

## **CONSULTANCY**

Consultant to conduct End-term review of RMNCAH Strategic Plan 2018-2022, and the Development of a Proposed Strategic Plan for the Implementation of RMNCAH+Nut 2024-2028

## **RE-ADVERTISED**

### **Terms of Reference and Concept Note**

<b>Type of consultant</b>	Consultant contract (Re-advertised)
<b>Title</b>	Conduct End-term review of RMNCAH Strategic Plan 2018-2022, and the Development of a Proposed Strategic Plan for the Implementation of RMNCAH+Nut 2024-2028
<b>Location</b>	Zanzibar
<b>Unit:</b>	Integrated Reproductive and Child Health Programme + Nutrition (iRCHP+Nut) of the Ministry of Health, Zanzibar
<b>Department:</b>	Director Preventive Health Services and Health Education
<b>Country</b>	United Republic of Tanzania (Zanzibar)

### **Purpose**

The main purpose of this consultancy is to provide technical support to the Ministry of Health Zanzibar, through the Integrated Reproductive and Child Health Programme, to conduct an End-Term Review (ETR) of the 2018 – 2022 RMNCAH Strategic Plan and the Development of the new Strategic Plan for the Implementation of RMNCAH+Nut 2024 – 2028.

### **1. Background**

The Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Strategic Plan 2018 – 2022 aims to guide the implementation of high-impact evidence-based interventions to improve maternal, newborn, child, and adolescent health outcomes toward the attainment of health-related Sustainable Development Goals.

In 2018 - 2022 -2026, the Ministry of Health through the Zanzibar Integrated Reproductive and Child Health developed the RMNCAH Strategic Plan to accelerate the reduction of mother and newborn deaths with support from WHO, UNFPA, and UNICEF. The strategic plan aimed to guide the implementation of Reproductive, Maternal, Newborn, Child, and Adolescent Health in line with national, regional, and global targets and milestones to be attained during the implementation period to accelerate the progress in the attainment of health-related SDGs and UHC of comprehensive RMNCAH health services and interventions along the continuum of care in the country.

The End Term Review (ETR) of the 2018 – 2022 RMNCAH Strategic Plan to Accelerate Reduction of Maternal and Newborn Deaths is planned to inform the achievements gained, lessons learned, and the challenges encountered during the operationalization of the RMNCAH SP 2018 - 2022.

The findings of the ETR of the previous strategic plan sharpen and accelerate the availability and accessibility of quality RMNCAH+Nut services and bridge the service gaps among special groups population.

## **2. Objectives of the End-Term Review and Development of the RMNCAH Strategic Plan 2018 – 2022**

### **Specific Objective**

To evaluate the achievement attained in implementing the RMNCAH Strategic Plan 2018 – 2022 and develop corrective measures for the coming new RMNCAH+Nut Strategic Plan.

### **4. Deliverables**

1. An Inception report clarifying the objectives, evaluation method, and detailed work plan.
2. A Presentation of initial findings after the desk review and field visits.
3. The technical reports of consultative meetings with key health sector stakeholders: Ministry of Health, DHMTs, Development partners, Donors, Int'l and local NGOs and Civil society, and Academicians.
4. The End Term Analytical Report including key findings and priority action points on:
  - The effectiveness and efficiency of the RMNCAH interventions during the lifespan of the RMNCAH Strategic Plan.
  - The progress attained from the RMNCAH Strategies Outcomes and Outputs.
  - The performance of health systems (those are i-Leadership and governance, ii-Service delivery, iii-Health system financing, iv-Health workforce, v-Medical products, vaccines and technologies, and vi-Health information systems) for the provision of RMNCAH services.
  - The efficiency and effectiveness of the coordination and collaboration between the Ministry of Health and the Development Partners, Donors, and RMNCAH-related entities for the implementation of the 2018 – 2022 RMNCAH Strategic Plan.
  - The functionality of the RMNCAH and MPDSR Technical Working Groups and their respective contribution to the achievement of RMNCAH Strategic Plan 2018 2022.
5. Revised targets and milestones of the results framework against the baseline if applicable.

6. Community (community members and community health workers) insight and perception report on availability, affordability, and accessibility of quality Maternal, Newborn, and Child Health Services and Nutrition.
7. Proposed developed RMNCAH strategic plan 2024- 2028.

### **End-Term Review questions to be considered**

1. How effectively and efficiently has the SP implemented to achieve the RMNCAH Goals and Objectives?
2. How efficient were the RMNCAH services and interventions planned at different levels of the health system accomplished?
3. Has the Ministry of Health/Integrated RCH Programme realized the outcomes achieved in the 2018 – 2022 RMNCAH Strategic Plan Objectives in the following areas?
  - a. Accessibility (geographic) to and utilization of RMNCA health services.
  - b. Quality of RMNCA health services delivered at all levels of the service delivery points.
  - c. Coverage of RMNCA health interventions and availability of conducive physical infrastructures.
  - d. RMNCAH data system to track the achievements of the outputs and outcomes of the 2018 – 2022 RMNCAH Strategic Plan
  - e. Targeted population (WRA) behaviors (perceived risk) to utilizing RMNCAH services.
  - f. Community Involvement and Engagement in RMNCAH Interventions.
  - g. Mainstreaming of healthy aging (RMNCAH & HA) services.
  - h. Governance and Partnership Coordination.
  - i. Value for Money (V4M) and coordination of RMNCAH interventions by various RMNCAH actors within the health sector under MoH Zanzibar.
4. To what extent the positive and negative changes observed in the RMNCAH Sector since 2018 be attributed to the implementation of the RMNCAH SP 2018 – 2022.
5. To what extent are and result framework of the SP and the strategic outcomes realized?

### **3. Description of MTR Team and Process**

#### **Oversight of the review process**

The End-Term Review (ETR) process will be executed under the guidance of a collaborative ETR Technical Task Force, chaired by the DPS&HE (alternatively chaired by RMNCAH+Nut PM) of the Ministry of Health (MoH). The composition of the ETR

Technical Task Force is in **Annex 1**. More so, the final overseer of the work report is the Executive Committee which is composed of high-level leadership of the MoH under PS leadership. The composition of the EC is in **Annex 2**.

The terms of reference for the ETR Technical Task Force and the Executive Committee are in **Annex 3 and 4** respectively.

The secretariat function for the ETR Technical Task Force will be jointly managed by the Directorate for Preventive Services and Health Sector Reform Secretariat, operating respectively within the PDS & HE and the Division of Policy and Planning at the Ministry of Health (MoH).

The Secretariat of the ETR Technical Task Force will ensure the exercise of the end-term review is executed as per agreed terms and conditions.

### **Technical assistance**

Technical assistance will be provided by WHO, UNFPA, UNICEF, and logistic arrangements related to the ETR managed by Tanzanian Training Centre for International Health – Ifakara (TTCIH) on behalf of MoH Zanzibar. The overall ETR will be conducted by a consultant selected jointly by MoH Zanzibar and TTCIH through a competitive process.

The review team will be led by a consultant under the assistance of the senior monitoring & evaluation specialist or a public health specialist who will ensure the task distribution and coordination are adhered to and the quality of work is satisfactory.

### **Review method.**

The review method will proceed as follows:

#### **Part 1: Desk Review**

The initial stage entails an extensive examination of updated documents – published and unpublished. Some of these documents include the RMNCAH SP 2018 – 2022, MPDSR Repots, Annual RMNCAH Review Reports, HSSP V, One Plan III 2020/21-2025/26, HRH strategy 2020-2025, Surveys, District Health Information System records, National Health Workforce Account report, reports from public health programmes, Health Facilities Assessment reports (Star rating), annual MoH National Health Accounts and Public Expenditures reviews, annual health sector review documentation, Annual Health Sector Performance Profile Reports, Ministry of Finance reports – MKUZA, Vision 20---, as well as global report and recommendations.

#### **Part 2: Data Collection and Analysis**

The subsequent phase involves a comprehensive process of data collection and analysis, coordinated by a team of technical experts. This team will review/develop data collection guides and tools, which will then be endorsed by the steering committee. The data collection will encompass the following methods:

1. Semi-structured Interviews: Interviews with key stakeholders within the: -
  - MoH/Health sectors,
  - MoCDGEC officials
  - PO-RALG officials working on health matters,
  - Ministry of Finance and Planning – Division for Population and Planning,
  - Medical Store Agency officials,
  - Six Core District Health Management Team members (DMO, DPHNO, DDM, DP, DPHO, and DHAO).
  - District Hospital and Health Centers Staff and heads of supporting units,
  - Private/FBO staff,
  - Coordinating bodies,
  - CSOs/NGOs national and Int'l,
  - Community members/Community Health Workers/health service users,
  - Development Partners,
  - Representatives from the Technical Working Groups,
  - Professional associations, and
  - And *others*.
2. Field Visits: A comprehensive field visit, focusing on selected Ministries, entities, agencies, hospitals, health centers, and dispensaries. During these visits, special attention was given to maternal, newborn, and child health services.

### **Part 3: Community Insight and Perspective Documentation**

A community review will be organized to capture the community insight and perspectives of RMNCA health services as the main service users. This study will also explore the opportunities of strengthening the community health system.

### **Part 4: Report Validation**

The synthesis of findings and their subsequent articulation in a report following a rigorous analysis of the inputs. The collaborative validation process will ensure the accuracy and credibility of the findings and recommendations to sharpen the development of the 2024 – 2028 RMNCAH Operational Strategic Plan.

### **Part 4: Report Endorsement**

The endorsement process will be conducted before the executive committee of the MoH, when the Planning Unit under DPPR will organize the meeting under the chairpersonship of the Principal Secretary. The endorsement will highlight key comments, recommendations, and actions to be taken before the development of the new Strategic Plan for the Implementation of RMNCAH+Nut 2024-2028.

### **Part 5: Final Report Submission**

Submission of the final RMNCAH ETR will be undertaken after the compilation and re-review of all inputs from the Executive Committee.

## **Part 6: Report Proposed RMNCAH+Nut 2024-2028**

Presentation of the proposed Strategic Plan for the Implementation of RMNCAH+Nut 2024-2028 before the committee, as part of the framework needs to be discussed before the commencement of the development of the 2024 – 2028 RMNCAH+Nut Strategic Plan.

### **Place of assignment**

The consultancy work is expected to be based in Zanzibar for the duration of the appointment.

### **Timeframe**

#### **Duration**

The consultancy is expected to last for 50 working days from August – September 2024.

#### **Indicative Timeframe**

Design Phase (Preparation for work including submission of the inception report/assessment protocol) - 5 days

Field work Phase (desk review, interviews, field visits) – 20 days

Reporting and dissemination phase (drafting and finalization of reports, presentations, validation and consensus meetings, abstracts etc) – 20 days

Submission of the final RMNCAH ETR – 5 days

### **Specific Requirements**

#### **Qualification & Application Procedure**

##### **Profile of Consultant/firm:**

- Applications must be submitted by a firm/company/university/college or research organization.
- The consulting team should include consultants with expertise in MCH, Family Health, Epidemiology, Planning Monitoring & Evaluation, Health Economics, Finance and Investment.
- The Lead consultant should have a university degree in Medicine, Nursing and Midwifery, Social Sciences, Public Health, or equivalent; a PhD will be an added advantage.

##### **Experience and skills.**

- Essential experience and skills required:
  - Minimum 7 years of professional experience in the following areas:
    - National health-related strategic action planning, Evaluation, and implementation.

- Design and implementation of monitoring and evaluation frameworks for health programs with prior experience in RMNCAH, Nutrition, and Ageing.
- Country-level capacity strengthening around data literacy (data collection, collation, analysis, and use) for RMNCAH+Nut and Ageing quality service delivery.
- Experience working in a consortium of technical people from multiple sectors, disciplines, and expertise and on high pressure.
- Proficiency in Kiswahili and English with excellent oral and written communication skills.
- Good understanding of RMNCAH Policy and Strategies, WHO New Recommendations in MNCAH interventions, MPDSR, Child Death Audits, Nutrition, Healthy Ageing, and other related issues.
- Ability to deliver results timely.
- Excellent advocacy and negotiation skills.
- Experience with the national health sector in general and maternal health in particular (Tanzania)
- Declaration of independence of the evaluators. No working or familiar relationship with one of the key stakeholders and/or TTCIH, UNFPA and MoH Zanzibar

#### 4. Administrative and Contractual issues

##### 1. Contract Duration and Remuneration Arrangements

Workdays will be distributed between the date of signature and the approval of the submitted final report. The fee to be paid to the review team shall cover professional fees for the days stipulated in section 6 of this ToRs. Travels for field work outside the consultants residing geographical location will be covered by a travel advance or reimbursement, as appropriate, following TTCIH's prevailing daily subsistence allowance (DSA) rates.

Payment of fees will be based on the delivery of outputs, as follows:

- Upon approval of the design/inception report - 30%
- Upon satisfactory contribution to the draft final assessment report - 30%
- Upon satisfactory contribution to the final Midterm review report - 40%

All deliverables will be reviewed by the Task Force that has been established by the key stakeholders as in **Annex 1**. Payments will be upon approval of deliverables by TTCIH and the above stakeholders.

##### 2. Administrative Issues including Consultants' Workplace and Travels

- a) The consultant will provide an all-inclusive cost in the financial proposal, factoring in all cost implications for the required assignment.



- b) Consultants will include cost of travels and accommodation for field trips.
- c) Other general conditions that will apply are as follows:
- The consultant(s) shall arrange its own work space, office equipment, supplies, internet etc
  - Expected expenses should be part of the submitted quotation/estimates
  - Except for the costs included in the financial proposal, TTCIH / UNFPA will not pay for any other expenses incurred when implementing this assignment.
  - The contract will not commence the works unless there is signed contract agreement.
  - All financial transactions as regards to remuneration and facilitations to the consultant will be subjected to the laws and regulations of Tanzania and will be done through specific bank accounts as prescribed by the consultant.
- d) Confidentiality:
- The documents produced during the period of this consultancy will be treated as strictly confidential and the rights of distribution or publication will reside solely with UNFPA/MOH Zanzibar.

## 5. APPLICATION

All applicants should send via emails:

- Detailed technical and financial proposal
- CVs of the team lead and members
- Two copies of the previous similar tasks conducted
- Applicants who were not selected in the first advert are permitted to reapply.
- All applicants should send their applications and CVs to the following:

**Procurement Officer,**

**Tanzanian Training Centre for International Health,**

**P. O. Box 39,**

**Ifakara, Morogoro**

**Tanzania**

Email: [procurement@ttcih.ac.tz](mailto:procurement@ttcih.ac.tz)

**13. Deadline 03<sup>rd</sup> AUGUST 2024**

14. Only successful candidates will be contacted.

### ETR Schedule

	Activity	Completion
1	Prepare the TORs for <ul style="list-style-type: none"> <li>• ETR Technical Task Force</li> <li>• Lead Consultant</li> <li>• Local/Assistant Consultants</li> </ul>	
3	Engaging and organization of the work	
4	Selection of Team of Technical Assistants	
5	Submission of the inception report and data collection tools to the Technical Task Force for endorsement.	
6	ETR team Document Review	
7	ETR team Data Collection	
8	Draft ETR submitted to Technical Task Force	
9	Technical Task Force comments on draft ETR report	
10	Revised draft submitted to Technical Task Force	
11	Validation of Draft Report (Invitees from a list of respondents or representatives)	
12	Presentation of the Draft Final Report of RMNCAH 2018 – 2022 ETR and Proposed Strategic Plan for the Implementation of RMNCAH 2024 – 2028 to the Executive Committee of the MoH for Endorsement	

## Annexes

### Annex 1

#### Composition of the ETR Technical Task Force

1. RMNCAH Programme Manager
2. Senior Advisor, RMNCAH Programme
3. Head, RMNCAH Pemba
4. Head, IMCI Pemba
5. Coordinator, Immunization and Vaccines Development
6. Coordinator, Reproductive Health and Family Planning
7. Coordinator, Newborn and Child Health
8. Coordinator, Safe Motherhood Initiatives
9. Coordinator, Youth-Friendly Services
10. Coordinator, Monitoring, Evaluation and Planning
11. Coordinator, Nutrition Unit
12. Head, Quality Assurance Unit
13. DPs (UNFPA, WHO, UNICEF)
14. Jhpiego
15. Milele Foundation
16. Representatives from Obgy MMH
17. Senior Obgy Pemba
18. Representative from SUZA (School of Health)
19. Representative from ZU (School of Health)
20. Representative from a Private Hospital (obgy department)
21. Representatives from professional boards/associations/councils

### Annex 2

#### Composition of the Executive Committee of the Ministry of Health

22. Principal Secretary – PS MoH
23. Health Coordinator MoH Pemba – HC Pemba
24. Chief Accountant – CA MoH
25. Director General MoH – DG MoH

26. Director General – DG ZAHRI
27. Ag. Director General Zanzibar Health Services Fund - ZHSF
28. Executive Director Mnazi Mmoja Hospital – ED MMH
29. Executive Director Zanzibar Food and Drug Agency – ED ZFDA
30. Director Preventive Services & Health Education – DPS & HE MoH
31. Director Curative Services – DCS MoH
32. Director of Administration and Human Resources – DAHR MoH
33. Director Central Medical Agency – CMA MoH
34. Director Planning, Policy and Research – DPPR MoH
35. Director Nurses and Midwives Services - DNMS
36. Chief Pharmacist – CP
37. Chief Government Chemist – CGC
38. Programme Manager, Integrated Reproductive and Child Health and Nutrition – PM i-RCHP+Nut
39. Programme Manager, Zanzibar Integrated HIV, Hepatitis, Tb and Leprosy Control Programme – ZIHHTLP
40. Programme Manger, Zanzibar Malaria Elimination Programme - ZAMEP
41. Manager, Non-Communicable Diseases – NCD
42. Manager, Environmental Health Unit – EH
43. Manager, Occupational and Safety Health Services – OSH
44. Manager, Neglected Tropical Diseases – NTD
45. Head, Quality Assurance Unit – QAU
46. Head, Primary Eye Care Unit – PECU
47. Head, Procurement and Supply Unit
48. Head, Monitoring and Evaluation Unit – MnE
49. Health, Policy and Planning Division – PPD
50. Head, Health Management Information System – HMIS
51. Head, Information and Communication Technology Unit - ICT
52. Head Human Resources Unit – HR
53. Head, Legal Unit

## **Annex 3**

### **Term of references of the ETR Technical Task Force**

1. Agree on the Terms of Reference and select the ETR Consultancy Team.
2. Supervise the planning and execution of the ETR process.
3. Ensure that wrap-up discussions maintain a spirit of partnership, with stakeholders' comments being duly considered in the final report.
4. Ensure timely submission of requested key reports for the ETR.
5. Discuss with the Integrated RCH Programme and DHMTs and Policy and Planning Division on the ETR Report and the Development of the New RMNCAH Operational Strategic Plan 2024 - 2028.

## **Annex 4**

### **Term of references of the ETR Executive Committee**

- 1) Being aware and fully periodically informed by the Integrated RCH Programme Manager on the execution and progress of the ETR process.
- 2) Monitor and assess the agreed deliverables and the quality of the Draft Final Report of the ETR of the RMNCAH SP 2018 - 2022.
- 3) Provide comments and inputs on the Draft Final Report of the ETR of the RMNCAH SP 2018 - 2022.
- 4) Endorse the Draft Final Report of the ETR of the RMNCAH SP 2018 - 2022.
- 5) Follow up on the inclusion of final comments and inputs from the executive committee and its timely submission.
- 6) Lead the Policy Dialogue session following a clean final document.

**Annex 5**

**Estimated budget for the End-Term Review of 2018 2022 RMNCAH Strategic Plan**

The estimated budget for the work is herewith attached as an Annex:

s/n	Item/Activity	Unit cost	Unit measure	Number of units	costs
1	Desk Review				
2	Field Visit				
3	Data Collection and Analysis				
4	Community Insight & Perceptive Documentation				
5	Validation of Draft ETR report				
6	Endorsement of ETR report & Draft proposal for the implementation of the RMNCAH+Nut 2024 – 2028 Strategic Plan				