

CALL FOR PROPOSAL

Midwifery Association Capacity Assessment: MACAT 2.0 in Somalia **Strengthening Midwifery Education and Practice in Somalia (SMEPS) Project**

The Canadian Association of Midwives (CAM) is seeking a Consultant to conduct the Member Association Capacity Assessment Tool (MACAT 2.0) as part of the Strengthening Midwifery Education and Practice in Somalia (SMEPS) Project. This assessment will provide baseline data of the organizational capacity of three Midwifery Associations, as well as identify organizational priority areas of each of the Associations using an already developed tool of the International Confederation of Midwives (ICM). Interested parties should apply through the submission of an expression of interest, as outlined below, by **August 15, 2020**. Note, that the Consultant must be eligible to work in Canada.

Time frame: September to December 2020

Location: Based in Canada with ability to work remotely with stakeholders in Somalia (Somaliland, Puntland and the Federal States). Possibility of travel to Eastern Africa if global health situation improves in the short term re: COVID-19.

About the Canadian Association of Midwives

CAM is the professional association representing midwives across Canada and believes that midwives play a unique and fundamental role in the provision of quality reproductive, maternal, and newborn health care – both in Canada, and internationally. Since 2008, CAM has been working through partnerships with other national Midwifery Associations to deliver reciprocal capacity building and project development initiatives. Through its Association to Association partnerships, CAM is committed to ensuring that the voices of Midwifery Associations in the Global South meaningfully inform global maternal, newborn and child health programming. These voices drive the way we plan and prioritize our international work, and the ways in which we link expertise from the Canadian midwifery community with midwives around the world.

A. PROJECT BACKGROUND

Somalia has one of the highest maternal mortality ratios globally and has been ranked as one of the worst countries in the world to be a mother, due in part to the critical shortage of skilled health care providers. Through the enhancement of midwifery education and practice to improve the quality of maternal health care, increased use of services and association strengthening, CAM and its partners will contribute to the reduction of maternal and neonatal mortality in Somalia.

The five-year SMEPS Project is supported by the Government of Canada through Global Affairs Canada and is led by UNFPA Somalia in partnership with Somalia's Ministry of Health and CAM. Overall, the project consists of:

- improving midwifery education by strengthening clinical skills, knowledge and practice of pre- and in-service midwives;

- promoting community advocacy by positively influencing gender equality norms with respect to GBV, FGM, early marriage, consent and access to health care;
- developing midwifery leadership in the health sector by empowering professional midwifery associations in Somalia, and;
- utilizing technologies in mHealth to increase communities' access to health care information.

B. SOMALIA BACKGROUND AND RATIONALE FOR ASSIGNMENT

Somalia has suffered decades of civil war. As a result, 2.1 million people have been displaced in the country, and an estimated 6.1 million need humanitarian assistanceⁱ, of a total population of 12.3 million (23% rural areas, 26% nomadic areas, 51% in urban areas millionⁱⁱ. Years of war created a weakened health infrastructure, high illiteracy levels, shortage of skilled health workforce, inadequate health personnel training institutions and inadequate investment in public health. In this challenging context, women's health and rights have been particularly vulnerable and evidence suggests that young children and women of childbearing age are disproportionately affected throughout this long unstable history. Somalia has a maternal mortality ratio of 692 maternal deaths per 100,000 live births and under-5 mortality rate of 122/1000 live birthsⁱⁱⁱ which are among the highest in the world. The recent Somalia Demographic Health Survey (SDHS, 2020) reported a fertility rate of 6.9 resulting in a 1 in 20 risk of dying in childbirth. 31% of women who had a live birth received ANC and 11% received a checkup within the first two days postpartum. 31.9% of births in Somalia are attended by skilled personnel. The SDHS also demonstrated 99.2% of women had undergone female genital cutting/mutilation with 64% of women had endured type III – increasing women's risk of infection throughout their lifespan, complications during the childbearing year as well as impacting their psychosocial well-being.

In 2017, national elections led to a peaceful transfer of power, and the election of a new Parliament, with 23% women among core ministerial posts.^{iv} In this context, there is hope for peacefully resolving some of the country's pressing humanitarian challenges. Midwives have been identified as a key component for Somalia to attain the Sustainable Development Goal (SDGs) target for maternal mortality of 140 per 100,000 live births by 2030.

Midwifery Context

There is a severe shortage of midwives in Somalia, with a gap of over 20,000 midwives, with increasing needs as the population grows through high fertility rates (population growth rate is 2.6 percent according to the Population Estimation Survey of Somalia (2014). Many women lack access to midwifery and reproductive health care due to lack of awareness, poverty, distance from health facilities, poor roads and transport as well as inadequate human resources for health, in addition to women having limited health, social and economic decision-making power. A large unmet need for reproductive, maternal and child health care exists within communities outside of the hospital context, where most health services and training are currently concentrated. In Somalia, health care is mainly sought from the private sector, which is poorly regulated, with many facilities offering poor quality of services. This calls for the need to develop stronger regulation, quality improvement ensuring SRHR and leadership among midwives, with the main goal to increase availability and accessibility to quality, affordable, reliable and respectful sexual and reproductive health care services to underserved populations.

Somalia has three Midwifery Associations recognized by the International Confederation of Midwives (ICM), one based in Somaliland, one in Puntland, and one in the Federal States of Somalia, with more than 3,000 members between them. These three Associations worked with UNFPA Somalia and other stakeholders to develop a national midwifery curriculum that was, in 2016, recognized by ICM as meeting international standards. The curriculum has since been implemented in all 15 midwifery schools with its first graduates completing the program in February 2018. Finally, a Somali Midwifery Strategy (2018-2023) was developed by key stakeholders which was harmonized with Somalia's National Development Plans, Health Sector Strategic Plans and SDGs defining four objectives to improve the delivery of midwifery care:

1. Strengthen midwifery regulations
 - Establish/strengthen a regulatory body
 - Development of relevant midwifery legal frameworks
 2. Strengthen midwifery education
 - Invest in midwifery education
 - Strengthen midwifery research
 3. Strengthen midwifery workforce
 - Address employment and deployment of midwifery workforce
 - Improve work environment of midwives
- Improve practice and leadership
- Standardization of protocols, norms and guidelines
 - Strengthen supportive supervision and professional leadership

C. ASSIGNMENT CONTEXT AND OBJECTIVES

The goal of undertaking this organizational capacity assessment is to provide baseline data for monitoring and evaluation purposes of the SMEPS project as well as to identify action areas to respond to each Midwifery Associations' needs within the scope of the project. The information gathered within this assessment will guide project activities during the life of the project and the development of Association action plans towards their organizational and leadership capacity. As part of this assessment, it will be required that results and recommendations from the assessment be communicated to, validated by and signed off by each Association. In addition, a workshop with project partners and key stakeholders will take place at the end of November or early December in Mogadishu, Somalia or Nairobi, Kenya (dependent on the COVID-19 global health situation).

Utilizing the MACAT 2.0 tool serves several project and Midwifery Association objectives:

1. Provides a comprehensive assessment of the capacities of each Association;
2. Identifies key activities for the Associations to engage in, to help strengthen structural gaps;
3. Establishes Midwifery Associations as the national leaders in health promotion and advocates for the profession.

Expected Deliverables

The assignment consists of four main deliverables:

1. **MACAT Assessment:** Utilizing the MACAT 2.0 tool to assess the three Midwifery Associations in Somaliland, Puntland and the Federal States of Somalia.
2. **Report:** Produce a report for each of the three Midwifery Associations that describes the results of the MACAT assessment including strengths, weaknesses, recommendations and an actionable operational plan.
3. **Workshop (in person or remote if needed):** Conduct a workshop to disseminate results and define work/action plans for each Midwifery Association as part of the SMEPS project. This workshop will be developed in collaboration with CAM Global's Midwifery Technical Expert and representatives from each Midwifery Association.
4. **Workshop report:** Develop an activity report that summarizes the workshop, describes workshop outcomes and identifies achievable workplans for each of the Midwifery Association.

D. SELECTION CRITERIA AND SUBMISSION FORMAT

Selection Criteria

Expressions of interest will be evaluated primarily on the following criteria:

1. Previous experience using the MACAT tool or demonstration of a solid understanding of the tool;
2. Experience in conducting quality assessments and report writing;
3. Experience in workshop development and facilitation, and;
4. Demonstration of the ability to conduct an assessment remotely within the required timeframe with multiple stakeholders.

Priority will be given to an expression of interest that:

- a. Is led by a midwife
- b. Has familiarity and/or experience with conflict/post-conflict environments (previous experience in Somaliland, Puntland or Federal States of Somalia is considered a strong asset)
- c. Has a budget below \$30, 000 CAD, though budgets of up to and above \$30, 000 CAD will be considered for exceptional proposals.

Submission Format

The expression of interest should not exceed four pages outlining:

1. An overview of your skills and experience and/or the composition of your team (if applicable). Including CV's, indicating any relevant experience in conducting assessments, particularly with the MACAT tool, workshop development and facilitation and report writing. Also, include any relevant experience in conducting assessments in the Horn of Africa or East African region.
2. The proposed approach to conduct the MACAT, including:
 - a. Timeline
 - b. Tool validation
 - c. Working remotely and communicating with CAM, project partners, the Midwifery Associations and ICM

- d. Budget not to exceed \$30, 000 CAD. Please note that costs associated with travel for this assignment including airfare, accommodations, per diems in transit, and some medical expenses, will be provided by the project and should not be included in the proposal budget. As well, note that travel may not be possible during the execution of this contract.

E. APPLICATION INSTRUCTIONS

Please follow these instructions:

- Send the MACAT proposal documents as one PDF file and ensure that your full name (as lead Consultant, if in a team) and the title “SMEPS MACAT” are included in the file name.
- Send your PDF file by email in the subject line, “SMEPS MACAT” to admin@canadianmidwives.org
- Deadline for applications is August 15, 2020 by 5pm EST.

ⁱ Relief Web Humanitarian Needs Overview 2018,

https://reliefweb.int/sites/reliefweb.int/files/resources/20172911_somalia_humanitarian_needs_overview_2018.pdf

ⁱⁱ Directorate of National Statistics, Federal Government of Somalia. *The Somali Health and Demographic Survey 2020*.

ⁱⁱⁱ World Bank. <https://data.worldbank.org/indicator/SH.DYN.MORT?locations=SO>, accessed July 13, 2020

^{iv} Relief Web Humanitarian Needs Overview 2018,

https://reliefweb.int/sites/reliefweb.int/files/resources/20172911_somalia_humanitarian_needs_overview_2018.pdf , p.7