



**BASELINE ASSESSMENT ON PROGRAMME FOR URBAN REPRODUCTIVE
HEALTH SERVICES (PURSE) IN SELECTED AREAS OF THE UNITED
REPUBLIC OF TANZANIA**

TERMS OF REFERENCE

NOVEMBER 2023



Summary

Type of Contract	Consultant Contract
Title	National consultancy - Evidence synthesis on Programme for Urban Reproductive Health Services (PURSE) in Dar es Salaam, Dodoma and Unguja in Tanzania
Purpose	To conduct baseline assessment and produce compendium of evidence in order to inform evidence-based planning and interventions on the Urban Reproductive Health Programme
Location	Dar es Salaam, Dodoma and Unguja
Duration	40 days (between November 2023 – February 2024)
Start date	04 th December 2023
Reporting to	TTCIH, UNFPA and the Task Force for this assignment

1.0. BACKGROUND

Continuing convergence of a number of barriers undermine the sexual and reproductive health (SRH) of women, girls and vulnerable populations in many countries at the Sub-Saharan Africa including Tanzania. These include inequalities in access, weaknesses in the delivery of integrated people-centred care services, gaps in sustainable financing, and inadequate laws, policies, and financial protection. Evidence show that universal access to sexual and reproductive health (SRH) is essential in realization of the 2030 Sustainable Development Goals (SDGs) particularly goal 3 on good health and wellbeing. It also advances goal 5, which calls for gender equality, as well as many other goals included in the 2030 Agenda.

The Government of Tanzania is committed to improve the SRH and overall health and wellbeing of its people as demonstrated in various national strategic documents including the Vision 2025, the Health Policy, Health Sectors Strategic Plans (HSSPs), the ‘One Plans’ to accelerate progress in reproductive, maternal, newborn, child and adolescent health (RMNCAH) etc. Tanzania is also committed to domesticate and implement a number of global strategies and protocols on SRH which include the SDGs¹. For example, achieving the zero preventable maternal deaths and unmet needs for family planning are among the goals

¹ The United Republic of Tanzania is a signatory to key strategic global and regional protocols on health including the Sustainable Development Goals (SDGs), Agenda 2063 of the African Union, and East African Community in trans-border collaboration. Achievement of SDG 3, health and wellbeing, as well as other SDGs with an impact on health are central in the new Health Sector Strategic Plan (HSSP – V, 2022-2027).



Tanzania recommitted at the Nairobi Summit on the International Conference on Population and Development and the FP2030 in 2019 and the government has continued to prioritize these services in the past decade and in the context of the SDGs. Despite the political will and commitment, challenges remain:

High adolescent fertility (112 pregnancies per 1,000 girls aged 15-19 years) and a high teenage pregnancy rate of 22 per cent² impact health and general welfare of girls. The UN comprehensive country analysis report indicates that child marriage and teenage pregnancy account for 30 per cent of all cases of school dropouts. Only 15-25 per cent of primary and secondary schools provide sexuality education and only 30 per cent of health facilities offer youth-friendly services. Moreover, adolescents with disabilities face significant challenges to inclusion and access to SRH services, resulting in low levels of knowledge and utilization.

The recent TDHS (2022) has reported a sharp decline in maternal deaths from 556 per 100,000 live births in 2015/2016 to 104 per 100,000 live births³. Despite this new data the country still have a long way to go to achieve the SDG 3.1 target of less than 70/100,000 MMR as significant bottlenecks still remain where other SRH indicators that also determine the reduction in maternal mortality in the country are lagging behind. For example, unmet need for family planning reduced from 22.2% to 21% among married women, contraceptive prevalence rate (CPR) has gone down from 32% to 31% and teenage pregnancies have reduced from 27% to 22%, although there are still regional variations, with one region recording rates as high as 44.7%. Only 22 per cent of the health facilities that are closest to the population provide a full package of emergency obstetric and newborn care services. Also Ministry of Health (MOH) reports shows that most of the maternal deaths (over 90%) are occurring mostly within health facilities in the peripartum period, thus raising concerns on the quality of care and the competencies of providers. More maternal deaths are being recorded in poor urban and peri-urban areas.

The HIV prevalence is 4.7 per cent, though significantly higher among female youth (3.4 per cent), compared to their male counterparts (0.9 per cent). Only 37 per cent of young people have comprehensive knowledge on HIV prevention; and only 32 per cent use condoms for dual protection. Early sexual debut, transactional and cross-generational sex, poor risk perception and harmful gender norms are negative factors that perpetuate HIV transmission. In addition, large gaps exist in combination HIV prevention for young women, their male partners and key populations.

In addition, the United Republic of Tanzania ranks 140 out of 162 countries on the United

² Tanzania Demographic Health Survey (TDHS), 2022

³ Is important to note that the 2015/2016 reported maternal mortality ratio (MMR) and the 2022 report indicates the measurement as pregnancy related mortality.



Nations Gender Inequality Index. Some 42 per cent of the women aged 15-49 years had ever experienced physical or sexual violence while 31 per cent of young women aged 20-24 years are married by the age of 18. Gender inequalities including conflicting laws and policies, weak institutional systems for prevention and response, socio-cultural norms and values such as power dynamics within the families and poverty has implications in the uptake of SRH services.

UNFPA, the United Nations Population Fund has developed its 9th Country Programme (2022-2027) in collaboration with the government of Tanzania and NGOs partners to address the above mentioned challenges. To address the critical and emerging SRH issues in the urban and semi-urban settings, the UNFPA programme is focusing, among others, on implementing a Programme on Urban Reproductive Health Services (PURSE) in Dar-es-salaam, Dodoma and in Unguja. These selected sites are fast growing cities with rapid population growth contributed by rural-urban migration and relatively high fertility rates⁴. More importantly is also slow progress on the SRH indicators. It is in this context that UNFPA in collaboration with Maternal Health Consortium led by TTCIH; the MOH in mainland and Zanzibar; PORALG; and the government authorities in Dar-es-salaam, Dodoma and Unguja, intends to engage a consultancy firm to conduct a baseline assessment to determine requirements for the key SRH essential service packages as stipulated in the Universal Health Coverage (UHC) and national protocols as well as set benchmarks for the performance measurements of the programme.

2.0. JUSTIFICATION

Evidence-based programming continues to play a pivotal role in ensuring the provision of services that are tailored to meet the specific requirements of maternal and child health, adolescents, and young people. Ultimately, this approach aims to achieve positive health and development outcomes. Nevertheless, the accessibility of high-quality evidence to inform decision-making, planning, and healthcare provision in these domains can pose challenges for decision-makers, planners, and healthcare professionals. This endeavor is a significant step toward gathering robust evidence that can be harnessed to formulate innovative solutions for addressing service delivery gaps.

3:0 OBJECTIVES

3.1 Overall objective

To conduct a baseline assessment of the key SRH essential service packages to determine requirement for the Programme on Urban Reproductive Health Services (PURSE) to

⁴ According to TDHS 2022, Total Fertility Rate (TFR) for Dar-es-salaam was 2.8%, Dodoma (3.9%) and Unguja South (5%). This is slightly low than the national average, but the population of these regions has increased substantively due to rural urban migration. Teenage pregnancy is also high (Dodoma is 21% and Unguja South is 13%). It has increased in Dar from 12% in 2015/2016 to 18% in 2022 TDHS.



inform evidence based decision making, planning and provision of quality SRH services.

3:2 Specific Objectives

The specific objectives are presented according to the SRH essential services package and forms the key areas of this assignment and are as follows:

- i. **EmONC:** This will include assessment on the infrastructure, availability of commodities, skills of the health care providers, equipment, functionality including assessing the signal functions including availability of blood and blood products, human resources etc.
- ii. **Newborn care:** The assessment will include, infrastructure like NCU, KMC, NICU, availability of commodities, equipment, skills of the health care workers in providing newborn care for example HBB, emergency preparedness and availability and the use of guidelines and SOPs.
- iii. **Family Planning:** This will include availability of commodities, comprehensive skills and competencies on providing family planning methods, supportive infrastructure, integrations of family planning services and other health services like CTC, and community outreach services.
- iv. **Adolescent sexual and reproductive health (ASRH):** This will include assessment on the availability of commodities, infrastructure to support adolescent and youth services such as youth friendly corners, knowledge, skills and attitudes of health care providers, presence of youth forums that allow peer-to-peer discuss of their needs and challenges, life skills, empowerment, innovations, higher learning institutions reproductive health clubs and availability and utilization of guidelines to provide ASRH services
- v. **Referral system:** Assessment will include availability of ambulances (basic & advanced), innovations and referral management (referral letters, communication, feedback, escort).
- vi. **Antenatal care including PMTCT, and Post-natal care:** This will include assessment on availability of commodities, supplies and supportive infrastructure, health education provision (danger signs, nutrition, post-partum FP etc) and other preventive services, skills of health care provider on assessment of clients and counselling, early booking, quality and available services provided, and availability of health learning materials (IEC/SBCC)
- vii. **Sexual gender-based violence (SGBV)** This will include assessment on skills of health care workers in providing counseling to the victims, supportive infrastructure (one stop center etc), commodities (sample collection), and referral pathways.



- viii. **Cervical cancer screening:** assessment will include, skills of the health care providers, commodities and supplies, innovation such as smartphone VIA (SMVIA). Referrals, treatment and linkages, and presence of community mobilization and outreach services.
- ix. **Human resource for health:** This is a cross-cutting area that will include assessment on the availability (number and skills as per human resource protocols), presence of expertise in specific areas such as anesthesia and sonography, competences in midwifery skills, as well as leadership and governance in overall management of the health service provision at all levels of the health care system.
- x. **Data:** This will include assessment on availability and use of various data collection tools such as registers, HMIS and DHIS tools and systems, data completeness and frequency, evidence of data review meeting, data quality assessment (DQA), innovation based on real time data etc.
- xi. **MPDSR and Clinical audit:** This includes availability of Guidelines and tool used for MPDSR and clinical audit reviews, presence of human resources to support MPDSR and clinical audit e.g focal person and committees, evidence of MPDSR/Clinical Audit schedules, meetings, action plans developed and implemented etc.
- xii. **CPAC:** Assessment will include availability of commodities and supplies, skilled health care providers, presence of guidelines and supportive infrastructure.
- xiii. **Male engagement:** This will include assessment on the involvement of men in provision of SRH services such as advocacy and promotion of companionship during delivery, decision making at family and household level, existence of male friendly services and supportive infrastructure, provider's attitude and presence of client exit interview.
- xiv. **Socio cultural:** This will include assessment of some taboos, traditions, customs, myth and misconception etc that can impact uptake of SRH services.
- xv. **Financing:** All aspect of the key areas of the assignment including availability, utilization and overall financial management.

4:0 DESCRIPTION OF THE ASSIGNMENT (SCOPE OF WORK)

The assignment will be confined to the following aspects:

- (a) Review of documents (national policies, plans, strategies including training materials, SOPs and reports), published and unpublished evidence related to SRH in Tanzania including from Dar es Salaam, Dodoma and Unguja.



- (b) Determine and apply a set of standards for conducting this kind of assignment to make sure the data included, is applicable to the situation.
- (c) Conduct interviews with government officials, partners and relevant NGOs, health facility managers, service providers and other people that are relevant to this assignment.
- (d) Conduct focus group discussion with community leaders, community members including men, women and youth groups in the targeted regions.
- (e) Conduct physical assessment of selected health facilities and other relevant institutions in Dar-es-salaam, Dodoma, and Unguja.
- (f) Present the report to TTCIH, UNFPA and the Task Force for feedback.
- (g) Present the report to stakeholders for validation and feedback
- (h) Finalize the report and submit to TTCIH and UNFPA
- (i) Develop essential service package for the Programme on Urban Reproductive Health Services (PURSE).

5:0 EXPECTED DELIVERABLES

- a) Inception report with timelines, budget, and assessment tools
- b) Stakeholders' validation meeting report summarizing key issues
- c) Assessment report stipulating key findings, gaps, opportunities and recommendations
- d) An abstract and article with evidence-based interventions from the assessment
- e) Proposed service package for Programme on Urban Reproductive Health Services (PURSE)
- f) Presentation for disseminating the findings during the stakeholders meeting

6:0 TIMEFRAME

a) Duration

The consultancy is expected to last for 40 working days from November 2023 – February 2024.

b) 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) – 10 days
- Development of service package for Programme on Urban Reproductive Health Services (PURSE) – 5 days



7:0 REPORTING ARRANGEMENT

- a) The consultants will prepare a work plan covering the consultancy period and subsequently submit bi - weekly progress reports against the approved work plan.
- b) The consultancy firm will work directly with TTCIH for administrative and management of the contract.
- c) The consultants will work closely with the task force for technical issues through TTCIH and UNFPA.
- d) The consultancy firm will submit the final assessment report electronically and three (3) hard copies to TTCIH for contractual purposes and to UNFPA.
- e) The consultancy firm will submit the service package for Programme on Urban Reproductive Health Services (PURSE) to TTCIH for contractual compliance and to UNFPA for further dissemination and programming.

9:0 SUBMISSION REQUIREMENTS

- a) Technical proposal (reasonable page limit) and financial proposal
- b) Profile of the firm and consultants that will be involved.

10:0 ADMINISTRATIVE AND CONTRACTUAL ISSUES

10:1 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 assessment team shall cover professional fees for the days stipulated in section 6b 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 assessment report and the PURSE essential service package - 40%

All deliverables will be reviewed by the Task Force that has been established by the key stakeholders (TTCIH, UNFPA, MOH Zanzibar (Unguja), PORALG (Dar-es-salaam and Dodoma RHMTs). Payments will be upon approval of deliverables by TTCIH and the above stakeholders.

10:2 Administrative Issues including Consultants' Workplace and Travels

- a) The consultancy firm 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 consultancy firm 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.
 - 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.

11:0 QUALIFICATIONS

A local firm will be recruited to conduct the baseline assessment for the Programme on Urban Reproductive Health Services (PURSE). The firm should include a team of consultants with expertise in the assessment thematic areas of SRH (maternal health, family planning, HIV & AIDS and other Sexually Transmitted Infections etc); adolescent and youth including adolescent SRH; population issues and data; and gender equality and prevention of GBV.

11:1 General qualifications

All members of the consultancy team should possess the following qualifications:

- a) Post graduate degree in one of the following fields: health, social sciences, demography or population studies, or a related field;
- b) At least 7 years of experience conducting assessments, evaluations, reviews, research studies or M&E work in the field of development for local and international organizations;
- c) Experience in/knowledge of the national development context including familiarity with the Tanzania health system both at the national and subnational levels;
- d) Previous experience in developing policy related documents such as strategic plans, policies and protocols; costed implementation plans etc;
- e) Solid knowledge of assessment/research approaches and methodology and demonstrated ability to apply qualitative and quantitative data collection methods;
- f) Excellent data analysis skills in qualitative and quantitative methods;
- g) Experience in carrying out large scale assessments;
- h) Ability to work independently and in teams within a multicultural environment;
- i) Excellent analytical, conceptual, communication and writing skills;
- j) Strong interpersonal skills;
- k) Excellent command of English, both written and oral;
- l) Fluency in Swahili is an added advantage;



- m) Experience in the usage of computers and office software;
- n) Knowledge of community health programs in resource-constrained contexts within the developing world is an added advantage;
- o)

11:2 Additional Qualifications of the team members

(a) Team lead

- Post graduate degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing complex and/or large scale assessments, evaluations or other similar research work in the field of development for diverse multi-stakeholders including experience in leading this kind of assignments.
- Excellent management and leadership skills to coordinate the work of a multidisciplinary team of experts
- Good organizational skills, including time management and ability to meet deadlines
- In-depth knowledge of theory-based research approaches and ability to apply qualitative and quantitative data collection methods according to international standards.
- Demonstrated expertise in one of the main thematic areas of the assessment (SRH)
- Experience in/knowledge of the national and international development context particularly in the context of SDGs and universal health coverage (UHC)
- Excellent interpersonal and communication skills, including ability to draft documents in the requested language of the assessment report
- Demonstrated knowledge of Tanzania health systems, governance structures and performance monitoring of health systems at facility and community levels

(b) SRH Expert

- Master's degree in public health, reproductive health, medicine, midwifery and any other health related field.
- A minimum of 5 years' experience conducting evaluations, assessments, reviews, research studies or M&E work in the field of SRH.
- Substantive knowledge of sexual and reproductive health and rights, including HIV&AIDS and other sexually transmitted infections, maternal health, family planning and adolescent SRH.
- Experience and familiarity with the Tanzania health system governing provision of SRH services both at the national and subnational levels.



(c) Adolescent and Youth Expert

- Master's degree in health and social sciences disciplines and research background
- Minimum of 5 years of experience conducting evaluations, reviews, assessments, research studies or M&E work in the field of youth development including youth empowerment and in SRH.
- Familiarity with national development context particularly around adolescent and youth planning and programming
- Substantive knowledge of adolescent and youth issues, in particular sexual and reproductive health and rights of adolescents and youth

(d) Population and data expert

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems
- Experience in/knowledge of the national development context around data generation, processing, and use particularly health related data.

(e) Gender/GBV Expert

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field
- Substantive knowledge on gender equality, the empowerment of women and girls, GBV and other harmful practices such as FGM, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Experience in/knowledge of the national development context in the areas of gender equality and women empowerment

12:0 APPLICATION

All applicants should send via emails:

- Detailed technical and financial proposal
- Firm legally registration proof of evidence.
- CVs of the team lead and members
- Two copies of the previous similar tasks conducted

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

13. Only successful candidates will be contacted.