TANZANIAN TRAINING CENTRE FOR INTERNATIONAL HEALTH, IFAKARA

MATERNAL HEALTH CONSORTIUM

TERMS OF REFERENCE FOR CONSULTANCY TO DEVELOP A NATIONAL MIDWIFERY REPORT AND FIVE-YEAR COSTED IMPLEMENTATION ROADMAP FOR THE MIDWIFERY MODEL OF CARE IN TANZANIA

SUMMARY

Type of Contract	Consultancy Contract
Title	Consultancy to develop a national midwifery report and five-year costed implementation roadmap for the midwifery model of care in Tanzania.
Purpose	To conduct a national desk-based assessment and facilitate a participatory planning process, under the guidance of the MoH/DNMS, to inform the development of the National Midwifery Report and a Five-Year Costed MMoC Implementation Roadmap.
Location	Dodoma
Duration	3 Weeks
Start date	1 December 2026
Reporting to	TTCIH Management

1.0 Background

The Ministry of Health (MoH), through the Directorate of Nursing and Midwifery Services (DNMS), is strengthening the midwifery program in the country including availability, distribution, competencies and quality of the midwifery workforce to improve maternal and newborn health services. This work supports national health sector priorities, including HSSP V, One Plan III, national vision 205 and the commitment to Universal Health Coverage.

The recent global recommendation is adaptation of midwifery model of care to improve access of quality maternal and newborn care. Midwifery Model of Care (MmoC) is a cost-effective approach which is client centered provided in various settings in ensuring every woman and newborn is cared by skilled midwife. The MMoC aims to promote accessible, coordinated, respectful and evidence-based care for women and newborns across the continuum from pregnancy, childbirth and the postnatal period, supported by competent midwives and functioning referral systems. This global recommendation, which is led by ICM, Jhpiego, UNICEF, WHO and UNFPA is complemented by Midwifery Accelerator focusing in increasing both global and domestic financing in midwifery, strengthening education and deployment as well as empowerment through leadership capacity building in midwifery program.

Tanzania aims to adapt model for the improved health outcomes for mothers and newborn including reproductive services for young people to ensure significant reduction of maternal mortality and morbidity. As part of this important ambition, Ministry of Health needs to conduct desk review of existing midwifery workforce reports to come up with report which is in line with WHO designed tool and in line with midwifery model of care components. This report then will inform in developing costed five years implementation plan for midwifery model of care which will be used in providing guidance during transitioning to midwifery model of care. Also, it will be used as national resource mobilization tool in investment of midwifery program in the country.

The MoH therefore intends to engage a qualified consultant to synthesize the national report on midwifery workforce through desk review and to prepare a practical Five-Year Costed National Implementation Roadmap for the Midwifery Model of Care. The consultant will work under the leadership of MoH/DNMS and in consultation with designated government, regulatory, professional, training and development stakeholders. The assignment is expected to use existing evidence first, with targeted consultations to resolve important information gaps.

2.0 Rationale

A current, consolidated picture of the midwifery workforce and service delivery environment is required to guide credible decisions on the Midwifery Model of Care. Existing assessments and routine information may identify important workforce and service gaps, but findings need to be brought together, checked for relevance and translated into ranked and feasible actions for the Tanzanian health system.

A costed five-year implementation roadmap will help the MoH and its partners move from assessment to action by specifying the sequence of policy and operational reforms, responsible institutions, realistic milestones, measurable indicators, cost assumptions and financing requirements. It will also support stakeholder coordination, domestic resource mobilization, monitoring and the phased introduction and scale-up of the MMoC at appropriate levels of care

2.1 Broad Objective

To develop an evidence-informed National Midwifery Report and a validated, five-year costed implementation roadmap to guide the introduction, scale-up and sustainability of the Midwifery Model of Care in Tanzania.

2.2 Specific Objectives

The specific objectives are to:

- To review and synthesize available national evidence, including the Comprehensive Assessment of Midwifery Workforce in Tanzania Mainland Report, the MMoC Situation Analysis Tool and relevant policy, workforce, education and service delivery documents.
- Preparing a comprehensive National Midwifery Report with findings, evidence limitations, strategic priority investments and actionable recommendations.
- To develop a five-year-costed MMoC implementation roadmap with phased actions, accountable institutions, annual milestones, targets, indicators, resource requirements, financing options and funding gaps.
- To facilitate technical review and stakeholder validation and finalize the report, roadmap and implementation monitoring framework for consideration and endorsement by the MoH.

3.0 Scope of Work

Under the guidance of the MoH/DNMS, the consultant will undertake a national desk-based assessment and participatory planning process to inform the National Midwifery Report and the Five-Year Costed MMoC Implementation Roadmap. The scope will cover the following interconnected areas:

- Evidence review and data mapping: assess existing midwifery workforce reports, the MMoC Situation Analysis Tool, applicable policy and strategy documents, professional standards, routine administrative datasets and relevant programme reports; document data availability, quality and limitations.
- Situation and gap analysis: synthesize evidence on midwife numbers, skills mix, deployment, retention, professional competencies, education and mentorship, supervision, working conditions, maternity and newborn care pathways, respectful care and facility readiness, with disaggregation by geographic area, cadre and level of care where the data allow.
- Strategic prioritization: identify bottlenecks, enabling factors, quick wins and longer-term reforms; apply transparent criteria including need, feasibility, equity, expected effect and implementation capacity to rank the recommended investments.
- Roadmap design: define a coherent results framework and five annual implementation phases (Years 1–5), with actions, sequencing, institutional roles, deliverables, annual targets, monitoring indicators, risks, assumptions and a mechanism for periodic review.
- Costing and financing: prepare an editable, activity-based costing model in Tanzanian shillings with assumptions, unit costs, quantities and annual estimates; map potential financing sources, currently confirmed resources where verifiable, and the residual financing gaps. Costs must be clearly labelled as estimates until verified and approved.

- Stakeholder participation and validation: engage relevant MoH directorates, PMO-RALG, TNMC, professional associations, training institutions, service delivery representatives and partners as designated by the MoH; document inputs and secure technical validation of the draft outputs.

The consultant shall not present unverified estimates as measured national figures. Any additional primary data collection, field visits or research ethics approvals shall be agreed in advance with the MoH and undertaken only where required by the approved methodology and applicable procedures

3.1 Requirements of the Consultant

3.2 Professional qualifications

An advanced university degree (Master's degree or higher) in Midwifery, Nursing, Public Health, Health Systems, Health Policy, Health Economics or a closely related discipline. A PhD and specialized training in health planning or economic costing are added advantages.

Proven professional experience in maternal and newborn health, midwifery workforce development, programme design and health systems strengthening.

3.3 Technical expertise

Demonstrated ability to undertake desk reviews, mixed-methods synthesis, gap analysis, stakeholder consultations, development of costed multi-year implementation plans and results-based monitoring frameworks.

Ability to prepare transparent, editable activity-based budgets and financing-gap analyses using appropriate spreadsheet tools, with clearly documented assumptions.

Knowledge of the Midwifery Model of Care and Midwifery Accelerator concepts, the WHO Labour Care Guide, Respectful Maternity Care and relevant Tanzanian health policies and professional standards.

3.4 Past experience

At least five years of relevant consultancy or technical experience in health sector strategy, midwifery, workforce planning or comparable national programmes; experience developing national reports and costed implementation roadmaps is highly desirable.

Experience working with ministries, regulatory bodies, training institutions, professional associations and development partners in Tanzania or a comparable setting.

3.5 Communication and collaboration

Strong facilitation, analytical writing, presentation and stakeholder engagement skills, with the ability to convert complex evidence into concise policy recommendations and implementable actions.

Excellent written and spoken English; working knowledge of Kiswahili is an advantage for national stakeholder engagement.

3.6 Operational requirements

Availability to participate in inception, technical working and validation meetings as arranged by the MoH and to submit editable Word, Excel and PowerPoint documents within the agreed consultancy schedule.

Commitment to confidentiality, appropriate data management, timely communication and adherence to relevant institutional requirements.

4.0 Selection Criteria for the Candidates

- Relevant academic qualifications and demonstrated technical experience in midwifery, maternal and newborn health and health systems strengthening.
- A proven record of preparing national-level health workforce or service situation analysis reports and evidence-based recommendations.
- Demonstrated ability to design costed multi-year implementation plans, results frameworks, annual targets and financing-gap analyses.
- Familiarity with Tanzania's health system, decentralised service provision, midwifery professional standards and stakeholder landscape.
- Quality and feasibility of the proposed methodology, workplan, consultation approach and data-quality safeguards.
- Evidence of high-quality analytical writing, stakeholder facilitation, data visualization and delivery of comparable assignments.

5.0 Role and Responsibility of the Consultant

- Review relevant national and international documents, previous midwifery workforce assessments and the MMoC Situation Analysis Tool.
- Prepare and present an inception report with a detailed methodology, evidence inventory, stakeholder engagement plan, work schedule and quality assurance approach.
- Compile, verify and synthesize available quantitative and qualitative evidence; document the source, coverage and limitations of each important finding.
- Develop a national midwifery gap and priority investment analysis, including recommended MMoC readiness and implementation actions.
- Draft the National Midwifery Report, including an executive summary, findings, priorities and recommendations.
- Develop a costed five-year MMoC implementation roadmap with annual milestones, institutional responsibilities, results indicators, cost estimates and financing gaps.
- Prepare an editable costing workbook and implementation tracking matrix for monitoring annual and cumulative progress.
- Present draft documents at technical stakeholder review and validation meetings convened by the MoH, and record comments and agreed revisions.
- Finalize the report and roadmap, incorporate stakeholder inputs, and submit executive briefs, presentation materials and all working files.
- Provide technical support to MoH/DNMS for the presentation and handover of the final outputs, including recommended next steps for implementation and resource mobilization.

6.0 Key Deliverables

The assignment consists of the following five deliverables:

i. Inception Report, including a clear methodology, document and data inventory, stakeholder consultation plan, workplan, quality assurance measures and milestones for approval by MoH/DNMS.

ii. Interim Progress Report, summarizing evidence reviewed, key gaps, preliminary priority investments, data limitations, stakeholder feedback and proposed structure of the final products.

iii. Final National Midwifery Report, developed from the existing Comprehensive Assessment of Midwifery Workforce in Tanzania Mainland Report, MMoC Situation Analysis Tool and other verified sources. The report shall include:

- Executive summary and methodology; current workforce and service delivery profile; principal findings and evidence limitations.
- Analysis of workforce, training, deployment, quality, governance and service readiness gaps, disaggregated where available.
- Ranked investment priorities, feasible policy and programme actions, and recommendations for MMoC implementation.

iv. Final Five-Year Costed MMoC Implementation Roadmap and accompanying editable costing workbook. The roadmap shall include:

- A five-year phased action matrix with strategic priorities, deliverables, annual milestones, targets and named responsible institutions.
- A monitoring and evaluation framework, implementation governance and coordination arrangements, risk register and review mechanism.
- Annual and total activity costs in TZS, transparent costing assumptions, identified financing sources, confirmed funding if available and outstanding financing gaps.

v. Presentation and Handover Package, comprising PowerPoint slides for stakeholder validation and MoH briefings, an executive summary or policy brief, an editable implementation tracking matrix, a stakeholder comment-response matrix and the final Word/Excel source files.

All deliverables shall be submitted in editable electronic formats and revised as necessary following documented feedback from MoH/DNMS and the designated technical stakeholders.

7.0 Reporting and Coordination

The consultant will report directly to the Midwifery Bridging Programme Task Force for technical guidance and the TTCIH management for administrative coordination. Regular updates and meetings will be scheduled to ensure alignment with project objectives and timelines.

8.0 Payment Schedule

The payment will be 40% upon approval and satisfactory presentation of the inception report, then 30% upon submission of satisfactory draft report and 30% upon approval and satisfactory presentation of final report.

9.0 Application Requirements

Interested candidates are requested to submit:

- Technical and financial proposal
- Firm profile and relevant experience
- Curriculum vitae(s) of the consultant(s)
- Sample of similar work

All applicants should send their applications together with a detailed technical and financial proposal, Firm profile and relevant experience, Curriculum vitae(s) of the consultant(s), Sample of similar work via email addressed to the following:

Subject Line: Consultancy to develop a national midwifery report and five-year costed implementation roadmap for the midwifery model of care in Tanzania.

Procurement Officer,
Tanzanian Training Centre for International Health,
P. O. Box 39, Ifakara Morogoro Tanzania
Email: procurement@ttcih.ac.tz

10. Evaluation Criteria

- Technical approach, methodology, tools, and work plan (35%): Experience in assuring quality control for data collection and data management processes. Data analysis skills using appropriate software programs.
- Relevant experience and institutional capacity (30%): Relevant experience conducting data collection for major research or quality improvement projects.
- Qualifications of consultant(s)/team (15%): Familiarity with the health sector and health terminology, particularly involving the Midwifery, Maternal and Newborn Health field. Ability to draft clear summary reports indicating key trends, findings, and statistics.
- Financial proposal (20%)

TTCIH Policy and Ethics

The consultant is required to comply with TTCIH's Protection from Sexual Exploitation and Abuse (PSEA) and Code of Conduct policies during his/her tenure.

Confidentiality

All information obtained during the consultancy will be treated as confidential and used solely for the purpose of this assignment. All information gathered and produced belongs to the client (TTCIH/MoH) and cannot be disclosed without written permission.

DISCLAIMER:

TTCIH does not charge any application, processing, training, interviewing, testing or other fee in connection with the application or recruitment process. Fraudulent notices, letters or offers may be submitted to the TTCIH fraud hotline http: info@ttcih.ac.tz

Job Posting: November 10th, 2026, 00:00 AM

Closing Date: November 24th, 2026, 11:59 PM

Only shortlisted candidates will be contacted