, and fosters SRHR leadership.

Location: Hybrid

- Development of training material and pre-training preparation meetings to be conducted remotely.
- ToT and health provider training to be conducted on-site over a period of 3-4 weeks, in Juba, South Sudan

Budget: CAD $45,000 (excluding training costs, see Submission Requirements: “Cost Proposal” for more details)

Timeframe: July 2026 – March 2027

Project Summary:

Malawi and South Sudan continue to experience high maternal mortality rates, driven by multiple intersecting factors. Limited access to skilled attendance at birth remains a critical challenge, compounded by persistent barriers to gender equality and inclusion. Women and girls face high rates of child marriage, restricted access to education and economic opportunities, exposure to gender-based violence, and entrenched cultural and structural norms that limit their rights, decision-making power, and participation in society.

In response to these challenges, the TRUST project, led by the Canadian Association of Midwives, aims to strengthen resilient, gender-responsive health systems in both countries. The project focuses on improving the agency of women and girls, including those from marginalized groups, to exercise their sexual and reproductive health and rights (SRHR). Central to this approach is the promotion of midwifery leadership, meaningful community engagement, and the delivery of inclusive, rights-based, quality health care.

At the same time, TRUST prioritizes strengthening the health workforce by investing in skilled health professionals and expanding access to quality, gender-responsive SRHR services. By empowering women and girls to make informed decisions about their health, the project enhances the overall adaptive capacity of health systems to respond to both acute shocks and ongoing systemic challenges. This integrated approach contributes to improved health outcomes while advancing gender equality and social inclusion.

The project is aligned with the World Health Organization’s call for inclusive leadership, whole-of-society engagement, community participation, and strengthened social accountability.

TRUST is a five-year initiative supported by the Government of Canada through Global Affairs Canada. It is led by the Canadian Association of Midwives (CAM) in close collaboration with key project partners, including the Association of Malawian Midwives (AMAMI) and the South Sudan Nurses and Midwives Association (SSNAMA). Implementation is further supported by the Association of Gynaecologists and

Obstetricians of South Sudan (AGOSS), Farm Radio Trust (FRT), CARE Canada, CARE South Sudan, Farm Radio International, and the Association for Media and Development of South Sudan, .

This Call for Interest relates to South Sudan only.

Rationale for the Assignment

South Sudan has high rates of maternal and neonatal mortality; the MMR is 692 per 100,000 live births, and the NMR is nearly 40 per 1,000 live births (World Health Organization (WHO), 2025). These figures underscore deeply rooted health systems challenges, such as critical shortages of trained health workers, inequitable access to care, and structural barriers that disproportionately affect women, girls, and marginalized groups, particularly in settings where they are unable to fully exercise their sexual and reproductive rights.

Recognizing the shared goal of midwives and obstetricians to ensure safe pregnancy outcomes, support maternal and newborn health, and provide respectful care, the TRUST project will foster collaboration across professional boundaries, enhancing the availability of comprehensive SRHR services in South Sudan. By combining midwives' expertise in normal pregnancy care with obstetricians' capacity to manage complications, the partnership contributes to resilient health systems that can respond effectively to the needs of women and girls, ensuring that high-quality, respectful, and accessible SRHR services are consistently available.

As part of the TRUST project, CAM has formed a new partnership with the AGOSS to strengthen their leadership as technical experts in post-abortion care, obstetric surgical skills and advocates for advancing SRHR and sustainable health outcomes for all women and girls, particularly those from marginalized and underserved communities in South Sudan.

With a membership of 76 ob-gyns, AGOSS is a recognized leader in advancing women's and newborn health, strengthening professional standards in obstetrics and gynecology, and influencing policy and practice across South Sudan's health sector. In the TRUST project's interventions, AGOSS and SSNAMA's close collaboration will ensure sustainability through local leadership. The project aims to reinforce both associations technical, clinical, and organizational capacities, providing teaching resources that enable better service to members and the communities dependent on skilled health professionals. Moreover, with enhanced expertise, these associations will also be better positioned to effectively influence health policies, update clinical protocols, and deliver training aligned with the latest evidence.

OBJECTIVES & SCOPE OF WORK

A. GOAL and OBJECTIVES

The consultancy will contribute to the TRUST project's goal of improving access to evidence-based, rights-based, and gender-responsive SRHR services in South Sudan by strengthening the capacity and readiness of the health workforce. Specifically, the consultancy will focus on obstetricians-gynaecologists and other surgical providers, including medical officers and clinical officers working in obstetric and gynaecological departments, through a two-pronged capacity-building approach designed to strengthen the provision of quality emergency surgical and obstetric care while building sustainable training capacity within the health system.

The training will focus on strengthening participants' existing surgical and emergency obstetric competencies using a Training of Trainers (ToT) model. Selected OB/GYNs and senior health care providers will be trained and mentored to serve as future trainers, enabling them to build the capacity of additional health cadres over time. In addition to enhancing clinical skills, the program will strengthen participants' instructional and facilitation skills to improve the quality and effectiveness of future training and mentorship initiatives.

This approach consists of (1) the development of a sustainable cadre of national trainers through a training-of-trainers model, and (2) the strengthening of clinical competencies in emergency obstetric surgical skills. Across both components, the training integrates SRHR knowledge to enhance providers' ability to promote equitable access to quality care.

Specific Objectives include:

1. In collaboration with AGOSS, develop a package of high-quality, gender-responsive in-service training materials and simulation resources to ensure that emergency obstetric surgical skills are taught consistently, safely, while ensuring a rights-based approach and alignment with national guidelines and internationally recognized best practices.
2. Build a pool of skilled instructors (through a training-of-trainers course) who are competent in both the clinical content and adult learning methodologies, enabling sustained local capacity to deliver quality emergency obstetric surgical skills training.
3. Strengthen the clinical competencies of health care providers by delivering a hands-on training in emergency obstetric care and surgical skills, alongside approaches that support the sustained application of competences to promote high quality, respectful, and rights-based comprehensive emergency obstetric care in South Sudan.
4. Increase providers' understanding of key SRHR issues to strengthen their capacity to advocate for policy and system-level improvements that enhance women and newborn's health, equity, and access to life-saving care.

B. SCOPE OF WORK

The consultancy will be responsible for delivering the following:

1. **Needs Assessment – conducted remotely**:

Conduct one (1) needs assessment in collaboration with AGOSS to identify training priorities, gaps in clinical competencies, and capacity needs related to emergency obstetric surgical care, including SRHR neglected areas (most notably post-abortion care).

2. **Comprehensive Training Package – developed remotely**:
Develop one (1) comprehensive in-service training package for trainers and healthcare providers, including facilitator and participant materials, that incorporate theoretical instruction, simulation-based learning, and hands-on practical components. The package will focus on emergency obstetric surgical skills, including post-abortion care (skills training and a brief overview of the burden, determinants, and clinical consequences of unsafe abortion and abortion-related complications requiring post-abortion care), adapted to provision of care in a low-resource settings and grounded in adult learning principles. The package will also include a ToT component and accompanying materials to strengthen participants' facilitation for effective cascade training and ongoing capacity building.

3. **Training of Trainers (ToT) – implemented on-site, in South Sudan**:
Deliver one (1) training-of-trainers session, in South Sudan, to establish a pool of qualified trainers (10 Trainers) with competencies in both clinical content and facilitation skills, as well as strengthened capacity in SRHR awareness.

4. **Provider Trainings – implemented on-site, in South Sudan**:
Deliver two (2) group-based trainings, in South Sudan, for healthcare providers (100 participants), focused on strengthening competencies in emergency obstetric surgical skills and post-abortion care and SRHR.

5. **Final Report – written remotely**:
Submit one (1) final report summarizing activities undertaken, key achievements, challenges encountered, and lessons learned, including recommendations for sustainability and scale-up.

Note on Implementation Context and Delivery Flexibility

The consultant will be implementing this assignment within the complex and evolving context of South Sudan. Security concerns, disease outbreaks, travel restrictions, weather-related disruptions, and other operational challenges may affect the ability to conduct planned in-person activities. Consequently, the successful consultant or consulting team must demonstrate flexibility and readiness to adapt the delivery modality throughout the assignment.

While in-person training is preferred where conditions permit and it is safe and feasible to do so, the consultant must be prepared to deliver some or all components of the assignment through remote or hybrid modalities if circumstances require. The consultant should therefore possess the technical capacity and experience to design and facilitate high-quality virtual learning, mentoring, coaching, and technical support.

Recognizing that this assignment focuses on emergency surgical and obstetric skills, proposals must clearly describe how practical and competency-based learning objectives will be achieved under in-person, hybrid, and remote delivery scenarios. This should include approaches for skills demonstration, simulation, case-based learning, mentorship, competency assessment, and ongoing support to trainees. Consultants are encouraged to propose innovative and context-appropriate methods for strengthening practical skills when direct, in-person instruction is limited.

Where appropriate, consultants should also describe how they would engage and support local facilitators, clinical mentors, or co-trainers to assist with hands-on components of the training and reinforce learning at facility level.

Applicants should demonstrate previous experience delivering clinical training and capacity-building initiatives in fragile, humanitarian, resource-constrained, and/or rapidly changing contexts, including examples of adapting training approaches in response to security, public health, or operational challenges.

The consultant will be expected to work closely with project partners to monitor contextual developments and adjust implementation plans as necessary to ensure the safety of participants, trainers, and project personnel while maintaining the quality, continuity, and effectiveness of training activities.

C. DATES OF SERVICE

This project is scheduled to start the September 2026. Exact dates and schedule to be determined between the consultant and Jennifer King, Project Manager, Global Program.

SUBMISSION REQUIREMENTS

D. PROPOSAL CONTENT REQUIREMENTS

Applicants' proposals shall include the following:

1. **Narrative:**
   Applicants are required to submit a narrative proposal (maximum 5 pages) and/or supporting materials providing an overview of your skills and experience and/or the composition of your team (if applicable), indicating any relevant experience and technical expertise in emergency obstetric surgical skills training, SRHR neglected areas, workshop development, and facilitation, specifically in low-resource settings. Submissions should include a proposed methodology and timeline/work plan outlining how the consultant(s) will collaborate with AGOSS to ensure contextually appropriate and sustainable capacity strengthening.

2. **Cost Proposal:**

   Applicants must submit a cost proposal for professional fees up to a maximum of **CAD $45,000** for the consultancy.

   An additional budget of up to CAD $40,000 will be available to cover travel and training-related implementation costs (e.g., travel, accommodation, training materials, venue costs). These costs will be managed directly by CAM and should not be included in the consultancy fee.

   The cost proposal must:
   - Provide a clear and detailed breakdown of professional fees included under the contract
   - Clearly indicate the services or activities that would incur additional costs beyond the consultancy fees, including, but not limited to, travel and training related costs
   - If applicable:
     - Specify any discounts offered, including non-profit rates
     - Include a detailed pricing breakdown or fee structure (e.g., daily rates, level of effort)

3. **CVs of team members** (not included in the page limit)

Language of Proposals: The technical and cost proposals may be in English or French. However, the consultant must be able to hold meetings, present information, and produce documents and reports in English.

E. OPERATIONAL AND DOCUMENTATION REQUIREMENTS

Questions:

Questions regarding the current Call for Interest may be submitted in writing via e-mail no later than **July 24, 2026**, to Dave Musonge at Dmusonge@canadianmidwives.org

Instructions for Submission of Proposals:

1. Proposals must be received no later than **July 31, 2026, at 5:00 PM EST**. Please submit your application to: Dmusonge@canadianmidwives.org.

2. To be considered, please submit an electronic copy of your proposal (preferably in a non-editable format, such as PDF format) with the subject line “TRUST ESSOT CFI”. The filename must bear the Applicant’s Name and “TRUST ESSOT”.
3. Please follow the format provided in Attachment A for the cover sheet.
4. Please provide a minimum of **two (2) client references** (using the table in Attachment B) from the past two years for activities like the current Call for Interest’s Scope of Work. Include contact information for each reference. This document must be signed by the applicant.

Note: Any proposal received after the above date and time will not be considered.

EVALUATION CRITERIA

A. GENERAL INFORMATION

CAM intends to evaluate proposals in accordance with the following criteria and select the applicant whose proposal best fits the evaluation criteria.

B. EVALUATION CRITERIA AND PROCESS

Proposals will be evaluated and scored out of 100 points based on the following criteria. Additional sub-criteria that logically fit within a particular evaluation criterion may also be considered even if not specified below.

1. **Technical Evaluation (60 points):** Content of the Proposal: Qualifications and Competencies (15 points), Professional Experience (25 points), Adequacy of Work Methodology and Timeline (20 points).

   Desired Qualifications:

   - Proven experience designing and delivering in-service training (including ToTs) in emergency obstetric surgical skills, including post-abortion care, within global health contexts;
   - Expertise in strengthening leadership, facilitation, and instructional capacity to support sustainable in-service training of health care providers;
   - Experience assessing and evaluating the effectiveness and impact of an in-service training program;
   - Strong ability to collaborate with diverse stakeholders across cultural contexts, applying a gender equality and social inclusion (GESI) approach;
   - Proven experience delivering both in-person and remote technical training to health professionals in low-resource and fragile settings;
   - Experience implementing and reporting on projects or project activities funded by international institutional donors (e.g. Global Affairs Canada, UN agencies, bilateral donors, or other international funding mechanisms).

   Preference will be given to proposals that:

   - Demonstrate experience working in Sexual and Reproductive Health and Rights (SRHR), including in neglected or under-resourced areas, with specific expertise in post-abortion care (PAC), including clinical management of complications of unsafe abortion, service delivery strengthening, and/or capacity building for health providers in low-resource or fragile settings.
   - Highlight experience in interprofessional collaboration and team-based approaches.
   - Clearly outline how the proposed methodology will strengthen the capacity of AGOSS to lead, institutionalize, and sustain the training program.
   - Present a total budget not exceeding CAD $85,000, inclusive of travel and all associated costs for in-person training.
   - Provide a realistic timeline and workplan for the scope of work and operating environment.

2. **Past Performance Evaluation (20 points):** Reference Quality and Client Feedback (10 points), Relevant Prior Engagements (10 points).

3. **Financial Evaluation (20 points)**: Cost Proposal (15 points) and Budget Transparency (5 points).

Notes:

- CAM will always consider the best value for money.
- CAM is a non-profit organization. Applicants should provide all discounts available to CAM based on its status as a non-profit organization.
- CAM may during the evaluation process also contact any applicants to clarify any response or request revised or additional information.
- Following the review of applicants, qualified candidates may be invited to participate in an interview. If held, interviews will be conducted virtually.

C. AWARD AND GENERAL DISCLAIMER

The successful applicant will be awarded a contract for the provision of services.

Issuance of this Call for Interest does not constitute an award commitment on the part of CAM nor does it commit CAM to pay for costs incurred by the applicants for the preparation and submission of a proposal.

CAM reserves the right to select a proposal as a whole or in part, or not to select a proposal, in accordance with the best interests of CAM.

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ATTACHMENT A: PROPOSAL COVER SHEET

Company Name:

Name of Person to be Contacted in Case of Questions Regarding this Proposal:

Telephone of Contact Person Named Above:

Email of Contact Person Named Above:

Name of Individual Authorized to Sign Contracts on Behalf of Company Named Above:

Title of Authorized Individual:

Certification:

By signing below, I certify that the information provided is true and correct, that it shall remain valid for a minimum of 90 days, and that I am authorized to respond to this Call for Interest on behalf of the Company named above. I further understand that CAM retains the right to reject, in whole or in part, all submissions for any reason.

Signature of Authorized Individual

Date

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ATTACHMENT B – REFERENCES/PAST PERFORMANCE

Complete the table below providing information for at least 2 past/current clients for whom your company provided services like the ones for which you are submitting a proposal. Past clients listed below must be available to speak with a CAM staff member during the evaluation process.

Applicant Signature (Mandatory):_____

Past/ Current Client's name	Past / Current Client Contact Person	Phone & Email Information for Contact Person	Language of Preference for Contact Person	Company Adress	Description of Services Provided	Dates of Work Performed